

# THE WASHINGTON PERMANENCY FRAMEWORK

## A Five-Year Plan for Ensuring Permanent Families for Children in Foster Care

YEAR ONE: THE FOUNDATION  
JANUARY 1999

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# WASHINGTON PERMANENCY FRAMEWORK

JANUARY 1999

## Executive Summary

**Vision:** Ensuring permanent families for children in foster care.

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The recommended improvements contained within this Framework are a result of hundreds of participants' input at the 1998 Permanency Summit and follow-up planning groups. Six strategic intentions have been identified as areas needing particular attention in order to move us toward our vision of permanence for all children in foster care. This Framework is a working document and, as such, will be revised over the five-year process. Many of the recommendations below are already being addressed by initiatives within Children's Administration, private agencies, the courts and the Attorney General's Office. These initiatives demonstrate a commitment to permanence, and it is our collective responsibility to see that this commitment strengthens over the next five years.

**Five-Year Outcomes:** Measured and reported annually.

- ◆ Increased number and percentage of children with permanent plans achieved:
  - ⇒ return home;
  - ⇒ adoption;
  - ⇒ guardianship; or
  - ⇒ long-term foster care agreement.
- ◆ Reduced length of time children remain in temporary out-of-home care.
- ◆ Reduced percentage of children whose permanent placement (reunification, adoption, guardianship or long-term agreement) disrupts.
- ◆ Increased stability of children in out-of-home care (i.e., fewer placement moves).
- ◆ Increased percentage of children placed with extended family members.
- ◆ Adherence to timelines for all dependency hearings, permanency planning reviews and termination of parental rights.
- ◆ Decreased levels of disproportionality for African American and Native American children in out-of-home care.

## Strategic Intentions

The recommended improvements are not prioritized and most would require increased resources.

- ◆ **We will promote early decision-making while strengthening legal and social services to parents.**

### Recommended Improvements

- I. Expand the purpose of the shelter care hearing process to reflect concerns for permanence.
- II. Increase the use of staffings or family meetings that address permanence within 90 days of placement.
- III. Increase the use of alternative dispute resolution prior to dependency or termination of parental rights hearings.
- IV. Promote the availability of adequate funding, services and personnel to provide reasonable efforts to parents with children in the child welfare system.
- V. Promote effective and timely case management processes in all systems dealing with child welfare.
- VI. Improve the effectiveness of judicial oversight.
- VII. Expedite achievement of permanence following termination of parental rights.

- ◆ **We will involve kin in permanency decisions and provide support to kin caring for children in their homes.**

### Recommended Improvements

- I. Early identification of Native American ancestry, relatives and fictive kin, paternal and maternal.
- II. Improve use of initial placements with relatives and fictive kin.
- III. Provide kinship caregivers with more information and training.
- IV. Move kinship placements toward permanence.
- V. Increase financial supports and services for kin.
- VI. Increase use of family court placement/ custody process to keep children out of the child welfare system.

◆ **We will recruit and support families who make permanent commitments to children.**

Recommended Improvements

- I. Provide placement resources and case management to move cases to permanence in a timely and effective manner.
- II. Establish statewide protocols for permanency planning (foster/adopt) homes.
- III. Provide post-permanency support, information and referrals to all permanent families.
- IV. Improve services to permanent families in crisis by providing a social worker trained in adoption issues or a team to problem-solve identified issues and assist families in accessing services.
- V. Continue to provide foster and adoptive parents with enhanced resources and training specific to children with special needs, such as drug-affected, medically fragile and attachment disordered children.
- VI. Collect data on permanency options and outcomes.

◆ **We will provide early assessment and services to families with young children to support timely decision-making and prevent long-term developmental damage.**

Recommended Improvements

- I. Provide an early assessment of children's developmental and medical needs as well as follow-up provision of services to meet the needs identified in assessments and evaluations.
- II. The dispositional plan should include an assessment for every parent with a child in placement regarding the parent's skills, capacity and support networks for parenting.
- III. Expand the quality and accessibility of drug and alcohol treatment for parents with children served by the child welfare system.

◆ **We will promote permanent family connections for adolescents and prepare them for adulthood.**

Recommended Improvements

- I. Develop meaningful permanent plans for all adolescents that span a wide range of options, including adoption.
- II. Provide adequate and appropriate services to adolescents (13 to 18 year-olds) in foster care.
- III. Explore community-based mentor programs for youth emancipating without a permanent family.

- IV. Support the concepts in the HOPE Act once revised to articulate the importance of establishing family connections and ways of maintaining these connections.
- V. Increase public awareness regarding the plight of adolescents needing permanent families and mentors.
- VI. Improve the data that are available regarding adolescents in foster care and following emancipation.

◆ **We will increase community awareness and involvement in meeting the needs of children served by the child welfare system.**

Recommended Improvements

- I. Develop a multifaceted communications plan including message development and identification of target audiences, effective approaches and opportunities for community involvement.
- II. Link with other initiatives addressing children and family issues to add permanency to their agendas.
- III. Strengthen Children's Administration community education efforts regarding children in foster care and link with community-based initiatives to increase awareness.

## Introduction

Since the mid-1980s, national attention has increasingly focused on the crisis in child welfare: More and more children have been entering out-of-home care at younger and younger ages, with ever more challenging circumstances. Exit rates have not kept pace with the number of children entering the system, resulting in a backlog of children in care for significant portions of their lives. Closer scrutiny of cases has revealed that even children who entered care as infants and proceeded to adoption finalization were waiting years to achieve this outcome. In 1997, the Federal government passed the Adoption and Safe Families Act, largely in response to the national crisis in our out-of-home care systems.

The national trends were found to hold true in Washington State, although Washington has performed better than the national average on several measures, including length of time from out-of-home placement to termination of parental rights. At the same time, there has been a tremendous demand on our child welfare system for services. In 1997, the Division of Children and Family Services (DCFS) received over 79,000 referrals for investigation, resulting in nearly 9000 *new* out-of-home placements during the year. Overall, 17,000 children were cared for in out-of-home placements during 1997, with 7200 children reunified with their parents, 807 adoptions finalized, and 400 guardianships completed.

To improve the achievement of permanence for children in Washington, child welfare professionals have initiated many changes through both internal agency processes and collaborative efforts. The urgency of children's need to have certainty around their families has been heard and is being acted upon. Children's Administration has taken the lead by making permanence a rallying cry alongside child safety and well-being.

This Framework—like the Permanency Summit that initiated its development—is part of a much larger and longer process. The Framework underlines the fact that state government cannot tackle this alone. The depth of this issue demands participation from the courts, public defenders, tribes and Indian organizations, communities throughout the state, advocates, private agencies, foster and adoptive families, the business sector, and attorneys general, in addition to the Department of Social and Health Services (DSHS). This Framework presents many potential strategies that can be used to achieve the recommended improvements. Some of these strategies have already been implemented at a local level, and these experiences can serve as guides for other offices, regions, or courts in implementing similar reforms.

Stakeholders should use this Framework as a guide for prioritizing, strategizing and localizing solutions that address the recommended improvements. Commitments are being made on multiple levels by participants. A commitment to permanence for children and families has been demonstrated by the many initiatives already undertaken by Children's Administration, the Attorney General's Office, the courts and others. Public, private and community leadership are endorsing the plan as a working document, agreeing to plan collaboratively and committing to evaluate progress toward achieving cross-system goals. The complexity of involving multiple systems in coordinating and collaborating around practice and policy changes makes this a challenging and daunting endeavor, but one that must be undertaken. A unified approach will be powerful in effecting lasting change for children and families.

## Overview of the Process to Date

In May 1998, the Washington State Permanency Summit convened professionals and community activists who have been working for timely permanence for children in the foster care system. Co-sponsored by The Casey Family Program, Washington State Department of Social and Health Services (DSHS), Court Improvement Project/Office of Administrator for the Courts, and Families for Kids/Children's Home Society of Washington, the Summit assembled public and private sectors, social work and legal fields, administrators and field workers, legislators and community advocates. The Summit workgroup sessions built upon a foundation of gains that had been made in the child welfare system over the past several years. Participants focused on closing the gap between current outcomes and our vision of permanency in six workgroups: expediting permanence; kinship families; alternative permanent families; effective practice with the youngest children; permanence for adolescents; and expanding permanency options. These areas had been identified by the Summit design team as needing particular attention to effect significant change within the system. Young children and adolescents were targeted because of the special developmental issues raised by early brain development and preparation for independent adulthood. It must be stressed that *children of every age* deserve permanent families and improvements to the system will ultimately benefit all children.

Summit workgroup participants identified key issues within each area and then developed recommendations for change, prioritizing those initial recommendations deemed the most critical in achieving lasting reform. The recommendations from the Summit workgroups were passed along to strategic planning groups (one for each strategic issue). Each group met for one day between August and October for a critical review of the recommendations from the Summit and to select several for in-depth planning. The results of all these efforts, collectively representing hundreds of stakeholders' input, form this five-year plan for permanence. An oversight committee was formed after the Summit with three goals: to provide direction, leadership and ownership of the Permanency Framework; to assist and oversee outreach to community leaders for their involvement; and to review the final report. Although this will be a work in progress, revisited and refined each year of the five-year process, the scope and intentions that it presents form the framework for the work that needs to occur to achieve the vision of timely permanence

for children in foster care.

## **Year One: The Foundation**

This Framework is not the end product, nor a complete plan. Work during the first year needs to prioritize the work that lies ahead. By the 1999 Permanency Summit to be held in September, the following questions should have been answered: What can and should be accomplished within current resources? What do we want to reach for, and what resources would be needed to attain those goals? What is the fiscal impact of each recommendation? Prioritization and fiscal analyses must be done by the entities with primary responsibility, while continuing to be inclusive. More perspectives will make this plan richer, and more likely to achieve the anticipated outcomes. The agency participation list in Appendix D indicates the broad representation that has already been attained at the Summit and ensuing planning groups. Future plans to support the implementation of the Framework are outlined in the Next Steps section.

## Current Initiatives

The recommended improvements in this Framework were not created in a vacuum, nor are they static. In many cases, planning or action is already underway to address some of the issues. This section is not intended to be an exhaustive list of all of the efforts individuals and groups have diligently undertaken—it is, however, meant to capture some of the initiatives that may impact the recommended improvements contained within the Framework. Before moving forward with a particular improvement or potential strategy, current information should be elicited from the relevant group(s) identified below. Contact numbers have been provided. The initiatives have been broken into categories corresponding to the six strategic areas, with a global change effort category for those affecting more than one area.

### Global Change Efforts

**Guardianship Study:** In 1998, the Office of Children’s Administration Research (OCAR) evaluated the use of dependency guardianships in Washington. The study provides information about who guardianships are serving, how they are used across the state, and when they are a good permanent plan for children. Contact OCAR at (360) 902-8051.

**Court Improvement Project:** Beginning in 1995, the Office of the Administrator for the Courts (OAC) was awarded a Federal grant to conduct an assessment of the effectiveness of the state court system in carrying out child welfare laws. In the second phase of the grant, OAC has worked with state courts to implement recommendations issued in the assessment. Contact OAC at (360) 753-3365.

**Reasonable Efforts Symposia:** Conducted annually throughout the state, these symposia bring together judges and commissioners, social workers, CASAs, community members, and multidisciplinary professionals to provide education and to promote cross-system action planning regarding reasonable efforts and permanency planning. The symposia are funded by the Court Improvement Project. Contact OAC at (360) 753-3365.

**Children’s Administration Policy 99-03—Permanency Planning Requirements for Children in Out-of-Home Care:** This policy was drafted in response to changes in Federal legislation in the Adoption and Safe Families Act and is currently being implemented. It delineates timelines for achieving permanence, procedures for documenting permanency planning and filing a petition for termination of parental rights, and compelling reasons not to file a petition for terminating parental rights. Contact Nancy Sutton, Children’s Administration Program and Policy, at (360) 902-7983.

Native American Commission on Children and Families: Founded in 1996, the Commission has brought together Washington State tribes and Indian organizations to advocate for the enhancement of child welfare services to Indian children and families and to improve practice and policies concerning the Indian Child Welfare Act. Write to the Commission at: P.O. Box 27082, Seattle, Washington 98125-1482.

Children's Administration Quality Initiative: Initiated by the governor, this has prompted the undertaking of a variety of projects by Children's Administration social workers that will improve services for children and families. Examples of such projects are enhancing the use of relative placements and redesigning the foster home licensing process to reduce time and improve efficiency. Contact Chris Trujillo at (425) 649-4181.

## **Expediting Permanence**

Differentiated Case Management Pilot Projects in Snohomish and King Counties: By providing multiple tracks for different kinds of cases, these projects aim to achieve permanence for the child through the most appropriate and efficient approach available. Contact for Snohomish County: (425) 388-7870.

Unified Family Court: Implemented in July 1997, at the King County Regional Justice Center, this model coordinates court services to families who have multiple issues that need addressing within the court system. The overarching goal is to provide efficient coordination of resources while providing a system that is sensitive to the needs of children and families. Contact Mary Coleman, Coordinator, at (206) 205-2576.

Court-Appointed Special Advocate (CASA) Post-Termination of Parental Rights Specialists: Beginning in 1998, Washington State CASA has been providing grants to six CASA programs to recruit and train volunteers who focus solely on moving cases of legally free children through the system. An evaluation of these projects is planned. Contact Washington State CASA at (206) 667-9716.

DCFS Permanency Planning Units in Kent (Region 4), Spokane (Region 1) and Alderwood (Region 3): These units focus on identifying children for whom there is a poor prognosis for the child returning home and moving these cases quickly to permanence. Other regions are developing new staff configurations to address early permanency planning. Contact local DCFS offices.

Prognostic Staffings: These staffings are intended to facilitate decision-making and propel permanency planning early in the life of a case. They are in different stages of implementation in each region. Contact local DCFS offices.

CPS Symposia: Two symposia were held in 1996 and 1998 to address issues and examine practice models that affect early resolution of a case, such as confidentiality rules and mediation. A follow-up workgroup is further developing recommendations from the symposia. Contact Shirley Moore, CA Program and Policy, at (360) 902-7937.

Attorney General's Office Pilots: The AGO has implemented pilot projects to fast track selected cases in Tacoma and initiate settlement mediation conferences in Spokane. Contact Mary Ward in Tacoma at (253) 597-4118, and Cheryl Wolfe in Spokane at (509) 456-6391.

Attorney General's Office Administrative Initiatives: The AGO has implemented initiatives to establish a juvenile court desk book; develop a computerized case tracking system; and form a juvenile litigation coordinating committee to help provide statewide consistency in case management. Contact Susan Pratt at (253) 572-5831 for information about the juvenile court desk book; Bruce Clausen at (206) 587-5629 for the tracking system; and Jennifer Strus at (360) 438-7402 for the coordinating committee.

## **Kinship Families**

Region 3 CQI Relative Care Search Team: This group identified barriers to placing children with relatives and important time points in the relative search process. Participants then developed and are currently implementing new relative search forms used by social workers and the courts to ensure early identification of relatives by the parents. Contact the Region 3 DCFS office at (425) 339-4780.

Family Group Conferencing (FGC): This practice model supports the involvement of extended families in the resolution of cases. It is used with varying frequency in DCFS offices throughout the state; resources to provide consistent coordination and facilitation vary in each region. An initial evaluation demonstrated positive outcomes achieved using FGC. Contact the Northwest Institute for Children and Families at (206) 543-1517.

Aging and Adult Services Administration (AASA): AASA was recently awarded a grant to develop new support groups for grandparents raising grandchildren and support existing groups. AASA will also initiate a statewide task force that will focus on supporting the efforts of grandparents and other relatives raising children through policy and programmatic reforms and by producing a kinship care resource directory. Call 1-800-422-3263.

## **Alternative Permanent Families**

Families for Kids Recruitment Resources: This statewide recruitment office was created in 1998 to coordinate recruitment, training and support for foster and adoptive parents. The office will also work with media outlets to build awareness of the need for foster and adoptive families throughout the state. Call 1-888-794-1794.

Joint pre-service training: Private agencies, DCFS and Division of Licensed Resources (DLR) collaborated to create a unified pre-service training curriculum for adoptive, foster/adoptive and foster parents, which was successfully piloted in 1996. The curriculum is now in use throughout the state and is being updated. Contact Ruthie Morris, Office of Foster Care Licensing, at (360) 902-8014.

Division of Licensed Resources (DLR) data collection: DLR has begun tracking the reasons foster parents leave the foster care system. Reasons examined include adoption, licensing issues, lack of support, child behaviors and withdrawal for personal reasons. Contact Ruthie Morris, Office of Foster Care Licensing, at (360) 902-8014.

Washington Adoption Resource Exchange (WARE): WARE was revitalized in 1995, leading to an increase in children registered with WARE and placed in adoptive homes. WARE provides crucial visibility for legally free children who currently live with foster parents or relatives unable to provide a permanent home. Call 1-800-927-9411.

Adoption Consortia: Public and private agency social workers have been increasing their use of these consortia and the similar adoption facilitation meetings as recruitment and consultation tools for legally free children who do not live with a potentially permanent family. Contact local DCFS offices.

Foster Care Assessment Project: Harborview was awarded a contract to provide comprehensive assessments to children in care longer than 90 days. Children in care the longest without an identified permanent placement are being prioritized at the onset. There is also an evaluation component for this project. Contact Nancy Sutton, CA Program and Policy, at (360) 902-7983.

## **Effective Practice with the Youngest Children**

Solutions for Chemically Dependent Women and Their Children Workgroup: Solutions is a diverse group of individuals and organizations who have come together to address critical issues related to alcohol/drug dependent women and their children. Solutions proposals are not necessarily endorsed by all participants. Contact Lonnie Johns-Brown at (206) 440-1750, or Laurie Lippold at (206) 695-3200.

Training 2000: This is a three-year Federal grant to develop interdisciplinary training for child welfare staff on mental health, domestic violence and substance abuse. State-level administrators from each discipline will participate on the project advisory structure, and staff from each discipline will learn together and train one another. Contact the Northwest Institute for Children and Families, (206) 543-1517.

Division of Alcohol and Substance Abuse (DASA) Service Gap Analysis: DASA recently completed an inventory of current service availability, what is needed, and gaps in services for women who give birth to a drug affected/ drug exposed infant. The inventory is a sample of services available in Washington, and focuses on statewide programs. Contact DASA at (360) 438-8200.

Passport Program: Health and Education Passports will track each foster child's medical, psychological and educational records, and provide them to the caregiver when the child is placed in a foster or relative home. Passports are being phased in with children entering care for the first time since 1997. Contact Shirley Moore, CA Program and Policy, at (360) 902-7937.

Casey Family Partners in Spokane (CFP): The Casey Family Program in Spokane has partnered with Deaconess and Sacred Heart Medical Centers to create a family service support center that puts families at the center of the planning process and promotes an understanding of the bigger picture. CFP emphasizes forming long-term connections with family, friends and others who can continue to offer support and help create environments that allow children to become secure, independent adults. Call (509) 835-4827.

## **Permanence for Adolescents**

Children's Administration Adolescent Workgroup: Children's Administration has convened legislators, policy makers and social workers to develop a statewide agenda and prioritize a list of issues and actions for Washington state's youth who are not in the care of their parents and who have come to the attention of Children's Administration. Contact Shirley Moore, CA Program and Policy, at (360) 902-7937.

It's About Time For Kids Initiative: This is a collaborative community effort within King County that identifies external and internal assets needed for success and then works to build these assets in the lives of youth. *It's About Time* can be reached c/o The Seattle Foundation, (206) 382-1475.

HOPE Act: This proposal is designed to meet the needs of youth who are dependent on the Washington State child welfare system and/or are homeless or street-involved. The Act is currently being drafted by legislative staff for initial presentation to the legislature. Contact James R. Theofelis at (206) 322-0438.

Independent Living Skills Needs Assessment: The Office of Children's Administration Research is evaluating the preparedness of youth for living independently. Findings will be used for program planning, youth skill development and feedback on the development of an assessment tool. Contact OCAR at (360) 902-8051.

## **Community Outreach**

Spokane Families for Kids Coalition: This multidisciplinary group has worked on permanency issues, hosted legislative breakfasts, made community presentations and linked with the Junior League of Spokane. Contact Wayne Rounseville at (509) 747-4174.

Take This Valley's Heart: This coalition of local organizations in the Yakima Valley has promoted public awareness regarding foster care issues through several active committees, including a speaker's bureau and resource committee. Contact Ray Winterowd at The Casey Family Program in Yakima at (509) 457-8197.

Fostering Change--the Snohomish County Community Uniting to Build an Optimal System for Children Needing Out-of-Home Care: This conference, held in December 1998, was sponsored by Region 3 DCFS, the Snohomish County Department of Children's Affairs, and the Council for Integrated Children's Programs. Conference participants created an action plan for change based on a vision of what the system should look like in 2008. Contact Region 3 DCFS at (425) 339-1830.

Seattle Foster Care Coalition: This coalition is currently working on a Speaker's Bureau that will begin its outreach by targeting the religious community and promoting Pathways to Independence, a project to increase job opportunities for youth who are emancipating from foster care. Call Angela Tarah at (206) 322-2467.

Seattle Chapter of the Black Child Development Institute: BCDI has an Annie E. Casey Foundation grant to expand the options for African American families and children involved with the child welfare system by using social indicators and powerful messages to compel the development of effective policy and program responses. A primary vehicle for this work will be the formation of a volunteer speaker's bureau that will make presentations to groups in King County. Contact BCDI-Seattle at (206) 860-4048.

Region 5 Take This Heart Follow-Up Steering Committee: This committee was formed to create collaborative projects that build on existing strengths within Region 5. A foster care forum was held in November 1998, resulting in nine workgroups that will address specific issues raised in the forum. A Region 5 foster care summit is being planned for 1999. Contact The Casey Family Program in Tacoma at (253) 473-9680.

# Washington Permanency Framework

## The Five-Year Plan

**Vision:** Ensuring permanent families for children in foster care.

**Five-Year Outcomes:** Measured and reported annually.

- ◆ Increased number and percentage of children with permanent plans achieved:
  - ⇒ return home;
  - ⇒ adoption;
  - ⇒ guardianship; or
  - ⇒ long-term foster care agreement.
- ◆ Reduced length of time children remain in temporary out-of-home care.
- ◆ Reduced percentage of children whose permanent placement (reunification, adoption, guardianship or long-term agreement) disrupts.
- ◆ Increased stability of children in out-of-home care (i.e., fewer placement moves).
- ◆ Increased percentage of children placed with extended family members.
- ◆ Adherence to timelines for all dependency hearings, permanency planning reviews and termination of parental rights.
- ◆ Decreased levels of disproportionality for African American and Native American children in out-of-home care.

## Strategic Intentions

**Expediting Permanence:** We will promote **early decision-making** while strengthening legal and social services to parents.

**Kinship Families:** We will **involve kin** in permanency decisions and provide support to kin caring for children in their homes.

**Alternative Permanent Families:** We will **recruit and support families** who make permanent commitments to children.

**Effective Practice with the Youngest Children:** We will provide **early assessment and services to families with young children** to support timely decision-making and prevent long-term developmental damage.

**Permanence for Adolescents:** We will promote **permanent family connections for adolescents** and prepare them for adulthood.

**Community Outreach:** We will increase **community awareness and involvement** in meeting the needs of children served by the child welfare system.

## Definitions

**Vision:** The vision seeks to place each child in a permanent family in a timely manner. If it is not possible to place a child in a permanent family, the goal is to forge lifetime connections with significant adults in the child's life.

**Five-Year Outcomes:** Improvement in these outcomes would reflect significant gains in the system around permanence. The measures are in place for each outcome and will be reported on annually to a broad audience.

**Strategic Intentions:** These are the six key areas targeted for change in the next five years. They were identified by the 1998 Summit design team and addressed by workgroups at the Summit as well as follow-up planning groups. Within each area are recommended improvements and potential strategies for carrying out each recommendation.

**Indicators:** Identified for each strategic area, these measures indicate where we want to be in five years. Some are measurable, some are philosophical. Some would need baseline data established, some have existing data, and some are purely qualitative.

**Recommended Improvements:** The recommendations are the key components of change within each strategic area. They have been developed and refined with the input of hundreds of participants at various points in the process. They have not yet been prioritized, nor have fiscal or workload impacts been determined.

**Potential Strategies:** The strategies are possible avenues to achieving each particular recommendation. Each agency, DCFS region, and court will need to determine the best approach for them to address the selected recommendations—these are merely suggestions presented for consideration by diverse participants in the process. Many of the strategies are currently being implemented by local DCFS offices or courts, and they can act as resources for others considering similar change efforts.

**Type of change:** The primary type of change necessitated by each proposed strategy has been identified. Workload and fiscal impacts need to be identified for each strategy as some are feasible within current resource levels, while others will require a significant infusion of new resources or will have a significant impact on workload. Strategies that would have a significant impact clearly not manageable within current resource levels have been identified with a dollar sign (\$). The primary types of change identified are:

<b>Statute:</b>	requires a new or changed statute	<b>Practice:</b>	requires a change in practice brought about through policy, budget, or staffing
<b>Policy:</b>	requires a new or changed DCFS policy	<b>Research:</b>	requires initiation of a research project
<b>Court Rule:</b>	requires a new or changed court rule	<b>Study:</b>	requires closer examination by an individual or workgroup
<b>Court Policy:</b>	requires a new or changed court policy	<b>Outreach:</b>	requires outreach into the greater community
<b>Contract:</b>	requires provider development through contract	<b>CAMIS:</b>	requires changes or additions made to CAMIS fields
<b>Training:</b>	requires new or modified training		

## Expediting Permanence

**We will promote early decision-making while strengthening legal and social services to parents.**

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Despite the many recent improvements in permanency planning, too many children still spend a significant portion of their childhoods in out-of-home care. Forty percent of these children change placements at least twice, waiting for a decision to be made one way or the other: reunification with their families or security in an alternative permanent family. In 1997, 39% (approximately 4,400) of children in care had been in placement for longer than two years. It has been shown that even children who proceed to a permanent plan of adoption or guardianship take four years on average to achieve this outcome. African American and Native American children wait the longest on average for adoption finalization or guardianship. How can we—as an entire system—work to shorten these timeframes to reunification or achievement of another permanent plan? Not only must we do this out of good conscience for the children’s sake, but also because the federal government recently passed the Adoption and Safe Families Act (ASFA) further defining timelines for permanency planning. We must plan for children and families in a way that allows us to work with cases in the individualized manner families deserve.

Much work toward these ends is occurring throughout the state. What is most needed is the replication of successful programs, consistent practice standards, and adequate resources to provide reasonable efforts to families. The Court Improvement Project has been actively assessing and promoting changes in court processes and has launched several pilots demonstrating differentiated case management. The attorney general of Washington conducted an audit of terminations and guardianships and has initiated changes to provide consistent and efficient handling of cases. The Division of Children and Family Services is piloting units in several offices to achieve permanence when reunification is highly unlikely, and prognostic staffings have been partially implemented in DCFS offices. All of these aim to provide timely assessments of families, to ensure that concurrent planning is occurring, and to keep children moving toward permanence.

**Indicators:** Qualitative and quantitative elements that may or may not be reported.

- ◇ Decreased length of time to achievement of permanence.
- ◇ Fewer cases with contested court reviews.
- ◇ Every child in care longer than 90 days has a concurrent plan.
- ◇ CASA/GAL for every dependent child in out-of-home care.

### **Recommended Improvements\***

- I. Expand the purpose of the shelter care hearing process to reflect concerns for permanence.
- II. Increase the use of staffings or family meetings that address permanence within 90 days of placement.
- III. Increase the use of alternative dispute resolution prior to dependency or termination of parental rights hearings.
- IV. Promote the availability of adequate funding, services and personnel to provide reasonable efforts to parents with children in the child welfare system.
- V. Promote effective and timely case management processes in all systems dealing with child welfare.
- VI. Improve the effectiveness of judicial oversight.
- VII. Expedite achievement of permanence following termination of parental rights.

*\* For all recommendations and strategies impacting American Indian children, tribal review is required by DSHS Administrative Policy No. 7.01.*

## Recommended Improvement I

Expand the purpose of the shelter care hearing process to reflect concerns for permanence.

### Potential Strategies

1. Shelter care orders shall address permanence in addition to safety. Judges will ask parents to identify kin, American Indian ancestry, paternity, legal custody status of the child, and alternative placement resources in shelter care. Parents and social workers should be made aware that time limits exist within which parents must have made efforts and social workers should have provided services. [See also Kinship Care Recommended Improvement I regarding identification of kin.] **Statute and Court Policy**
2. Implementation of above law and policy
  - a) Develop model form for use by the courts at shelter care hearing.
  - b) Provide dissemination and training through Children’s Administration’s existing training mechanisms, biannual judicial conferences, and CASA/GAL program managers newsletter and annual conference. **Training**
3. Explore models of getting clear information to parents regarding their roles and responsibilities as they enter the shelter care hearing (pre-trial conferences). For example, student volunteers in the Spokane DCFS office and CASA staff in Yakima are meeting with families prior to the hearing to discuss roles and responsibilities. **Practice**

## Recommended Improvement II

Increase the use of staffings or family meetings that address permanence within 90 days of placement.

### Potential Strategies

1. Evaluate how prognostic staffings are being implemented throughout the state. Evaluation components should include positives and negatives about each region’s model and whether prognostic staffings are impacting earlier decision-making. **Research**
2. Establish a practice standard that prognostic staffings or alternative staffings (such as family group conferences) are completed within 90 days for *every* child who enters care and remains longer than 90 days. **Practice \$**

### Recommended Improvement III

Increase the use of alternative dispute resolution prior to dependency or termination of parental rights hearings.

#### Potential Strategies

1. Pilot a mediation project, possibly out of dispute resolution centers. Provide training on permanency issues for mediators. **Contract \$**
2. Continue expanding the use of family group conferencing (FGC). [See also Kinship Families, Recommended Improvement IV.]
  - a) Provide training to social workers. **Training \$**
  - b) Develop policies on when to use FGC, who can make referrals, and timing of the meetings. **Policy**
  - c) Evaluate the effectiveness of FGC in working with families and preventing the need for non-kinship care of children. An initial evaluation has been completed (see Appendix B). **Research**
3. Explore increased use of defaultable pre-trial conferences and settlement conferences prior to fact-finding. **Court Policy**

### Recommended Improvement IV

Promote the availability of adequate funding, services and personnel to provide reasonable efforts to parents with children in the child welfare system.

#### Potential Strategies

Study the availability and effectiveness of service delivery to parents in providing reasonable efforts to prevent placement and reunify families. Information should be collected on a statewide basis as well as a local/regional basis. **Study**

#### Service

Psychological and parenting assessments

Drug evaluations

Public Defenders

#### Gaps and Potential Strategies

Need more information to determine extent of gap between service need, availability and utilization; there is most likely regional variation. Bilingual evaluators are needed.

System complexity – DASA/DCFS conference working on this.

A county-by-county assessment is needed to determine degree of gap; this may involve the legislature and Juvenile Court Administration in funding allocation.

*(continued next page)*

(Recommended Improvement IV *continued*)

<b><u>Service</u></b>	<b><u>Gaps and Potential Strategies</u></b>
Mental health services	Services limited by cap and managed care model. Bilingual provider resources need to be developed further.
Parenting classes	Bilingual and tribally-based services are needed.
Parent-child visitation	Need to assess whether a resource gap or training issue exists.
Paternity testing	Needs: (1) Education and a liaison for DCFS with DCS (Division of Child Support) and (2) procedures for DCFS to access DCS contracts for disestablishing paternity.
Family Preservation Services	Gap due to access – need better training of gatekeepers, simplification of forms.
Therapeutic day care	Limited availability in some areas.
Home-based support services	Limited resources.
Substance abuse treatment	Funding is not translating into beds. Recommended improvements: educate providers; develop protocols for when to refer. [See also Effective Practice with the Youngest Children for other recommendations.]
Transitional housing resources	Develop transitional housing for parents in need, including parents in outpatient treatment and recovery and homeless families.
DCFS support staff/ case aides/ social worker 1/home support specialists	Review workload needs that can be met by these positions; involve the union.

## Recommended Improvement V

Promote effective and timely case management processes in all systems dealing with child welfare.

### Potential Strategies

1. Assign a CASA/GAL to every dependent child in out-of-home placement. **Practice \$**
2. Assess and provide adequate staffing of public defenders, attorneys general and commissioners/judges in dependency matters. **Practice \$**
3. Maintain an open exchange of expertise between the attorneys general and DCFS staff through training, AGO participation in prognostic staffings, and consultation [Additional recommendations are found in the AGO Termination and Guardianship Report.] **Practice**

4. Hold case status conferences with attorneys and their parties at a set time (e.g., two weeks) prior to fact finding hearings. **Court Policy**
5. Improve coordination of CPS, CWS and adoption units in expedited cases. For example, have adoption workers participate in prognostic staffings as appropriate. **Practice**
6. Include concurrent planning in the training curricula for public defenders and CASAs. **Training**
7. Expand Unified Family Courts and facilitate access to other courts in order to achieve alternative permanent plans. **Court Rule \$**
8. Expand and replicate the Court Improvement Dependency Case Management pilots. Disseminate findings regarding delays and continuances in the Snohomish County Court Improvement Project. **Practice \$**
9. Improve cross-system communication.
  - a) Develop agreements among dependency system participants that define participant roles at the county level . **Court Policy**
  - b) Utilize existing committees to facilitate cross-system participation and discuss practice, policy and legislative changes. **Practice**
  - c) Establish an ongoing method of sharing data regarding permanency outcomes and timelines from the Attorney General’s Office database, CAMIS and SCOMIS. **Practice**

### Recommended Improvement VI

Improve the effectiveness of judicial oversight.

#### Potential Strategies

1. Increase case continuity by extending judicial rotations or having one judge follow a case through to permanence. **Practice**
2. Establish mandatory judicial training regarding permanency issues and the Indian Child Welfare Act (ICWA). Encourage regular presentations by judges who are undertaking innovative approaches to permanency. **Training**
3. Establish quality assurance mechanisms for dispositional court orders and individual service plans (ISPs) that improve the overall content as well as the specificity of requirements of the parents, child and DCFS in the permanency plan. **Practice**

## Recommended Improvement VII

Expedite achievement of permanence following termination of parental rights.

### Potential Strategies

1. Promote best practice of identifying permanent families in preparation for TPR. **Practice \$**
2. Improve coordination and explore the merger of foster and adoption homestudies. [See Alternative Permanent Families, Recommended Improvement II.] **Practice**
3. Study potential coordination among casework functions that would decrease the time children spend in out-of-home care. Several possibilities:
  - a) Earlier referrals to the Adoption Support Program.
  - b) Earlier referrals for adoption home studies.
  - c) Use of Social Worker 2 staff, clerical staff, volunteer case aides and/or CASAs in gathering information on children and completing life books.
  - d) Improved coordination between CWS and adoption staff.**Practice \$**
4. Continue CASA appointments to children until permanency plans are achieved (adoption, guardianship or emancipation). **Practice \$**
5. Explore the use of in-person court reviews at least every six months following termination of parental rights. **Court Policy \$**

## Kinship Families

**We will involve kin in permanency decisions and provide support to kin caring for children in their homes.**

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One-third (approximately 3000) of the children in family foster care in Washington State are placed with extended family members—a percentage that is likely to increase as we improve our relative search processes and more actively seek to make initial placements with kin. Nearly 60% of children in kinship placements have been in care longer than one year; 14% have had their parental rights terminated. Some kin will choose to become guardians or adoptive parents for the children in their care, but many will simply continue to care for these children without a formal permanent plan. One of the long-standing, underlying difficulties in addressing kinship care issues has been the decision of how to differentiate these families from non-relative foster parents. Should there be separate processes for licensing, case management and access to services? Should there be more flexible permanency options? Should we support them financially—in setting up a placement, maintaining it, and/or after permanence is achieved? That there are not yet answers to these questions in Washington points to much of the work remaining in this arena.

Early, ongoing and thorough relative searches have been repeatedly recommended by diverse workgroups. The Region 3 CQI Relative Care Search Team developed specific recommendations for the steps needed to ensure early relative identification. These recommendations have been included in this framework.

Other issues include the lack of information; communication about roles; training for kin; a system that is not always “relative-friendly”; and inconsistency in family involvement in case planning and decision-making. Recent law and policy changes have broadened definitions to include persons important to the child in placement and case planning. Such persons are referred to as fictive kin and include godparents and school teachers. Family group conferencing is increasingly being used to support the involvement of the extended family in case planning and resolution as well as placement identification. Consistent statewide evaluation and implementation of these new casework models is needed.

**Indicators:** Qualitative and quantitative elements that may or may not be reported.

- ◇ Increased percentage of children of color with permanency plans achieved.
- ◇ Increased percentage of children in (relative and fictive) kinship care at three points: initial CPS placements, ongoing placements and permanent homes.
- ◇ Decreased percentage of children with three or more placements while in care.
- ◇ Increased percentage of youth with connections to extended family members or other significant adults as they emancipate.
- ◇ Improved compliance with the Indian Child Welfare Act.

### Recommended Improvements\*

- I. Early identification of Native American ancestry, relatives and fictive kin, paternal and maternal.
- II. Improve use of initial placements with relatives and fictive kin.
- III. Provide kinship caregivers with more information and training.
- IV. Move kinship placements toward permanence.
- V. Increase financial supports and services for kin.
- VI. Increase use of family court placement/custody process to keep children out of the child welfare system.

*\* For all recommendations and strategies impacting American Indian children, tribal review is required by DSHS Administrative Policy No. 7.01.*

## Recommended Improvement I

Early identification of Native American ancestry, relatives and fictive kin, paternal and maternal.

### Potential Strategies

1. Children’s Administration should utilize a standard relative search form in all dependency actions; forms and the *CPS Guide for Parents* should be given to both parents and children over the age of 12 at the time the “Notice and Summons” packet is served. Completed forms identifying relatives and fictive kin should be returned to the DCFS social worker, who will attempt to contact appropriate kin for potential placement. [From Region 3 CQI Relative Care Search Team recommendation.] **Practice**
2. Modify shelter care orders to include language requiring that the parents identify kin during the hearing and return the relative search form with more complete information to the DCFS social worker within two weeks of receipt. The order shall also be modified to include language requiring the DCFS social worker to provide documentation of attempts to contact identified kin by the time of the preliminary hearing. [From Region 3 CQI recommendation.] **Court Policy**
3. Request that relative search forms be completed when 1) a voluntary placement agreement is made; 2) youth are released from Juvenile Rehabilitation Administration; 3) a group care placement request is made; or 4) a Child in Need of Services (CHINS) or At-Risk Youth (ARY) petition is filed. [From Region 3 CQI recommendation.] **Practice**

## Recommended Improvement II

Improve use of initial placements with relatives and fictive kin.

### Potential Strategies

1. Institute training on the initial licensing policy and the health and safety checklist for initial placements. Clarify and fully implement the policy (already changed in statute) that allows initial licensing for fictive kin. **Training \$**
2. Develop a placement agreement or a service contract/form that kin sign at the initial safety check which covers responsibilities of the kin and the agency, as well as liability issues. **Policy**
3. Explore contracting with the FBI for a staff person to run fingerprint checks on Washington families in order to expedite criminal history checks. **Practice \$**

### Recommended Improvement III

Provide kinship caregivers with more information and training.

#### Potential Strategies

1. Develop a booklet, *Relatives' Guide to Children's Services*, that includes a comparison of permanency options in terms of financial supports, legal authority, cultural issues and services available. **Practice**
2. Create or improve regional information packets given to kinship care providers at initial placement with the *Relatives' Guide to Children's Services*. The packet should explain the process, and include expectations, how to access services, and local crisis information. **Practice**
3. Publicize and invite kin to pre-service and ongoing foster care trainings and support groups. **Training \$**

### Recommended Improvement IV

Move kinship placements toward permanence.

#### Potential Strategies

1. Implement training for caseworkers on assessing the suitability of relative placements for permanency. Training should cover : tools available to caseworkers; using family meetings to determine which relative will provide a permanent home; and following the process through to a point at which all parties sign off on the agreement. Identify one or several experts in each region to keep current on changes in policy and practice that impact working with kin. **Training \$**
2. At the earliest point possible, convene a meeting with extended family members to determine best placement for the child with an eye to safety *and* permanence. **Policy \$**
3. Within 90 days after the family meeting, the kinship caregiver should sign a second placement agreement outlining permanency planning and expectations. **Policy**
4. Amend confidentiality requirements to allow DCFS to discuss cases with relatives of specified degree or members of the family support network (fictive kin) to the extent necessary to develop the case plan. **Statute**
5. Implement training for social workers on kinship care and working with biological fathers, especially fathers of color, and their extended family members. **Training \$**
6. Convene a statewide kinship workgroup to define “success” (i.e., permanence) in kinship placements and how the accountability system could register these placements as permanent. **Study**

## Recommended Improvement V

Increase financial supports and services for kin.

### Potential Strategies

1. Develop a specific budget category/program for needy (200% of poverty, for example) relative caregivers waiting for Temporary Assistance to Needy Families (TANF) to begin and to underwrite one-time placement set-up costs. **Policy \$**
2. Have the statewide kinship workgroup explore incentive structures regarding ongoing supports and permanency options for kin. Research the ways other states have addressed fiscal and service supports for kin. **Study**
3. At the regional and office levels, identify what supports are currently available to relative caregivers (such as FPS, IFPS, grandparents' groups, family support centers, day care, etc.). This could be coordinated with development of the adoption referrals database. [See Alternative Permanent Families Recommended Improvement III, Strategy 2]. **Study**
4. Include relative placements in mandatory health and safety checks and quarterly home visits. **Practice \$**
5. Explore financial supports, including payment of legal fees for families who assume permanent legal custody of a dependent child. **Policy \$**
6. Regions should examine different ways to assist social workers in supporting kin. For example, expand home support specialists' job descriptions to allow them to provide more services to relative caregivers. **Practice \$**
7. To process applications for TANF placements more quickly, explore the possibility of Children's Administration staff using computer printouts of birth certificates and accepting TANF applications, since they are DSHS staff. **Practice**

## Recommended Improvement VI

Increase use of family court placement/custody process to keep children out of the child welfare system.

### Potential Strategies

Convene a workgroup to examine what steps need to be taken (policy, practice, funding) to achieve this. **Study**

## Alternative Permanent Families

**We will recruit and support families who make permanent commitments to children.**

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One-third of all children who enter the foster care system remain longer than one year; many of these children never return to their biological families, relying on kin or nonrelated families to care for them. Of the 807 children in state care who were adopted in 1997, the majority were adopted by their foster parents or relatives. An additional 400 children had guardianships finalized. When kinship families are not available, children must be placed with alternative permanent families. Having such families available requires consistent and ongoing recruitment. Attention must also be paid to matching families with children for whom they may become permanent resources and supporting families following finalization of a permanent plan.

It benefits children to have purposeful early placements in cases in which there is a strong likelihood that the child will not be able to return home. Foster/adopt placements are routinely made in several regions, and numerous studies and regional plans for standardization have been completed. But to date no statewide protocols for permanency planning (foster/adopt) homes exist.

Part of the changing face of child welfare has been the placement of children with ever more challenging needs, many of whom have significant unknowns in their future as a result of early exposure to drugs and alcohol. Particularly for these families, the definition of success needs to shift from the mere achievement of a permanent plan to the long-term provision of supports as needed to keep this family together—in other words, to help the family be permanent. Placement crises are often part of the process when joining high-risk children with new families. Recent improvements made to the Adoption Support program have had a positive impact. However, gaps in service accessibility remain, and families with permanent plans other than adoption have fewer resources at their disposal.

**Indicators:** Qualitative and quantitative elements that may or may not be reported.

- ◇ Increased number of WARE registrations for children and families.
- ◇ Increased number of adoption finalizations, with an emphasis on sibling groups and children over age six.
- ◇ Decreased length of time from termination of parental rights (TPR) to adoption finalization.
- ◇ Increased number of children placed in potentially permanent placements early in the case.

### Recommended Improvements\*

- I. Provide placement resources and case management to move cases to permanence in a timely and effective manner.
- II. Establish statewide protocols for permanency planning (foster/adopt) homes.
- III. Provide post-permanency support, information and referrals to all permanent families.
- IV. Improve services to permanent families in crisis by providing a social worker trained in adoption issues or a team to problem-solve identified issues and assist families in accessing services.
- V. Continue to provide foster and adoptive parents with enhanced resources and training specific to children with special needs, such as drug-affected, medically fragile and attachment disordered children.
- VI. Collect data on permanency options and outcomes.

*\*For all recommendations and strategies impacting American Indian children, tribal review is required by DSHS Administrative Policy No. 7.01.*

## Recommended Improvement I

Provide placement resources and case management to move cases to permanence in a timely and effective manner.

### Potential Strategies

1. Document reasonable efforts for moving children from termination of parental rights (TPR) to adoption finalization (as required by ASFA)
  - a) Continue quarterly reporting of the performance measures; continue developing plans to improve performance to meet targets.
  - b) Full implementation of the new DCFS policy regarding ASFA guidelines.

**Practice**
2. Establish adoption advocacy teams that will facilitate moving legally free kids to finalization in compliance with ASFA. Team members would train staff as to new guidelines, monitor cases according to timelines set forth by ASFA, review and document compelling reasons, and assist with gathering information and making referrals to facilitate expeditious adoptions following TPR. **Practice \$**
3. Require WARE registration of approved families without adoptive placements at the completion of their homestudies. Establish a catalog of potential families who reside in and out of state. **Contract \$**
4. Link regional adoption consortia in order to improve the identification and facilitation of cross-regional adoptive placements, when local placements are not available or appropriate. **Practice**
5. Enhance ongoing foster and adoptive parent recruitment at the grassroots level, particularly strategies that (1) are neighborhood-based; (2) recruit families of color; and (3) recruit tribal homes. **Practice \$**

## Recommended Improvement II

Establish statewide protocols for permanency planning (foster/adopt) homes.

### Potential Strategies

1. Convene a workgroup to (1) integrate the forms used in the family assessment and pre-placement report (homestudy) so that there is one application, one autobiography, one set of references and one criminal history check and (2) develop a placement service agreement specific to the role of permanency planning families that will be signed by families at the time of placement. **Policy**
2. Develop an interdivisional agreement outlining which division is responsible for completing which components of the coordinated homestudy. (This agreement may have regional variation.) **Policy**

3. Convene a workgroup that includes DCFS offices interested in developing protocols for permanency planning foster home placements. Pilot the protocols. **Policy**
4. Develop specialized training specific to permanency planning families for social workers and foster parents. Include 1) working with biological parents; 2) the role of the foster parents at visitation; 3) open adoptions; and 4) the legal system, especially as it relates to the foster parent's role and responsibilities. **Training \$**

### Recommended Improvement III

Provide post-permanency support, information and referrals to all permanent families.

#### Potential Strategies

1. Redefine regional adoption support program manager duties to include providing ongoing training to staff and foster-adopt parents, providing information and referrals, and working to develop more community resources for pre- and post-adoptive families.
  - a) Explore hiring administrative assistants in each DCFS region to take over clerical duties, bill paying, etc., to allocate time for program managers to carry out the above responsibilities. **Practice \$**
  - b) Provide enhanced post-permanency services for adoption and guardianship through private provider contracts. **Contract \$**
2. As an alternative to Potential Strategy #1, implement regional post-permanency resource centers (for adoption and guardianship) with statewide coordination. A centralized clearinghouse for referrals to services would facilitate the coordinated dissemination of information to all types of permanent families. **Contract \$**
3. Develop and/or build upon existing databases for localized referrals. **Practice \$**
4. Collect data to show the number of families using the referral services. Data should include the types of requests and the availability of services. **CAMIS**

### Recommended Improvement IV

Improve services to permanent families in crisis by providing a social worker trained in adoption issues or a team to problem-solve identified issues and assist families in accessing services.

#### Potential Strategies

1. Designate from existing FRS staff individuals who will serve post-adoption families. **Practice \$**

2. Establish teams when necessary to assist individual families. Potential members could include the previous DCFS social worker, mental health professional, adoption support worker, family, school personnel, therapist, and group care staff. **Practice \$**

### Recommended Improvement V

Continue to provide foster and adoptive parents with enhanced resources and training specific to children with special needs, such as drug-affected, medically fragile and attachment disordered children.

#### Potential Strategies

Reassess the availability and accessibility throughout the state of training on special needs. Foster parent surveys are potential tools that could be useful in identifying ongoing training needs. **Study**

### Recommended Improvement VI

Collect data on permanency options and outcomes.

#### Potential Strategies

1. Conduct research that provides much-needed data on the long-term effectiveness of different permanency options. **Research**
2. Conduct follow-up research regarding open adoption outcomes and use the results to inform best practice. **Research \$**

## Effective Practice with the Youngest Children

**We will provide early assessment and services to families with young children to support timely decision-making and prevent long-term developmental damage.**

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Children who enter out-of-home care at young ages—including infants—have lengths of stay *just as long* as children who enter at older ages. Combined with the high numbers of infants entering care every year, and the fact that African American children enter care as infants in higher proportions, the system is at risk for continuing to increase the number of children in care and the disproportionality of African American children if infants do not achieve timely permanence. A similar risk exists for Native American children, a high proportion of whom enter placement before age six. Native American children also have the highest rate of returning to care of all children, making effective practice and sufficient service delivery to these families paramount, during placement and after return home.

Parental substance abuse is a common referral reason for young children, and these cases are some of the most complex, often involving dual diagnoses of substance abuse and domestic violence, mental illness or developmental disability. Timely achievement of permanence is critical for young children, yet it is complicated by the fact that substance abuse recovery timelines do not match the child's developmental timelines.

A number of initiatives have begun to address these issues: the Solutions Workgroup has brought together a broad range of public and private providers, Division of Children and Family Services (DCFS), Division of Substance and Alcohol Abuse (DASA) and public health staff to examine substance abuse and services; DASA and DCFS have undertaken joint regional planning; Training 2000 is addressing the intersection of these multiple issues; and DASA has recently completed an inventory of current service availability and gaps. Recently implemented foster care assessment contracts and the Passport Program are steps toward ensuring that comprehensive assessments of children are completed, and that medical, psychological and educational records are maintained and accessible to caregivers. Future work in this area may also be informed by the assessment and learnings gleaned from the Casey Family Partners project in Spokane, an innovative collaboration to create a family support center for families in need.

**Indicators:** Qualitative and quantitative elements that may or may not be reported.

- ◇ Provide all 0- to 3-year-olds in out-of-home care with Early and Periodic Screening, Diagnosis and Treatment (EPSDT) examinations.
- ◇ Provide adequate services for 0- to 3-year-olds to meet identified developmental needs.
- ◇ Provide an adequate number of effective substance abuse treatment programs that facilitate decision-making regarding permanence for parents with children in the child welfare system.
- ◇ Improve the stability of placements, whether in- or out-of-home.
- ◇ Decrease length of stay to achievement of permanence for children who enter before age 3.

### Recommended Improvements\*

- I. Provide an early assessment of children’s developmental and medical needs as well as follow-up provision of services to meet the needs identified in assessments and evaluations.
- II. The dispositional plan should include an assessment for every parent with a child in placement regarding the parent’s skills, capacity and support networks for parenting.
- III. Expand the quality and accessibility of drug and alcohol treatment for parents with children served by the child welfare system.

*\*For all recommendations and strategies impacting American Indian children, tribal review is required by DSHS Administrative Policy No. 7.01.*

## Recommended Improvement I

Provide an early assessment of children's developmental and medical needs as well as follow-up provision of services to meet the needs identified in assessments and evaluations.

### Potential Strategies

1. Fully implement the Passport Program by placing public health nurses on site in each DCFS office and monitoring that comprehensive medical/dental evaluations and well-child check-ups are completed within EPSDT program standards. **Practice \$**
2. Provide training on basic child development and early brain development research to all DCFS social workers. **Training \$**
3. Collect child and family medical background information beginning in CPS as an ongoing process for the life of a case. **Practice**
4. Increase accessibility to appropriate developmental assessments and intervention providers, including therapeutic day care, in every area of the state. **Contract \$**

## Recommended Improvement II

The dispositional plan should include an assessment for every parent with a child in placement regarding the parent's skills, capacity and support networks for parenting.

### Potential Strategies

Convene a design group that will incorporate a range of professional perspectives to delineate assessment components, including how and by whom the assessments will be provided. The group should also examine what is learned from the intensive Foster Care Assessment Program. **Study**

## Recommended Improvement III

Expand the quality and accessibility of drug and alcohol treatment for parents with children served by the child welfare system.

### Potential Strategies

1. Create a wrap-around program for parents with substance abuse problems, including outpatient and other services so the family can stay in the community. A full continuum of services should include outreach, case management and child care, which are currently underfunded in DASA. **Practice \$**
2. Complete a service gap analysis for inpatient and outpatient treatment to determine the level of need for parents. Expand upon the *1998 Inventory of Services* completed by DASA. **Study**

3. Increase treatment resources in which women and children are housed together. **Contract \$**
4. Develop resources for parents who are dual-diagnosed mental illness/chemical dependency and for domestic violence/substance abuse issues. **Contract \$**
5. Further the collaboration between DASA, DCFS and the Division of Mental Health. For example:
  - a) Add DMH to joint DASA/DCFS conferences.
  - b) Develop joint funding and licensing mechanisms. For example, DASA funds and licenses treatment, and DCFS funds child placement for a family in the same facility.
  - c) Co-locate DASA-funded assessment staff in DCFS offices. **Practice \$**
6. Identify gaps in culturally sensitive services for Hispanic, African American and Native American families and identify effective service models. Increase the availability of such services where needed. Create a method of collecting customer feedback that is analyzed by race or ethnicity. **Study**
7. In relation to permanency outcomes for children, conduct an evaluation of substance abuse treatment approaches for parents. **Research \$**
8. Identify practice models that are effective with multi-problem families. **Research**

## Permanence for Adolescents

**We will promote permanent family connections for adolescents and prepare them for adulthood.**

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Because of a focus on younger, more vulnerable children, the child welfare system falls short of adequately promoting permanence for adolescent youth in foster care. Given that 3370 children in care are 13 years or older, 57% (1,920) of whom have been in care longer than one year and 8% (270) of whom are legally free, this is an issue demanding attention. Too many youth are left to leave care without a permanent family or even a significant adult to call on for support and guidance. Only 30 adoptions and 102 guardianships were finalized in 1997 for youth age 13 and older (4% of all adoptions and 29% of all guardianships). Too many youth are inadequately prepared for independent life at age 18, lacking the resources to be self-sufficient and the skills to maintain healthy adult relationships. Too many find themselves homeless after emancipation. One-third of homeless youth who used the King County shelter system in 1997 were dependents of the state.

Cross-system dialogue concerning permanence and adolescents is fairly new, whereas the gaps in services needed for emancipation have been more clearly defined. These gaps include the lack of access to services and education beyond high school and lack of transitional housing and stable income to prepare youth for independent living. As we move forward in our discussions around permanence, we must address the fact that meaningful permanency planning often does not occur for older children and usually excludes adoption, even if the child is legally free. We must reduce barriers and increase incentives for foster parents and other significant adults to establish permanent connections.

Another gap is the paucity of basic data on these youth—who they are and what happens to them, which in turn results in dismal public awareness of these youth and their needs. Raising awareness should increase the attention and resources this group of youth receive. Children’s Administration has established an Adolescent Issues Project and Workgroup that has been working on issues concerning adolescents in foster care. The HOPE Act, a proposal addressing homeless youth prevention, protection and engagement, is being proposed to the legislature by children’s advocates. The Children’s Administration workgroup plans to incorporate permanent family connections into the provision of the act. Current work in this arena is also being carried forth by It’s About Time For Kids, a collaborative community effort to identify internal and external assets needed for success, and then to work to build these assets into the lives of youth.

**Indicators:** Qualitative and quantitative elements that may or may not be reported.

- ◇ Increased number of adolescents with permanent plans achieved.
- ◇ Increased number of placement resources for adolescents.
- ◇ Fewer youth becoming homeless after emancipation from foster care.
- ◇ Increased percentage of youth employed and with completed vocational or educational degrees at exit from foster care.
- ◇ Increased number of youth with permanent connections to significant adults.

**Recommended Improvements\***

- I. Develop meaningful permanent plans for all adolescents that span a wide range of options, including adoption.
- II. Provide adequate and appropriate services to adolescents (13- to 18-year-olds) in foster care.
- III. Explore community-based mentor programs for youth emancipating without a permanent family.
- IV. Support the concepts in the HOPE Act once revised to articulate the importance of establishing family connections and ways of maintaining these connections.
- V. Increase public awareness regarding the plight of adolescents needing permanent families and mentors.
- VI. Improve the data that are available regarding adolescents in foster care and following emancipation.

*\*For all recommendations and strategies impacting American Indian children, tribal review is required by DSHS Administrative Policy No. 7.01.*

## Recommended Improvement I

Develop meaningful permanent plans for all adolescents that span a wide range of options, including adoption.

### Potential Strategies

1. Hold permanency staffings for youth 13 to 16 years old to develop a plan with multiple options for permanence. **Practice \$**
2. Establish emancipation staffings for youth 16 years and older who have been in care for longer than six months. The meeting would involve the youth, the caregiver, the independent living contractor for the office, and any family or adults with whom the youth has connections. The goal would be to complete the Independent Living Plan in the ISP. This plan should address education (explore the possibility of obtaining tuition waivers to state schools), income maintenance, housing, vocational goals, daily living skills and interpersonal skills necessary to accomplish the plan. Continuation of access to extended family or significant adult(s) who can maintain a close relationship with the emancipated youth and who will work closely with the emancipation program should be emphasized. **Practice \$**
3. The permanency and/or emancipation staffings should identify each youth's current support systems and work to enhance them, as they may be permanent resources. Several examples:
  - a) Some foster homes may be appropriate homes until emancipation and, in some cases, a home to return to as a young adult.
  - b) Connections with birth parents and/or adoptive parents from whom the youth has disrupted should be strengthened when possible. This may involve mental health services to address family issues, promoting visits with parents, and integrating foster parents into relationship-building with birth parents.
  - c) Reconnections with parents, extended family and prior close adults should be supported, with a special effort on finding and reconnecting with siblings.**Practice \$**

## Recommended Improvement II

Provide adequate and appropriate services to adolescents (13- to 18-year-olds) in foster care.

### Potential Strategies

1. Provide mental health assessment and treatment as appropriate. Mental health services need to be integrated into the youth's life by coordinating them with schooling, independent living classes and recreational activities. **Contract \$**
2. Provide blended funding for up-front services to adolescents to maintain stability and facilitate permanency. Provide accessible wrap-around services rather than rely on categorical service requirements. **Policy \$**

- 3. Provide adequate out-of-home care placement resources for adolescents. **Contract \$**
- 4. Increase the availability of day treatment programs that facilitate an adolescent’s transition from psychiatric hospitalization or residential treatment back to their families. **Contract \$**

**Recommended Improvement III**

Explore community-based mentor programs for youth emancipating without a permanent family.

**Potential Strategies**

Convene a design group to delineate the steps needed to implement this recommendation. The group should include community members, youth, and child welfare and mental health professionals, and should coordinate with the public awareness campaign (Recommended Improvement V). The group should research other mentor programs that have been successful. **Study**

**Recommended Improvement IV**

Support the concepts in the HOPE Act once revised to articulate the importance of establishing family connections and ways of maintaining these connections.

**Potential Strategies**

Continue the work of the Children’s Administration Adolescent Workgroup to identify short- and long-term policy changes and resources needed to implement the components of the Act. Explore flexible funding, use of mental health dollars, and accessing private funds. **Study**

**Recommended Improvement V**

Increase public awareness regarding the plight of adolescents needing permanent families and mentors.

**Potential Strategies**

- 1. Educate the public on the realities of the situation for adolescents regarding permanence and emancipation. Make clear the positive outcomes that result from an investment in youth. Involve adolescents in community education efforts. **Outreach \$**
- 2. Link awareness efforts with other initiatives, existing coalitions and the community outreach plan (Strategic Intention #6). **Outreach \$**

## Recommended Improvement VI

Improve the data that are available regarding adolescents in foster care and following emancipation.

### Potential Strategies

1. Collect basic descriptive data on adolescents in care, service usage and aging out. Include data on the number of youth graduating from high school or completing their GED; the number employed; and their initial outcomes following emancipation or aging out of care. Explore adding data links to Employment Security, Department of Corrections, Higher Education and other data systems to capture information on former foster children.

**Research \$**

2. Collect qualitative data profiling youths and their experiences in care for use in public awareness campaigns. **Research**

3. Develop an exit survey for adolescents leaving the foster care system. **Research \$**

## Community Outreach

**We will increase community awareness and involvement in meeting the needs of children served by the child welfare system.**

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A major and ongoing struggle for the child welfare system is the battle against the frequent negative images portrayed in the media through attention-grabbing headlines about cases involving child fatalities or interference with parents' rights. The public largely views the child welfare system as crisis-driven, but the public is rarely shown the day-to-day issues of social workers: providing needed services for children and their families; working with extended family to find a safe home for a child to grow up in; or working with foster parents to provide an alternative permanent home should the child not be able to return home or live with kin.

There is individual reluctance to get involved in a problem that often feels overwhelming and hopeless. Public awareness campaigns will have to deliver the message that every child needs a family of his or her own. The resources to achieve this *are* found within each community. Additionally, trust must be fortified between communities and the child welfare system if we are all to work together for children.

Despite the broad range of people and facets of society that are affected when a child enters foster care, foster care advocates are too often isolated in delivery of their messages. A key to broadening the coalition will be bringing on board businesses, neighborhood groups, schools, community networks, and groups representing the elderly, who are often taking care of their grandchildren.

**Indicators:** Qualitative and quantitative elements that may or may not be reported.

- ◇ Increased public awareness of the permanency goals of the child welfare system.
- ◇ Increased number of community members involved in some way, either as foster/adoptive parents, mentors or support persons.
- ◇ Increased support from the business sector (for example, job opportunities for foster youth, adoption benefits for employees, and pro bono services for recruitment campaigns).

### **Recommended Improvements\***

- I. Develop a multifaceted communications plan including message development and identification of target audiences, effective approaches and opportunities for community involvement.
- II. Link with other initiatives addressing children and family issues to add permanency to their agendas.
- III. Strengthen Children’s Administration community education efforts regarding children in foster care and link with community-based initiatives to increase awareness.

*\*These improvements would require private and/or public sector funding.*

### Recommended Improvement I

Develop a multifaceted communications plan, including message development and identification of target audiences, effective approaches and opportunities for community involvement.

#### Potential Strategies

1. Obtain pro bono assistance from public relations professionals to develop a communications plan.
2. Meet with community leaders and access community groups or organizations throughout the state to generate interest and test communication plans.
3. Support existing community-based coalitions that are currently working to educate communities on foster care issues (for example, Seattle Foster Care Coalition, Spokane FFK Coalition, Take This Heart Coalition in Tacoma, Take This Valley’s Heart in Yakima, and the Seattle Chapter of the Black Child Development Institute).
4. Involve foster and adoptive parents, youth in foster care, and adults who have transitioned out of the system in planning and outreach efforts.

### Recommended Improvement II

Link with other initiatives addressing children and family issues to add permanency to their agendas.

#### Potential Strategies

1. Develop materials explaining the importance of permanence to broader family and community issues.
2. Send information and make presentations as requested to community networks. Identify and approach other groups, such as parent-teacher associations, American Association of Retired Persons and neighborhood planning councils.
3. Approach business leaders and human resource professionals regarding inclusion of adoption and guardianship benefits in family-friendly workplace policies.

### Recommended Improvement III

Strengthen Children’s Administration community education efforts regarding children in foster care and link with community-based initiatives to increase awareness.

#### Potential Strategies

Create a new position of public affairs officer for Children’s Administration. This position would be proactive in developing relationships with editorial boards, releasing human interest stories of successes, and working with private sector awareness efforts.

## Next Steps

No single organization is as powerful as a team in effecting systemic change. We can leverage individual actions by setting common priorities, sharing information about projects, coordinating efforts, and working collaboratively. If any part of the system bogs down or is out of sync, the entire system suffers, and we will not be able to meet criteria required by the Adoption and Safe Families Act of 1997, nor will we be able to serve children and families to the best of our abilities. The first year will lay the foundation for success over the next five years. The steps that need to occur in 1999 are as follows:

### 1. Dissemination of the Permanency Framework

The Framework will be distributed to over 500 individuals and organizations in January 1999. It will also be available on Web sites for DSHS, Office of the Administrator for the Courts, the Attorney General's Office, Children's Home Society of Washington, and The Casey Family Program.

### 2. Ongoing Planning

The Permanency Framework is a broad guide and will continue to be shaped as a working document through annual evaluation and planning. The entities with primary responsibility for the recommended improvements in the Framework will assess and prioritize them and identify what additional resources will be required. Tribal review will be sought for all policy and practice changes that impact Indian children and families.

### 3. Community Education and Involvement

A statewide outreach committee is being formed to develop a multifaceted communications plan, including message development, identification of target audiences, effective approaches, and opportunities for community involvement. The committee will also link with other initiatives addressing children and family issues to add permanency to their agendas.

### 4. Role of the Permanency Oversight Committee

The Permanency Oversight Committee will meet periodically to promote common goals and facilitate cross-systems problem-solving, as well as to participate in the Permanency Summit. The Permanency Oversight Committee will set at least one priority each year for

in-depth study and the further development of recommendations.

## **5. African American Child Welfare Summit**

The Black Child Development Institute – Seattle Chapter will invite organizations and individuals that participated in the November 1997 African American Child Welfare Summit, as well as newly committed organizations and individuals, to participate in a follow-up Summit in 1999. The Summit will celebrate accomplishments, renew current commitments and plan for new commitments that address issues concerning African American children and families in the child welfare system.

## **6. Annual Permanency Summit**

The annual Permanency Summit will be organized and sponsored by the Families for Kids Partnership. The next Summit will be held in September 1999. At the Summit there will be reports on accomplishments, outcome data, and prioritization of strategies for the following year. The Summit will be a vehicle for keeping the permanency agenda vitalized by providing opportunities to learn about what is happening in other states and engaging multiple systems in dialogue about specific issues.

## **7. Future Editions of the Permanency Framework**

The 1999 Permanency Summit Proceedings will be produced and distributed as the next edition of the Permanency Framework. Each year the revised Framework document will include accomplishments, outcome data and priorities for the following year. The outcome data will be reported by the participating agencies and compiled to document movement from different perspectives.

## **8. Families for Kids Partnership**

A renewed and broadened partnership is being formed by the Permanency Oversight Committee that will integrate the work of all systems impacting permanency for children. It will use the Permanency Framework as a guide to promote common goals, facilitate problem solving, coordinate efforts and summarize accomplishments. A second thrust of the broader partnership will be to educate and mobilize community involvement – a goal that the original Families for Kids plan included but only touched upon. The staff of the Families for Kids Partnership will link with agency representatives, coalitions, community organizations, and tribal organizations in order to achieve the purposes of the Partnership. The intention is to form a five-year partnership to match the five-year horizon of the Permanency Framework.

# Appendices

## Appendix A

### Facts about Children in Foster Care

- ◆ 11,000 children are in state foster care on any given day. Over 6000 of these children have been in care longer than one year.<sup>1</sup>
- ◆ One-fourth of the children in care are 0 to 3 years old; nearly one-third are teenagers.<sup>1</sup>
- ◆ African American and Native American children constitute 6% of the child population in Washington, yet are 26% of the children in out-of-home care.<sup>1</sup>
- ◆ Over a ten-year period, more children entered the system than left it, increasing the number of children in state care from 5,700 in 1985 to 10,000 in 1995. Since 1995, the number of children in care has remained relatively stable.<sup>2</sup>
- ◆ 22% of Native American children and 20% of African American children in paid placements have been in the system for *longer than four years*, compared to 12% of Caucasian children.<sup>2</sup>
- ◆ 56% of Indian children in care have already left the system at least once before returning to their biological families. As a group, they have the highest rate of re-entry into care of all children.<sup>2</sup>
- ◆ One-third of all children in family foster care are in relative placements.<sup>1</sup>
- ◆ 44% of children in paid foster or group care longer than one year were in three or more placements (homes) during their time in care.<sup>2</sup>
- ◆ 1,700 children in state care are legally free—that is, the court has terminated their parents’ rights; approximately 20% of these children are not in a potentially permanent placement. Most of the others are waiting for their adoption or guardianship to be finalized.<sup>1</sup>
- ◆ 50% of legally free children are under seven years old; 75% are ten or younger.<sup>1</sup>
- ◆ 200 youth “age out” of the system each year—that is, they turn 18 (or finish high school) and are on their own. Many of these youth become homeless.<sup>1</sup>

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Sources of information:

<sup>1</sup> *CAMIS Key Indicators Reports*, DSHS Children’s Administration, 1998.

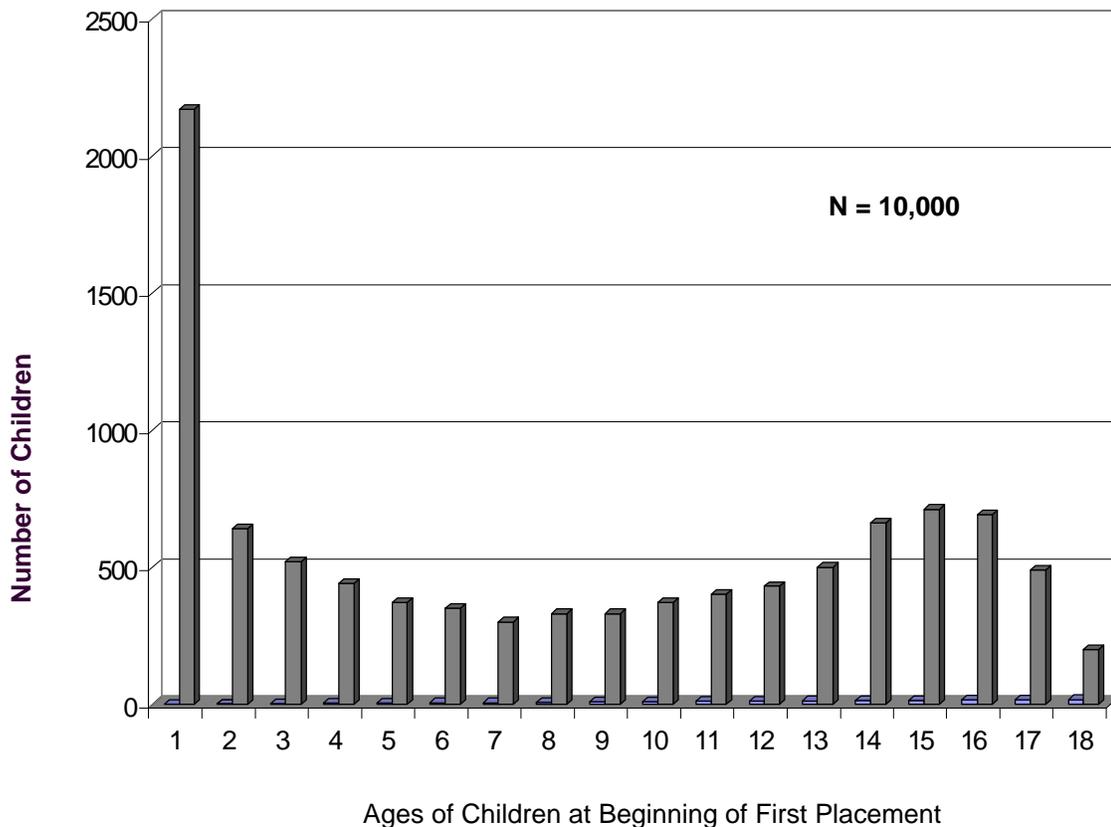
<sup>2</sup> *Report of Children in Foster and Group Care Placements in Washington State between June 1985 and August 1996*, Office of Children’s Administration Research, 1996.

### Adoptions and Guardianships Achieved for Children in State Custody

Year	Number of Adoptions	Number of Guardianships
1995	555	444
1996	408	402
1997	785	355
1998 <i>(first half)</i>	346	220

Source: *CAMIS Key Indicators Reports*, DSHS Children's Administration, 1995-1998.

- ◇ The number of adoptions nearly doubled from 1996 to 1997 due in large part to the improved efficiency of the Adoption Support program and the efforts of many individual caseworkers to secure permanent homes for children, many of whom had been in care for more than 3 years. Finalizations in the first half of 1998 are on pace with 1997's numbers.
  
- ◇ The 1997 Children's Administration *Reports of Benchmark Measures* showed that 44% of children adopted in the first half of 1997 had their adoptions finalized in less than 3 years. In the same time period, 67% of children with guardianships had them finalized in less than 3 years.
  
- ◇ The Attorney General of Washington reported in the *Termination and Guardianship Audit Report* (1998) that there was a **47% increase in termination petitions filed from 1994 to 1997**. Clearly, more children are proceeding to TPR, and it will be important for the finalization of adoptions to keep pace so that children do not wait long periods of time following TPR to achievement of their permanent plan.
  
- ◇ Another important aspect of moving children through the system in a timely manner is adherence to timelines for dependency hearings, permanency planning reviews, and termination of parental rights. Success varies by court, but not all courts have been able to meet the prior standards of 12 month permanency hearings for children under age 11, and 18 months for children over age 10. Consequently, court resources will be further strained in providing 12 month reviews for *all* children in care.

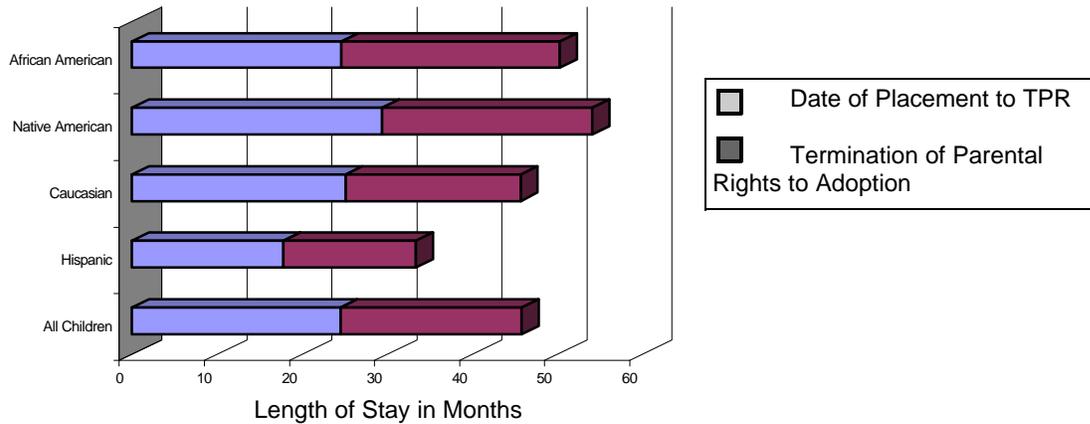


**Infants enter care in the greatest numbers.**

- More than 20% of the 11,000 children in our system longer than one year—and 33% of the legally free children— were placed in care before their first birthdays.
- Children of color enter at younger ages: 56% of African American and 62% of Native American children were first placed between birth and 5 years of age, compared to 42% of Caucasian children.
- One-half of all children who enter the system return home within 60 days; one-third remain in care longer than one year.
- Nearly one-third of the children who leave state care to return to their biological families come back into the system at a later date.
- Infants often remain in care just as long as children who enter at much older ages.

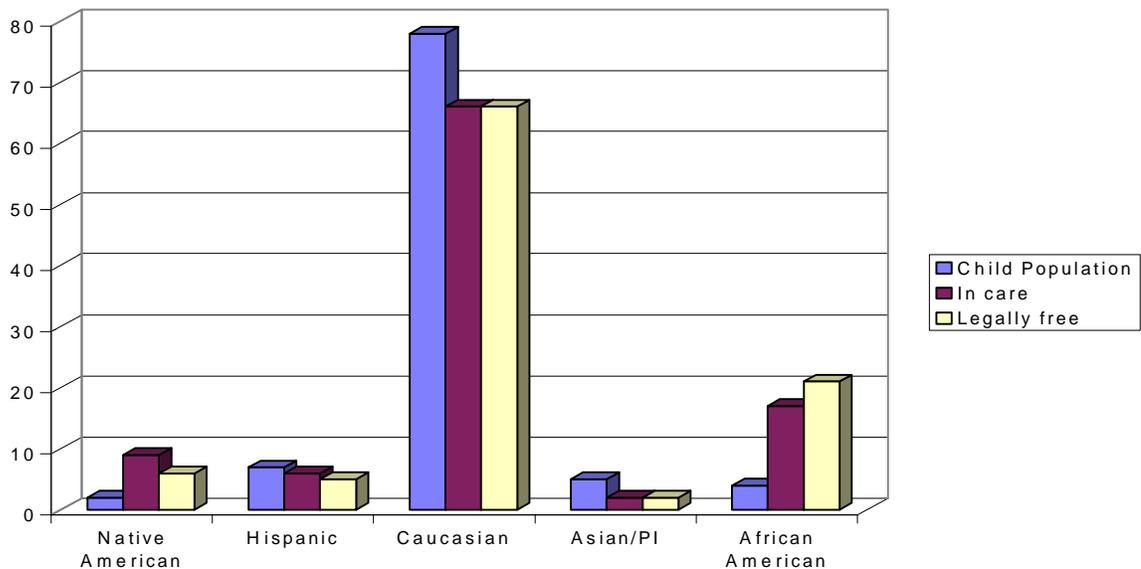
Source: *Report of Children in Foster and Group Care Placements in Washington State be-*

**Many children leave care quickly, but many remain in care for**



Legally free children who are adopted spend an average of 25 months in the foster care system before their parents' rights are terminated, and 21 months after termination.

**Children in the system are disproportionately African American and Native American.**



- One-third of all the children who come into state care are children of color, yet they are only 18% of the child population in Washington.
- African American kids represent only 4% of the child population, but are 17% of all those in state care, and 21% of all legally free children.
- Native American children make up 2% of the child population, but 9% of all kids in out-of-home care, and 6% of all legally free children.

Sources: 1990 Child Census; CAMIS Key Indicators Reports, 1998.

## Appendix B

### Reports Relevant to the Framework Recommendations and/or the History of Recommendations Leading to the 1998 Permanency Summit

*A Community Perspective: The Report of the Child Welfare Citizen Advisory Board*, Washington State DSHS, Division of Children and Family Services, February 1993.

*Age at First Placement and Length of Stay in Care: Findings on Infants in Care and the Disproportionality of African American and Native American Children*, Washington State Families for Kids, May 1997.

*Benchmarks in Permanency: Initial Report*, Washington State DSHS, Children's Administration, May 1997.

*Characteristics of Legally Free Children and Recommendations for Permanency in Washington State*, Washington State Families for Kids, August 1996.

*Children Can't Wait: Reducing Delays in Out-of-Home Care*, Katharine Cahn and Paul Johnson (eds.), Washington DC: Child Welfare League of America, 1993.

*Children's Administration 1997 Performance Report: Public Accountability for Child Health, Safety and Permanence*, Washington State DSHS, Children's Administration, July 1998.

*Comprehensive Study of Children, Youth and Family Services*, Washington State DSHS, Children's Administration, February 1983.

*Council on Families, Youth and Justice: Final Recommendations*, Governor's Council on Families, Youth and Justice, Dependency Workgroup, December 1994.

*Dependency Case Management Pilot Project Report*, Superior Court of Washington, King County, December 1997.

*Dependency Case Management Work Group: Final Report*, Washington State, Office of the Administrator for the Courts, July 1997.

*Evaluation of Washington State's Family Group Conference Program*, Northwest Institute of Children and Families and Washington State DSHS, August 1998.

*Foster Care Expenditures Study*, Washington State DSHS, Office of Research and Data

Analysis, April 1988.

*Foster Care Summit Workgroup Recommendations*, Washington State DSHS, Division of Children and Family Services, January 1992.

*Governor's Commission on Children: Final Report*, Washington State, Office of the Governor, January 1989.

*Independent Living Skills Client Telephone Survey*, Washington State DSHS, Office of Children's Administration Research, April 1993.

*Native Initiative Report on American Indian Children within the Foster Care System in Washington State*, Washington State Families for Kids, September 1996.

*Out-of-Home Care: A Review of the Child Welfare System*, Washington State DSHS, May 1988. Response: *Impact Analysis of the Out-of-Home Care Report*, Washington State DSHS, Children's Administration, September 1988.

*Prognostic Staffings: A Status Report on Their Implementation*, Washington State Families for Kids, January 1998.

*Putting the Pieces Together: Survey of State Systems for Children in Crisis*, National Conference of State Legislatures, July 1990.

*Recommendations from the Attorney General's Office to the Governor's Child Protection Roundtable*, Washington State Attorney General's Office, November 1995.

*Region 3 Continuous Quality Improvement Project Relative Care Search Team: Project Report*, Washington State DSHS, Children's Administration, July 1998.

*Report of Children in Foster and Group Care Placements in Washington State between June 1985 and August 1995*, Washington State DSHS, Office of Children's Administration Research, May 1996.

*Report of the DSHS Task Force on the Placement of Children in the Care of Relatives*, Washington State DSHS, Children's Administration, January 1989.

*Report of the Task Force on Foster Care*, Subcommittee of the Governor's Child Protective Services Review Team, Washington State, February 1989.

*Report to the Legislature: Foster Care Rate Study*, Washington State DSHS, Foster Care Rate Review Committee, December 1988.

*The Status of African American Children in the Child Welfare System in Washington State, African American Initiative*, Washington State Families for Kids, January 1997.

*Substance Abuse and Child Welfare*, presentation by Antoinette Krupski, Ph.D., Washington State DSHS, Division of Alcohol and Substance Abuse, June 1997.

*Substance Abuse, Treatment and Birth Outcomes for Pregnant and Postpartum Women in Washington State*, Washington State DSHS, Planning, Research and Development, Office of Research and Data Analysis, June 1995.

*Substance Abuse Treatment for Female DASA Clients*, Washington State DSHS, Planning, Research and Development, Office of Research and Data Analysis, June 1993.

*Termination and Guardianship Audit Report*, Washington State Attorney General's Office, June 1998.

*Washington State Juvenile Court Improvement Project: Final Report*, National Center for State Courts, June 1996.

*What It Takes: Structuring Interagency Partnerships to Connect Children and Families with Comprehensive Services*, Washington DC: Education and Human Services Consortium, January 1991.

*1990 Service Enhancements by Expenditure Shifting (SEBES) Evaluation: Ongoing Projects*, Washington State DSHS, Office of Children's Administration Research, February 1991.

## Appendix C

### Glossary of Child Welfare Terms and Acronyms

**Adoption Support:** Program that provides medical, counseling and financial support to families who adopt children from state-supported placements who have special needs.

**ASFA:** Adoption and Safe Families Act of 1997 - Federal Legislation

**CAMIS:** Children’s Administration Case and Management Information System; tracks all CPS referrals and children who are placed in out-of-home care.

**CIP:** Court Improvement Project

**Compelling Reasons:** Justification of why filing for termination of parental rights within the Federal timelines established in the Adoption and Safe Families Act of 1997 is not in the best interests of the child.

**Concurrent Planning:** Social work and legal practice providing reunification services while simultaneously developing an alternative case plan should the child not be able to return home.

**CPS:** Child Protective Services

**CWS:** Child Welfare Services

**DASA:** Division of Alcohol and Substance Abuse

**DCFS:** Division of Children and Family Services

**DDD:** Division of Developmental Disabilities

**JRA:** Juvenile Rehabilitation Administration

**DLR:** Division of Licensed Resources; contains the Office of Foster Care Licensing

**DSHS:** Department of Social and Health Services

**Episode:** Duration of a child’s stay in out-of-home care; may include more than one “placement” in foster homes or other settings.

**FGC:** Family Group Conference - a decision-making model involving the extended family in the resolution of a child welfare case.

**Finalization:** The process of legalizing an adoptive relationship through the court system.

**FRS:** Family Reconciliation Services

**GAL/CASA:** Guardian Ad Litem/Court-Appointed Special Advocate; volunteers trained to interview children and families involved with the child welfare system and to represent the child's best interests in the court.

**Guardianship:** Legal proceeding appointing a caretaker as legal custodian of a dependent child. More specifically referred to as "dependency guardianship."

**ICWA:** Indian Child Welfare Act; federal law enacted in 1978, which establishes specific guidelines for working with Native American children and families in the child welfare system.

**Kin:** Biological family; can include non-related persons the family considers relatives; used interchangeably with "relative."

**Legally Free:** Child whose parents' rights have been terminated by the court; the state acts as the child's sole guardian until an adoption is finalized or another permanent plan is established.

**OFCL:** Office of Foster Care Licensing

**Permanency or Permanency Planning:** Legal and social work practices for children in out-of-home care with the goal of achieving a permanent family for the child through reunification or an alternative such as adoption, guardianship or permanent relative placement.

**Permanent Family:** Family that is a permanent resource to a child past his or her 18<sup>th</sup> birthday; may be return to the birth parent(s) or alternative family such as a relative, adoptive family or guardian.

**Placement:** Duration of a child's stay in one setting, which may be a foster, relative or group home, or another setting such as an institution. More than one placement may occur during an "episode."

**Reasonable Efforts:** Actions required by the social worker to prevent placement or reunify the family once placement has occurred; reasonable efforts are not required when specific "aggravated circumstances" exist as defined by law.

**TPR:** Termination of parental rights; see "legally free."

**WARE:** Washington Adoption Resource Exchange

## Appendix D

### Tribes, Organizations and Agencies Represented at Permanency Summit and Planning Sessions

Action! For Kids in Care  
Associated Counsel for the Accused  
Black Child Development Institute  
Casey Family Partners  
Catholic Community Services-Everett  
Catholic Community Services of King County  
Catholic Community Services Southwest  
ChildHaven  
Children's Alliance  
Children's Home Society of Washington  
Children's Hospital  
Clallam County Adoption Network  
Columbia Health Center  
Colville Confederated Tribes  
Compass Health  
Compassionate Care  
Confederated Tribe of the Chehalis Reservation  
Cowlitz County CASA  
Department of Assigned Counsel  
DHHS—Region X  
DOH/Maternal and Child Health  
DSHS  
    Children's Administration  
    Div. of Alcohol & Substance Abuse  
    Div. of Mental Health  
Families for Kids  
Families for Kids Recruitment Resources  
Foster Care Resource Network  
Foster Parent Association of Washington State  
Friends of Youth  
Grayson Associates, Inc.  
Harborview Sexual Assault Center  
House Republican Caucus  
Human Services Policy Center, University of  
    Washington  
Island and San Juan County Superior Courts  
King County Mental Health Division  
King County Superior Court  
Kitsap County Superior Court  
Lutheran Social Services of Washington and Idaho  
Martin Luther King Jr. Center  
Mary Bridge Children's Hospital  
Medina Children's Services  
Native American Commission for Children  
    and Families

Northwest Adoption Exchange  
Northwest Institute for Children and Families,  
    University of Washington School of Social Work  
Office of the Attorney General  
One Church, One Child of Washington State  
Office of the Family and Children's Ombudsman  
One Child at a Time  
Perinatal Treatment Services  
Pierce County Superior Court  
Private Agency Adoption Coalition  
Public Defender's Office  
Puyallup Tribe of Indians  
Quileute Tribe  
Ruth Dykeman Children's Center  
School of Social Work, University of Washington  
Seattle Mental Health  
Senate Republican Caucus  
Sisters of Providence Health System - Everett  
Small Tribes Organization of Western WA  
Snohomish County Foster Parents  
Snohomish County Superior Court  
Snohomish County Volunteer Guardian ad Litem  
    Program  
Society of Counsel Representing Accused Persons  
Spokane County CASA  
Spokane County Juvenile Court  
Stuart Foundation  
The Casey Family Program  
The Seattle Times Fund for the Needy  
Thurston County Superior Court  
Treehouse  
Triumph Treatment Services  
United Grandparents Raising Grandchildren  
University of Washington Birth to Three Program  
WACAP  
Walla Walla CASA Association  
Washington Association of Family-Based  
    Treatment Services  
Washington Council for the Prevention of Child  
    Abuse and Neglect  
Washington State CASA  
Washington State Catholic Conference  
Washington State House of Representatives  
Washington State Senate  
Washington State Supreme Court