

APPENDIX I
COMMUNICATIONS FROM PARTIES
Revised Compliance Plans in response to Monitoring Report #5

Revised Compliance Plans in response to Monitoring Report #5
(submitted by Children’s Administration on January 21, 2009)

- Outcomes.....1
Note: Tracked changes are displayed in these compliance plans, to show the difference between these plans and the earlier versions that were found to be unacceptable by the Panel.

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Revised Proposed Outcome Compliance Plan Screening for Mental Health and Substance Abuse

November 2008 January 2009

Mental Health

Goal 3 Outcomes 2 (Revised implementation Plan, pg. 16)

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

Outcome 2: Children in out-of-home care will be screened for mental health and substance abuse needs¹ every 12 months.²

Benchmarks required for compliance- Outcome 2

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

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

Background

In the 3rd Monitoring Report, issued April of 2007, the Panel found the Department failed to reach the FY06 benchmark of 90%. CA submitted a compliance plan on July 20, 2007.

The Panel rejected the first proposed compliance plan in its August 23, 2007 Decision Report. The Panel noted the strategies did not appear sufficient to address the significant gap in required performance. The Panel also stated their desire to discuss the approach to this measure at the September 2007 Panel meeting. However, the issue was not reflected in the September meeting minutes.

In the 4th Monitoring Report, issued October 2007, the Panel noted they were waiting for a revised compliance plan based in part on the discussions at the

¹ The CA guidelines for CHET indicate that substance abuse screening occur for persons 12 and older.

² Screening may occur during annual EPSDT exams or by using another valid mental health screening instrument.

September 2007 Panel meeting. CA submitted a revised compliance plan October 2, 2007. The Panel approved the revised compliance plan in the November 1, 2007 Decision Report.

On July 3, 2008, the Panel issued the Revised Implementation Plan which did not modify this outcome.

In the 5th Monitoring Report, issued October 1, 2008, the Panel found CA failed to reach the FY07 benchmark of 75%. CA's statewide performance for FY07 was 56.5%, with regional performance ranging from 53.7 to 59.7%. [CA submitted a compliance plan which was not approved in the Panel's December 23, 2008 report. The Panel's comments were:](#)

[Panel approves of changes in measurement related to allowing screenings every 13 months \(rather than every 12 months\) and counting as compliant children receiving ongoing mental health services through Children's Administration or the Regional Support Networks.](#)

[However, the remaining strategy designed to increase the number of EPSDT screenings does not appear sufficient to close a significant gap between performance and the benchmark. Panel requests that a revised plan include more detail on how EPSDT screening rates will be improved.](#)

[Panel requests data for this outcome using both the original measurement approach and the revised approach with the changes approved above.](#)

[This revised compliance plan addresses the Panel's concerns.](#)

Strategies to Achieve the Benchmarks

The purpose of mental health and substance abuse screening is to identify children and youth that need further assessment and treatment services. Children's Administration (CA) is proposing a multi-pronged approach to completing the screening requirement. CA will utilize the EPSDT screen as the primary annual mental health and substance abuse screen for children in care. This screening is conducted by the child's health care provider. At times it is difficult in some areas of the state to schedule EPSDT screenings with an appropriate health care provider. CA proposes several strategies to increase the likelihood that children and youth will receive screening on an annual basis.

Strategy 1: Increase the Number of EPSDT Screenings

To improve the number of EPSDT screenings for children in foster care, CA has taken steps to educate social workers, foster parents, and other caregivers about the need for the EPSDT screening by:

- Providing information to caregivers on the importance of the EPSDT and how this screening differs from a standard sick visit. This information was provided via the foster parent website and the newsletter.
- Including a reminder on the social worker monthly visit checklist to discuss the EPSDT requirement with the caregiver.

In addition, CA will work with health care providers and with Health and ~~Rehabilitative Recovery~~ Services Administration ([HRSA](#)) to ensure physicians are aware of when they may bill Medicaid for EPSDT screenings for foster children. [Specifically, CA is working with HRSA to approach groups such as the Washington State Medical Group Managers Association to ask for assistance in scheduling EPSDT appointments with their clients, provide physicians with an EPSDT questionnaire for their medical appointments with children, and to appropriately bill for EPSDT appointments. The Children's Administration will keep the Panel informed of progress in its future updates.](#)

Strategy 2: Extend Timeframe for EPSDT

Due to the challenges of scheduling the EPSDT appointment, which is a longer and more comprehensive exam, CA proposes that children over the age of three who receive an EPSDT screening within a 13 month time period be considered compliant with the outcome. This will allow children who receive a screening in the same calendar month in consecutive years to be considered as having had an annual screening.

Strategy 3: Including as Compliant Youth Receiving Mental Health Services

Some children are enrolled in mental health services through an RSN, counseling paid by CA, or through BRS services. CA proposes that any child enrolled in mental health services be considered as having received an annual mental health screening even if an EPSDT screen has not been billed to Medicaid. CA believes this addresses the required mental health screening because children in active mental health services receive a reassessment once per year by the mental health provider and this screening includes a screen for substance abuse.

Strategy 4: Provide Reminders in FamLink for EPSDT Exams

[When children are placed in out-of-home care, FamLink will provide a reminder that the children require EPSDT exams within the first 30 days of placement. The staff are also then provided with the periodicity requirements. Following placement, staff are provided annual reminders of the need for EPSDT exams for each child.](#)

[FamLink also provides a section to record when EPSDT exams have been conducted. Using this field, reports can be built so that staff in field offices can work more proactively to schedule EPSDT exams. These reports are not yet](#)

Annual Screenings for Mental Health and Substance Abuse

~~December 2, 2008~~[January 27, 2009](#)

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[included in FamLink and the Braam work team will work with the FamLink reports design team to determine when such a report can be available to staff.](#)

**Revised Proposed Outcome Compliance Plan
Sexually Aggressive Youth**

November 2008 January 2009

UNSAFE AND INAPPROPRIATE PLACEMENTS

Goal: All children in DCFS’s custody shall be placed in safe placements

Outcome 3: Children identified as sexually aggressive (SAY) pursuant to the statutory definition will be placed with caregivers who have received specialized training and have a plan developed to address safety and supervision issues. BM CY 07 95% - 2007 CA performance 55%

Benchmarks required for compliance- Outcome 3

	CY 06	CY 07	CY 08	CY 09	CY 106
Statewide Benchmarks	95%	95%	95%	95%	95%
Data provided by CA:	8/1/07	8/1/08	8/1/09	8/1/10	6/1/11
Monitoring Report date:	10/04/07	9/15/08	9/15/09	9/15/10	7/31/11

NOTE: *The compliance plans proposed by the Children's Administration for Outcomes 3 and 4, involving youth who are sexually aggressive or physically assaultive/aggressive, are identical. These two outcomes have similar requirements, but for different populations of youth. For this reason, Children's Administration is taking the same steps to improve performance on both outcomes.*

Background and Previous Findings

In the original Implementation Plan, this outcome was combined with the measure for youth with a history of physically assaultive/aggressive (PAA) behavior. The outcome measured performance as compliance with a department memorandum issued in 2004.

At the time of the Panel’s 3rd Monitoring Report, issued in April of 2007, a workgroup was working on the decision rules that would be used to measure performance based on the results of the Foster Parent Survey.

In its 4th Monitoring Report, issued in October 2007, the Panel found CA had failed to reach the outcome benchmark of 95% for calendar year 2006. CA’s performance, according to the results of the Foster Parent Survey, was 44.7%.

A compliance plan was submitted for the outcome benchmark as it was set forth in the original Implementation Plan. The proposed plan was submitted on December 12, 2007

and Plaintiffs' counsel issued a letter with their comments on the plan dated January 4, 2008. Thereafter, the parties and Panel staff convened a workgroup to review the outcome and the questions that were to be included in the next Foster Parent Survey. The Foster Parent Survey questions were modified for the calendar year 2007.

On July 3, 2008, after extensive collaboration among the Panel and parties, the Panel issued its Revised Implementation Plan. The Revised Implementation Plan modified this outcome. The two populations included in the previous outcome (SAY and PAY) have been separated into two outcomes. The performance measure was also clarified to measure two components: 1) specialized training, and 2) development of a plan for safety and supervision.

This outcome is currently measured by the results of the Foster Parent Survey. The second survey was conducted to provide performance data for the calendar year 2007.

In its 5th Monitoring Report, issued October 1, 2008, the Panel found CA had failed to reach the CY07 benchmark of 95%. CA's statewide performance for CY07 was 55%, with regional performance ranging from 40.0 to 72.7%. [CA submitted a compliance plan on December 4, 2008. The Panel did not approve this plan stating:](#)

- [Many of the strategies in the plan \(e.g. updating of policy, identification of youth with SAY/ PAY behaviors, automation of supervision plans\) hinge on the implementation of FamLink, which has now been delayed. Revised plan should provide an update on when FamLink will be launched. If the delay in FamLink is significant, the plan should provide clarification on how these children are identified and supervised without the availability of FamLink.](#)
- [The plan is not specific as to how and when social workers will be expected to identify children as SAY/ PAY and document this once FamLink is launched. How will this expectation be operationalized, both for children entering placement as well as those already in out-of-home care?](#)
- [The plan notes concerns regarding the use of the foster parent survey to gather data for this outcome, and states that FamLink could ultimately be the source of compliance data in this area. Revised plan should be specific about timeframes for moving to FamLink as a data source for this outcome.](#)

Strategies to Achieve the Benchmarks

NOTE: *The strategies proposed by the Children's Administration for Outcomes 3 and 4, involving youth who are sexually aggressive or physically assaultive/aggressive, are identical. These two outcomes have similar requirements, but for different populations of youth. For this reason, Children's*

Administration is taking the same steps to improve performance on both outcomes.

Strategy 1: Update Policy

To promote consistency in practice, Children's Administration is updating the Placement Policy 4413 in the Practices and Procedures Manual to incorporate language from policy directive memo of November 10, 2004 and the definition of "sexually aggressive" included in RCW 74.13.075 during the 2007 legislative session. The policy addresses appropriate and safe placements specifically related to youth who display sexually assaultive and/or physically assaultive or aggressive behaviors. These changes to the policy will be issued on ~~December 8, 2008~~ [February 2, 2009](#) with the implementation of FamLink and other CA policy updates. (See Attachment 1 - 4413 Placement Services)

Strategy 2: Include Supervision Plan in FamLink

A new standardized Client Supervision Plan form was created (DSHS 15-352) in April 2008 and will be available in FamLink [upon its release on February 2, 2009](#). This will allow CA to capture the number and type of supervision plans completed. In addition, a Tips Sheet on the use of the supervision plan was developed to help ensure consistency when completing supervision plans (See Attachment 2 – Tip Sheet).

Strategy 3: Update Training Provided to Caregivers

Effective June 2008, a new and updated SAY and PAAY caregiver training was made available to CA caregivers. The training curriculum, developed by Child Welfare Training Institute at the University of Southern Maine, is directed specifically to child welfare caregivers. Training is offered in both a classroom setting and via web-based video training. The training revision will be put on the CA Internet in early 2009. Training will be tracked in FamLink.

Strategy 4: Publicizing Training Opportunities

CA will continue improving its communication and marketing strategies on the training opportunities available, this includes:

- Continue regional mailings with notification on training opportunities and invitations to caregivers to attend trainings.
- Adding the Annual Foster Parent Assessment Newsletter on RFTI website
- Foster Parent Trainer Supervisors attend the Statewide and Regional Consultation Meetings (1624 meetings) as well as community foster parent meetings.
- Email communication to social workers with notification of training opportunities, flyers and invitations to caregivers to attend all trainings.

Strategy 5: Improved Identification of Youth with SAY/PAY Behaviors in FamLink

With the implementation of FamLink, it will be possible to identify those youth who have been identified as having SAY and PAAY behaviors. [Social workers are expected to input information about all children prior to the next required case plan revision so that](#)

~~the information loads into the case plan and court report (ISSP). The CA Management Team has directed that social workers prioritize the input of information for youth who have SAY and PAAY behaviors and who are not placed in a BRS placement so that the information is available by April 1, 2009. In the future, after social workers have had a period of time to document information about the children in care, CA can use this information to determine if supervision plans are present and if caregivers have had training. This will not be possible, however, until the FamLink information is loaded and the data warehouse has been completed.~~

We will be able to use FamLink information to help identify foster families caring for youth who exhibit SAY and PAAY behaviors. This may help clarify for foster parents which youth should be considered for these questions in the foster parent survey.

Future Measurement of the Benchmark

~~This benchmark is currently measured by the foster parent survey. As FamLink will not have information completely loaded for these youth until the end of fiscal year 2009 (including those in BRS), CA would like to create a work group (including the plaintiff attorneys and Panel representatives) to determine if future measurements can be taken from FamLink data. CA proposes that the foster parent survey for CY2008 include questions for this benchmark, but that a determination be made (following development of other measurements) if compliance with the benchmark should continue to be determined from the foster parent survey.~~

Revised Proposed Outcome Compliance Plan Physically Assaultive / Aggressive Youth

November 2008 January 2009

UNSAFE/INAPPROPRIATE PLACEMENTS

Goal 1, Outcome 4 (Revised Implementation Plan, p. 26)

Outcome 4: Children identified as physically assaultive or physically aggressive (PAY) pursuant to the statutory definition will be placed with caregivers who have received specialized training and have a plan developed to address safety and supervision issues.¹

Benchmarks required for compliance- Outcome 4

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

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

Background and Previous Findings

In the original Implementation Plan, this outcome was combined with the measure for youth with a history of sexually aggressive (SAY) behavior. The outcome measured performance as compliance with a department memorandum issued in 2004.

At the time of the Panel's 3rd Monitoring Report, issued in April of 2007, a workgroup was working on the decision rules that would be used to measure performance based on the results of the Foster Parent Survey.

In its 4th Monitoring Report, issued in October 2007, the Panel found CA had failed to reach the outcome benchmark of 95% for calendar year 2006. CA's performance, according to the results of the Foster Parent Survey, was 44.7%.

A compliance plan was submitted for the outcome benchmark as it was set forth in the original Implementation Plan. The proposed plan was submitted on December 12, 2007

¹ Requirements for specialized caregiver training and safety and supervision planning apply regardless of whether a child is identified as PAY prior to placement or while already in placement.

and Plaintiffs' counsel issued a letter with their comments on the plan dated January 4, 2008. Thereafter, the parties and Panel staff convened a workgroup to review the outcome and the questions that were to be included in the next Foster Parent Survey. The Foster Parent Survey questions were modified for the calendar year 2007.

On July 3, 2008, after extensive collaboration among the Panel and parties, the Panel issued its Revised Implementation Plan. The Revised Implementation Plan modified this outcome. The two populations included in the previous outcome (SAY and PAY) have been separated into two outcomes. The performance measure was also clarified to measure two components: 1) specialized training, and 2) development of a plan for safety and supervision.

This outcome is currently measured by the results of the Foster Parent Survey. The second survey was conducted to provide performance data for the calendar year 2007.

In its 5th Monitoring Report, issued October 1, 2008, the Panel found CA had failed to reach the CY07 benchmark of 95%. CA's statewide performance for CY07 was 44.7%, with regional performance ranging from 30.0 to 60.0%. [CA submitted a compliance plan on December 4, 2008. The Panel did not approve this plan stating:](#)

- [Many of the strategies in the plan \(e.g. updating of policy, identification of youth with SAY/ PAY behaviors, automation of supervision plans\) hinge on the implementation of FamLink, which has now been delayed. Revised plan should provide an update on when FamLink will be launched. If the delay in FamLink is significant, the plan should provide clarification on how these children are identified and supervised without the availability of FamLink.](#)
- [The plan is not specific as to how and when social workers will be expected to identify children as SAY/ PAY and document this once FamLink is launched. How will this expectation be operationalized, both for children entering placement as well as those already in out-of-home care?](#)
- [The plan notes concerns regarding the use of the foster parent survey to gather data for this outcome, and states that FamLink could ultimately be the source of compliance data in this area. Revised plan should be specific about timeframes for moving to FamLink as a data source for this outcome.](#)

Strategies to Achieve the Benchmarks

***NOTE:** The strategies proposed by the Children's Administration for Outcomes 3 and 4, involving youth who are sexually aggressive or physically assaultive/aggressive, are identical. These two outcomes have similar requirements, but for different populations of youth. For this reason, Children's*

Administration is taking the same steps to improve performance on both outcomes.

Strategy 1: Update policy

To promote consistency in practice, Children's Administration is updating the Placement Policy 4413 in the Practices and Procedures Manual to incorporate language from policy directive memo of November 10, 2004 and the definition of "physically assaultive or physically aggressive" included in RCW 74.13.280 during the 2007 legislative session. The policy addresses appropriate and safe placements specifically related to youth who display sexually assaultive and/or physically assaultive or aggressive behaviors. These changes to the policy will be issued on ~~December 8, 2008~~[February 2, 2009](#) with the implementation of FamLink and other CA policy updates. (See Attachment 1 - 4413 Placement Services)

Strategy 2: Include the Supervision Plan in FamLink

A new standardized Client Supervision Plan form was created (DSHS 15-352) in April 2008 and will be available in FamLink [upon its release on February 2, 2009](#). This will allow CA to capture the number and type of supervision plans completed. In addition, a Tips Sheet on the use of the supervision plan was developed to help ensure consistency when completing supervision plans (see Attachment 2 – Tip Sheet).

Strategy 3: Update Training Provided to Caregivers

Effective June 2008, a new and updated SAY and PAAY caregiver training was made available to CA caregivers. The training curriculum, developed by Child Welfare Training Institute at the University of Southern Maine, is directed specifically to child welfare caregivers. Training is offered in both a classroom setting and via web-based video training. The training revision will be put on the CA Internet in early 2009. Training will be tracked in FamLink.

Strategy 4: Publicizing Training Opportunities

CA will continue improving its communication and marketing strategies on the training opportunities available, this includes:

- Continue regional mailings with notification on training opportunities and invitations to caregivers to attend trainings.
- Adding the Annual Foster Parent Assessment Newsletter on RFTI website
- Foster Parent Trainer Supervisors attend the Statewide and Regional Consultation Meetings (1624 meetings) as well as community foster parent meetings.
- Email communication to social workers with notification of training opportunities, flyers and invitations to caregivers to attend all trainings.

Strategy 5: Improved Identification of Youth with SAY/PAY Behaviors in FamLink

With the implementation of FamLink, it will be possible to identify those youth who have been identified as having SAY and PAAY behaviors. [Social workers are expected to](#)

input information about all children prior to the next required case plan revision so that the information loads into the case plan and court report (ISSP). The CA Management Team has directed that social workers prioritize the input of information for youth who have SAY and PAAY behaviors and who are not placed in a BRS placement so that the information is available by April 1, 2009. In the future, after social workers have had a period of time to document information about the children in care, CA can use this information to determine if supervision plans are present and if caregivers have had training. This will not be possible, however, until the FamLink information is loaded and the data warehouse has been completed.

We will be able to use FamLink information to help identify foster families caring for youth who exhibit SAY and PAAY behaviors. This may help clarify for foster parents which youth should be considered for these questions in the foster parent survey.

Future Measurement of the Benchmark

This benchmark is currently measured by the foster parent survey. As FamLink will not have information completely loaded for these youth until the end of fiscal year 2009 (including those in BRS), CA would like to create a work group (including the plaintiff attorneys and Panel representatives) to determine if future measurements can be taken from FamLink data. CA proposes that the foster parent survey for CY2008 include questions for this benchmark, but that a determination be made (following development of other measurements) if compliance with the benchmark should continue to be determined from the foster parent survey.

**Revised Proposed Outcome Compliance Plan
Medically Fragile Children**

October 2008 January 2009

UNSAFE/INAPPROPRIATE PLACEMENTS

Goal 2 Outcome 5

GOAL 2: All children in DCFS’s custody shall be placed in safe placements.

Outcome 5: Medically fragile children will be connected to ongoing and appropriate medical care and placed with caregivers who receive consultation and ongoing training regarding their caretaking responsibilities for the medical condition.

Benchmarks required for compliance – Outcome 5

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

Background

This is the first year data is due for the purposes of compliance monitoring. In its fifth monitoring report issued October 1, 2008, the Braam Panel found this outcome out of compliance as CA performance was 75.1% in CY 07, which failed to reach the Braam benchmark of 85%.

The data used to measure this outcome comes from the 2008 Foster Parent Survey. The survey asked licensed and unlicensed caregivers about caring for children identified by the agency as “medically fragile.” The survey found:

— 19.7% reported caring for a medically fragile child.

Of the 19.7% who reported caring for a medically fragile child:

- 56.9% said they received preparation and consultation to adequately care for the medically fragile child
- 25.8% said they needed additional consultation and training to adequately care for the medically fragile child
- 89.6% said they needed medical care for the child in 2007
- 94.8% said they were connected to ongoing and appropriate medical care for the medically fragile child in their care

CA submitted a compliance plan on December 4, 2008. The Panel did not approve this plan stating:

- Many of the strategies in the plan (e.g. identification of medically fragile youth, and using that information to target training opportunities and communications to foster parents and to prioritize certain health programs) hinge on the implementation of FamLink, which has now been delayed. Revised plan should provide an update on when FamLink will be launched. If the delay in FamLink is significant, the plan should provide clarification on how these children are identified and supervised without the availability of FamLink.
- The plan is not specific as to how and when social workers will be expected to identify children as medically fragile and document this once a definition has been established and FamLink is launched. How will this expectation be operationalized, both for children entering placement as well as those already in out-of-home care?
- The plan notes concerns regarding the use of the foster parent survey to gather data for this outcome. In the revised plan, the Panel requests clarification as to whether FamLink could become the data source for this outcome and, if so, when this would occur.

Strategies to Achieve the Benchmarks

Based on the results of the ~~F~~foster parent survey, CA will focus its efforts on improving and addressing issues related to the preparation, consultation, and the training caregivers receive to care for medically fragile children. By focusing on these efforts CA believes it will improve the performance for this outcome.

Strategy 1: Definition of “medically fragile”

CA has ~~does not have adopted~~ a definition of “medically fragile youth,” ~~thus which will assist in~~ increasing inconsistency in applying policy, procedures, and best practice expectations. ~~CA will work with CA medical consultants to provide a clear and consistent definition of “medically fragile” by January 2009.~~

Medically Fragile Youth are those who have medically intensive needs. Their chronic health-related dependence, continually or with unpredictable periodicity, necessitates a 24-hour a day skilled health care provider or specially trained family or foster family member, as well as the ready availability of skilled health care supervision. Further, if the technology, support and services being received by the individual are interrupted or denied, he or she may, without immediate health care intervention, experience irreversible damage or death.

Medically fragile also includes individuals who are at risk for medical vulnerability. These individual's chronic health-related dependence does not require 24-hour supervision by a skilled health care provider, but they do experience unpredictable life threatening incidence. Without appropriate monitoring and the availability of licensed, certified or registered providers, their condition could deteriorate and the intensity of their medical needs increase.

This definition is found in the Washington State Developmental Disabilities Council Policy 109.

-This will assist CA staff in accurately identifying these youth in FamLink. CA also believes this will help caregivers understand and more accurately respond to the Foster Parent Survey questions about medically fragile children.

It was unclear to CA if caregivers answered the questions in the Foster Parent Survey based on caring for a child who is truly medically fragile as evidenced by nearly one in ten stating that the child did not need medical attention in 2007. By any definition, a medically fragile child will require frequent and consistent medical attention to attend to his/her complex health concerns and conditions. A clear and easy-to-understand definition would allow for more accurate data collection in FamLink and the Foster Parent Survey.

Strategy 2: Identify children in out-of-home placement who are medically fragile
CA staff (including social workers, CHET, public health nurses, program managers) will be able to identify in FamLink the children in out-of-home placement who meet the medically fragile definition. FamLink will "go live" on February 2, 2009. By April 1, 2009, social workers are expected to have input information concerning medically fragile children who are not in BRS placements.

This strategy will allow CA to:

1. Identify children who are medically fragile within the system and provide a list of names of caregivers for the foster parent survey. This will ensure the survey is asking the medically fragile questions of those caregivers who provide care for medically fragile children.
2. Identify children who are medically fragile and prioritize them for Foster Care Public Health Nurse (FCPHN) services. The FCPHNs review all available health records and compile the information into a Comprehensive Health Report (CHR). The CHR is given to the social worker and the caregiver and contains recommendations and referrals to address the child's health care needs.

3. Target communications and training to foster parents caring for medically fragile children.
4. Work with foster parents and caregivers to connect medically fragile children to medical homes. Connection to a medical home will provide access to and coordination of health care as well as access to training for caregivers specific to the needs of the children placed in their care.

Strategy 3: EPSDT

CA is actively engaged in activities designed to improve the number of children who receive EPSDTs within 30 days of entering out-of-care placement. Increasing the number of children who receive timely and annual EPSDTs will more accurately identify the number of children who meet the agency's definition of "medically fragile." In addition, medical professionals use EPSDTs to identify a child's need for coordinated care and caregiver education (also called anticipatory guidance).

See Mental Health Outcome Compliance Plan (Goal 1, Outcome 2)

Strategy 4: Centers of Foster Care Health

~~The Centers of Foster Care Health (CFCH) are located in three pilot sites: Longview, Seattle, and Spokane. They provide coordination and oversight of health care for children living in these areas. This includes working with foster parents to identify and access any preparation and consultation regarding children placed in their care.~~

~~Medically fragile children often require multiple specialty providers (e.g., respiratory and physical therapists, physician specialists). Identifying and coordinating access to specialty providers is often challenging and the CFCH will assist in accessing specialty care for children when needed.~~

Strategy 54: Regional Medical Consultants

Regional Medical Consultants are available to all children in out-of-home placement. Every CA region has a part-time physician available to provide consultation to foster parents and social workers regarding the health care needs of children in out-of-home placement. The Regional Medical Consultants work with foster parents and social workers to identify training and preparation needs for caregivers who have medically fragile children in their homes. Once these needs are identified, the social worker, or if needed, the Regional Medical Consultant can work with the caregivers to facilitate connection to services and training.

Future Measurement of the Benchmark

This benchmark is currently measured by the foster parent survey. As FamLink will not have information completely loaded for these youth until the end of fiscal

year 2009 (including those in BRS), CA would like to create a work group (including the plaintiff attorneys and Panel representatives) to determine what future measurements can be taken from FamLink data. CA proposes that the foster parent survey for CY2008 include questions for this benchmark, but that a determination be made (following development of other measurements) if compliance with the benchmark should continue to be determined from the foster parent survey.



February 2, 2009

Braam Panel
Box 354900
4101 15th Avenue NE
Seattle, WA 98105-6299
Email only

Re: Plaintiffs' Comments on January 21, 2009 Revised Proposed Compliance Plans

Dear Braam Panel:

Below are the Plaintiffs' comments on the Revised Proposed Compliance Plans submitted to the Panel on January 21, 2009. These Revised Proposed Plans were submitted by the Children's Administration (CA) in response to the Panel's December 23, 2008, Decision on Compliance Plans. As always, we are happy to discuss any of our recommendations or questions.

MENTAL HEALTH

Goal 3, Outcome 2 (Mental health and substance abuse screenings every 12 months)

In the Decisions on Compliance Plans, the Panel requested that data for this outcome use both the original measurement approach and the revised approach with the changes approved—although CA did not mention in its Revised Compliance Plan that it would provide both sets of data, we assume it will do so.

Strategy 1: Increase the Number of EPSDT Screenings

Plaintiffs believe CA is taking positive steps toward ensuring that EPSDT screening rates will be improved, and we look forward to more information on CA's collaboration with HRSA to contact groups, such as the Washington State Medical Group Managers Association. We also look forward to the Panel's thoughts on this collaboration and whether it believes it will lead to improved rates in EPSDT screenings.

Strategy 4: Provide Reminders in FamLink for EPSDT Exams

Plaintiffs look forward to hearing feedback from CA on this strategy and whether FamLink's "reminders system" is successfully implemented.

UNSAFE AND INAPPROPRIATE PLACEMENTS

Goal 1, Outcome 3 (Children identified as SAY will be placed with trained caregivers); Goal 1, Outcome 4 (Children identified as PAY will be placed with trained caregivers)

Because the Compliance Plans for SAY and PAY are identical, Plaintiffs will respond to both plans here.

As mentioned in our November 2008 letter, one of our concerns with the Compliance Plans is that there does not appear to be any analysis of the huge regional variations in performance in these areas (in both plans, the highest performing region doubled or almost doubled the performance of the lowest performing region). CA responded that it “does not believe that conclusions concerning regional variations can be drawn because of the small sample size,” and that “program managers in CA headquarters communicate regularly with regional social workers and supervisors on these issues and share information on what practices have the best impact between regions.” We understand that the small sample size in the Foster Parent Survey may not inform practice. Plaintiffs are hopeful that CA’s approach to encourage program managers to brainstorm about regional performance and practice will result in helpful information-sharing between the regions.

Strategy 2: Include Supervision Plan in FamLink

In the Decisions on Compliance Plans the Panel noted that “[i]f the delay in FamLink is significant, the plan should provide clarification on how these children are identified and supervised without the availability of FamLink.” CA notes that FamLink is expected to be released on February 2, 2009, and that once FamLink is operational, social workers will use the standardized Client Supervision Plan form (DSHS 15-352), which will allow CA to capture the number and type of supervision plans completed. Plaintiffs would like assurances that FamLink is released and operational on the expected release date and that the Client Supervision Plan form and the Tips Sheet are available to social workers on FamLink. Additionally, Plaintiffs would like CA to provide an estimated date regarding when it will be able to run reports to determine whether all youth who have SAY or PAY behaviors have supervision plans in place—in its December 4, 2008, letter to the Plaintiffs, CA stated that it “will not be able to run reports to determine that all youth who have SAY or PAAY behaviors have supervision plans in place until FamLink is implemented.” Now that FamLink is implemented, Plaintiffs are curious when CA plans to run these reports to determine the success of FamLink’s Supervision Plan form and data entry.

Strategy 3: Update Training Provided to Caregivers

Plaintiffs would like to hear if CA has any updates regarding evaluations of the new training—in its December 4, 2008, letter, CA stated that it had “not yet collected evaluations of the new training. It should not be a problem to give [the Plaintiffs] access to the online video link when it is posted.”

Strategy 5: Improved Identification of Youth with SAY/PAY Behaviors in FamLink

Plaintiffs believe CA addressed the Panel’s concerns regarding how and when social workers are expected to identify children as SAY/PAY—in the Revised Compliance Plan, CA notes that “social workers are expected to input information about all children prior to the next required case plan revision so that the information loads into the case plan and court report (ISSP).” Again, because inputting this data relies on the successful and timely launch of FamLink, Plaintiffs would like assurances that social workers are prioritizing the input of this information for both children entering placement as well as those already in out-of-home care. Plaintiffs look

forward to the April data, which CA claims will help determine “if supervision plans are present and if caregivers have had training.”

Future Measurement of the Benchmark

The Panel’s Decisions on Compliance Plans notes that the “[r]evised plan should be specific about timeframes for moving to FamLink as a data source for this outcome.” CA’s plan proposes the formation of a work group to determine “if” future measurements can be taken from FamLink data, and it fails to identify timeframes for moving to FamLink to generate data. It is unclear whether FamLink will actually be helpful in producing data for this Outcome. Prior to forming a work group on all data issues related to FamLink, it would be helpful for CA to produce summaries regarding what Outcome data FamLink can/cannot produce and, if it can, provide dates for when it believes it can produce that data. If it is clear that FamLink is ill-equipped to provide Outcome data, Plaintiffs would then be interested in meeting with CA and the Panel to discuss alternative data sources. As for Foster Parent Survey questions related to this Outcome, Plaintiffs believe CA’s concerns can be addressed in future Foster Parent Survey work group meetings.

Goal 1, Outcome 5 (Medically fragile children)

In its original Compliance Plan, CA included the Centers for Foster Care Health (CFCH) as one of the strategies for addressing the needs of children identified as medically fragile. In the Revised Compliance Plan, CA has deleted this strategy—presumably because the Governor’s budget eliminated the CFCH—yet CA does not address how the elimination of these programs will affect this population of children. If CA was relying on the CFCH to reach compliance, what strategies will CA employ to coordinate access to specialty providers? In deleting this strategy, CA fails to provide any alternative strategies regarding oversight of health care for medically fragile children. Ultimately, without the CFCH, how will CA connect medically fragile children to ongoing and appropriate medical care, as the Outcome requires?

Strategy 2: Identify children in out-of-home placement who are medically fragile

Regarding identification of medically fragile children, Plaintiffs are unclear what CA means when it says that “[b]y April 1, 2009, social workers are expected to have input information concerning medically fragile children who are not in BRS placements.” Does this mean that CA social workers will have documented this information in FamLink by April 1, 2009? Or will CA social workers have identified children—under the new definition—and input the data after April 1st?

Future Measurement of the Benchmark

In its Decisions on Compliance Plans, the Panel requested “clarification as to whether FamLink could become the data source for this outcome and, if so, when this would occur.” In the Revised Plan, CA does not affirmatively say whether FamLink could become a data source, but rather, requests the formation of a work group “to determine what future measurements can be taken from FamLink data.” Please see comments under SAY/PAY future measurement of the benchmark.

February 2, 2009
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We look forward the Panel's response.

Sincerely,

A handwritten signature in black ink, appearing to read "E. Shea McCann". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Erin K. Shea McCann
For Plaintiffs' Attorneys

Cc: Steve Hassett