

**BRAAM SETTLEMENT
REVISED
IMPLEMENTATION PLAN**

July 3, 2008





Braam Oversight Panel

The Braam Oversight Panel was created in 2004 to oversee a Settlement regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation. The named Plaintiff, Jessica Braam, is an adult who lived in 34 foster homes by the time the suit was filed in 1998. The Settlement is intended to improve the conditions and treatment of children in the custody of the state's Division of Children and Family Services.

The Panel was created to monitor improvements in selected services and ensure quality standards are met during the seven year duration of the settlement. This independent Panel was mutually selected by the parties (the Plaintiffs who filed the lawsuit and the state of Washington). The Panel, working in collaboration with the Department of Social and Health Services (DSHS) and with substantial input from the Plaintiffs and other stakeholders, issued an Implementation Plan for the six areas specified in the Settlement in February 2006. This Revised Implementation Plan includes clarifications and modifications based on developments in the Braam process and discussions with DSHS, the plaintiffs and stakeholders during 2006, 2007, and 2008.

Members

John Landsverk, Chair

Jeanine Long

Jan McCarthy

Jess McDonald

Dorothy Roberts

Carrie Whitaker, Executive Coordinator

Box 354900
4101 15th Ave NE
Seattle, WA 98105-6299

Phone: (206) 616-0390
FAX: (206) 543-1228
E-mail: carwhit@u.washington.edu
Website: www.braampanel.org

Braam v. State of Washington – Final Settlement Goals

July 31, 2004

Both parties and their counsel have committed to enter into specific, measurable and enforceable agreements with the goal of improving the conditions and treatment of children in the custody DCFS.

Placement Stability

1. Each child in the custody of the Department shall have a safe and stable placement with a caregiver capable of meet the child's needs.

Mental Health

1. The children in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care.
2. Plans to meet the special needs of children in the custody of DCFS will be included in the child's Individual Service and Safety Plan (ISSP).
3. Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interests.
4. Continuity of treatment providers will be maintained, except when it is not in the best interest of the child.

Foster Parent Training and Information

1. Caregivers shall be adequately trained, supported, and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care.
2. The Department shall offer and provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.

Unsafe/Inappropriate Placements

1. All children in DCFS's custody shall be placed in safe placements.
2. The State will continue to meet or exceed the federal standard for out-of-home care safety measure.

Sibling Separation

1. Placement of siblings together is presumed to be in the children's best interest, unless there is a reasonable basis to conclude that the health, safety or welfare of a child is put in jeopardy by the placement.
2. Frequent and meaningful contact between siblings in foster care who are not placed together and those who remain at home should occur, unless there is a reasonable basis to conclude that such visitation is not in the best interest of the children.

Services to Adolescents

1. Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiffs' Fifth Amendment Complaint.
2. Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently.
3. Reduce the number of adolescents on runaway status from foster care.

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Acknowledgements

The Panel has held quarterly public meetings since December 2004. The members express their appreciation to the many individuals whose thoughtful comments have informed the Panel's ongoing efforts, including state employees, the non-profit community of providers, children's advocacy organizations, as well as parents and children.

I. EXECUTIVE SUMMARY

The Braam Oversight Panel was created in December 2004 to oversee a Settlement regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation between the state of Washington and Plaintiffs' attorneys. The named Plaintiff, Jessica Braam, is an adult who lived in 34 foster homes by the time the suit was filed in 1998.

The goal of the Settlement is to improve the "conditions and treatment of children in the custody of the state's Division of Children and Family Services." The Settlement covers six areas. The independent Panel has responsibility, in collaboration with Washington's Department of Social and Health Services (the Department), and with substantial input from Plaintiffs and other stakeholders, to develop outcomes, benchmarks, and action steps, and to monitor compliance for six areas:

- Placement stability
- Mental health services
- Foster parent training and information
- Unsafe or inappropriate placements
- Sibling separation
- Services to adolescents

The Settlement, signed in 2004, is a 16-page document with 14 goals. The Settlement incorporated over 50 provisions directly from Kids Come First II, the comprehensive reform plan in place at the Department at the time the agreement was reached. In addition, to a significant extent, the Settlement directs the Department to perform activities required under Washington State law. Since 1987, more than 35 laws have been passed directing policies and procedures included in the Settlement.

The Implementation Plan defines the specific and enforceable agreements required by the Settlement. The Implementation Plan was originally issued in February 2006. This Revised Implementation Plan includes clarifications and modifications based on developments in the Braam process and discussions with DSHS, the plaintiffs, and stakeholders during 2006, 2007, and 2008. The Panel issued Monitoring Reports in March 2006, September 2006, April 2007 and October 2007, and will continue to issue these reports every six months for the period of the Settlement (through July 31, 2011).

The Settlement calls for the Panel to establish professional standards that "the parties agree will be the Professional Standards used in any enforcement proceeding" (Settlement, page 4). After significant input from the Department and the plaintiffs, the Panel published professional standards in March 2007. The professional standards are available as a separate document at the Braam Oversight Panel website (<http://www.braampanel.org/ProfStandards0307.pdf>).

II. OVERVIEW

The Braam Oversight Panel was created in December 2004 to oversee a settlement agreement (Settlement) regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation.¹ The parties to the Settlement include the Plaintiffs,² who filed the lawsuit, and the State of Washington, respondents to the lawsuit.

The final Settlement created an independent oversight panel (the "Panel") that was mutually selected by the parties. The members include:

- A former child welfare administrator;
- A child welfare researcher;
- An expert in children's mental health; and
- Two additional members.

The Settlement directed the Panel to establish professional standards, outcomes, benchmarks, and action steps to improve the treatment of, and conditions for, children in the custody of DCFS, and to monitor the Department's performance under this Settlement (Settlement, page 1). The intent of the Settlement, and the Panel's work, is summarized on the first page of the Settlement:

"The parties enter into this Agreement with the recognition that both parties and their counsel have committed to enter into specific, measurable, and enforceable agreements with the goal of improving the conditions and treatment of children in the custody of the Division of Children and Family Services."

Over 50 provisions from Kids Come First II, the comprehensive reform plan for children's services in place at the Department at the time the agreement was reached, were incorporated directly into the Settlement. The Settlement also addressed numerous issues included in state law.

Settlement Definitions

The Settlement defines the Plaintiff class as follows:

- **"Child" or "Children" in foster care** means children in the custody of DCFS. For the outcomes, benchmarks, and actions steps, this term refers to children in the Plaintiff Class, defined as all children in the custody of DCFS who are now or in the future will be placed by DCFS in three or more placements and those children in the custody of DCFS who are at risk of three or more placements. The Panel interprets this definition to include all children in the custody of DCFS.

¹ The Final Settlement is available on the Braam Panel website: www.braampanel.org.

² The Plaintiffs' attorneys include Tim Farris, a Bellingham lawyer who initiated the case, Casey Trupin with Columbia Legal Services, and William Grimm with the National Center for Youth Law.

- **“Department”** means the Department of Social and Health Services. In terms of responsibilities related to the Settlement, the most relevant divisions are the Children’s Administration and Health and Recovery Services (including the Division of Mental Health and the Division of Alcohol and Substance Abuse).

The Settlement established goals in six areas:

- **Placement Stability:** Every child will have a safe and stable placement with a caregiver capable of meeting the child’s needs.
- **Mental Health:** Children shall have initial physical and mental health screenings within 30 days of entry into care. The child’s case plan will include plans to meet their special needs. Children shall receive timely, accessible, individualized, and appropriate mental health assessments and treatment by qualified mental health providers. Continuity of treatment providers will be maintained.
- **Foster Parent Training and Information:** Caregivers shall be adequately trained, supported, and informed about children in their care. The Department shall provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.
- **Unsafe/Inappropriate Placements:** All children shall be placed in safe placements. The state shall continue to meet or exceed the federal standard for out-of-home care.
- **Sibling Separation:** Placement of siblings together is presumed to be in the children’s best interest unless there is a reasonable basis to conclude that the health, safety, or welfare of a child is put in jeopardy by the placement. Frequent and meaningful contact between siblings in foster care who are not placed together and those who remain at home should occur unless not in child’s best interest.
- **Services to Adolescents:** Improve the quality and accessibility of services to adolescents. Improve the educational achievements of these adolescents and better prepare them to live independently. Reduce the number of adolescents on runaway status from foster care.

Collaboration and Consultation

The Settlement directs the Panel to conduct its work “in collaboration with the Department, and with substantial input from Plaintiffs, and other stakeholders as necessary” (Settlement, page 3). The Settlement also provides that “in carrying out all of its general and specific duties, the Panel shall make independent decisions based on professional judgment and guided by knowledge of effective practice and an understanding of the public child welfare system in the State of Washington” (Settlement, page 3). In the Panel’s view, the statements regarding “in collaboration with...and with substantial input from” and “independent decisions” establish a creative tension to its work. The Panel submits its reports for review and comment by the parties and other stakeholders, while reserving its independent and final decision-making for the structure, content, and wording of its reports.

The original Settlement specifies that the Panel “will comply with the Open Public Meetings Act, the Public Disclosure Act and all applicable confidentiality statutes and regulations” (Settlement, page 5). In February 2008, attorneys representing the Department and the plaintiffs formally amended the Settlement Agreement to facilitate the Panel’s efforts to carry out its duties between public meetings. Based on this amendment (see Appendix C), the Panel may hold non-public work sessions or phone meetings with advance notification of the parties and maintenance of meeting minutes. The Panel continues to meet publicly at least four times per year.³

³ Meeting schedules are available on the Braam Panel website: www.braampanel.org.

In carrying out its duties, the Panel continues to solicit comments from stakeholders and tribal representatives. While the Department is ultimately responsible for achieving the Settlement requirements, community providers play a significant role in service delivery for children and families and have an important voice and perspective to offer both the Department and the Panel. Collaboration with parents, relatives, and tribal representatives will help ensure quality decision-making for children; numerous provisions in both KCF II and the Settlement outcomes and action steps reinforce this value.

Panel Work Products

Under the Settlement, the Panel issues the following types of documents:

- **Implementation Plan** defining the specific and enforceable performances required by the Settlement.
- **Monitoring (Progress) Reports** measuring progress toward the Settlement goals, outcomes, benchmarks, and action steps for each six-month period.⁴
- **Decisions on Compliance Plans**, in which the Panel issues decisions on plans proposed by the Department to achieve compliance in areas in which the Panel has determined that adequate progress has not been made.

Implementation Plan. In February 2006, the Panel published the Braam Settlement Implementation Plan. This document was developed through extensive public meetings and collaboration with DSHS and input from plaintiffs' counsel, and incorporated many recommendations and responses to previous draft documents from both parties and stakeholders.

This Revised Implementation Plan includes clarifications and modifications based on developments in the Braam process and discussions with DSHS, the plaintiffs and stakeholders during 2006, 2007 and 2008.

Monitoring Reports. Under the agreement, the Panel is expected to “monitor the Department’s progress with the specific Outcomes, Benchmarks, and Action Steps identified in this Agreement or as part of its implementation.” (Settlement, page 4).

The Panel began publishing semi-annual progress reports in March 2006. Subsequent reports were released in September 2006, April 2007 and October 2007. Pursuant to the Settlement Agreement, the Panel will continue to publish monitoring reports every six months through the duration of the agreement.

Outcomes, Benchmarks and Informational Reports

Outcomes and benchmarks. According to the Settlement, the purpose of outcomes is to “identify specific, required results that will advance the child welfare system toward a stated goal” (Settlement, p. 4). The Panel measures compliance with outcomes through benchmarks. The Agreement states that the purpose of benchmarks is to “provide a measure to enable the Panel to monitor the progress of the Department in meeting the specific outcome identified. The benchmarks will set interim targets toward the achievement of the specified outcomes within the timeframes identified in this agreement or by the Panel and also will provide annual benchmarks and measurable expectations for implementation” (Settlement, page 4).

⁴ The Implementation Plan is released simultaneously to the parties and the public. In the case of Monitoring Reports, the parties have agreed that CA and the plaintiffs will receive preliminary reports and be given time to comment before the documents are released to the public. Panel reports released for public distribution will be posted on the website; individuals and organizations can sign up to receive email alerts when new material is posted.

For most outcomes, the February 2006 Implementation Plan called for a year of data to establish a performance baseline, and subsequent benchmarks were set as percentage increases/ decreases from the baseline. In this Revised Implementation Plan, benchmarks for most outcomes no longer represent a percentage increase/ decrease from the baseline. Instead, the Panel has set specific, numeric compliance expectations for the remaining years of the Agreement. For many outcomes, baseline and performance data have been submitted to the Panel for the years FY2005, FY2006 and/ or FY2007, and these data were used whenever available to inform the establishment of numeric benchmarks. While specific benchmarks are set in the Implementation Plan, the Panel reserves the right to adjust these benchmarks as additional information becomes available.

Informational reports. In the Revised Implementation Plan, a number of areas identified as outcomes in the original Implementation Plan have been converted to “informational reports.” Requests for informational reports have also been added in several new areas. In areas identified for informational reports, the Panel will require annual submission of data by the Department (including performance by region and by racial/ ethnic subcategories), but will not set forth or assess compliance with annual benchmarks. Informational reports will provide the Panel, parties, and stakeholders with extensive data to better understand progress toward Braam goals and outcomes. Upon review of informational reports, the Panel reserves the right to reinstate or develop new outcomes and benchmarks.

Regional performance. Washington State’s child welfare system has a history of geographical variability. The Settlement intends that performance improvements impact all children in all regions. To that end, the monitoring data will analyze progress toward the Settlement goals at two levels: 1) the state as a whole, and 2) by DCFS region. The Panel reserves the right to investigate monitoring results by DCFS offices.

In order to achieve compliance with outcomes identified in the Implementation Plan, the Department must meet the statewide benchmark for the outcome. In addition, no individual region’s performance may be significantly less than that statewide benchmark.⁵ Specific regional requirements are detailed for each individual outcome in this document.

Data by racial/ ethnic group. The Settlement was intended to improve the conditions and treatment of all children in foster care. Research reveals that children from certain racial/ethnic groups are disproportionately represented in Washington’s foster care system and experience more negative outcomes than does the general population of children in foster care. As a result, the Panel has requested that the Department provide data showing performance for individual racial and ethnic groups for all outcomes. Initially, these data will be treated as informational reports; however, the Panel intends to develop compliance measures by race/ ethnicity for specific outcomes for which data demonstrate that children of certain racial/ ethnic groups experience more negative outcomes than does the general population of children in foster care.

Provision of data. The Panel relies on three types of data for outcomes and informational reports:

- Administrative computerized information systems
- Case file abstracts pulled from a randomized sample of cases
- Statistically valid surveys

Timeframes for provision of data are shown throughout this document for each outcome and informational report. Except where otherwise noted, the Department will provide data to the Panel according to the following schedule:

⁵ For a handful of outcomes, the regional requirement for compliance will be that no individual region’s performance is significantly *more* than the statewide benchmark. This applies to outcomes for which annual benchmarks *decrease* over the course of the settlement, such as the percentage of youth who run away from their placements.

- Data for outcomes and informational reports for which the foster parent survey or adolescent survey is the source of data will be due annually on August 1 for the preceding calendar year.
- Data for all other outcomes will be due annually on January 1 for the fiscal year ending on the previous June 30.
 - A non-public draft of this report will be provided annually by the Department to the Panel and plaintiffs' attorneys on November 15.
- Data by race/ ethnicity will be due annually on January 1 for the fiscal year ending on the previous June 30.
- Data for all other informational reports will be due annually on February 1 for the fiscal year ending on the previous June 30.

All reports will include regional performance data.

Professional Standards

The Settlement calls for the Panel to establish professional standards. These standards are critical to the Settlement as they define the “nuts and bolts” practices, clarifying expectations for social workers as well as the state administration.

After significant input from the Department and the plaintiffs, the Panel published professional standards in March 2007. According to the Agreement, these are the standards that “the parties agree will be the Professional Standards used in any enforcement proceeding” (Settlement, page 4). The professional standards are available as a separate document at the Braam Oversight Panel website (<http://www.braampanel.org/ProfStandards0307.pdf>).

Other Considerations

Many provisions of the Settlement rely primarily on the performance of individuals—caseworkers, supervisors, community providers, foster parents. Two key provisions in the Settlement address this issue: a plan to reduce caseloads for caseworkers to the standards set by the Council on Accreditation, and a focused effort to recruit and retain foster parents. The Panel is mindful of the significance of these provisions in ensuring safety and stability for foster care youth.

The Panel has developed its monitoring process in accordance with the Settlement and based on its best understanding of current relevant Department policies. Changes in Department policy have implications for the Panel's monitoring efforts. As such, the Panel requests written notification from the Department thirty days in advance of changes to any relevant policy.

Format of this Document

The Settlement Areas section of this Revised Implementation Plan addresses each of the six areas of the settlement agreement in the following manner:

- Each settlement area is addressed in a separate section. For each area, the section begins with the *goals* as stated in the settlement agreement.
- For each goal, *outcomes* and *benchmarks* are identified. Outcomes specify required results, and benchmarks are presented in a table format showing the annual performance targets that will be used by the Panel to assess compliance with the outcomes. In addition, tables showing annual benchmarks detail the dates on which annual data must be provided to the Panel and the dates on which the Panel will issue monitoring reports.

- For some outcomes, this Revised Implementation Plan includes requirements for related *informational reports*. Specific requirements of these informational reports are described below the benchmark table for each outcome for which informational reports are required.
- After all outcomes and benchmarks have been described, requirements for *additional annual informational reports* are shown. Although these informational reports are not associated with any individual outcome, they relate to the overall goals of the settlement area.
- At the end of the section for each settlement area, *action steps* are shown in a table format. These tables include only action steps that have not yet been completed or are not yet due and are being retained in the Implementation Plan and subject to continued monitoring by the Panel. These retained action steps have been renumbered in this revised Implementation Plan for ease of reference.

The Status of All Action Steps section of this document presents a master list of all action steps included in the February 2006 Implementation Plan, including all retained action steps, as well as action steps that have been completed and steps that will no longer be subject to ongoing monitoring.

Additional sections of this document include Braam Settlement Areas with Statutory Directions, which summarizes legislation relevant to the settlement agreement, and a Glossary, in which terms used in this document are defined.

Several relevant documents referred to in the body of this Revised Implementation Plan are attached as appendices.

III. SETTLEMENT AREAS

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III.A. PLACEMENT STABILITY

GOAL IN THIS AREA:

GOAL: Each child in the custody of the Department shall have a safe and stable placement with a caregiver capable of meeting the child’s needs.

GOAL: Each child in the custody of the Department shall have a safe and stable placement with a caregiver capable of meeting the child’s needs.

Outcome 1: The average monthly ratio of licensed⁶ foster care beds to children in licensed foster care will be at least 2.0.

Benchmarks required for compliance- Outcome 1

	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	1.7	1.8	1.9	2.0
Data provided by CA:	11/1/07	11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than .2 lower than the statewide benchmark.

Annual Informational Reports⁷—Outcome 1 (due annually on February 1)

- *Ratio of beds to children by subcategories:*
 - Caregivers with preferences/required equipment for specific age groups (infant, child, adolescent)
 - Level of care: regular family foster care, enhanced family foster care, therapeutic foster care, congregate care, respite care
- *Foster home retention*
 - Percentage of foster homes remaining active 1, 2, 3, 4 and 5 years after being licensed

Outcome 2: The percentage of children who experience two or fewer placements during their current out-of-home episode of care will increase as indicated in the benchmark table below (*outcome measure based on percentage of youth entering care during the two previous fiscal years with 2 or fewer placements (with time-in-care specifications based on entry year)*).

Benchmarks required for compliance- Outcome 2

	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	87%	88%	89%	90%
Data provided by CA:	7/1/08	7/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	7/15/08	3/15/09	3/15/10	3/15/11

⁶ The term “licensed” foster care or caregiver is used throughout this document, and is intended to include both relative and non-relative licensed foster care/ caregivers.

⁷ Upon review of informational reports, the Panel reserves the right to reinstate or develop new outcomes or benchmarks. This applies to all informational reports throughout this document.

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Annual Informational Reports—Outcome 2 (due annually on February 1)

- *Two or fewer placements- expanded report based on outcome*
 - Year-by-year data showing the percentage of youth entering care during the previous *five* fiscal years who experience two or fewer placements during their current episode of out-of-home care (with time in care specifications based on entry year).
- *Multiple placements*
 - Frequency report showing the number of children experiencing multiple placements, by number of placements.

Outcome 3: Social workers will have caseloads at or below Council on Accreditation (COA) standards (8 child cases per caseworker for children with special needs, 18 child cases per caseworker for all other children) (*outcome measure based on the percentage of caseworkers with caseloads at or below COA standards; for measurement purposes, each child with special needs will be counted as 2.25 children*).

Benchmarks required for compliance- Outcome 3

	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	80%	85%	90%
Data provided by CA:	7/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Annual Informational Reports—Outcome 3 (due annually on February 1)

- *Caseload size by office*
 - Percentage caseworkers with caseloads at or below Council on Accreditation (COA) standards (8 child cases per caseworker for children with special needs, 18 child cases per caseworker for all other children)

Additional Annual Informational Reports- Placement Stability (due annually on February 1)

- *Matching between a child's needs and the capacity of the placement to meet those needs*⁸
 - Percentage of children placed in relative placements
 - Percentage of children placed in foster homes licensed for the age of the child placed
 - Percentage of children for whom Family Team Decision Meeting (FTDM) was held within 72 hours of placement
 - Percentage of children who change placements within the first 8 days of entry into out-of-home care

Action Steps- Placement Stability⁹

Action Step	Implementation Status
<p>Develop a plan by June 30, 2005 for review and approval by the Braam Panel to reduce caseloads to COA standards <i>[Revised Implementation Plan Placement Stability Action Step 1]</i> <i>[KCF II 14.1.8 (incorporated from Braam into KCF II) , Action Step 1(c)(9) in Settlement]</i></p> <ul style="list-style-type: none"> a. Establish workgroup to develop plan and estimate costs/resources required (1/05) b. CA Management reviews and approves plan (5/05) c. Plan submitted to Braam Panel for review (6/05) 	<p>Retained- subject to continued monitoring</p>

⁸ In addition to the informational reports listed here, the Panel considers several other outcomes to be related to placement matching, including placement stability, placement in the home school area, placement with siblings, and foster parent training and support.

⁹ This table includes only action steps that have not yet been completed or are not yet due and are being retained in the Implementation Plan and subject to continued monitoring by the Panel. These retained action steps have been renumbered in this revised Implementation Plan for ease of reference. A master list of action steps from the February 2006 Implementation Plan, including those that have been completed and steps that will no longer be monitored, is included in Section IV, *Status of All Action Steps*.

III.B. MENTAL HEALTH

GOALS IN THIS AREA:

- GOAL 1:** Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care.
- GOAL 2:** Plans to meet the special needs of children in the custody of DCFS will be included in child's Individual Service and Safety Plan (ISSP).
- GOAL 3:** Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest.
- GOAL 4:** Continuity of treatment providers will be maintained, except when it is not in the best interest of the child.

GOAL 1: Each child in the custody of DCFS shall have an initial physical and mental health screening within 30 days of entry into care.

Outcome 1: Children will be screened by an appropriate health professional for immediate and urgent physical and mental health needs, including assessment for infectious and communicable diseases, within 72 hours of entering out-of-home care.

Benchmarks required for compliance- Outcome 1

	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	80%	90%
Data provided by CA:	1/1/09	1/1/10	1/1/11
Monitoring Report date:	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Outcome 2: Children in out-of-home care 30 days or longer will have completed and documented¹⁰ Child Health and Education Track (CHET) screens within 30 days of entering care.

Benchmarks required for compliance- Outcome 2

	FY07	FY08	FY09	FY10
Statewide Benchmarks*	60%	70%	80%	90%
Data provided by CA:	7/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

¹⁰ For Braam purposes, a completed and documented CHET is one in which age-appropriate screenings have been completed for all domains: Medical (EPSDT completed for all children); Developmental (developmental screening completed for children ages 0-60 months); Emotional-behavioral (Child Behavioral Checklist completed for children ages 6-18 years); Educational (educational records received for school-aged children); and Connections (for all children).

Annual Informational Reports—Outcome 2 (due annually on February 1)

- *Percentage of children with completed CHET screens within 45 and 60 days of entry into care*
- *Medical screening*
 - *Percentage of children with completed EPSDT exams within 30, 45 and 60 days of entry into care*
- *Developmental screening*
 - *Percentage of children ages 0-60 months with completed developmental screens within 30, 45 and 60 days of entry into care*
- *Emotional/ behavioral screening*
 - *Percentage of children ages 6-18 years with completed Child Behavior Checklists within 30, 45 and 60 days of entry into care*
- *Educational records*
 - *Percentage of school-aged children for whom educational records are received within 30, 45 and 60 days of entry into care*

Outcome 3: A shared planning meeting (SPM) focusing on the CHET screening results will be held within 60 days of each child's entry into care.

Benchmarks required for compliance- Outcome 6

	FY05	FY 06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Approved data compliance plan in place			80%	85%	90%
Data provided by CA:	Data not available			1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Annual Informational Reports—Outcome 6 (due annually on February 1)

- *Attendance at Shared Planning Meetings (SPM):*
 - *Percentage of SPMs focused on CHET screening results attended by: children age 12 and above, caregivers, birth parents/legal guardians, tribal representatives (when applicable), and children's representatives (note: report should provide separate information on each type of individual)*

Outcome 4: Children age 3 and under in out-of-home care will be referred to the Infant Toddler Early Intervention Program (ITEIP) within 2 workdays of identification of concerns about developmental delays from their CHET screens.

Benchmarks required for compliance- Outcome 7

	FY05	FY 06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Approved data compliance plan in place				85%	90%
Data provided by CA:	Data not available				1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

GOAL 2: Plans to meet the special needs of children in the custody of DCFS will be included in child's Individual Service and Safety Plan (ISSP).

Outcome 1: Children in out-of-home care will have health and education plans (developed based on the findings from all physical health, developmental, educational, mental health and substance abuse health screenings and assessments) in their ISSPs¹¹ within 60 days of placement.

Benchmarks required for compliance- Outcome 1

	FY05	FY 06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Approved data compliance plan in place			70%	80%	90%
Data provided by CA:	Data not available			1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a case review process, at least until the implementation of FamLink.

Outcome 2: Children in out-of-home care will have health and education plans in their ISSPs updated every 6 months.

Benchmarks required for compliance- Outcome 2

	FY05	FY 06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Approved data compliance plan in place			70%	80%	90%
Data provided by CA:	Data not available			1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a case review process, at least until the implementation of FamLink.

¹¹Until the implementation of FamLink, there is some flexibility as to the location of the health and education plan. The initial ISSP should identify the child's emergent and/or specialized need. However, the plan or implementation of services to address the needs may be located in the Shared Planning Meeting form, service episode records, or in other case file documentation. Once FamLink is implemented, the Panel will require a health and education plan that is integrated into the ISSP.

GOAL 3: Children in the custody of DCFS shall receive timely, accessible, individualized and appropriate mental health assessments and treatment by qualified mental health professionals consistent with the child's best interest.

Outcome 1: Children in out-of-home care will receive a comprehensive mental health assessment (see Glossary for "mental health assessment") within 30 days of a request for an assessment.¹²

Benchmarks required for compliance- Outcome 1

	FY05	FY 06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	70%	75%	80%	85%	90%
Data provided by CA:	Data not available		11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Outcome 2: Children in out-of-home care will be screened for mental health and substance abuse needs¹³ every 12 months.¹⁴

Benchmarks required for compliance- Outcome 2

	FY05	FY 06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	70%	75%	80%	85%	90%
Data provided by CA:	11/1/06	11/1/06	11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Outcome 3: Eligible children will receive services from a qualified mental health and/or substance abuse provider within 30 days of the completion of an assessment.

Benchmarks required for compliance- Outcome 3

	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	75%	80%	85%	90%	95%
Data provided by CA:	11/1/06	11/1/06	11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

¹² A request for an assessment may come from children who self identify or are identified by their caregiver, parent, social worker, medical provider, or through a valid screening mechanism, as needing one.

¹³ The CA guidelines for CHET indicate that substance abuse screening occur for persons 12 and older.

¹⁴ Screening may occur during annual EPSDT exams or by using another valid mental health screening instrument.

Annual Informational Reports—Outcome 3 (due annually on February 1)

- *Child and Family Services Review (CFSR) mental health item:*
 - CFSR item #23—examines whether children’s mental health needs were adequately identified and services provided to meet those needs

Outcome 4: A shared planning meeting will be held by DCFS to develop an appropriate alternative services plan when a child is found ineligible for or denied mental health treatment or substance abuse assessments or treatment services.

Benchmarks required for compliance- Outcome 4

	FY05	FY 06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Approved data compliance plan in place			80%	85%	90%
Data provided by CA:	Data not available			1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark.

Annual Informational Reports—Outcome 4 (due annually on February 1)

- *Information on cases in which children are denied/ found ineligible for services*
 - For each child denied or found ineligible:
 - Reason the child was found ineligible or services were denied
 - Type of alternative services provided

GOAL 4: Continuity of treatment providers will be maintained, except when it is not in the best interest of the child.

Outcome 1: Children will receive behavioral health treatment services from the same individual provider for each episode of mental health treatment and/or substance use treatment (from admission to discharge), except where necessary to maintain or improve the quality of care for the child.¹⁵

Benchmarks required for compliance- Outcome 1

	CY 06	CY07	CY08	CY09	CY10
Statewide Benchmarks*	Baseline	80%	85%	85%	85%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents.

Additional Annual Informational Reports- Mental Health (due annually on February 1)

- *Sharing mental health information*
 - o Percentage of cases in which applicable mental health information is shared with individuals involved in a child's case (consistent with confidentiality requirements):
 - Applicable mental health information includes: the CHET screening report and recommendations from the Shared Planning Meeting, health and education plan in the ISSP, and annual mental health screening and assessment results
 - Individuals involved in a child's case include: children age 12 and above, caregivers, birth parents/legal guardians, mental health and/or substance abuse providers, tribal representatives (when applicable), and children's representatives (*note: report should provide separate information on each type of individual*)
- *Crisis mental health services*
 - o Percentage of foster parents surveyed who report that, if mental health crisis services were needed, they were provided in a timely manner

¹⁵ This outcome is intended to ensure that the mental health treatment process does not contribute to the lack of continuity and instability that children in the class often experience. However, it is not meant to prohibit a change in providers when such a change is clinically indicated (e.g., a child's needs or diagnosis changes, and he/she needs a therapist with different expertise; or, a child asks to change providers). It is not intended to discourage the use of clinical teams when the type of service being provided calls for clinical teamwork, nor to discourage access to providers of crisis services when a child's own treatment provider is not available. The outcome is intended to reduce the practice of changing therapists simply for administrative reasons (e.g., assigning short-term interns as therapists, transferring child due to therapist's high caseload, payment issues, etc.).

Action Steps- Mental Health¹⁶

Action Step	Implementation Status
<p>Initial (72 hour) health screening <i>[Revised Implementation Plan Mental Health Action Step 1]</i> <i>[Goal 1, Outcome 1, Action step 2-4 of February 2006 Braam Implementation Plan]</i></p> <ul style="list-style-type: none"> • The plan for achieving Goal 1, Outcome 1 will be submitted to the Panel for review and approval-- 3/30/07 • The Department will begin to implement initial health screens-- 10/30/07 • The Department will track implementation to ensure that each child who enters out-of-home care receives an initial health screen-- Begin 10/07— continuous tracking 	<p>Retained- subject to continued monitoring</p>
<p>Develop a plan to ensure the quality of the CHET process <i>[Revised Implementation Plan Mental Health Action Step 2]</i> <i>[Goal 1, Outcome 2, Action Step 1 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will develop, and submit to the Panel for approval, a plan to review and ensure the quality of the CHET process that will address issues such as:</p> <ul style="list-style-type: none"> • timeliness of completing CHET screens • timely receipt of educational records • well-child EPSDT exams completed within 30 days • quality of information collected in each of the 5 domains • effectiveness of the screening and assessment instruments used in CHET • use of data/information on a child that is received after the Shared Planning Meeting occurs • inclusion of parents, caregivers, youth (age 12 and over), tribal representatives (when applicable), and children's representatives in the CHET Shared Planning Meetings, and in developing Action Plans • determining whether CHET recommendations are followed and services are received • for children whose CHET recommendations are largely unrelated to services received, analyze reasons and suggest system improvements <p>The plan will be completed and submitted to the Panel for review by 12/30/06</p> <p>The Department will begin implementation of the plan by 9/30/07</p> <p>The Department will provide the Panel with annual reports on the results of the Quality Review beginning 9/30/08</p>	<p>Retained- subject to continued monitoring</p>

¹⁶ This table includes only action steps that have not yet been completed or are not yet due and are being retained in the Implementation Plan and subject to continued monitoring by the Panel. These retained action steps have been renumbered in this revised Implementation Plan for ease of reference. A master list of action steps from the February 2006 Implementation Plan, including those that have been completed and steps that will no longer be monitored, is included in Section IV, *Status of All Action Steps*.

<p>Annual review of mental health and substance abuse services <i>[Revised Implementation Plan Mental Health Action Step 3]</i> <i>[Goal 3, Additional Action Step 7 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will complete an annual review of the status of mental health and substance abuse services for children in foster care and use the findings from the review to address service gaps and system problems to develop services and to expand the use of evidence-based models of service, where applicable.</p> <p>The Department will publish the review and plan annually, beginning in November 2007. The annual review will identify by region both achievements in foster children receiving services and any deficiencies. The Department will establish plans to increase the achievements and reduce the deficiencies. The review and plans will be based in part on service data; direct feedback from children, parents, and caretakers; and reports generated through the action steps in the Settlement and the Braam Implementation Plan.</p>	<p>Retained- subject to continued monitoring</p>
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III.C. FOSTER PARENT TRAINING AND INFORMATION

GOALS IN THIS AREA:

GOAL 1: Caregivers shall be adequately trained, supported and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care.

GOAL 2: The Department shall offer and provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.

GOAL 1: Caregivers shall be adequately trained, supported and informed about children for whom they provide care so that the caregivers are capable of meeting their responsibilities for providing for the children in their care.

Outcome 1: Licensed caregivers will report adequate training for their roles and responsibilities (including, but not limited to, management of emotional, behavioral, developmental and medical problems, educational advocacy, strategies for engagement with birth parents, and cultural competency skills).

Benchmarks required for compliance- Outcome 1

	CY06	CY07	CY08	CY09	CY10
Statewide Benchmarks*	Baseline	90%	90%	90%	90%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents.

Annual Informational Reports—Outcome 1 (due annually on August 1)

- *Unlicensed caregivers*
 - Percentage of unlicensed caregivers reporting adequate training for their roles and responsibilities

Outcome 2: Licensed caregivers will report adequate support for their roles and responsibilities (including, but not limited to, crisis support, timely notification about case planning meetings, and cultural competency resources).

Benchmarks required for compliance- Outcome 2

	CY06	CY07	CY08	CY09	CY10
Statewide Benchmarks*	Baseline	80%	85%	90%	90%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents.

Annual Informational Reports—Outcome 2 (due annually on August 1)

- *Unlicensed caregivers*
 - Percentage of unlicensed caregivers reporting adequate support for their roles and responsibilities

Outcome 3: 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).

Benchmarks required for compliance- Outcome 3

	CY06	CY07	CY08	CY09	CY10
Statewide Benchmarks*	Baseline	80%	85%	90%	90%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents.

Annual Informational Reports—Outcome 3 (due annually on August 1)

- *Unlicensed caregivers*
 - Percentage of unlicensed caregivers reporting adequate provision of information about the needs of children placed with them

GOAL 2: The Department shall offer and provide accessible pre-service and in-service training to all caregivers sufficient to meet the caregiving needs of children in placement.

Additional Annual Informational Reports- Foster Parent Training and Information

(due annually on February 1)

- *In-service training*
 - o Percentage of licensed caregivers who meet the in-service training requirement at the time of license renewal (36 hours of in-service training for the three-year period or, during the phase-in period for this policy, a pro-rated requirement)
- *Assessment and Development Plans*
 - o Percentage of licensed caregivers receiving annual assessment and development plans

Action Steps- Foster Parent Training and Information¹⁷

Action Step	Implementation Status
<p>Foster parent survey <i>[Revised Implementation Plan Foster Parent Training Action Step 1]</i> <i>[Action Step 1 of February 2006 Braam Implementation Plan]</i></p> <p>The Children's Administration will contract with the Social and Economic Sciences Research Center (SESRC) at Washington State University to develop and conduct an independent, statistically valid, anonymous survey of foster parents (current and former) and relative caregivers (licensed and unlicensed) that is conducted annually concerning all areas of the Settlement related to caregiver's work with foster children and associated outcomes and action steps.</p> <p>In developing the survey design, tool, and procedures, the SESRC shall consult with the Panel, the Washington State Foster Parent's Association, Braam plaintiffs' attorneys, the CA Youth Advisory Group, the foster parent liaison staff in CA, and a group of five DCFS staff selected by CA.</p> <p>Survey planning completed by 10/1/06</p> <p>Survey reviewed and approved by Panel by 12/1/06</p> <p>First survey results to Panel by 9/01/07</p> <p>Second survey results to Panel by 8/01/08</p> <p>Third survey results to Panel by 8/01/09</p> <p>Fourth survey results to Panel by 8/01/10</p> <p>Fifth survey results to Panel by 6/01/11</p>	<p>Retained- subject to continued monitoring</p>

¹⁷ This table includes only action steps that have not yet been completed or are not yet due and are being retained in the Implementation Plan and subject to continued monitoring by the Panel. These retained action steps have been renumbered in this revised Implementation Plan for ease of reference. A master list of action steps from the February 2006 Implementation Plan, including those that have been completed and steps that will no longer be monitored, is included in Section IV, *Status of All Action Steps*.

III.D. UNSAFE/INAPPROPRIATE PLACEMENTS

GOALS IN THIS AREA:

GOAL 1: All children in DCFS’s custody shall be placed in safe placements.

GOAL 2: The State shall continue to meet or exceed the federal standard for out-of-home care safety measure.

GOAL 1: All children in DCFS’s custody shall be placed in safe placements.

Outcome 1: Children will not be placed in institutions not designed for placement of foster children, such as adult mental hospitals or detoxification facilities, where children and adults are commingled.

- The Department will provide a full description and justification for any child/youth for whom it has determined that an exception is necessary for clinical and/ or practice reasons or due to placement by an entity outside the control of DSHS.

Benchmarks required for compliance- Outcome 1

	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Data not available		0	0	0	0
Data provided by CA:	Data not available		11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Because the benchmark is zero, there is no specific rule for regional variation, as long as the statewide benchmark is reached.

Outcome 2: Children will not stay overnight at DSHS offices or in apartments or hotels *unless*:

- An appropriate licensed foster family or relative caregiver is not available, administrative approval has been granted, and adequate supervision is provided for the child as required in the Department’s November 2004 memo to CA staff,¹⁸ or
- The youth has an Independent Living Plan authorizing such placement.
- The Department will provide a full description and justification for any child/youth for whom it has determined that an exception is necessary for clinical and/ or practice reasons.

Benchmarks required for compliance- Outcome 2

	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Data not available		0	0	0	0
Data provided by CA:	Data not available		11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Because the benchmark is zero, there is no specific rule for regional variation, as long as the statewide benchmark is reached.

¹⁸ See Appendix B: Children’s Administration Placement Prohibitions Memo.

Annual Informational Reports—Outcome 1 (due annually on February 1)

- *Repeated daily stays at DSHS offices (proxy measure)*
 - Number of children experiencing more than two placements within a 48 hour period

Outcome 3: Children identified as sexually aggressive (SAY) pursuant to the statutory definition will be placed with caregivers who have received specialized training and have a plan developed to address safety and supervision issues.¹⁹

Benchmarks required for compliance- Outcome 3

	CY06	CY07	CY08	CY09	CY10
Statewide Benchmarks*	95%	95%	95%	95%	95%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents, at least until the implementation of FamLink.

Annual Informational Reports—Outcome 3 (due annually on August 1)

- *Supervision Plans*
 - Percentage of supervision plans discussed with caregivers
 - Percentage of supervision plans completed in written format

Outcome 4: Children identified as physically assaultive or physically aggressive (PAY) pursuant to the statutory definition will be placed with caregivers who have received specialized training and have a plan developed to address safety and supervision issues.²⁰

Benchmarks required for compliance- Outcome 4

	CY06	CY07	CY08	CY09	CY10
Statewide Benchmarks*	95%	95%	95%	95%	95%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents, at least until the implementation of FamLink.

Annual Informational Reports—Outcome 4 (due annually on August 1)

- *Supervision Plans*
 - Percentage of supervision plans discussed with caregivers
 - Percentage of supervision plans completed in written format

¹⁹ Requirements for specialized caregiver training and safety and supervision planning apply regardless of whether a child is identified as SAY prior to placement or while already in placement.

²⁰ Requirements for specialized caregiver training and safety and supervision planning apply regardless of whether a child is identified as PAY prior to placement or while already in placement.

Outcome 5: Medically fragile children (see Glossary for “medically fragile”) will be connected to ongoing and appropriate medical care and placed with caregivers who have specialized skills or receive consultation and ongoing training regarding their caretaking responsibilities for the medical condition.

Benchmarks required for compliance- Outcome 5

	CY06	CY07	CY08	CY09	CY10
Statewide Benchmarks*	Baseline	85%	90%	95%	95%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents, at least until the implementation of FamLink.

Outcome 6: Children will receive a private and individual face-to-face health and safety visit from an assigned caseworker at least once every calendar month, with no visit being more than 40 days after the previous visit.

Benchmarks required for compliance- Outcome 6

	FY05	CY06	CY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	75%	85%	95%	95%	95%
Data provided by CA:	Data not available	8/1/07	8/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	10/4/07	10/4/07	9/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark.

GOAL 2: The State shall continue to meet or exceed the federal standard for out-of-home care safety measure.

Outcome 1: The percentage of children who are not victims of a founded report of child abuse or neglect by a foster parent or facility staff member will meet or exceed the federal Child and Family Services Review (round 2) standard.

Benchmarks required for compliance- Outcome 1

	FY07	FY08	FY09	FY10
Statewide Benchmarks	99.68%	99.68%	99.68%	99.68%
Data provided by CA:	7/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	3/15/09	3/15/10	3/15/11

* Because the benchmark is close to 100%, there is no specific rule for regional variation, as long as the statewide benchmark is reached.

Outcome 2: All referrals alleging child abuse and neglect of children in out-of-home care will receive thorough investigation by the Division of Licensing Resources (DLR) pursuant to CA policy and timeline and with required documentation.

Benchmarks required for compliance- Outcome 2

	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Approved data compliance plan in place		100%	100%	100%	100%
Data provided by CA:	Data not available		3/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Because the benchmark is 100%, there is no specific rule for regional variation, as long as the statewide benchmark is reached. Data will be gathered through a case review process.

Annual Informational Reports—Outcome 2 (due annually on February 1)

- *Summary data*
 - Characteristics of the alleged victimization (e.g., age, gender, perpetrator, type of out-of-home setting)
 - Outcomes of the investigation (e.g., time from referral to completion of investigation, including any removal action)

Action Steps- Unsafe and Inappropriate Placements²¹

Action Step	Implementation Status
<p>Increase contact between social worker and family, child and caregivers to at least every calendar month, with no visit being more than 40 days after the previous visit²² <i>[Revised Implementation Plan Unsafe Placements Action Step 1]</i> <i>[KCF II 14.1.2 (originally 11.1.2), Action Step 4(c)(1) in Settlement]</i></p> <p>For children placed in out-of-home care, develop and implement a policy to require visits every calendar month, with no visit being more than 40 days after the previous visit) between social worker and parents, and social worker and child IN ALL CASES</p> <p>This action step and following benchmarks are subject to 2005 budget request</p> <ol style="list-style-type: none"> a. Utilizing policy workgroup from 14.1.1, develop policy recommendations (3/05-5/05) b. Workgroup reports out recommendations (5/05) c. CA Management reviews and approves policy recommendations (6/05) d. Budget decisions (7/05) e. Provide orientation to staff, caregivers and community partners on new policy requirement (7/05-9/05) f. Revise new social worker academy training to support new policy and practice guidelines (9/05) g. Based on available funding, implement policy changes (10/05) h. Establish baseline for compliance with policy changes and set performance measure (3/06) i. Initiate quarterly reporting to the field (6/06) 	<p>Retained- subject to continued monitoring</p>
<p>Increase compliance with policy requiring workers to visit children in placement within the first week of out-of-home care <i>[Revised Implementation Plan Unsafe Placements Action Step 2]</i> <i>[KCF II 14.1.6, Action Step 4(c)(2) in Settlement]</i></p> <p>Review and revise policy requiring social workers to visit all children in their placement within the first week in out-of-home care</p> <ol style="list-style-type: none"> a. Establish workgroup to review and revise policy (6/05) b. Orient staff to new policy requirement (8/05) c. Begin implementation of new policy (10/05) d. Establish regional baselines and set performance measure (6/06) e. Initiate quarterly reporting to the field (6/06) 	<p>Retained- subject to continued monitoring</p>

²¹ This table includes only action steps that have not yet been completed or are not yet due and are being retained in the Implementation Plan and subject to continued monitoring by the Panel. These retained action steps have been renumbered in this revised Implementation Plan for ease of reference. A master list of action steps from the February 2006 Implementation Plan, including those that have been completed and steps that will no longer be monitored, is included in Section IV, *Status of All Action Steps*.

²² Language of original action step has been modified from visits “once every 30 days” to “every calendar month, with no visit being more than 40 days after the previous visit” to reflect policy changes approved by the Panel. In addition, after discussion with the parties, the Panel interprets references to “parents,” “family” and “caregivers” in the original action step language to apply to the individual(s) with whom a child in the Braam class is living: a foster parent, a relative caregiver, or a birth parent for a child placed in an in-home dependency.

III.E. SIBLING SEPARATION

GOALS IN THIS AREA:

- GOAL 1:** Placement of siblings together is presumed to be in the children’s best interest, unless there is a reasonable basis to conclude that the health, safety or welfare of a child is put in jeopardy by the placement.
- GOAL 2:** Frequent and meaningful contact between siblings in foster care who are not placed together and those who remain at home should occur, unless there is a reasonable basis to conclude that such visitation is not in the best interest of the children.

GOAL 1: Placement of siblings together is presumed to be in the children’s best interest, unless there is a reasonable basis to conclude that the health, safety or welfare of a child is put in jeopardy by the placement.

Outcome 1: Children in out-of-home care will be placed with all siblings who are also in out-of-home care whenever possible.

Benchmarks required for compliance- Outcome 1

	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	60%	65%	70%	75%
Data provided by CA:	11/1/06	11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark.

Outcome 2: Children in out-of-home care will be placed with at least one sibling who is also in out-of-home care whenever possible.²³

Benchmarks required for compliance- Outcome 2

	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	85%	90%	90%	90%
Data provided by CA:	11/1/06	11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region’s performance may be more than 10 percentage points lower than the statewide benchmark.

²³ Any placement that satisfies outcome 1 of this section (placement with all siblings) also satisfies outcome 2 (placement with at least one sibling).

GOAL 2: Frequent and meaningful contact between siblings in foster care who are not placed together and/or those who remain at home should occur, unless there is a reasonable basis to conclude that such visitation is not in the best interest of the children.

Outcome 1: 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 CA 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.

- Exceptions will be approved by the supervisor and documented in the child's file.

Benchmarks required for compliance- Outcome 1

	CY06	CY07	CY08	CY09	CY10
Statewide Benchmarks*	Baseline	70%	75%	80%	90%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/4/07	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of foster parents, at least until the implementation of FamLink.

Action Steps- Sibling Separation²⁴

Action Step	Implementation Status
<p>Develop and implement policies and protocols to increase the quality and frequency of visits or contacts between children, parents, and siblings <i>[Revised Implementation Plan Sibling Separation Action Step 1]</i> <i>[KCF II 18.1.1, Action Step 5(c)(1) and Action Step 5(c)(5) in Settlement]</i></p> <p>Develop policies and protocols regarding visitations for children in foster care to include frequency of visitation</p> <ol style="list-style-type: none"> a. Establish a policy workgroup, including stakeholders and researchers, to develop a framework for visitations between parents and children and siblings that is utilized uniformly across regions. Framework to include guidelines for visitations which encompass: (9/04-12/04) <ul style="list-style-type: none"> • When visitations can be unsupervised, • When visitations can be outside of the DCFS office, • When visitations can be outside DCFS office hours, and • Who is able to supervise visits • How the visitation issues will be addressed during the Family Team Decision Making meeting which occurs within 72 hours of a child's placement in out-of-home care. • How the visitation issues will be addressed in other staffings and supervisory conferences • Guidelines for documentation of visits for social workers and contracted service providers b. Workgroup reports out recommendations (12/04) c. CA Management reviews and approves framework and policy recommendations (1/05) d. Provide training for staff and providers to support policy changes for visitations, quality of visitations and maintaining child's cultural connections (2/05-4/05) e. Implement policy changes upon training (2/05-4/05) f. Report out quarterly on progress (6/05-6/07) 	<p>Retained- subject to continued monitoring</p>

²⁴ This table includes only action steps that have not yet been completed or are not yet due and are being retained in the Implementation Plan and subject to continued monitoring by the Panel. These retained action steps have been renumbered in this revised Implementation Plan for ease of reference. A master list of action steps from the February 2006 Implementation Plan, including those that have been completed and steps that will no longer be monitored, is included in Section IV, *Status of All Action Steps*.

III.F. SERVICES TO ADOLESCENTS

GOALS IN THIS AREA:

GOAL 1: Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiffs' Fifth Amended Complaint.

GOAL 2: Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently.

GOAL 3: Reduce the number of adolescents on runaway status from foster care.

GOAL 1: Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiffs' Fifth Amended Complaint.²⁵

No appropriate, measurable outcomes related to this goal have been identified by the Panel. Action steps in this area have been completed (see Section IV, Status of All Action Steps).

²⁵ This section of the Plaintiff's Fifth Amended Complaint is included as Appendix A.

GOAL 2: Improve the educational achievement of adolescents in the custody of DCFS and better prepare them to live independently.

Outcome 1: The number of children (*excluding youth placed with relatives and/or with siblings*) who experience a change in school placement when they enter out-of-home care or change placement during the school year will decrease as indicated in the benchmark table below.

Benchmarks required for compliance- Outcome 1

	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	40%	30%	20%
Data provided by CA:	7/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points higher than the statewide benchmark.

Outcome 2: The percentage 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, including students with disabilities who graduated within the number of years designated in their IEP, will increase as indicated in the benchmark table below.

Benchmarks required for compliance- Outcome 2

	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	50%	60%	70%
Data provided by CA:	7/1/08	1/1/09	1/1/10	1/1/11
Monitoring Report date:	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark.

Outcome 3: A multi-disciplinary staffing meeting will be held six months prior to a youth's exit from foster care to address issues related to transition to independence.

Benchmarks required for compliance- Outcome 3

	CY07	CY08	CY09	CY10
Statewide Benchmarks*	Baseline	75%	85%	95%
Data provided by CA:	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	9/15/08	9/15/09	9/15/10	7/31/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 10 percentage points lower than the statewide benchmark. Data will be gathered through a survey of adolescents, at least until the implementation of FamLink.

Annual Informational Reports—Outcome 3 (due annually on August 1)

- *Ansell-Casey Life Skills Assessment (ACLSA)*
 - Percentage of youth (age 15-18) surveyed reporting that they completed an ACLSA
- *Development of Independent Living (IL) Plan*
 - Percentage of youth (age 15-18) surveyed reporting that they were invited to develop an IL plan

GOAL 3: Reduce the number of adolescents on runaway status from foster care.

Outcome 1: The percentage of children who run from out-of-home care placements during the fiscal year will decrease as indicated in the benchmark table below.

Benchmarks required for compliance- Outcome 1

	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	4.0%	3.5%	3.0%	2.5%	2.0%
Data provided by CA:	11/1/06	11/1/06	11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than .5 percentage points higher than the statewide benchmark.

Annual Informational Reports- Outcome 1 (due annually on February 1):

- *Multiple runaway events*
 - Percentage of children in care who have run away multiple times during the fiscal year, disaggregated by the number of running events

Outcome 2: The median number of days that children are on runaway status will decrease as indicated in the benchmark table below.

Benchmarks required for compliance- Outcome 2

	FY05	FY06	FY07	FY08	FY09	FY10
Statewide Benchmarks*	Baseline	45 days	40 days	35 days	30 days	25 days
Data provided by CA:	11/1/06	11/1/06	11/1/07	1/1/09	1/1/10	1/1/11
Monitoring Report date:	4/17/07	4/17/07	7/15/08	3/15/09	3/15/10	3/15/11

* Compliance with this outcome requires the statewide benchmark to be met. In addition, no region's performance may be more than 5 days higher than the statewide benchmark.

Annual Informational Reports- Outcome 2 (due annually on February 1)

- *Mean number of days that children are on runaway status*

Additional Annual Informational Reports- Services to Adolescents (due annually on February 1)

- *Timely school enrollment*
 - o Percentage of children enrolled in school within 3 school days of entry into foster care or a placement change
- *Performance on Washington Assessment of Student Learning (WASL)*
 - o Comparison of WASL scores for youth currently in foster care and other children
- *Grade Level*
 - o Percentage of children at the age-appropriate grade level (*note: these data will not be available until the implementation of FamLink*)
- *Annual dropout rate*
 - o Annual drop-out rate for high-school-aged youth in out-of-home care for 30 days or more during the reporting year
- *GED*
 - o Percentage of aging-out youth with a GED

Action Steps- Services to Adolescents²⁶

Action Step	Implementation Status
<p>Educational attainment study <i>[Revised Implementation Plan Adolescent Services Action Step 1]</i> <i>[Goal 2, Outcome 3, Action step 1 of February 2006 Braam Implementation Plan]</i></p> <p>The CA will replicate the 2001 WSIPP study Educational Attainment of Foster Youth: Achievement of Graduation Outcomes for Children in State Care for school-age children in foster care three months or longer in FY2005, with inclusion of WASL performance for 4th, 7th and 10th grades and all other variables in the study. The study may be done by CA following the methods used in the 2001 study, or contracted to WSIPP or another research organization.²⁷</p> <ul style="list-style-type: none"> • Plan to Panel regarding intent to perform work within DSHS or contract (6/1/06) • First study completed (11/1/08) • Follow-up studies (11/1/08, 12/1/10) 	<p>Retained- subject to continued monitoring</p>
<p>Establish educational outreach positions to assist children in out-of-home care in meeting K–12 educational objectives and preparing for higher education goals. <i>[Revised Implementation Plan Adolescent Services Action Step 2]</i> <i>[KCF II 15.3.4 (originally 15.1.3), Action Step 6(c)(7) in Settlement]</i></p> <p>Work with Washington Education Foundation to obtain funding and implement the Foster Care to College Partnership plan, which includes</p>	<p>Retained- subject to continued monitoring</p>

²⁶ This table includes only action steps that have not yet been completed or are not yet due and are being retained in the Implementation Plan and subject to continued monitoring by the Panel. These retained action steps have been renumbered in this revised Implementation Plan for ease of reference. A master list of action steps from the February 2006 Implementation Plan, including those that have been completed and steps that will no longer be monitored, is included in Section IV, *Status of All Action Steps*.

²⁷ A requirement to replicate the study every two years has been deleted from the original action step. Through related requirements for informational reports, the Panel will expect ongoing submission of these data. Data can be obtained through replicated WSIPP study, FamLink, Office of the Superintendent of Public Instruction, or other sources.

<p>establishing six regional educational outreach positions, who will serve as liaisons to assist children (16-18 year olds) in out-of-home care in meeting higher education goals.</p> <ol style="list-style-type: none"> In collaboration with Washington Education Foundation, complete Foster Care to College Partnership proposal (10/04) Seek 3-year grant funding (10/04-2/05) Based on funding, begin implementation of the Foster Care to College Partnership plan (4/05) Report on implementation (9/05) Annual evaluation report (completed each year of the 3-year grant funding) (6/06, 6/07, 6/08) 	
<p>Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in out-of-home care. <i>[Revised Implementation Plan Adolescent Services Action Step 3] [KCF II 15.2.3 (originally 15.1.2), Action Step 6(c)(10) in Settlement]</i></p> <ol style="list-style-type: none"> Develop roles and responsibilities for educational coordinators (10/05) Hire regional educational coordinators to provide educational advocacy (12/05) Train regional educational coordinators (12/05) Regional coordinators work with community partners to develop regional plans, including existing community resources and tutoring/mentoring programs (9/05) Communicate program to staff, youth, caregivers and community partners (2/06) Implement regional plans (2/06) Initiate quarterly reporting to the field (5/06) 	<p>Retained- subject to continued monitoring</p>
<p>Attendance, truancies, suspensions and expulsions <i>[Revised Implementation Plan Adolescent Services Action Step 4] [Goal 2, Outcome 3, Action step 5 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will collect information on school attendance, truancies, suspensions, and expulsions about youth in foster care in Washington, and will use this information to design and implement practice and system improvements in DCFS and to advocate for system improvements related to this goal.</p> <p>June 1, 2008</p>	<p>Retained- subject to continued monitoring</p>
<p>Documentation of credit accumulation and GPA <i>[Revised Implementation Plan Adolescent Services Action Step 5] [Goal 2, Outcome 3, Action step 6 of February 2006 Braam Implementation Plan]</i></p> <p>DCFS will document each child's credit accumulation and Grade Point Average at each placement change and at the end of each school year in conjunction with the annual educational review in the ISSP. When placement changes disrupt credit acquisition, DCFS will work with the releasing and enrolling school districts to develop a plan for the child to complete credits.</p> <p>June 1, 2007</p>	<p>Retained- subject to continued monitoring</p>
<p>ILP Contracts <i>[Revised Implementation Plan Adolescent Services Action Step 6] [Goal 2, Outcome 6, Action step 5 of February 2006 Braam Implementation</i></p>	<p>Retained- subject to continued monitoring</p>

<p><i>Plan]</i></p> <p>The Department will propose strategies to the Panel to result in sufficient capacity of ILP contractors serving youth aged 15 and older so 100% of this population is served.</p> <p>CA proposes strategies: January 1, 2008</p> <p>Strategies implemented: July 1, 2009</p>	
<p>Information on children in juvenile detention facilities <i>[Revised Implementation Plan Adolescent Services Action Step 7]</i> <i>[Goal 3, Outcome 3, Action step 3 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will maintain information on children in foster care who spend time in juvenile detention facilities and will annually compile information on the number of these children, their lengths of stay in detention facilities, and the reason for the hold. The CA will use this information to design and implement practice and system improvements in DCFS and to advocate for system improvements.</p> <p>Report to Panel (June 1, 2008) Implement improvements (July 1, 2009)</p>	<p>Retained- subject to continued monitoring</p>

IV. STATUS OF ALL ACTION STEPS

The chart below provides information on the status of all action steps included in the February 2006 Braam Implementation Plan and original Braam Settlement Agreement. Action steps are listed in the order in which they appeared in the February 2006 Implementation Plan. The “status” column of this chart classifies action steps in the following categories:

- *Retained* - These action steps have not yet been determined complete by the Panel or are not yet due, and are being retained in the Implementation Plan. Retained action steps will be subject to ongoing monitoring, and the Panel will require semi-annual updates from the Department. *Only “retained” action steps are shown in the “settlement areas” section of the revised Implementation Plan.*
- *Complete*- These action steps have been found to be complete by the Panel in earlier monitoring reports or based on information provided by the Department since the Panel’s most recent monitoring report in October 2007.
- *No further monitoring of action step*- The Panel has determined that the elements of these action steps that have not yet been completed are closely related to outcomes or informational reports included in the revised Implementation Plan. As a result, separate monitoring of the action steps is no longer necessary. The chart below includes references to specific outcomes and/or informational reports that will provide data on issues related to these action steps.
- *Deleted*- A small number of action steps have been removed from the original Implementation Plan based on agreement of all parties.

PLACEMENT STABILITY--Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>RFP for statewide foster parent recruitment <i>[KCF II 24.1.1, Action Step 1(c)(1) in Settlement]</i></p> <p>Implement the RFP for providing statewide foster parent recruitment.</p> <ol style="list-style-type: none"> Complete regional recruitment needs assessments 8/04 Develop recruitment performance expectations for contracts 8/04 Finalize Recruitment and Retention RFP (<i>includes regional, minority, sibling groups, adolescents and children with special needs</i>) 9/04 Issue Recruitment and Retention RFP 9/04 Review and select proposals 11/04 Concurrently develop implementation and communication plans 11/04 Begin implementation of 18 month regional/statewide contracted recruitment & retention services contracts 1/05 Orientation of staff and caregivers to regional/statewide contracted support services (first stage implementation) 1/05 Review every six months 7/05 		<p style="text-align: center;">x</p> <p>(Panel Decision on CA Revised Compliance Plan, September 5, 2006)</p> <p><i>Consolidated with 5 (c)(7)</i></p>		
<p>Require multi-disciplinary case staffings for children in four or more placements <i>[KCF II 6.1.1*, Action Step 1(c)(2) in Settlement]</i></p> <p>Require multi-disciplinary case staffings for children who have been in three or more placements to build an intensive case plan to improve placement stability.</p> <ol style="list-style-type: none"> In collaboration with Tribes, LICWACS, and/or Indian Organizations, utilize CAMIS data on children in placement, length of stay and age of children, to develop a plan of implementation for review and approval of the Braam Panel (1/05) Braam Panel reviews and approves final plan (3/05) 		<p style="text-align: center;">X</p> <p>(Monitoring Report #4, October 4, 2007)</p> <p>Action step was completed through implementation</p>		

PLACEMENT STABILITY--Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<ul style="list-style-type: none"> c. Communicate timeframes and guidelines to all social workers, supervisors and managers (5/05) d. Begin Phase I of the plan (conducting staffings for children in five or more placements) (5/05) e. Complete Phase I (5/06) f. Begin Phase II of the plan (conducting staffings for children in four or more placements) (5/06) g. Complete Phase II (5/07) h. Begin Phase III of the plan (conducting staffings for children on an ongoing basis for children in three or more placements) (5/07) <p>* The current version of this section in KCF II is different than in the version of KCF II in existence at the time of the Settlement (5/31/2004).</p>		of compliance plan approved by Panel.		
<p>Implement strategies to increase appropriate matching between children and caregivers at the time of initial placement (e.g., increase completion rate of Pre-Passports within required timeframes) <i>[KCF II 6.2.2 (originally 6.2.4) , Action Step 1(c)(3) in Settlement]</i></p> <ul style="list-style-type: none"> a. Establish workgroup to develop strategies, including a process for how to track appropriate matching at the initial placement (12/04) b. CA Management reviews and approves strategies (5/05) c. Make necessary policy changes to support strategy implementation (8/05) d. Provide education/training to staff to support implementation of strategies (11/05) e. Begin implementation of strategies (12/05) f. Review baseline for placement stability following a completed Pre-Passport, and set performance measure (6/06) g. Initiate quarterly reporting to the field (12/06) 			<p style="text-align: center;">x</p> <p>Data related to this action step will be obtained through informational reports (see "additional annual informational reports-placement stability")</p>	
<p>Develop and implement policy to provide emergency respite to licensed foster care and relative caregivers to prevent disruption <i>[KCF II 6.1.3 (originally 6.1.2(a)), Action Step 1(c)(4) in Settlement]</i></p> <p>Provide respite to resource families to support placements at risk of disruption and provide appropriate access to respite care for caregivers requesting and needing this service, to include in-home respite care for licensed foster parents</p> <ul style="list-style-type: none"> a. Review and revise existing respite policy to provide immediate respite to resource families where placement is at risk of disruption (12/04) b. Complete assessment of regional needs (4/05) c. Develop regional respite capacity to support respite policy (7/05) d. Communicate revised respite policy to social workers, supervisors and resource families (8/05) e. Revise academy training program and foster parent pre-service training program to reflect revised respite policy (9/05) 		<p style="text-align: center;">x</p> <p>(as per letter to CA, July 27, 2007)</p> <p><i>Consolidated with 3(c)(10)</i></p>		

PLACEMENT STABILITY--Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Increase the appropriate use of kinship care <i>[KCF II 8.3.2, 8.3.3, 21.1.1 (originally 20.1.1-21.1.2), Action Step 1(c)(6) in Settlement]</i></p> <p>8.3.2 Develop and implement caregiver initial assessment policy to support immediate relative placements</p> <ol style="list-style-type: none"> Workgroup develops initial assessment tool and policy (12/04) CA Management reviews and approves appropriate recommendations (2/05) Provide training to social workers and supervisors (3/05-5/05) Revise DLR academy training to reflect policy change (5/05) Implementation statewide (6/05) <p>8.3.3 Implement relative home study</p> <ol style="list-style-type: none"> Workgroup develops initial assessment tool and policy (12/04) CA Management reviews and approves appropriate recommendations (2/05) Provide training to staff (3/05-5/05) Implementation statewide (6/05) <p>21.1.1 Develop and implement revised policy framework for kinship care.</p> <ol style="list-style-type: none"> Establish policy workgroup to: (9/04) <ul style="list-style-type: none"> Develop policy providing access to services for non-licensed kinship care providers; and Develop tools (e.g., ancestry chart, genogram) for Kinship care policy, including how it supports Tribal ICWA law requirements. CA Management reviews and approves recommendations (1/05) Make necessary policy changes to support framework. (4/05) Provide training to existing staff on policy framework and tools (5/05) Revise academy curriculum for new social workers to include kinship framework (6/05) Implement policy changes (7/05) 		<p style="text-align: center;">X</p> <p>(Monitoring Report #3, April 17, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p> <p><i>Consolidated with Action Step 5(c)(2)</i></p>		
<p>Revise and implement policy and procedure to provide for the involvement of children and parents in assessments, development of case plans and major decisions (including changes in placement) <i>[KCF II 13.1.1, Action Step 1(c)(7) in Settlement]</i></p> <p>Review and revise policy and procedure regarding when and how service plans are written and updated, the involvement of children and parents and Tribes in assessments, development of case plans for in-home cases and out-of-home cases, and major decisions, to include practice guidelines for engaging children, Tribes and fathers in the process.</p> <ol style="list-style-type: none"> Establish policy workgroup to review current policy and make recommendations for necessary revisions (12/04-4/05) CA Management reviews and approves of appropriate recommendations (4/05-6/05) Revise academy training and post-academy training on permanency to reflect policy changes (7/05) Provide training to social workers and supervisors on policy and procedure revisions (7/05-9/05) Implement policy revisions (10/05) 		<p style="text-align: center;">x</p> <p>(Panel Decision on CA Revised Compliance Plan, September 5, 2006)</p>		
<p>Develop and implement annual local office and/or regional, plans for the recruitment and retention of foster homes that specifically assess the need for and availability of placement for children with special needs, and for respite (especially for adolescents).</p>		<p style="text-align: center;">X</p> <p>(Second</p>		

PLACEMENT STABILITY--Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p><i>[KCF II 24.1.3 (incorporated from Braam into KCF II) , Action Step 1(c)(8) in Settlement]</i></p> <p>Such plans shall specify the recruitment activities targeted at increasing the number of such homes. The plans shall contain numerical targets for increases each year in the number of homes in the special populations of children listed above, beginning in July 2005 until the target identified in the plans is met.</p>		Monitoring Report, September 20, 2006)		
<p>Develop a plan by June 30, 2005 for review and approval by the Braam Panel to reduce caseloads to COA standards</p> <p><i>[Revised Implementation Plan Placement Stability Action Step 1]</i></p> <p><i>[KCF II 14.1.8 (incorporated from Braam into KCF II) , Action Step 1(c)(9) in Settlement]</i></p> <ul style="list-style-type: none"> a. Establish workgroup to develop plan and estimate costs/resources required (1/05) b. CA Management reviews and approves plan (5/05) c. Plan submitted to Braam Panel for review (6/05) 	<p style="text-align: center;">X</p> <p>Subject to continued monitoring</p>			
<p>Notify child's representative (attorney/GAL/CASA) prior to placement move, except in emergencies.</p> <p>When a move has been made based on an emergency, the child's representative will be notified on the next business day.</p> <p><i>[KCF II 6.1.4 (incorporated from Braam into KCF II) , Action Step 1(c)(10) in Settlement]</i></p> <ul style="list-style-type: none"> • Develop policy regarding notification to GAL/CASA (10/04) • Communicate policy to social workers, supervisors and GAL/CASA of policy requirement (11/04) • Implement policy (12/04) 		<p style="text-align: center;">X</p> <p>(First Monitoring Report, March 28, 2006)</p>		
<p>A history of the child's placements will be reported to the Juvenile Court at each dependency review hearing as part of the child's Individual Safety and Service Plan (ISSP).</p> <p><i>[KCF II 6.1.5 (incorporated from Braam into KCF II), Action Step 1(c)(11) in Settlement]</i></p> <p>Develop policy to require reporting of a child's placement history to the Juvenile Court at each dependency review hearing as part of the child's Individual Safety and Service Plan (ISSP).</p> <ul style="list-style-type: none"> • Utilizing workgroup from 7.1.6, review and revise ISSP and ISSP guidelines to provide clear history of child's placement (3/05) • Distribute revised ISSP and ISSP guidelines to social workers and supervisors (9/05-12/05) • Implement policy requirement to provide child's placement history to court at each dependency review hearing (1/06) 		<p style="text-align: center;">x</p> <p>(Second Monitoring Report, September 20, 2006)</p>		
<p>Consistent with the outcomes and benchmarks in Section IV.2, develop and begin to implement pilot programs in at least 3 sites providing therapeutic foster care using effective, evidence-based models of care for children with emotional and behavioral challenges. (By June 2005 develop RFP, award contracts and begin implementation of pilot projects)</p> <p><i>[KCF II 17.2.1 (incorporated from Braam into KCF II) , Action Step 1(c)(12) in Settlement]</i></p> <p>Develop and implement pilot programs in at least 3 sites providing therapeutic foster care using effective, evidence-based models of care for children with emotional and behavioral challenges</p> <ul style="list-style-type: none"> • Develop RFP (12/04) • Publish RFP (1/05) • Award contracts (3/05) 		<p style="text-align: center;">X</p> <p>(First Monitoring Report, March 28, 2006)</p>		

PLACEMENT STABILITY--Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<ul style="list-style-type: none"> Implement pilot programs (6/05) 				
<p>Implement strategies to increase appropriate matching between children and caregivers for children who need to be re-placed (beginning by December 2006 and fully implemented by December 2008). <i>[KCF II 6.2.3 (incorporated from Braam into KCF II), Action Step 1(c)(13) in Settlement]</i></p> <ul style="list-style-type: none"> a. Utilizing workgroup from 6.2.2, develop strategies (12/06) b. CA management reviews and approves strategies (5/07) c. Make necessary policy changes to support strategy implementation (8/07) d. Provide education/training to staff to support implementation of strategies (11/07) e. Begin implementation of strategies (12/07) f. Review baseline for placement stability following a completed Pre-Passport, and set performance measure (6/08) g. Initiate quarterly reporting to the field (6/08) 			<p style="text-align: center;">x</p> <p>Data related to this action step will be obtained through informational reports (see "additional annual informational reports-placement stability")</p>	
<p>Develop a plan for Panel review and approval, with input from the Plaintiffs to provide multidisciplinary and/or case staffings for children in three or more placements. <i>[Action Step 1(c)(14) in Settlement]</i></p> <p>(Plan developed by 1/15/05.)</p>		<p style="text-align: center;">x</p> <p>(Panel Decision on CA Revised Compliance Plan, September 5, 2006)</p>		

MENTAL HEALTH-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Children to receive an initial health screening within 72 hours placement—assessment of current practice <i>[Goal 1, Outcome 1, Action Step 1 in February 2006 Braam Implementation Plan]</i></p> <p>The Department will develop a plan for achieving and tracking Outcome 1 and meeting Council on Accreditation (COA) standard for children to receive an initial health screening within 72 hours of entering out-of-home care.</p> <p>The plan will include, at a minimum:</p> <ul style="list-style-type: none"> Assessment of current practices (9/30/06) Description of the screening process (including: identification of needs within 72 hours of entering care, location for screenings, elements of the screenings, who may conduct screenings, criteria for referring children who need immediate care or services, strategies for obtaining important medical information from parents or guardians, and other areas as determined by the Department) 		<p style="text-align: center;">X</p> <p>(Monitoring Report #3, April 17, 2007)</p>		

MENTAL HEALTH-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<ul style="list-style-type: none"> Implementation strategies—Regional and field offices will work with community-based health/mental health providers, agencies, foster parents, birth parents, and tribes to develop implementation strategies. Different solutions may be pursued in different locales, e.g., screening may be offered by different health professionals (DCFS nurses, nurse practitioners) and in different locations (public health department, emergency rooms, private doctors' offices) Anticipated costs, potential funding strategies, and availability of professional resources 				
<p>The plan for achieving Goal 1, Outcome 1 will be submitted to the Panel for review and approval. <i>[Revised Implementation Plan Mental Health Action Step 1]</i> <i>[Goal 1, Outcome 1, Action Step 2 of February 2006 Braam Implementation Plan]</i></p> <p>3/30/07</p>	<p>X Subject to continued monitoring</p>			
<p>The Department will begin to implement initial health screens. <i>[Revised Implementation Plan Mental Health Action Step 1]</i> <i>[Goal 1, Outcome 1, Action Step 3 of February 2006 Braam Implementation Plan]</i></p> <p>10/30/07</p>	<p>X Subject to continued monitoring</p> <p>Combined with related initial health screening action steps</p>			
<p>The Department will track implementation to ensure that each child who enters out-of-home care receives an initial health screen. <i>[Revised Implementation Plan Mental Health Action Step 1]</i> <i>[Goal 1, Outcome 1, Action Step 4 of February 2006 Braam Implementation Plan]</i></p> <p>Begin 10/07—continuous tracking</p>	<p>X Subject to continued monitoring</p> <p>Combined with related initial health screening action steps</p>			
<p>Develop a plan to ensure the quality of the CHET process <i>[Revised Implementation Plan Mental Health Action Step 2]</i> <i>[goal 1, outcome 2, action step 1 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will develop, and submit to the Panel for approval, a plan to review and ensure the quality of the CHET process that will address issues such as:</p> <ul style="list-style-type: none"> timeliness of completing CHET screens timely receipt of educational records well-child EPSDT exams completed within 30 days quality of information collected in each of the 5 domains effectiveness of the screening and assessment instruments used in CHET use of data/information on a child that is received after the Shared Planning Meeting occurs inclusion of parents, caregivers, youth (age 12 and over), tribal representatives (when applicable), and children's representatives in the CHET Shared Planning Meetings, and in developing Action Plans determining whether CHET recommendations are followed and services are received for children whose CHET recommendations are largely unrelated to services received, analyze reasons and suggest system improvements 	<p>X Subject to continued monitoring</p>			

MENTAL HEALTH-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>The plan will be completed and submitted to the Panel for review by 12/30/06</p> <p>The Department will begin implementation of the plan by 9/30/07</p> <p>The Department will provide the Panel with annual reports on the results of the Quality Review beginning 9/30/08</p>				
<p>Health and Education Plans <i>[Goal 2, Outcome 1, Action Step 1 in February 2006 Braam Implementation Plan]</i></p> <p>CA will ensure that the health and education plan for each child is updated at a minimum every 6 months, in accordance with the Department's 6-month administrative review process. Changes in the plans will be discussed and shared with caregivers and birth parents.</p> <p>By 12/30/06</p>		<p>X</p> <p>(Panel Decision on CA Compliance Plan, August 23, 2007)</p>		
<p>The Department will develop, and encourage juvenile court judges to use, a checklist for each court review to prompt the Court to seek information on whether or not the physical health, mental health, substance abuse, educational, and cultural needs of dependent children are being met. <i>[KCF II 17.1.8, Action Step 2(c)(6) in Settlement]</i></p> <p>Complete draft checklist (09/30/05) Orient staff to checklist (10/30/05) Implement field utilization and court review (12/30/05) Review utilization of checklist by courts (06/30/07)</p>		<p>X</p> <p>(Monitoring Report #4, October 4, 2007)</p>		
<p>Foster children's mental health will be periodically reassessed by mental health professionals <i>[KCF II 17.1.7, Action Step 2(c)(5) in Settlement]</i></p> <ul style="list-style-type: none"> • Revise policy and procedures to include requirement for periodic re-assessment (3/05) <ul style="list-style-type: none"> ✓ CA Management reviews and approves process (6/05) ✓ Orient staff to new policy requirement (9/05-12/05) ✓ Implement new policy (12/05) 		<p>X</p> <p>(Panel Decision on CA Revised Compliance Plan, September 5, 2006)</p>		
<p>Inviting persons involved with child to participate in MH/ SA planning <i>[Goal 3, Outcome 2, Action Step 1 of February 2006 Braam Implementation Plan]</i></p> <p>CA will ensure that birth parents, foster parents, extended family, pre-adoptive parents, tribal representatives (when applicable), and children's representatives will be invited to participate in planning and decision-making regarding mental health and/or substance use services for their children (including staffings that are held when children are denied mental health and/or substance use assessments or treatment services by a provider), except when expressly limited by existing state law or a child's lawful assertion of confidentiality. Such exceptions will be documented in the ISSP.</p> <p>By 12/30/06</p>		<p>X</p> <p>(Revised Implementation Plan, July 3, 2008)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		

MENTAL HEALTH-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Mental Health Crisis <i>[Goal 3, Outcome 2, Action Step 2 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will ensure that:</p> <ul style="list-style-type: none"> • each child who experiences a crisis related to mental health or substance use disorders will have access to crisis intervention services through the 24-hour mental health crisis hotline. 06/30/2006 • all foster parents and caregivers are informed about how to access the 24-hour mental health crisis hotline. 06/30/2006 • any non-mental health/non-substance use calls will be referred to the foster parent after hours support line. 06/30/2006 		<p>X (Monitoring Report #3, April 17, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>The Department will provide notice to the child, child’s caregiver, child’s parent (when appropriate), tribal representative (when applicable), and child’s representative of their right to request an administrative review of any denial or undue delay of an assessment or a service <i>[Goal 3, Outcome 2, Benchmark 4, Action Step 3 of February 2006 Braam Implementation Plan]</i></p> <p>06/30/2006</p>		<p>X (Monitoring Report #3, April 17, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>The Department will develop a process to assess services and outcomes for children from diverse racial and ethnic backgrounds. <i>[Goal 3, Outcome 3, Action Step 1 of February 2006 Braam Implementation Plan]</i></p> <ul style="list-style-type: none"> • The Department and Plaintiffs recommend to panel the services and outcomes to track (by region) (6/30/06) • Panel reviews tracking plan (9/30/06) • CA begins tracking (12/30/06) • First tracking report completed (12/30/07) • Panel reviews first report and sets baselines and benchmarks for each ethnic minority group (3/30/08) • Dissemination of report statewide (6/30/08) 			<p>X</p> <p>Data related to this action step will be obtained through requirement for provision of all outcomes data by race/ethnicity</p>	
<p>Translation and interpretation services <i>[Goal 3, Outcome 3, Action Step 2 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will ensure that translation and interpretation services, or providers who speak the language of the child or parent, will be available for all children, their parents, and other caregivers who need such assistance in order to benefit from mental health and/or substance use services. Children will not serve as interpreters for their parents or other family members.</p> <p>By 6/30/2007</p>		<p>X (Monitoring Report #4, October 4, 2007)</p>		

MENTAL HEALTH-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Improve availability and utilization of regional medical consultants. <i>[KCF II 16.2.1 (originally 16.1.4), Action Step 2(c)(1) in Settlement]</i></p> <ul style="list-style-type: none"> Identify clear roles and responsibilities of regional medical consultants (12/04) Provide regional medical consultant for each region (.5 FTE/region) (5/05) Communicate to staff about roles and responsibilities of medical consultants and how to access their services (6/05) Review utilization history to determine how to increase effectiveness of consultants with lower utilization rates (6/30/06) 		<p>X (Monitoring Report #4, October 4, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Increase utilization of No Wrong Door Staffings (NWD) to identify needs for family and connect to services and resources. <i>[KCF II 16.1.5²⁸, Action Step 2(c)(2) in Settlement]</i></p>				<p>X Removed by mutual consent of all parties</p>
<p>In collaboration with community partners, utilizing CHET or any successor model, CA will identify regional service gaps and create plans to fill gaps through maximizing and developing local resources. <i>[KCF II 16.1.4 (originally 17.1.2), Action Step 2(c)(3) in Settlement]</i></p> <ul style="list-style-type: none"> Establish regional workgroups (12/04) Workgroups report out recommendations and plans (06/05) Regional management teams review plans and approve recommendations (9/05) Begin implementation of approved portions of regional plans (10/05) 		<p>X (Monitoring Report #4, October 4, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Implement newly developed agreements with each Regional Support Network. <i>[KCF II 17.1.4, Action Step 2(c)(4) in Settlement]</i></p> <ul style="list-style-type: none"> MOU between CA and Mental Health Access to care standards In coordination with regional offices, establish schedule for informational sessions (10/04) Develop materials for sessions (03/05) Begin implementation of schedule for informational sessions (05/05) Conduct informational sessions on agreements in every region with particular focus on foster parents (12/30/05) 		<p>X (Monitoring Report #3, April 17, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Contracts for MH/ SA require documentation of failure to serve within timeframes</p>			<p>X Contractual</p>	

²⁸ Although the Settlement references Section 16.1.5, there is no provision with this number. The correct citation may be 16.2.2.

MENTAL HEALTH-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p><i>[Goal 3, Additional Action Step 4 of February 2006 Braam Implementation Plan]</i></p> <p>The Department's contracts for community-based mental health and substance abuse services will specify that failure to assess or serve children in foster care within required timeframes will require documentation to the Mental Health Division and the Children's Administration. This documentation will be reviewed by the Department to determine if the contract language needs clarification for the Settlement goals to be accomplished. The Department will provide on a semi-annual basis to the Panel a summary of the number of denials by RSNs and the reasons for those denials.</p> <p>Begin semi-annual reporting to Panel 11/01/06</p>			<p>change has been completed. Data related to remaining portion of action step will be obtained through related outcome and informational report (see mental health goal 3, outcome 4 and associated informational reports)</p>	
<p>Alternative plans for children ineligible for MH services <i>[Goal 3, Additional Action Step 4 of February 2006 Braam Implementation Plan]</i></p> <p>For children who are not eligible for assessment and/or treatment services within Medicaid Standards of Care, the Department (CA and MHD) will identify and implement strategies to provide alternative plans, assessments, and treatment services for these children. The Department will provide on a semi-annual basis to the Panel a summary of the number of children not eligible within Medicaid Standards of Care and the types of alternative services provided for these children.</p> <p>Begin semi-annual reporting to Panel 11/01/06</p>			<p>X Data related to this action step will be obtained through related outcome and informational report (see mental health goal 3, outcome 4 and associated informational reports)</p>	
<p>Implement Shared Planning Policy <i>[Goal 3, Additional Action Step 6 of February 2006 Braam Implementation Plan]</i></p> <ul style="list-style-type: none"> • Increase utilization of Shared Planning Meetings to identify child and family needs and connect to services and resources (6/30/06) • Review and report on progress to Panel on a semi-annual basis (begin 11/1/06) 		<p>X (Revised Implementation Plan, July 3, 2008)</p>		
<p>Annual review of mental health and substance abuse services <i>[Revised Implementation Plan Mental Health Action Step 3]</i> <i>[Goal 3, Additional Action Step 7 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will complete an annual review of the status of mental health and substance abuse services for children in foster care and use the findings from the review to address service gaps and system problems to develop services and to expand the use of evidence-based models of service, where applicable.</p> <p>The Department will publish the review and plan annually, beginning in November 2007. The annual</p>	<p>X Subject to continued monitoring</p>			

MENTAL HEALTH-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
review will identify by region both achievements in foster children receiving services and any deficiencies. The Department will establish plans to increase the achievements and reduce the deficiencies. The review and plans will be based in part on service data; direct feedback from children, parents, and caretakers; and reports generated through the action steps in the Settlement and the Braam Implementation Plan.				
<p>Discourage use of short-term interns as child's primary care provider <i>[Goal 4, Outcome 1, Action Step 1 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will work with RSNs to develop and implement policy that discourages assigning short-term interns as the primary treatment providers for children in foster care.</p> <ul style="list-style-type: none"> • Develop the policy and share it with the Panel (9/06) • Panel review and approve policy (12/06) • Implement the policy (9/07) 		X (Revised Implementation Plan, July 3, 2008)		
<p>Strategies to increase likelihood child has same treatment provider throughout care <i>[Goal 4, Outcome 1, Action Step 2 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will explore and implement additional strategies for increasing the likelihood that a child in foster care will have the same individual provider for the course of his/her mental health and/or substance use care.</p> <ul style="list-style-type: none"> • Explore strategies used in WA and other states (09/06) • Discuss potential strategies with Panel (12/06) • Implement agreed upon strategies (3/07) 			X Data related to this action step will be obtained through related outcome (see mental health goal 4, outcome 1)	

FOSTER PARENT TRAINING AND INFORMATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Foster parent survey <i>[Revised Implementation Plan Foster Parent Training Action Step 1]</i> <i>[Action Step 1 of February 2006 Braam Implementation Plan]</i></p> <p>The Children's Administration will contract with the Social and Economic Sciences Research Center (SESRC) at Washington State University to develop and conduct an independent, statistically valid, anonymous survey of foster parents (<i>current and former</i>) and relative caregivers (<i>licensed and unlicensed</i>) that is conducted annually concerning all areas of the Settlement related to caregiver's work with foster children and associated outcomes and action steps.</p> <p>In developing the survey design, tool, and procedures, the SESRC shall consult with the Panel, the Washington State Foster Parent's Association, <i>Braam plaintiffs' attorneys</i>, the CA Youth Advisory Group, the foster parent liaison staff in CA and a group of five DCFS staff selected by CA.</p> <p>Survey planning completed by 10/1/06</p> <p>Survey reviewed and approved by Panel by 12/1/06</p>	X Subject to continued monitoring			

FOSTER PARENT TRAINING AND INFORMATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
First survey results to Panel by 9/01/07 Second survey results to Panel by 8/01/08 Third survey results to Panel by 8/01/09 Fourth survey results to Panel by 8/01/10 Fifth survey results to Panel by 6/01/11				
Implement statewide after-hours crisis support line for foster parents and other caregivers <i>[KCF II 6.2.1 (originally 23.1.3), Action Step 3(c)(1) in Settlement]</i> <ol style="list-style-type: none"> a. Review current models for after hours support already in existence and develop strategies to take statewide (9/04) b. Develop program criteria (9/04) c. Hire and provide training to staff operating the program (11/04) d. Communicate with staff, caregivers and community partners (12/04) e. Create and provide “crisis cards” to foster parents (12/04) f. Implement program (5/05) g. Initiate quarterly progress reports to the field (9/05) 		X (Panel Decision on CA Revised Compliance Plan, September 5, 2006)		
Develop and implement cross-training between foster parents and staff (e.g., teamwork, problem resolution) <i>[KCF II 22.1.2, Action Step 3(c)(2) in Settlement]</i> <ol style="list-style-type: none"> o Develop training curriculum (9/04-12/04) o Pilot training (1/05-2/05) o Provide statewide training to social workers and foster parents (3/05–9/05) 		X (Panel Decision on CA Revised Compliance Plan, September 5, 2006)		
Encourage foster parents and relative caregivers to participate in hearings, meetings, and staffing pursuant to the Department’s policy approved by the Oversight Panel <i>[KCF II 22.2.2 (originally 22.1.3) , Action Step 3(c)(3) and Action Step 3(c)(9) in Settlement²⁹]</i> <ol style="list-style-type: none"> a. Establish policy workgroup, including Child Protection Teams, to draft recommended policy revisions, including the automated process for notification, the tools for how that notification is to be conducted, and where notification is to be documented. Policy workgroup will further draft the cover letter for the ISSP which specifies date of hearing and definitions of “right to be heard” and “input” (12/04) b. Work group reports out draft recommendations (3/05) c. Begin development of an electronic process for tracking notification to foster parents of court 		X (Revised Implementation Plan, July 3, 2008)		

²⁹ This action step represents a consolidation of two action steps Action Step 3(c)(9) and Action Step 3(c)(3) from the original settlement agreement.

FOSTER PARENT TRAINING AND INFORMATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
hearings (4/05) d. CA Management reviews and approves recommendations (4/05) e. Provide orientation to all resource families and staff (5/05-8/05) f. Implement policy statewide (9/05) g. Implement electronic system changes statewide (10/05) h. Establish baseline for notification compliance and set performance measure (12/05) i. Initiate six month reports to the field on levels of compliance and participation (6/05)				
Implement RFP for providing statewide crisis support and other immediate support for licensed foster parents and relative caregivers <i>[KCF II 23.1.1 (originally 23.1.2) , Action Step 3(c)(4) in Settlement]</i> a. Complete regional recruitment needs assessments (8/04) b. Develop recruitment performance expectations for contracts (8/04) c. Finalize Recruitment and Retention RFP (includes regional, minority, sibling groups, adolescents and children with special needs) (9/04) d. Issue Recruitment and Retention RFP (9/04) e. Review and select proposals (11/04) f. Concurrently develop implementation and communication plans (11/04) g. Begin implementation of regional/statewide contracted recruitment & retention services contracts (1/05) h. Orientation of staff and caregivers to regional/statewide contracted support services (first stage implementation) (1/05) i. Review every six months (7/05)		X (Panel letter to CA, November 22, 2006)		
Provide training for licensed foster parents and relative caregivers on policy revisions and engaging families and children <i>[KCF II 4.2.3 (originally 13.1.1c), Action Step 3(c)(5) in Settlement]</i> Develop and provide training for staff, foster parents, community partners and contracted providers on engaging families, relatives and fathers a. Establish planning group to develop training curriculum and training schedule (9/04) b. Complete development of training curriculum and publish training schedule (12/04) c. Provide regional based training to contract provider staff (1/05-4/05)		X (Panel Decision on CA Revised Compliance Plan, September 5, 2006)		
DLR Licensors develop and implement annual assessment and development plans for foster parents, utilizing feedback and input from DCFS workers (Braam Panel added: “foster parents and relative caregivers” to end of sentence). <i>[KCF II 6.2.5 (originally 23.1.6), Action Step 3(c)(6) in Settlement]</i> The following benchmarks were subject to 2005 budget request: a. Workgroup develops evaluation tool and procedures (1/05-3/05)		X (Revised Implementation Plan, July 3, 2008) Action step was		

FOSTER PARENT TRAINING AND INFORMATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<ul style="list-style-type: none"> b. Establish evaluation schedule and monitoring system (6/05) c. Budget appropriations (7/05) d. Train licensing staff (7/05) e. Orientation for staff and foster parents (8/05) f. Begin annual evaluations (9/05) g. Complete cycle of evaluations (9/07) h. Report annually (9/06, 9/07) 		<p>completed through implementation of compliance plan approved by Panel.</p> <p>Data related to this action step will be obtained through informational report (see “additional annual informational reports—foster parent training and information”)</p>		
<p>Develop and implement a policy requiring ongoing training for licensed foster parents <i>[KCF II 40.2.1, Action Step 3(c)(7) in Settlement]</i></p> <p>Develop and implement a policy requiring ongoing training for caregivers including engagement training as identified in section 14.3.1</p> <ul style="list-style-type: none"> a. Workgroup develops policy recommendations (10/04) b. CA Management reviews and approves recommendations (11/04) c. Adjust learning system data base to track compliance with policy requirements (12/04) d. Communicate policy to staff and caregivers (12/04) e. Implement policy (1/05) f. Initiate quarterly progress reports to the field (6/05) 		<p style="text-align: center;">X</p> <p>(Monitoring Report #4, October 4, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Licensed foster parents and relative caregivers shall be provided with the results and recommendations of all of the Department’s screenings and assessments, including the Pre-Passport or its successor, for children placed in their home five days after its completion, unless expressly limited by law or a child’s lawful assertion of confidentiality. Licensed foster parents and relative caregivers shall be provided a copy of the child’s passport or its successor at the time of placement but no later than five days after its completion, unless expressly limited by law or a child’s lawful assertion of confidentiality. <i>[KCF II 16.3.1, 16.3.2, Action Step 3(c)(8) in Settlement]</i></p> <p>16.3.1 Provide licensed foster parents and relative caregivers with child’s Passport at time of placement or not later than five days after completion</p> <ul style="list-style-type: none"> a. Workgroup reviews and revised current policy (1/05) b. CA Management reviews and approves policy recommendations (3/05) c. Orient staff and foster parents to new policy (6/05-9/05) 		<p style="text-align: center;">X</p> <p>(Monitoring Report #3, April 17, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		

FOSTER PARENT TRAINING AND INFORMATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>d. Implement policy (9/05) e. Evaluate implementation through case review process (1/06) f. Initiate six month reporting (1/06)</p> <p>16.3.2 Provide licensed foster parents and relative caregivers with results and recommendations of all screenings/ assessments for children placed in their home within five days of completion</p> <p>a. Workgroup reviews and revised current policy (1/05) b. CA Management reviews and approves policy recommendations (3/05) c. Orient staff and foster parents to new policy (6/05-9/05) d. Implement policy (9/05) e. Evaluate implementation through case review process (1/06) f. Report out every six months (1/06)</p>				
<p>Department shall provide appropriate access to respite care for caregivers requesting and needing this service. <i>[KCF II 23.1.4, Action Step 3(c)(10) in Settlement]</i></p> <p>Provide respite to resource families to support placements at risk of disruption and provide appropriate access to respite care for caregivers requesting and needing this service (Refer to 6.1.3 for timelines)</p>		<p>Refer to 1(c)(4) <i>This action step was consolidated with action step 1(c)(4), which is complete.</i></p>		
<p>Develop a plan, subject to review and approval of the Braam Panel, for training of unlicensed caregivers <i>[KCF II 40.3.2, Action Step 3(c)(11) in Settlement]</i></p> <p>a. Establish workgroup to develop plan and estimate costs/resources required (1/06) b. CA Management reviews and approves plan (5/06) c. Plan submitted to Braam Panel for review (6/06)</p>		<p>X (Revised Implementation Plan, July 3, 2008)</p> <p>Training plan approved; data related to this action step will be obtained through informational reports (see informational reports associated with foster parent training goal 1, outcomes 1-3)</p>		

UNSAFE/ INAPPROPRIATE PLACEMENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Increase contact between social worker and family, child and caregivers to at least monthly, with no visit being more than 40 days from the previous visit³⁰ <i>[Revised Implementation Plan Unsafe Placements Action Step 1]</i> <i>[KCF II 14.1.2 (originally 11.1.2), Action Step 4(c)(1) in Settlement]</i></p> <p>For children placed in out-of-home care, develop and implement a policy to require monthly visits, with no visit being more than 40 days from the previous visit) between social worker and parents, and social worker and child IN ALL CASES</p> <p>This action step and following benchmarks are subject to 2005 budget request</p> <ul style="list-style-type: none"> a. Utilizing policy workgroup from 14.1.1, develop policy recommendations (3/05-5/05) b. Workgroup reports out recommendations (5/05) c. CA Management reviews and approves policy recommendations (6/05) d. Budget decisions (7/05) e. Provide orientation to staff, caregivers and community partners on new policy requirement (7/05-9/05) f. Revise new social worker academy training to support new policy and practice guidelines (9/05) g. Based on available funding, implement policy changes (10/05) h. Establish baseline for compliance with policy changes and set performance measure (3/06) i. Initiate quarterly reporting to the field (6/06) 	X			
<p>Increase compliance with policy requiring workers to visit children in placement within the first week of out-of-home care <i>[Revised Implementation Plan Unsafe Placements Action Step 2]</i> <i>[KCF II 14.1.6, Action Step 4(c)(2) in Settlement]</i></p> <p>Review and revise policy requiring social workers to visit all children in their placement within the first week in out-of-home care</p> <ul style="list-style-type: none"> a. Establish workgroup to review and revise policy (6/05) b. Orient staff to new policy requirement (8/05) c. Begin implementation of new policy (10/05) d. Establish regional baselines and set performance measure (6/06) e. Initiate quarterly reporting to the field (6/06) 	X			
<p>A face-to-face safety assessment with a child suspected to be a victim of child abuse or neglect while in the Department’s custody shall occur within 24 hours of the report for emergent cases, and</p>		X		

³⁰ Language of original action step has been modified from visits “once every 30 days” to “monthly, with no visit being more than 40 days from the previous visit” to reflect policy changes approved by the Panel. In addition, after discussion with the parties, the Panel interprets references to “parents,” “family” and “caregivers” in the original action step language to apply to the individual(s) with whom a child in the Braam class is living: a foster parent, a relative caregiver, or a birth parent for a child placed in an in-home dependency.

<p>within 72 hours of the report for non-emergent cases. <i>[KCF II 1.1.5-1.1.8 (originally 1.1.4, 1.1.5), Action Step 4(c)(3) in Settlement]</i></p> <p>1.1.5 Require social workers to make face-to-face contact with child victims suspected to be a victim of child abuse or neglect, while in the custody of CA, within 24 hours for referrals of child abuse and/or neglect rated as emergent.</p> <ul style="list-style-type: none"> a. Establish policy workgroup to develop recommendations regarding policy changes for 24 hour face-to-face contacts on emergent referrals (10/04) b. CA Management reviews and approves recommendations (1/05) c. Communicate policy changes with staff (2/05) d. Policy becomes effective and is implemented statewide (3/05) e. Establish baseline for compliance with policy change and set performance measure (6/05) f. Initiate quarterly progress reports to the field (9/05) <p>1.1.6 – Require DCFS social workers to make face-to-face contact with child victims within 24 hours for all referrals of child abuse and/or neglect rated as emergent.</p> <ul style="list-style-type: none"> a. Establish policy workgroup to develop recommendations regarding policy changes for 24 hour face-to-face contacts on emergent referrals (10/04) b. CA Management reviews and approves recommendations (1/05) c. Communicate policy changes with staff (2/05) d. Policy becomes effective and is implemented statewide (3/05) e. Establish baseline for compliance with policy change and set performance measure (6/05) f. Initiate quarterly progress reports to the field (9/05) <p>1.1.7 Require social workers to make face-to-face contact with child victims suspected to be a victim of child abuse or neglect, while in the custody of CA, within 72 hours for all referrals of child abuse and/or neglect rated as non-emergent.</p> <ul style="list-style-type: none"> a. Define expectation and practice guidelines for social workers to make first attempt for face-to-face contact with child victims on cases rated as non-emergent within five days from the date of referral (12/04) b. Review and report on progress towards compliance with expectation/practice guidelines (3/05) c. Establish policy workgroup to develop policy for increasing face-to-face contacts to 72 hours for all non-emergent referrals (6/05) d. CA Management reviews and approves recommendations (10/05) <p>The following benchmarks are subject to 2005 budget request:</p> <ul style="list-style-type: none"> e. Implement policy for increasing face-to-face contact to 72 hours for all non-emergent referrals (12/05) f. Establish baseline for compliance with policy change and set performance measure (3/06) g. Initiate quarterly reporting to the field offices, including a review of progress towards achieving the goal (6/06) 		<p>(Panel Decision on Children's Administration Compliance Plan #2, December 19, 2006)</p>		
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<p>Prohibited placements <i>[Action Step 4(c)(4) in Settlement]</i></p> <p>Children in the custody of the Department will not be placed in:</p> <ul style="list-style-type: none"> • Institutions not designed to receive foster children, such as adult mental hospitals or detox facilities where children and adults are commingled • A foster home without specialized training and support to provide for the safety of children in the home when sexually aggressive or physically assaultive children reside in the home • DSHS offices, including repeated daily stays at DSHS offices 			<p style="text-align: center;">X</p> <p>Data related to this action step will be obtained through related outcome and informational report (see unsafe placements goal 1, outcome 2 and associated informational reports)</p>	
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SIBLING SEPARATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Increase quality and frequency of visits between children and their siblings. <i>[Revised Implementation Plan Sibling Separation Action Step 1]</i> <i>[KCF II 18.1.1, Action Step 5(c)(1) in Settlement]</i></p> <p>Develop policies and protocols regarding visitations for children in foster care to include frequency of visitation</p> <p>a. Establish a policy workgroup, including stakeholders and researchers, to develop a framework for visitations between parents and children and siblings that is utilized uniformly across regions. Framework to include guidelines for visitations which encompass: (9/04-12/04)</p> <ul style="list-style-type: none"> • When visitations can be unsupervised, • When visitations can be outside of the DCFS office, • When visitations can be outside DCFS office hours, and • Who is able to supervise visits • How the visitation issues will be addressed during the Family Team Decision Making meeting which occurs within 72 hours of a child's placement in out-of-home care. • How the visitation issues will be addressed in other staffings and supervisory conferences • Guidelines for documentation of visits for social workers and contracted service providers <p>b. Workgroup reports out recommendations (12/04)</p> <p>c. CA Management reviews and approves framework and policy recommendations (1/05)</p> <p>d. Provide training for staff and providers to support policy changes for visitations, quality of visitations and maintaining child's cultural connections (2/05-4/05)</p> <p>e. Implement policy changes upon training (2/05-4/05)</p> <p>f. Report out quarterly on progress (6/05-6/07)</p>	<p style="text-align: center;">X</p> <p>Subject to continued monitoring-combined with related action step</p>			

SIBLING SEPARATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Improve kinship support services. <i>[KCF 8.3.2, 8.3.3, 21.1.1 (originally 8.1.2), Action Step 5(c)(2) in Settlement]</i></p> <p>8.3.2 Develop and implement caregiver initial assessment policy to support immediate relative placements</p> <ol style="list-style-type: none"> a. Workgroup develops initial assessment tool and policy (12/04) b. CA Management reviews and approves appropriate recommendations (2/05) c. Provide training to social workers and supervisors (3/05-5/05) d. Revise DLR academy training to reflect policy change 5/05 <ul style="list-style-type: none"> • Implementation statewide (6/05) <p>8.3.3 Implement relative home study</p> <ol style="list-style-type: none"> a. Workgroup develops initial assessment tool and policy (12/04) b. CA Management reviews and approves appropriate recommendations (2/05) c. Provide training to staff (3/05– 5/05) d. Implementation statewide (6/05) <p>21.1.1 Develop and implement revised policy framework for kinship care.</p> <ol style="list-style-type: none"> a. Establish policy workgroup to: (9/04) <ul style="list-style-type: none"> • Develop policy providing access to services for non-licensed kinship care providers; and • Develop tools (e.g., ancestry chart, genogram) for Kinship care policy, including how it supports Tribal ICWA law requirements. b. CA Management reviews and approves recommendations (1/05) c. Make necessary policy changes to support framework. (4/05) d. Provide training to existing staff on policy framework and tools (05/05) e. Revise academy curriculum for new social workers to include kinship framework (6/05) f. Implement policy changes (7/05) 		<p>Refer to 1(c)(6)</p> <p><i>Consolidated with Action Step 1(c)(6), which is complete.</i></p>		
<p>Hire and train relative search staff to support finding relative resources and supporting Family Team Decision Making Meetings <i>[KCF II 8.3.4, Action Step 5(c)(3) in Settlement]</i></p> <ul style="list-style-type: none"> • Completing relative/father searches • Identifying Tribal/Band affiliation • Completing caregivers initial assessment <p>The following benchmarks are subject to 2005 budget request:</p> <ol style="list-style-type: none"> a. Budget decisions (7/05) b. Hire and train relative search staff (10/05) c. Implement (11/05) 		<p>X</p> <p><i>Action step was covered under compliance plan approved for Action Step 1(c)(6), which is complete.</i></p>		

SIBLING SEPARATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Implement case conferences prior to dispositional hearing, as required by 2004 legislation <i>[KCF II 13.1.6 (originally 13.1.7), Action Step 5(c)(4) in Settlement]</i></p> <p>a. Distribute interim practice guidelines (9/04) b. Develop final practice guidelines for staff (10/04) c. Orient staff, caregivers and community partners to case conference requirements (11/04) d. Implement final practice guidelines (12/04) e. Initiate quarterly reporting to the field (1/05)</p>		X (Panel Decision on CA Revised Compliance Plan, September 5, 2006)		
<p>Develop and implement policies and protocols regarding visitation to children, parents, and siblings <i>[Revised Implementation Plan Sibling Separation Action Step 1]</i> <i>[KCF II 18.1.1, Action Step 5(c)(5) in Settlement]</i></p> <p>Develop policies and protocols regarding visitations for children in foster care to include frequency of visitation</p> <p>a. Establish a policy workgroup, including stakeholders and researchers, to develop a framework for visitations between parents and children and siblings that is utilized uniformly across regions. Framework to include guidelines for visitations which encompass: (9/04-12/04)</p> <ul style="list-style-type: none"> • When visitations can be unsupervised, • When visitations can be outside of the DCFS office, • When visitations can be outside DCFS office hours, and • Who is able to supervise visits • How the visitation issues will be addressed during the Family Team Decision Making meeting which occurs within 72 hours of a child's placement in out-of-home care. • How the visitation issues will be addressed in other staffings and supervisory conferences • Guidelines for documentation of visits for social workers and contracted service providers <p>b. Workgroup reports out recommendations (12/04) c. CA Management reviews and approves framework and policy recommendations (1/05) d. Provide training for staff and providers to support policy changes for visitations, quality of visitations and maintaining child's cultural connections (2/05-4/05) e. Implement policy changes upon training (2/05-4/05) f. Report out quarterly on progress (6/05-6/07)</p>	X Subject to continued monitoring-combined with related action step			
<p>Submit and, if approved, implement Title IV-E Demonstration Waiver to develop and deliver kinship supports <i>[KCF II 38.1.3, Action Step 5(c)(6) in Settlement]</i></p>		X (first Monitoring Report, March 28, 2006)		
<p>Pursuant to plans developed under KCF II, implement strategies to recruit additional licensed foster care and relative caregivers willing and able to accommodate sibling groups <i>[KCF II 24.1.1, Action Step 5(c)(7) in Settlement]</i></p>		Refer to 1(c)(1)		

SIBLING SEPARATION- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Implement the RFP for providing statewide foster parent support and recruitment.</p> <ul style="list-style-type: none"> a. Complete regional recruitment needs assessments (8/04) b. Develop recruitment performance expectations for contracts (8/04) c. Finalize Recruitment and Retention RFP (includes regional, minority, sibling groups, adolescents and children with special needs) (9/04) d. Issue Recruitment and Retention RFP (9/04) e. Review and select proposals (11/04) f. Concurrently develop implementation and communication plans (11/04) g. Begin implementation of 18 month regional/statewide contracted recruitment and retention services contracts (1/05) h. Orientation of staff and caregivers to regional/statewide contracted support services (first stage implementation) (1/05) i. Review every six months (7/05) 		<p><i>Consolidated with Action Step 1(c)(1), which is complete.</i></p>		

SERVICES TO ADOLESCENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Adolescent participation in planning <i>[Goal 1, Action step 1 of February 2006 Braam Implementation Plan]</i></p> <p>Adolescents, their family members, and other significant individuals identified by the adolescent, will be offered the opportunity and be encouraged and assisted to participate in planning and decision-making regarding their own services and placement, except when this would be in conflict with existing state law or clinically contraindicated. Such exceptions are to be documented in ISSP.</p> <p>CA policy development (7/31/07) Training (10/31/07) Implementation (4/01/08)</p>		X (Revised Implementation Plan, July 3, 2008)		
<p>Develop an integrated, re-designed service model for adolescents <i>[KCF II 19.1.1, Action Step 6(c)(1) in Settlement]</i></p> <p>In collaboration with other DSHS Administrations and community partners, develop an integrated, re-designed service model for adolescents. This action step and the following benchmarks are subject to 2005 budget request</p> <ol style="list-style-type: none"> Workgroup develops recommendations for a redesigned service model for adolescents including budget (9/04-6/05) CA Management review (6/05-8/05) Recommendations and budget proposal reviewed by DSHS Cabinet (8/05) Budget appropriated (9/06) Begin implementation of re-designed service model (11/06) Complete implementation of re-designed service model (8/07) 		X (Revised Implementation Plan, July 3, 2008) Action step was completed through implementation of compliance plan approved by Panel.		
<p>Establish Youth Advisory Group <i>[KCF II 19.1.7, Action Step 6(c)(8) in Settlement]</i></p> <ol style="list-style-type: none"> Develop model for youth advisory group (12/04) Locate and establish initial youth advisory members (1/05) Train youth advisory group (2/05) Begin youth advisory group meetings (to be conducted regularly) (4/05) 		X (first Monitoring Report, March 28, 2006; confirmed by Panel based on additional materials submitted for Monitoring Report #4, October 4, 2007)		
<p>DCFS will request the school records of all school age children immediately upon the child entering care (or changing placements, if the placement change requires a change in schools). <i>[Goal 2, Outcome 1, Benchmark 1, Action Step1 of February 2006 Braam Implementation Plan]</i></p> <p>June 1, 2006</p>		X (Second Monitoring Report, September 20, 2006)		

SERVICES TO ADOLESCENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Data on enrollment within timeframes <i>[Goal 2, Outcome 1, Action step 2 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will collect data to determine which children are not enrolled within the time limits and the reasons. The data will be at a level whereby CA can influence and change practices if necessary. This data will be used by the CA to make practice improvements in DCFS and to advocate for system improvements related to the goal; it will be shared with the Panel annually.</p> <p>June 1, 2007</p>			<p>X</p> <p>Data related to this action step will be obtained through related informational reports (see "additional annual informational reports- services to adolescents")</p>	
<p>Educational attainment study <i>[Revised Implementation Plan Adolescent Services Action Step 1]</i> <i>[Goal 2, Outcome 3, Action step 1 of February 2006 Braam Implementation Plan]</i></p> <p>The CA will replicate the 2001 WSIPP study Educational Attainment of Foster Youth: Achievement of Graduation Outcomes for Children in State Care for school-age children in foster care three months or longer in FY2005, with inclusion of WASL performance for 4th, 7th and 10th grades and all other variables in the study. The study may be done by CA following the methods used in the 2001 study, or contracted to WSIPP or another research organization.³¹</p> <ul style="list-style-type: none"> • Plan to Panel regarding intent to perform work within DSHS or contract (6/1/06) • First study completed (11/1/08) • Follow-up studies (11/1/08, 12/1/10) 	<p>X</p> <p>Subject to continued monitoring</p>			
<p>Establish educational outreach positions to assist children in out-of-home care in meeting K–12 educational objectives and preparing for higher education goals. <i>[Revised Implementation Plan Adolescent Services Action Step 2]</i> <i>[KCF II 15.3.4 (originally 15.1.3), Action Step 6(c)(7) in Settlement]</i></p> <p>Work with Washington Education Foundation to obtain funding and implement the Foster Care to College Partnership plan, which includes establishing six regional educational outreach positions, who will serve as liaisons to assist children (16-18 year olds) in out-of-home care in meeting higher education goals.</p> <ol style="list-style-type: none"> a. In collaboration with Washington Education Foundation, complete Foster Care to College Partnership proposal (10/04) b. Seek 3-year grant funding (10/04-2/05) c. Based on funding, begin implementation of the Foster Care to College Partnership plan (4/05) d. Report on implementation (9/05) e. Annual evaluation report (completed each year of the 3-year grant funding) (6/06, 6/07, 6/08) 	<p>X</p> <p>Subject to continued monitoring</p>			

³¹ A requirement to replicate the study every two years has been deleted from the original action step. Through related requirements for informational reports, the Panel will expect ongoing submission of these data. Data can be obtained through replicated WSIPP study, FamLink, Office of the Superintendent of Public Instruction, or other sources.

SERVICES TO ADOLESCENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>Offer caregivers training on educational advocacy skills <i>[KCF II 15.4.1 (originally 15.1.5), Action Step 6(c)(9) in Settlement]</i></p> <p>Develop and distribute educational brochures and/or information packets in collaboration with the education sector (<i>packets to include basic statewide information including: mandatory reporting information, and program descriptions for CA and schools</i>)</p> <ol style="list-style-type: none"> In collaboration with OSPI, develop packet contents (10/04) Consolidate work products developed from HB 1058 workgroups for inclusion in packets (3/05) Customize information to target respective areas (6/05) Revise/draft CA policy to include distribution of material and to clarify roles of youth and caregivers (6/05) Develop plan for distribution of packets to youth, parents, relative caregivers, foster parents, school staff, social workers, and court (9/05) Begin implementation of distribution plan (12/05) 		<p>X</p> <p>(Monitoring Report #3, April 17, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in out-of-home care. <i>[Revised Implementation Plan Adolescent Services Action Step 3]</i> <i>[KCF II 15.2.3 (originally 15.1.2), Action Step 6(c)(10) in Settlement]</i></p> <ol style="list-style-type: none"> Develop roles and responsibilities for educational coordinators (10/05) Hire regional educational coordinators to provide educational advocacy (12/05) Train regional educational coordinators (12/05) Regional coordinators work with community partners to develop regional plans, including existing community resources and tutoring/mentoring programs (9/05) Communicate program to staff, youth, caregivers and community partners (2/06) Implement regional plans (2/06) Initiate quarterly reporting to the field (5/06) 	<p>X</p> <p>Subject to continued monitoring</p>			
<p>Attendance, truancies, suspensions and expulsions <i>[Revised Implementation Plan Adolescent Services Action Step 4]</i> <i>[Goal 2, Outcome 3, Action step 5 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will collect information on school attendance, truancies, suspensions, and expulsions about youth in foster care in Washington, and will use this information to design and implement practice and system improvements in DCFS and to advocate for system improvements related to this goal.</p> <p>June 1, 2008</p>	<p>X</p> <p>Subject to continued monitoring</p>			
<p>Documentation of credit accumulation and GPA <i>[Revised Implementation Plan Adolescent Services Action Step 5]</i> <i>[Goal 2, Outcome 3, Action step 6 of February 2006 Braam Implementation Plan]</i></p> <p>DCFS will document each child's credit accumulation and Grade Point Average at each placement change and at the end of each school year in conjunction with the annual educational review in the ISSP. When placement changes disrupt credit acquisition, DCFS will work with the releasing and enrolling school districts to develop a plan for the child to complete credits.</p>	<p>X</p> <p>Subject to continued monitoring</p>			

SERVICES TO ADOLESCENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>June 1, 2007</p> <p>The Department of Social and Health Services will establish a joint planning process with its relevant divisions to identify foster children with developmental disabilities and develop individualized transition plans to ensure linkages to appropriate agencies during each child's transition to adulthood. <i>[Goal 2, Outcome 6, Action Step 1 of February 2006 Braam Implementation Plan]</i></p> <p>June 1, 2007</p>		<p>X</p> <p>(Panel letter to CA, April 15, 2008)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>To help youth prepare for adulthood, DCFS will ensure that each child who is 15 or older takes the Ansell Casey Life Skills Assessment (ACLSA), or a similar assessment tool, and the appropriate supplements for sub-populations. Youth ages 15 or older who remain in custody for more than one year will take the ACLSA annually. <i>[Goal 2, Outcome 6, Action Step 2 of February 2006 Braam Implementation Plan]</i></p> <p>January 1, 2007</p>		<p>X</p> <p>(Panel letter to CA, April 15, 2008)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Each youth who is 15 or older will have a written Independent Living-Learning Plan aimed at assisting with the transition to adult life that is prepared with significant involvement by the youth in identifying and selecting options, and can be vetoed by the youth if the plan does not accurately reflect his or her thinking. The plan will be based on ACLSA assessment results and address the strengths and potential of the youth. The plan will be established whether or not the child is enrolled with an ILP contract agency. <i>[Goal 2, Outcome 6, Action Step 3 of February 2006 Braam Implementation Plan]</i></p> <p>January 1, 2007</p>		<p>X</p> <p>(Panel letter to CA, April 15, 2008)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>For youth 16 or older receiving special education services under the IDEA, the Independent Living-Learning plan will be developed in coordination with the responsible school district in order to coordinate planning and services for successful independence. <i>[Goal 2, Outcome 6, Action Step 4 of February 2006 Braam Implementation Plan]</i></p> <p>June 1, 2007</p>		<p>X</p> <p>(Panel letter to CA, April 15, 2008)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		

SERVICES TO ADOLESCENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>ILP Contracts <i>[Revised Implementation Plan Adolescent Services Action Step 6]</i> <i>[Goal 2, Outcome 6, Action step 5 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will propose strategies to the Panel to result in sufficient capacity of ILP contractors serving youth aged 15 and older so 100% of this population is served.</p> <p>CA proposes strategies: January 1, 2008</p> <p>Strategies implemented: July 1, 2009</p>	<p>X</p> <p>Subject to continued monitoring</p>			
<p>Implement multi-disciplinary staffings for youth six months before exit from foster care. <i>[KF C II 10.4.1 (originally 10.1.2), Action Step 6(c)(4) in Settlement]</i></p> <p>Additional Panel language: At least 6 months prior to cessation of a child's state benefits for financial, health, or other foster care related services, a multi-disciplinary staffing shall occur. The following topics will be addressed and a written plan recorded in the ISSP: assistance to help the child to maintain or obtain: housing, employment, and/or higher education, health insurance, health records, medical, dental, developmental, mental health and substance abuse services and medication; an established connection with a caring adult who has a long-term interest in the child's well being.</p>		<p>X</p> <p>(Panel letter to CA, April 15, 2008)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Offer support services to foster youth until age 21 <i>[Originally KCF II 10.1.1, Action Step 6(c)(2) in Settlement]</i></p> <p>In collaboration with community partners, develop policy regarding discharge from care to enable youth to receive service until they are 21, unless they wish to opt out earlier and include policies requiring youth to be involved in a private or public educational, vocational program or employed to meet the criteria to remain in care. This actions step and following benchmarks are subject to 2005 budget request:</p> <ul style="list-style-type: none"> a. Establish workgroup to develop policy and program recommendations and draft proposed legislation recommendations (10/04 – 12/04) b. Submit draft legislation (12/04) c. Management reviews and approves recommendations (1/05 – 3/05) d. Budget appropriations and legislative decisions. (7/05) e. Complete necessary policy changes (and possible WAC changes) (8/05) f. Provide orientation to staff, caregivers, youth and community partners on policy changes (9/05) g. Implement policy and program changes (9/05 – 2/06) 		<p>X</p> <p>(Monitoring Report #3, April 17, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Propose statutory change to extend out-of-home care benefits to children through age 21 <i>[Originally KCF II 10.1.1, Action Step 6(c)(3) in Settlement]</i></p> <p>In collaboration with community partners, develop policy regarding discharge from care to enable youth to receive service until they are 21, unless they wish to opt out earlier and include policies requiring youth to be involved in a private or public educational, vocational program or employed to</p>		<p>X</p> <p>(first Monitoring Report, March 28, 2006)</p>		

SERVICES TO ADOLESCENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>meet the criteria to remain in care. This actions step and following benchmarks are subject to 2005 budget request:</p> <ul style="list-style-type: none"> a. Establish workgroup to develop policy and program recommendations and draft proposed legislation recommendations (10/04 – 12/04) b. Submit draft legislation (12/04) c. Management reviews and approves recommendations (1/05 – 3/05) d. Budget appropriations and legislative decisions. (7/05) e. Complete necessary policy changes (and possible WAC changes) (8/05) f. Provide orientation to staff, caregivers, youth and community partners on policy changes (9/05) g. Implement policy and program changes (9/05 – 2/06) 				
<p>Establish post-guardianship support program <i>[Originally KCF II 21.1.3 , Action Step 6(c)(5) in Settlement]</i></p> <p>Expand support for kinship care providers to include:</p> <ul style="list-style-type: none"> a. Develop and implement regional resource centers to provide referrals and facilitate access to services to support post-adoption, permanent kinship families and guardianship providers (Refer to 9.3.1) (12/04) b. Provide crisis and support and other immediate support through implementation of statewide RFP for foster parent support services(Refer to 6.2.7) (01/05) c. Increase access to child specific services through expanded contracted services capacity (subject to budget) (Refer to 11.1.4) (03/06) d. Provide access to pre-service and post-service training provided by the Resource Family Training Institute (Refer to 40.3.1) (5/05) 		<p style="text-align: center;">X</p> <p>(Monitoring Report #4, October 4, 2007)</p> <p>Action step was completed through implementation of compliance plan approved by Panel.</p>		
<p>Develop and implement regional resource centers for post-adoption kinship and post-guardianship families <i>[Originally KCF II 10.3.3, appears to be 21.1.3, Action Step 6(c)(6) in Settlement]</i></p> <p>Expand support for kinship care providers to include:</p> <ul style="list-style-type: none"> a. Develop and implement regional resource centers to provide referrals and facilitate access to services to support post-adoption, permanent kinship families and guardianship providers (Refer to 9.3.1) b. Provide crisis and support and other immediate support through implementation of statewide RFP for foster parent support services(Refer to 6.2.7) c. Increase access to child specific services through expanded contracted services capacity (subject to budget) (Refer to 11.1.4) d. Provide access to pre-service and post-service training provided by the Resource Family Training Institute (Refer to 40.3.1) 		<p style="text-align: center;">X</p> <p>(Monitoring Report #4, October 4, 2007)</p> <p>Action step was addressed through compliance plan approved for Action Step 6(c)(5), which has been completed</p>		
<p>Missing from care policy <i>[Goal 3, Outcome 3, Benchmark 1, Action Step 1 of February 2006 Braam Implementation Plan]</i></p> <p>The Department shall follow procedures for children who are missing in care that are set forth in DSHS practices and procedure manual #2580. The policy shall be revised to include the following parameters: the social worker shall convene a meeting within three days of the child being reported</p>		<p style="text-align: center;">X</p> <p>(Second Monitoring Report, September 20,</p>		

SERVICES TO ADOLESCENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p>missing with the purpose of strategizing the most effective means of locating the child and returning them to care. The meeting shall consist of the social worker and supervisor, and persons who know, care about, and may be able to help locate the child; this meeting shall be documented in the file. Weekly meetings are to be held by the social worker and supervisor regarding efforts to help locate the child; these meetings shall also be documented.</p> <p>June 2006</p>		2006)		
<p>The Department shall establish a toll free safe line that can be accessed by every child who runs from care. <i>[Goal 3, Outcome 3, Action Step 2 of February 2006 Braam Implementation Plan]</i></p> <p>December 31, 2006</p>		X (Second Monitoring Report, September 20, 2006)		
<p>Information on children in juvenile detention facilities <i>[Revised Implementation Plan Adolescent Services Action Step 7]</i> <i>[Goal 3, Outcome 3, Action step 3 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will maintain information on children in foster care who spend time in juvenile detention facilities and will annually compile information on the number of these children, their lengths of stay in detention facilities, and the reason for the hold. The CA will use this information to design and implement practice and system improvements in DCFS and to advocate for system improvements. Report to Panel (June 1, 2008) Implement improvements (July 1, 2009)</p>	X Subject to continued monitoring			
<p>The Department will review systemic data and literature on methods and supports to caregivers to decrease running away behaviors in adolescents, and develop and implement strategies to decrease runaway behaviors. <i>[(KFC II 19.3.2) by November 2004, Action Step 6(c)(11) in Settlement]</i></p> <p>Develop and implement strategies to decrease runaway behaviors in adolescents in out-of-home care</p> <ol style="list-style-type: none"> a. Review WA data on nature and frequency of adolescent runaway behavior (10/04) b. Review systemic data and literature on methods and supports to caregivers to decrease running away behaviors in adolescents (11/04) c. Develop strategies to decrease runaway behavior (4/05) d. CA Management reviews and approves specific strategies for piloting (5/05) e. Pilot selected strategies in at least 2 sites with highest incidence of runaway behavior (9/05) f. Evaluate pilots (12/05) g. Review and revise strategies based on evaluation of data (1/06) h. Begin implementation of strategies statewide (3/06) i. Complete implementation (3/07) 		X (Second Monitoring Report, September 20, 2006)		
<p>The Department will review policies and approaches recommended by national organizations such as the Child Welfare League and the National Center on Missing and Exploited Children regarding cross-system collaboration with law enforcement representatives concerning children missing from care.</p>		X (Panel Decision on Children's Administration		

SERVICES TO ADOLESCENTS-- Action Step	Implementation Status			
	Retained	Complete	No further monitoring of action step	Deleted
<p><i>[Goal 3, Outcome 3, Action Step 5 of February 2006 Braam Implementation Plan]</i> June 1, 2006</p>		Compliance Plan #2, December 19, 2006)		
<p>Collaboration with law enforcement regarding runaways <i>[Goal 3, Outcome 3, Action step 6 of February 2006 Braam Implementation Plan]</i></p> <p>The Department will negotiate written agreements with law enforcement agencies to work cooperatively to identify and promptly pick up foster care children who have run from their placement. June 1, 2008</p>				<p>X Removed by mutual consent of all parties</p> <p>Runaway episodes will be monitored through related outcomes (see services to adolescents goal 3, outcomes 1 and 2)</p>
<p>Complete implementation plan for 2003 legislation to increase educational stability of foster children (HB 1058). Complete and implement agreements with school districts, addressing transportation issues for children transferring schools upon placement or move between placements. <i>[KCF II 15.3.1, 15.3.2, 15.3.3 (originally 15.1.4), Action Step 1(c)(5) in Settlement]</i></p> <p>15.3.1 In collaboration with partners, develop interagency working agreements between OSPI and CA to include protocols for effective information sharing and service planning for children in care</p> <ol style="list-style-type: none"> a. Statewide MOU between OSPI and CA signed (07/04) b. Conduct statewide summit to bring together regions with local school districts to get acquainted, build awareness, plan for regional meetings, and outline steps that will lead to a MOU between DCFS and local school districts (10/04) c. Each region completes agreements with 3-6 local school districts and report to HQ including basic elements of statewide MOU and address specifics such as transportation issues for children changing placements or transferring to other schools (7/05) d. Complete protocols with 30% of school districts within two years (7/06) <p>15.3.2 In collaboration with OSPI and local schools conduct regional Educational Achievement Summits</p> <ol style="list-style-type: none"> a. Regional representatives attend statewide summit and regional breakout groups begin to plan region summits (10/04) b. Regions develop collaborative planning workgroups with local districts (6/05) c. Develop training and communication plan for staff in region and local school districts (9/05) <p>15.3.3 Implement regional and statewide information and referral liaisons</p> <ol style="list-style-type: none"> a. Regions identify Education leads (10/04) b. Provide regional and/or office contacts in local agreements (12/04) c. Establish protocols in local agreements (6/05) d. Communicate with staff regarding identified contracts and local agreements (6/05) 		<p>X</p> <p>(Monitoring Report #4, October 4, 2007)</p>		

V. BRAAM SETTLEMENT AREAS WITH STATUTORY DIRECTION

Significant portions of the Settlement are contained in Washington State law; this section summarizes relevant statutes that were enacted since 1987.³²

<p>Foster Care Youth Services</p>	<p>1987 Chapter 503: Pilot project established to guide state in establishing comprehensive child and family services by 1990. Department will provide training and contract for a variety of supporting services to foster parents to reduce isolation and stress and to increase skills and confidence. The management information systems shall capture detailed information from the pilot regarding identified service needs by families, services families receive, and services not received because of unavailability.</p> <p>1993 Chapter 505: Department shall consult with professionals to develop guidelines to identify all children likely to need long-term care or assistance, including children placed in foster care for two years or more. Identify children on caseload who meet criteria by January 1994. Develop comprehensive plan, ensure coordination of services, guidelines for transitional services. Revised foster care review board.</p> <p>Chapter 508</p> <ul style="list-style-type: none"> ✓ DSHS shall develop guidelines to identify all foster care children likely to need long-term care/assistance. Guidelines must consider criteria such as: placement in foster care for two or more years, multiple foster care placement, repeated unsuccessful effort to be placed with a permanent adoptive family, chronic behavioral or educational problems, repetitive criminal acts or offenses, failure to comply with court order disciplinary action, chronic physical, emotional, medical, mental, or other similar conditions necessitating long-term care or assistance. Department shall develop programs for adolescents that address educational, physical, emotional, mental, and medical needs, and incorporate an array of family support options. Programs must be ready by 1995. ✓ Determine all children currently within foster care who meet criteria; all children must be evaluated for identification of long-term needs within 30 days of placement. Assessment tools must be implemented statewide by 2001 with yearly reports to the Legislature. Each region must make appropriate number of referrals to the Foster Care Assessment Project to ensure that services are used to the extended funded. Department shall report on number of referrals by region. If insufficient number of referrals occurs, the Department shall include an explanation of action taken to ensure referrals are adequate. ✓ Department is to study and develop a comprehensive plan for the evaluation and identification of all children and adolescents in need of long-term care or assistance, including, but not limited to, the mentally ill, developmentally disabled, medically fragile, seriously emotionally or behaviorally disabled, and physically impaired. ✓ Study and develop a plan for children and adolescents in need of long-term care or assistance to ensure the coordination of series between the Department's divisions and between other state agencies involved with the adolescent. Study and develop guidelines for transitional services based on the person's age, mental, physical, emotional, or medical condition. <p>2000 Chapter 232: Requirements expanded for evaluating children in foster care within 30 days of placement; required Department to report to Legislature on evaluation tools,</p>
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³² Note: Some legislation covers more than one area; for brevity, each statute is listed only once.

	<p>number of children in evaluation, findings of need, role of services in matching need, etc. Report to the Legislature in 2000.</p> <p>Chapter 88: Department required to prepare passport for foster care youth that contains physical, mental health, and educational status and give to foster parent for foster children in home for 90 consecutive days or more.</p> <p>2001 Chapter 255: pilot project extended for standardized assessment of foster children through 8/01, and report to the Legislature in 9/01. Statewide implementation to be complete by 12/01. Reports to Legislature on 12/04 and 12/06. Assessment instrument is to be used in making out-of-home placement decisions for children.</p> <p>2003 Chapter 207: Requirement eliminated for DSHS to provide annual reports on risk assessment of abuse and neglect, accreditation, assessment of foster care children, baseline measures of foster parent retention, and stability.</p> <p>Chapter 89: Department shall maintain a record of all children in foster care who use psychiatric medications. Department directed to submit report on medication information for children in out-of-home care by December 2000.</p>
<p>Foster Care Placement</p>	<p>1990 Chapter 284: "To provide stability for children in out-of-home care, placement selection shall be made with a view toward the fewest possible placements for each child. If possible, the initial placement shall be viewed as the only placement for the child."</p> <p>1993 Chapter 312: Youth in temporary out-of-home placement Crisis Residential Centers cannot stay more than five days (they had been used as placements for some adolescents).</p> <p>1995 Chapter 312: Detention group homes and detention foster homes not to be used for placement of dependent children.</p> <p>2000 Operating Budget: Washington State Institute for Public Policy is directed to study placement decisions to determine if there are adequate placements for children coming into care.</p>
<p>Foster Parent Role and Training</p>	<p>1987 Chapter 503: Training services provided to foster parents to reduce isolation, stress, and increase skills and confidence.</p> <p>1990 Chapter 284</p> <ul style="list-style-type: none"> ✓ Foster parents are an integral part of foster care team and shall participate in development of service plan, assist in family visitation, and model effective parenting behavior for the natural family. Special recruitment effort. Five-day notification if placement is to be changed. Department shall develop training that focuses on skills to assist foster parents in caring for emotionally, mentally, or physically handicapped children. Respite care program shall be designed to minimize disruptions to child and serve foster parents. ✓ Department shall develop statewide program to manage health services for

	<p>foster youth including (a) health screening, supervision, and continuity of care; (b) developmental screening; (c) illness and emergency care; and (d) child-centered management.</p> <p>1997 Chapter 272</p> <ul style="list-style-type: none"> ✓ Required that the court allow foster parents to attend court proceedings, and the state must provide all known information about the child (passports). Foster parent liaison positions shall be provided (within available resources). ✓ The Department shall increase number of adoptive and foster families. Department shall share information about child and child's family with care provider and consult with care provider regarding the child's care plan. The Department shall keep the care provider informed regarding the dates and location of dependency review and permanency planning hearings. ✓ Foster parent liaison provided in each region. Contracts for this work must require that the contractor substantially reduce the turnover rate of foster parents by agreed upon percentage. Department shall evaluate whether contracted organization has reduced the turnover rate by the agreed upon amount when determining whether to extend or renew a contract. ✓ DSHS will provide services to foster parents within available resources. Provided funding for foster parent liaisons, foster and adoptive parent recruitment, and foster parent training. Required DSHS provide passports for any child who has been in care for more than 90 days (within available funds). Required DSHS to share information about the child and the child's family with the out-of-home care provider, and also consult with the care provider regarding the child's case plan (within available funds). <p>2001 Chapter 318: Foster parents have right to be free of coercion, discrimination, and reprisal in serving foster children, including the right to voice grievances about treatment furnished or not furnished to the foster child. Clause regarding "within available resources" removed from requirement that Department share information about child in care with foster parents.</p> <p>2002 Chapter 52: Good relationship between foster parents and birth parents, when appropriate, can increase placement stability.</p> <p>2004 Chapter 181: Foster parents who believe retaliation or discrimination has occurred may file complaint with the Ombudsman office; Ombudsman shall cover topic in annual report.</p> <p>2008 Chapter 281: DSHS to implement intensive resource home pilot program in two geographic areas.</p>
<p>Health and Safety</p>	<p>1990 Chapter 284: Regular on-site monitoring of foster homes shall be established to assure quality care, shall be done on random sample basis of no less than ten percent of the total licensed family foster homes licensed on July 1 of each year.</p> <p>2004 Chapter 40: Policy set to protect health and well-being of both infants in foster care and families providing for their care.</p>

	<p>2008 Chapter 267: DSHS policy to require that children in out-of-home care or in-home dependencies receive a private, individual face-to-face visit each month.</p>
Relative Care Preference	<p>1988 Chapters 189: Advisory group established regarding relative placement. Preference given to placing children with relatives unless it affects safety or prospects for reunification. Allowed placement without requiring background checks.</p> <p>2003 Chapter 284: Kinship Care Oversight Committee created to expand and support kinship care. Established standardized searching procedures for kin prior to out-of-home placement, active search procedures; when Department chooses not to place child with kin, document reasons. Department shall apply for grant to fund pilot projects for kin caregivers.</p> <p>2007 Chapter 412: Allows DSHS to place a child in the home of a suitable person if the child or family has a preexisting relationship with that person, and the person has completed all required criminal history background checks and otherwise appears to be suitable and competent to provide care for the child.</p>
Sibling relationships	<p>2002 Chapter 52: DSHS to ensure that siblings placed apart have regular visitation.</p> <p>2003 Chapter 227: Siblings together in foster care when possible.</p>
Independent Living	<p>1995/1997 SB 5520: Independent living allowed as a permanency planning option for juveniles 16 and older. Prohibited the Department from discharging the children to an independent living situation before the child's 18th birthday, unless the child was emancipated.</p> <p>2001 Chapter 192: Department has authority to provide services to youth, including those 18 to 21 who are or have been in foster care, to enable them to complete high school or vocational school program.</p> <p>2006 Chapter 266: Department has authority to provide services to youth age 18 to continue in foster care to participate in or complete a post-high school academic or vocational program, and to receive necessary support and transition services.</p> <p>2007 Chapter 315: Extends eligibility for Medicaid or Medical Assistance for youth who have been in foster care to age 21.</p> <p>Chapter 316: Creates Independent Youth Housing Program for the purpose of providing housing stipends and case management services to youth ages 18 to 23 who have exited the state dependency system.</p>
Runaways	<p>1994 Chapter 7: Toll-free hot line established for runaway children.</p> <p>1999 Chapter 267: HOPE centers and Responsible Living Skills Program established, and 75 HOPE beds funded. Department directed to work with Department of</p>

	Community, Trade and Economic Development to create plan for homeless families.
Educational Attainment/ Continuity	<p>2003 Chapter 112: State policy set that whenever possible, children in foster care shall remain enrolled in school they were attending at time entered foster care. CA regions and school districts shall develop protocols to maximize educational continuity and achievement for foster children, including effective methods of sharing information. Established oversight committee to recruit school-based foster homes, monitor progress of pilot programs related to staying in same school, promoting best practices, informing Legislature. Department shall work with Administrative Office of the Courts to develop protocols to ensure educational stability is addressed in shelter care hearing.</p> <p>2008 Chapter 297: Educational records of dependent children to be transferred to DSHS within 2 school days of a request.</p>
Engaging Families	<p>2004 Chapter 182: By engaging families, number of out-of-home placements can be reduced and children's problems reduced. The Legislature intends to encourage and support meaningful family involvement in decision-making.</p>
Professional Accreditation	<p>2001 Chapter 265: Found accreditation from an independent entity will improve outcomes for children.</p> <p>2003 Chapter 207: Statewide completion goal of 2006 set.</p>
Racial Disproportionality	<p>2007 Chapter 465: Creates advisory committee to address racial disproportionality and disparity in Washington's child welfare system.</p>

SECTION VI. GLOSSARY

Adolescent: A child age 13 and older.

Child/children's representative: An attorney, appointed by the court, for a child in a dependency proceeding pursuant to RCW 13.34.100, Guardian ad litem, court appointed Special Advocate/Guardian ad litem (CASA/GAL), or person appointed in lieu of a CASA/GAL.

Comprehensive mental health assessment: An intake evaluation, as defined in WAC 388-865-0420, may serve as a comprehensive mental health assessment for children in the class. Assessments describe symptoms, assign diagnosis, and are reviewed and revised as necessary. They focus on the child, family and the environment in which they live and address each child's individual physical, mental/emotional and developmental condition. Comprehensive assessments lead to appropriate services and supports when indicated and are coordinated with the child's full service plan. In addition, comprehensive mental health assessments of children involve families (including extended family members and other family support resources) in assessing child and family strengths and needs. Cultural, ethnic, linguistic, and other individual factors that influence the perception of child/family needs and their view of mental health care and services are described.

Cultural competence: A state of congruent behaviors, attitudes, and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of dynamics of cultural difference, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs.

Current out-of-home episode of care: Begins when child is removed from home and ends when the Department no longer has responsibility (due to family reunification, adoption, the child reaches majority, etc.). An episode may include multiple placement events.

EPSDT (Early and Periodic Screening, Diagnostic and Treatment Services): a federally mandated program that ensures all children from birth to 21 who are eligible for Medicaid will receive comprehensive well-child care, medical histories, physical exams, developmental assessments, laboratory screening and immunizations. Under EPSDT, screening services are provided at intervals that meet reasonable standards of practice. Children are to receive such other necessary health care, diagnostic services, treatment, and other measures necessary to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services, whether or not such services are covered under the State plan. (*Federal Medicaid law – 42 USC Section 1396D(R)*)

Ethnic minority or racial/ethnic groups:

- (1) African American
- (2) An American Indian or Alaskan native, which includes:
 - (a) A person who is a member or considered to be a member of a federally recognized tribe;
 - (b) A person determined eligible to be found Indian by the Secretary of Interior; and
 - (c) An Eskimo, Aleut, or other Alaskan native.
 - (d) A Canadian Indian, meaning a person of a treaty tribe, Metis community, or nonstatus Indian community from Canada.
 - (e) An unenrolled Indian, meaning a person considered Indian by a federally or nonfederally recognized Indian tribe or off-reservation Indian/Alaskan native community organization.
- (3) Asian
- (4) Pacific Islander
- (5) Hispanic

Family decision meetings: Defined in RCW 74.13.630 as a family-focused intervention facilitated by dedicated professional staff designed to build and strengthen the natural caregiving system for the child. Family decision meetings may include, but are not limited to, family group conferences, family mediation, family support meetings, or other professionally recognized interventions that include extended family and rely upon the family to make shared decisions about planning for its children. The purpose of the family decision meeting is to establish a plan that provides for the safety and permanency needs of the child.

Health and education plans: plans to meet a child's health care and education needs. Such plans address a child's physical health, mental health (including substance use and abuse issues), developmental, educational, and cultural needs. Documented health and education plans identify services to be provided and responsibilities for follow-up care. They are included in each child's ISSP within 60 days of placement and are updated every six months in accordance with the Department's six-month administrative review process.

Intake evaluation: as defined in WAC 388-865-0420, may serve as a comprehensive mental health assessment for children in the class. In addition, comprehensive mental health assessments of children involve families (including extended family members and other family support resources) in assessing child and family strengths and needs. Cultural, ethnic, linguistic, and other individual factors that influence the perception of child/family needs and their view of mental health care and services are described. Comprehensive mental health assessments focus on the child, family, and the environment in which they live and are appropriate to each child's physical, mental/emotional, and developmental condition. Assessments describe symptoms, assign diagnosis, and are reviewed and revised as necessary. Comprehensive assessments lead to appropriate services and supports when indicated and are coordinated with the child's full service plan.

Medically fragile child means a child who lacks physical or emotional strength and requires frequent medical attention from personnel outside the facility or agency.

Mental health: In the mental health section, the term *mental health* encompasses services that support achievement of each individual child's well-being. Thus while *mental health* focuses on a child's emotional needs, it also includes attention to physical, developmental, behavioral, educational, and substance use services as needed by individual children to achieve well-being.

Mental health professional:

- 1) A psychiatrist, psychologist, psychiatric nurse, or social worker as defined in RCW 71.05 and 71.34;
- 2) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
- 3) A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;
- 4) A person who had an approved waiver to perform the duties of a mental health professional that was requested by the Regional Support Network and granted by the Mental Health Division prior to July 1, 2001; or
- 5) A person who has been granted a time-limited exception to the minimum requirements of a mental health professional by the mental health division consistent with WAC 388-865-265.

Within the definition above are the following:

- **Psychiatrist:** A person having a license as a physician in this state who has completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.
- **Psychologist:** A person who has been licensed as a psychologist pursuant to chapter RCW 18.83.

Mental health specialist:

- 1) A "child mental health specialist" is defined as a mental health professional with the following education and experience:
 - a) A minimum of 100 actual hours (not quarter or semester hours) of special training in child development and the treatment of children and youth with serious emotional disturbance and their families; and
 - b) The equivalent of one year of full-time experience in the treatment of seriously emotionally disturbed children and youth and their families under the supervision of a child mental health specialist.

Multi-disciplinary staffings have the same meaning as RCW 13.32A.030 except the meeting shall be oriented around foster care youth; similar to a Shared Planning Meeting.

Physical and mental health screening: Involves initial and periodic screening to detect a child's physical health and behavioral health service needs. Screening may occur within 72 hours of entering care, as part of the CHET screen, during annual EPSDT exams, or when needed as indicated by a child's condition or symptoms.

Physically assaultive youth (PAY): Defined in RCW 74.13.280 as a child who exhibits one or more of the following behaviors that are developmentally inappropriate and harmful to the child or to others:

- (i) Observed assaultive behavior;

- (ii) Reported and documented history of the child willfully assaulting or inflicting bodily harm; or
- (iii) Attempting to assault or inflict bodily harm on other children or adults under circumstances where the child has the apparent ability or capability to carry out the attempted assaults including threats to use a weapon.

Relative: Persons related to the child, expectant mother, or person with developmental disability in the following ways:

- a) Any blood relative, including those with half-blood, and including first cousins, second cousins, nephews or nieces, and persons of preceding generations as denoted by prefixes of grand, great, or great-great;
- b) Stepfather, stepmother, stepbrother, and stepsister;
- c) A person who legally adopts a child or the child's parent, as well as the natural and other legally adopted children of such persons, and other relatives of the adoptive parents in accordance with state law;
- d) Spouses of any persons named in (a), (b), or (c) of this subsection, even after the marriage is terminated; or
- e) Relatives, as named in (a), (b), (c), or (d) of this subsection of any half sibling of the child; or
- f) Extended family members, as defined by the law or custom of the Indian child's tribe or, in the absence of such law or custom, the person who has reached the age of 18 and who is the Indian child's grandparent, aunt or uncle, brother or sister, brother-in-law or sister-in-law, niece or nephew, first or second cousin, or stepparent who provides care in the family abode on a 24-hour basis to an Indian child as defined in 25 U.S.C. Sec. 1903(4).

Retention: Substitute care homes that continue to receive children.

Sexually aggressive youth (SAY): Youth who have committed a sexually aggressive act or other violent act that is sexual in nature and (a) are in the care and custody of the state or a federally recognized Indian tribe located in the state or (b) are the subject of a proceeding under RCW 13.34 or a child welfare proceeding held before a tribal court located in the state.

Shared planning meeting: Meetings conducted by the Children's Administration to share information, plan, and inform decisions regarding the safety, permanency, and well-being of children, including a review of tasks and activities involved in each of these elements. Participants may include, but are not limited to:

- Parents
- Children (when appropriate according to the child's age and developmental capacity)
- Other family members and relatives
- Peers
- Members of other units within a local office
- Foster parents or other caregivers
- Tribes
- Local Indian Child Welfare Advisory Committee (LICWAC)
- DSHS staff from other administrators
- Community members/partners involved in the case

- Court Appointed Special Advocate (CASA)/Guardian Ad Litem (GAL)
- Attorneys
- Others identified by the child/family

Sibling: A child's birth brother, birth sister, adoptive brother, adoptive sister, half-brother, half-sister, or as defined by the law or custom of the Indian child's tribe for an Indian child as defined in 25 U.S.C. Sec. 1903(4).

Special education and related services: federally mandated services and supports for children with special needs (birth through 21 years of age) who are eligible for such services under the Individuals with Disabilities Education Act (IDEA)

APPENDIX A. PLAINTIFFS' FIFTH AMENDMENT COMPLAINT

2.3 The Defendants violate the substantive due process rights of the children by the following actions, failures to act, and practices, among others. These actions, failures to act, and practices, among others, individually and collectively, substantially depart from accepted professional standards and practices and subject the children to danger, harm, and pain, and to the unreasonable risk of danger, harm, or pain, and deny adequate services to meet the basic needs of the children:

- The Defendants fail to provide adequate mental health assessments and treatment for children in the class.
- The Defendants fail to adequately train, inform, support, supervise, and oversee foster parents, and therefore fail to allow and require the foster parents to provide adequate care for children in the class;
- The Defendants fail to provide sufficient numbers of reasonably safe and adequate foster care placements, homes, and programs to protect the children in the class from harm and the unreasonable risk of harm;
- The Defendants fail to provide a sufficient number of adequately trained staff to visit and supervise foster homes and placements on a schedule that protects children in the class from harm and an unreasonable risk of harm;
- The Defendants place children in unsafe placements (DSHS offices, homes of sexual offenders, violent offenders and detention not pursuant to lawful court order, among other things);
- The Defendants unnecessarily and inappropriately separate children from their siblings and fail to provide an adequate number of homes to prevent unnecessary separation of siblings;
- The Defendants subject children in the class to unnecessary and avoidable foster care placement changes, unreasonably creating insecurity, mental and physical harm, lack of safety, educational disruption and an increased unreasonable risk of harm. These unnecessary and avoidable placements changes are proximately caused by the defendants' failures to provide adequate basic services and safety to children in the class as described above;
- The Defendants fail to provide reasonably safe and secure homes which result in children leaving foster care without an adequate education or independent living skills and forcing them into homelessness, thus subjecting the children to harm and an unreasonable risk of harm;
- The Defendants subject children in the class to harm and an unreasonable risk of harm by failing to search for children who run away from the state foster care system and allowing foster children to be homeless (or in other non-state sanctioned placements) to avoid having to provide services to children;

- The Defendants fail to regularly and frequently visit children in the class and as direct and proximate result fail to determine and provide for the special needs of children, fail to provide adequate support to foster parents, fail to prevent breakdowns in placements, fail to uncover unsafe and/or inappropriate placements; and
- When adolescent foster children run away from a foster care placement (because of the harsh conditions) DSHS does not actively search for those children and allows these children to be homeless or in another non-state sanctioned placement.

