

BRAAM OVERSIGHT PANEL

PROFESSIONAL STANDARDS

Final (March 2007)

The Settlement calls for the Panel, in collaboration with the Department and with substantial input from the Plaintiffs, to establish professional standards to be used in any enforcement proceedings. These standards clarify expectations for social workers as well as the state administration.

The Panel selected a subset of the Council on Accreditation (COA) standards for several reasons. First, the Panel recognizes that the Department is pursuing statewide accreditation through COA. The Panel's decision to incorporate COA standards into the Braam Implementation Plan will promote alignment with this departmental initiative.¹ Secondly, COA standards are widely accepted in the field of child welfare, are selected through a rigorous process based on literature review and field expertise, and have evolved to be increasingly outcomes-focused and evidence-based.

The Panel has elected not to include standards from sources other than COA:

- Child Welfare League of America (CWLA) and American Academy of Pediatrics (AAP) standards were considered by the Panel, but were not selected for inclusion, as the Panel believes these standards do not add significantly to the body of standards available through COA.
- Goals, outcomes and benchmarks included in the Settlement Agreement have not been included as standards. The selected COA standards are well-aligned with the Agreement's goals, outcomes and benchmarks, but are preferred as standards because they have been developed by a diverse professional body and are solidly based on and developed through practice and expertise. Compliance with goals, outcomes and benchmarks will be monitored separately through the Panel's regular reporting process.
- Existing statutes have not been included as standards. As with goals, outcomes and benchmarks, the Department must comply with statutes even though they have not been included as professional standards and separate mechanisms are available for monitoring and enforcing compliance.

The standards included here reflect the recently-adopted COA 8th edition standards (www.coastandards.org). As additional research and evidence emerge and as consensus of child welfare practitioners evolves, COA may adopt updated standards. The Panel reserves the right to modify the standards to reflect revisions of COA standards or other changes in best practice thinking.

In a small number of cases in which the Panel found the COA 8th edition standards to be insufficient, the Panel has added its own interpretations to existing COA standards. These are noted in the text as "Braam Panel interpretations" and incorporate concepts from standards from other sources such as AAP and from other COA standards that were not selected for full inclusion by the Panel.

Except as otherwise noted, the Panel intends that all standards apply to all children in the Braam class, including both those children living in licensed settings and those living in unlicensed relative placements. There are a small number of exceptions to this where a standard will apply only to children in licensed placements or only to children in unlicensed placements. These exceptions are identified with footnotes.

Although the standards below are grouped into the six separate areas of the Settlement Agreement, they are to be viewed as a whole. Standards listed in one area are frequently applicable in other areas as well. The Panel has generally chosen not to repeat individual standards even when they are relevant to more than one section. However, the placement of a given standard in a particular section should not be interpreted to mean that it applies solely to that area of the agreement.

For each goal area of the Agreement, the Panel has selected specific COA standards (shown in plain text) and listed them in order and context of relevant COA subsections (shown in bold). Whenever available from COA, interpretations relevant to the standards are included (shown in italics).

¹ Although the Braam Panel has used COA standards, the Panel views the COA accreditation and review process as separate from compliance with the Panel's professional standards.

Notes:

References to "parents" may include: birth parents, adoptive parents, or legal guardians of a child prior to placement in foster care.

The term "children" is used throughout the foster care standards for ease, and includes infants, toddlers, school age children, and youth.

References to "foster parents" are intended to apply to both licensed caregivers and unlicensed relative caregivers, unless otherwise noted.

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PLACEMENT STABILITY

FC 3 Service Planning and Monitoring

Families participate in the development and ongoing review of service plans that are the basis for delivery of appropriate services and support.

FC 3.04 The service plan is based on the assessment and includes:

- a. service goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom; and
- c. the signature of the parents and, when appropriate, the child or youth.

FC 3.05 The service plan addresses, as appropriate:

- a. unmet service and support needs that impact safety, permanency and well-being;
- b. maintaining and strengthening relationships; and
- c. the need for culturally responsive services and the support of the family's informal social network.

FC 3.07 The foster care worker and a supervisor, or a clinical, service, or peer team review the case quarterly to assess:

- a. service plan implementation;
- b. progress toward achieving service goals and desired outcomes; and
- c. the continuing appropriateness of the agreed upon service goals.

Interpretation: Experienced workers may conduct service plan reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard.

Interpretation: Timeframes for service plan review should be adjusted depending upon issues and needs of persons receiving services, and the frequency and intensity of services provided.

FC 3.08 The foster care worker and the family regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.

FC 4 Child and Youth Permanency

The agency participates in or facilitates a permanency planning process with families to promote stability and permanency.

Interpretation: Permanency work is aimed at achieving physical, emotional, and legal permanency for children and youth. Public and private agency roles in the permanency planning process are defined by state rules, regulations, or contracts.

Note: When the agency is not responsible for facilitating the permanency planning, it documents attempts to participate in the process.

FC 4.01 Service providers, foster parents, the public authority, and the court work with the child, youth and family to develop a permanency plan within 30 days of placement, which specifies:

- a. the permanency goal(s);
- b. a timeframe for achieving permanency; and
- c. activities that support permanency.

Interpretation: The timeframe for achieving permanency is consistent with state and federal regulations which in most cases should not exceed 12 months. Tribal representatives and service providers should be involved in the permanency planning process when the Indian Child Welfare Act applies. In extenuating circumstances the plan can be completed within 60 days. The age of a youth should not limit the consideration of all permanency options.

FC 4.03 The child, parents, foster parents, and relevant professionals participate in a court or administrative case review at least every six months to assess:

- a. the safety and appropriateness of continued placement;
- b. parent, child, and sibling visitation;
- c. efforts to reunify the family and progress toward permanency;

- d. possible placement resources and best options; and
- e. appropriateness of services.

Interpretation: State statutes or administrative rules may provide guidance about when and how administrative reviews are to be conducted. The review is scheduled at times when appropriate parties can attend.

FC 6 Child Placement

Children are placed with foster families who can meet their needs for safety, permanency, stability, and well-being.

Interpretation: When another provider is responsible for the placement, the agency must ensure the standard is met. An agency that provides emergency placements must document efforts made to meet the standards given the emergency nature of the placement.

- FC 6.03** A placement that can meet the child's needs is selected in accordance the following priorities:
- a. with siblings;
 - b. with kin; or
 - c. with a family that resides within reasonable proximity to the child's family and home community.

Interpretation: If a child is not placed in a manner consistent with the specified priorities, the reason is documented in the case record.

- FC 6.06** Placement moves are prevented to minimize trauma through:
- 1. supporting the child during the removal and placement process;
 - 2. avoiding the use of cyclical placements and minimizing other planned or administrative disruptions;
 - 3. providing child-specific information to the prospective foster family;
 - 4. arranging opportunities for the child and prospective foster family to meet when possible; and
 - 5. responding proactively to challenges associated with placement and assessing the need for services or placement changes.

Interpretation: Day visits, mutual activities, or overnight visits provide the child with opportunities to meet the foster family. Information about the child can include behavior, likes, dislikes, talents, strengths, reasons for placement, and permanency goals.

- FC 6.07** Children that experience multiple placements receive additional supports and services to improve stability and well-being, including:
- 1. sufficient advanced notice prior to a placement move to plan for and support the child through the transition;
 - 2. identification of new foster parents with suitable skills and characteristics to meet the child's needs or referral for temporary placement in a treatment facility when the child's needs cannot be met in a home setting; and
 - 3. assessment and referral to additional therapeutic or other needed services.

Interpretation: Notice should be provided at least 14 days in advance of a placement move.

KC 6 Homestudy and Placement Services

The agency identifies stable, nurturing kinship homes and places children with kin who can meet their need for a safe, healthy home.

KC 6.01 The agency works with the child and parents to identify kin that can be a resource to the child.

FC 12 Worker Contact and Monitoring

Foster care workers regularly visit with children, families and foster parents to develop positive relationships, and continuously monitor safety, well being, and progress towards achievement of service and permanency goals.

FC 12.04 Current information about the child's placement is available to authorized personnel at all times.
Interpretation: Information about a new placement is entered in the case record within 24 hours when a child is moved.

FC 16 Recruitment and Retention of Foster Families

A sufficiently diverse group of foster families is recruited, prepared, and supported to meet the needs of the children in care, and their families.

FC 16.01 Recruitment and training efforts involve key stakeholders including:

- a. foster care alumni;
- b. current foster parents;
- c. foster care workers;
- d. community leaders; and
- e. other organizations in the community.

FC 16.02 Recruitment efforts are planned, implemented, and evaluated to ensure a suitable family is available for each child entering care.

Interpretation: Planning should include a regular assessment of the types of homes needed, recruitment resources available, and recruitment goals. Evaluation of recruitment efforts should include the cost-effectiveness of activities and the utilization of new foster families.

Interpretation: When board members, employees or consultants of the agency express interest in becoming foster parents, the agency refers them to another provider.

FC 16.09 Foster parents have access to services to prevent and reduce foster parent stress and family crisis including:

- a. child care;
- b. respite care;
- c. counseling; and
- d. recreational activities.

FC 18 Personnel

Personnel are qualified and receive support to promote the safety and well-being of children, youth, and families and facilitate permanency within established timeframes.

Interpretation: FC 18 refers to employees only. Foster parents are not to be considered personnel.

FC 18.06 A manageable workload, which includes caseload and other agency responsibilities:

- a. makes it possible for workers to meet practice requirements;
- b. does not impede the achievement of outcomes; and
- c. takes into consideration the qualifications and competencies of the worker and case status and complexity.

Interpretation: Generally, caseloads do not exceed 18 children or 8 children with special therapeutic needs. Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case.

MENTAL HEALTH

FC 2 Assessment

Families participate in an individualized, strengths-based, family-focused, culturally responsive assessment that informs service and permanency plan development.

FC 2.01 All family members are engaged in the assessment process, and extended family members are involved when appropriate.

FC 2.02 The information gathered for assessments:

- a. includes internal, external, and historical factors that may contribute to concerns identified in initial risk and safety assessments and initial screenings;
- b. identifies child and family strengths, protective factors, and needs;
- c. includes the impact of maltreatment on the child;
- d. includes factors and characteristics pertinent to selecting an appropriate placement;
- e. identifies family resources for the child and the parents; and
- f. is limited to material pertinent for meeting service objectives.

Interpretation: Therapeutic foster care programs also receive or provide a diagnostic assessment prior to, or within 30 days of, placement to identify needs and determine the most appropriate placement.

FC 2.03 Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and success.

Interpretation: Culturally responsive assessments can include attention to geographic location, language, and religious, racial, ethnic, and cultural background. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, and developmental level.

FC 2.04 The child receives an initial health screening from a qualified medical practitioner within 72 hours of entry into care to identify the need for immediate medical or mental health care and assess for infectious and communicable diseases.

Interpretation: The mental health screening identifies suicidal ideation or history of suicide attempts and aggressive, dangerous, self-destructive, or psychotic behaviors.

FC 2.06 Assessments are completed within timeframes established by the agency and are updated periodically.

Interpretation: Assessments may need to be updated prior to case reviews or decision-making, and when the family's circumstances change.

KC 2.03² Family members are engaged, as appropriate, in a comprehensive assessment to determine:

- a. the strength of kinship bonds;
- b. relationships between the child, the parents, and the caregivers;
- c. caregiver readiness, capacity, and commitment to provide care; and
- d. caregiver willingness and ability to facilitate an ongoing relationship with the parents.

Interpretation: Within the first 30 days of placement, the child also receives a diagnostic assessment to identify needs.

FC 3 Service Planning and Monitoring

Families participate in the development and ongoing review of service plans that are the basis for delivery of appropriate services and support.

FC 3.01 A service plan is developed with the full participation of the child, the family and the foster parents.

Interpretation: Generally children age six and older are to be included in service planning, unless there is clinical justification for not doing so.

Interpretation: Service planning is conducted so that family members retain as much personal responsibility and self-determination as possible and desired.

² This standard is intended to apply specifically to children in unlicensed relative care.

- FC 3.05** The service plan addresses, as appropriate:
- a. unmet service and support needs that impact safety, permanency and well-being;
 - b. maintaining and strengthening relationships; and
 - c. the need for culturally responsive services and the support of the family's informal social network.

*Braam Panel Interpretation:*³ *The health and education plan, which is developed for each child within 60 days of placement and updated every six months, will be integrated with this service plan.*

- FC 3.06** The service plan is developed in a timely manner and expedited service-planning is available when crisis or urgent need is identified.

FC 8 Services for Parents

Parents receive services that help them recognize and address the behaviors or conditions resulting in the child's placement in foster care, and develop strategies to facilitate permanency for the child.

- FC 8.02** Foster care workers maintain regular contact with the child's family to:
- a. keep the family informed and involved in decisions about the child; and
 - b. remain current about the family's circumstances.

Interpretation: Parents are encouraged to participate in health appointments, school activities, and other events and are involved in decision making whenever possible, unless it is contraindicated.

FC 9 Services for Children and Youth

Children and youth receive services that promote well-being.

- FC 9.02** The child receives needed counseling and support services, including services to help cope with separation and loss.

FC 10 Physical and Mental Health Care

Children receive all necessary health, dental, developmental, and mental health examinations and treatment within appropriate timeframes.

- FC 10.01** Health care services are coordinated for each child to ensure:
- a. continuity of care;
 - b. receipt of comprehensive healthcare services;
 - c. appropriate communication among health care providers; and
 - d. foster parents and families receive needed information and support.

Interpretation: When possible, children should continue receiving healthcare services from familiar providers, and a medical home should be established for each child with special health care needs.

- FC 10.02** The child's relevant health information, including family medical history, is recorded in an efficient and secure system and shared with providers and foster parents, as appropriate.

Interpretation: Medical passports and electronic medical records systems can be used to store and share health information. The agency should have mechanisms in place for cross-agency information sharing that respects confidentiality.

- FC 10.03** Qualified professionals provide the child with age-appropriate health services including:
- a. medical examinations according to well child guidelines;
 - b. dental examinations every 6 months;
 - c. developmental, mental health, and alcohol and drug screenings within 30 days after entry into care and when indicated to identify the need for further diagnostic assessment; and
 - d. needed therapeutic, and treatment services.

³ This interpretation has been added by the Braam Panel to address a critical area related to the settlement agreement that is not included in the COA 8th edition standards.

Interpretation: See Recommendations for Preventative Health Care published by the American Academy of Pediatrics.

Interpretation: When documentation of recent examinations is unavailable or incomplete, the agency must ensure that examinations are completed within 30 days after entry into care. Medical assessments include, as appropriate to the child's age and circumstances: lead exposure, TB testing, and HIV/STD risk assessment screening. Dental assessments should be provided for children over age 3.

KC 10.01⁴ Children receive comprehensive healthcare services, and the agency provides assistance to caregivers to ensure:

- a. the child has health insurance benefits;
- b. availability of the child's health records;
- c. authority to consent for health services is clearly documented;
- d. continuity of care; and
- e. effective communication of child's healthcare needs to providers and caregivers.

Interpretation: Caregivers should be provided with alternative health care options when insurance coverage is not available. Although agencies do not necessarily provide children and families with health insurance, they can take steps to promote access to coverage.

Interpretation: Whenever possible, a medical home should be established for each child with special health care needs. Children should continue receiving health care services from familiar providers.

⁴ This standard is intended to apply specifically to children in unlicensed relative care.

FOSTER PARENT TRAINING AND INFORMATION

KC 12 Caregiver Support

Support services help kin to provide care, access services for the child, and maintain family stability.

- KC 12.03**⁵ Caregivers receive help obtaining support services including:
- a. financial assistance;
 - b. legal services;
 - c. housing assistance;
 - d. food and clothing;
 - e. physical and mental health care;
 - f. homemaker services; and
 - g. respite care.

- KC 12.06** Caregivers receive assistance to obtain training on
- a. basic first aid, medication administration, and cardio-pulmonary resuscitation;
 - b. parenting and discipline techniques; and
 - c. child development.

FC 16 Recruitment and Retention of Foster Families

A sufficiently diverse group of foster families is recruited, prepared, and supported to meet the needs of the children in care, and their families.

- FC 16.03**⁶ The agency determines the appropriate amount of mandatory pre-service and in-service education necessary to ensure that foster parents understand:
- a. the agency's mission, philosophy, goals, and services;
 - b. the needs of abused and neglected children;
 - c. how to integrate the child into the family;
 - d. the importance of culture and ethnicity for children and their families;
 - e. the partnership role foster parents play in supporting the family;
 - f. how to assist with visitation;
 - g. sensitive and responsive practices to use with biological parents; and
 - h. the use of foster care as a temporary intervention.

Interpretation: The agency may consider the current experience, knowledge, and skills of each foster parent when determining the appropriate amount of training required. Relevant topics when working with parents may include: involving parents in decisions about their children's lives, encouraging visits, and maintaining the parent-child relationship.

*Braam Panel interpretation: Training should prepare foster parents to recognize and respond to child behaviors that jeopardize health and well-being.*⁷

- FC 16.04** Foster parents receive pre-service training on their rights and responsibilities including:
- a. specific duties of foster parents;
 - b. identification and reporting of abuse and neglect;
 - c. reimbursement for services and compensation for damages caused by children placed in the home;
 - d. notice of and participation in any review or hearing regarding the child;
 - e. complaint procedures; and
 - f. circumstances that will result in closing a home.

- FC 16.06** Foster parents sign a statement agreeing to refrain from the use of corporal and degrading punishment, and receive initial and ongoing training and support to promote positive behavior and use appropriate discipline techniques.

⁵ This standard is intended to apply specifically to children in unlicensed relative care.

⁶ This standard is intended only to apply to licensed placements, not to unlicensed relative care.

⁷ This interpretation has been added by the Braam Panel to address a critical area related to the settlement agreement that is addressed in a separate COA standard that was not selected for full inclusion.

FC 16.08 The organization provides opportunities for peer support among foster parents.

FC 16.10⁸ Each foster family receives an annual evaluation to identify areas of strength and concern, and a plan is developed to address needs for support or training.

Interpretation: An evaluation performed as part of the home recertification process may be used to demonstrate implementation of this standard, provided such evaluations are conducted annually.

FC 18 Personnel

Personnel are qualified and receive support to promote the safety and well-being of children, youth, and families, and facilitate permanency within established timeframes.

Interpretation: FC 18 refers to employees only. Foster parents are not to be considered personnel.

FC 18.02 Foster care workers have the competencies and support needed to:

- a. help children and families plan for and adjust to transitions;
- b. assess risk and protective factors and family strengths and needs;
- c. facilitate permanency and family connections;
- d. help parents improve their ability to care for their child;
- e. evaluate the continued need for placement;
- f. recruit, evaluate, and develop a collaborative relationship with foster parents; and
- g. help foster parents provide a safe, nurturing environment.

Interpretation: Competency can be demonstrated through education, training, or experience.

⁸ This standard is intended only to apply to licensed placements, not to unlicensed relative care.

UNSAFE AND INAPPROPRIATE PLACEMENTS

CPS 5 Investigation

Information is gathered in a timely and efficient manner to make a disposition and determine if additional services are needed to keep children safe.

CPS 5.01 Every child determined during screening to be in imminent danger is seen immediately, and in all other cases children are seen within a timeframe that ensures their safety.

Interpretation: In some cases, authority to make the initial in-person visit may be delegated to other professionals, such as law enforcement officials. When contact is delegated child protection personnel provide appropriate follow-up.

Interpretation: Generally, in all other cases an initial visit occurs within 72 hours. Timely visits following screening should take into account such key variables as: the agency's definition of imminent danger (how broad or narrow); the risk assessment used to determine type of services needed; how risk assessment information is used as a basis for setting timeframes; supervisory review and support for decision making and follow-up; percentage of children who receive an initial visit after 72 hours and after a period of time that exceeds any state requirement, and type of allegations for these children; and how the program conducts formal administrative or PQI reviews of repeat maltreatment cases, including overall safety and fatality data.

FC 2 Assessment

Families participate in an individualized, strengths-based, family-focused, culturally responsive assessment that informs service and permanency plan development.

FC 2.05 The assessment process is initiated through individual meetings:

- with the child within the first 72 hours of initial placement or any subsequent placements;
- with the child's parents within the first two weeks of placement; and
- with the foster parent within the first two weeks of placement.

Interpretation: The meeting with children in therapeutic foster care occurs on the day of placement, and the meeting with therapeutic foster parents occurs within 10 days of placement.

FC 6 Child Placement

Children are placed with foster families who can meet their needs for safety, permanency, stability, and well-being.

Interpretation: When another provider is responsible for the placement, the agency must ensure the standard is met. An organization that provides emergency placements must document efforts made to meet the standards given the emergency nature of the placement.

FC 6.02 A process that examines child and caregiver characteristics, strengths, needs, and resources is used to identify the most suitable, safe, and nurturing home for the child.

Interpretation: The agency uses all intake, screening, assessment, and prior placement information available at the time of placement to make the best possible match. At least one foster parent effectively communicates in the language of the child, and when such a placement is not possible, assistance is provided with translation and support while a more suitable family is identified.

FC 6.04 Indian children are placed according to the placement preferences specified in the Indian Child Welfare Act.

FC 1 Screening

The agency screens referrals promptly and responsively to identify needs efficiently.

FC 1.01 Prompt, responsive screening practices:

- ensure equitable treatment;
- examine the child's ability to participate in family and community life without danger to themselves or others;
- give priority to urgent needs and emergency situations; and

- d. support timely initiation of services.

Interpretation: Each child is screened to determine if they pose a risk to other children in the home or community, and, when risks are identified, the agency uses that information to inform screening decisions, identify a suitable foster family, and develop a safety plan with foster parents.

FC 1.02 Indian children are identified during screening and, when needed, families receive information regarding the Indian Child Welfare Act.

FC 12 Worker Contact and Monitoring

Foster care workers regularly visit with children, families and foster parents to develop positive relationships, and continuously monitor safety, well being, and progress towards achievement of service and permanency goals.

- FC 12.01** The family foster care worker meets separately with the child and the parents at least once a month to:
- a. assess safety and well-being;
 - b. monitor service delivery; and
 - c. support the achievement of permanency and other service plan goals.

Interpretation: Therapeutic foster care providers visit with the child at least twice a month.

- FC 12.02** The foster care worker regularly communicates with the foster parents and visits the home at least once a month to:
- a. share all relevant and legally permissible information concerning the child;
 - b. evaluate safety, needs, and well-being; and
 - c. monitor service delivery and achievement of service and permanency plan goals.

Interpretation: Therapeutic foster care providers visit with the foster parents at least twice a month.

Interpretation: The first visit with the foster parents should occur within the first two weeks of placement.

FC 17 Home Studies

The agency assesses prospective foster parents and their homes to ensure that children receive safe, sufficient, and appropriate care.

SIBLING SEPARATION

FC 7 Developing and Maintaining Connections

The agency promotes positive connections among the child, family members, friends, and the community.

- FC 7.01** Unless contraindicated, regular visits and ongoing contact occur between the child, parents, and siblings, and support is provided to help the child maintain positive relationships with:
- a. extended family;
 - b. individuals with whom the child had a prior relationship; and
 - c. members of the child's faith community or tribe.

Interpretation: Contact may be maintained through visits, phone calls, written correspondence, and shared activities. Contact with the child may be contraindicated due to legal requirements or court findings, for safety reasons, or when parental rights have been terminated. In some situations, contact can occur even when parents are in declining health or when rights have been terminated. The standard requires engagement of parents whenever possible.

- FC 7.03** A visitation plan is developed and updated in collaboration with parents, foster parents, and the child and is appropriate to:
- a. the child's age and developmental stage;
 - b. the parents' strengths and needs;
 - c. the schedules of foster parents and parents; and
 - d. the social and cultural context of the family; and
 - e. the status of the case and the permanency goal.

- FC 7.04** As appropriate to the status of the case and the purpose of visitation, the foster care worker, or designee:
- a. provides the child, siblings, foster parents, and parents with guidance and support before visits to help prepare for the visit, and after visits to help families learn from issues that arise during visits;
 - b. assesses relationships and parenting skills during visitation; and
 - c. documents events that occur.

FC 7.05 Agency policy prohibits cancellation of visits as a disciplinary action.

- KC 7.01** The agency helps parents to:
- a. understand and cope with separation and loss;
 - b. redefine relationship roles and boundaries;
 - c. visit and maintain contact with their child, except when contraindicated; and
 - d. resolve issues that prevent visitation or their involvement in the child's care.

KC 7.04 Sibling relationships are maintained through placement together or through communication, visits, and shared activities.

SERVICES TO ADOLESCENTS

YIL 6 Service Coordination for Youth with Special Needs

Youth with special needs receive additional services that are integrated into a coordinated, goal-oriented service plan designed to promote safe and stable living, and build independence.

Interpretation: "Youth with special needs" can include those with developmental disabilities and communication barriers, separated and unaccompanied minors, and immigrant and refugee youth.

YIL 7 Family, Community and Workplace Connections

Services effectively draw upon a full range of available family, school, workplace, neighborhood, and community resources that establish the young person as a primary resource for, and an active participant in, his or her development.

YIL 7.06 Youth receive help locating and/or enrolling in educational or vocational programs that are appropriate to their needs, interests and abilities, which can include:

- a. high school or GED programs;
- b. colleges or universities;
- c. vocational training programs; and
- d. special education services.

YIL 8 Preparation for Community Membership

Services promote age-appropriate community involvement and decision-making.

YIL 8.01 To facilitate access to all available services and active membership in the community, the agency:

- a. remains knowledgeable about local, regional, and state resources, including networking and leadership opportunities;
- b. educates the community about the assets and needs of individuals receiving support to attain self-sufficiency; and
- c. finds and creates opportunities for individuals to develop positive ties to the community based on mutual interests and abilities.

YIL 8.03 Counseling or mentoring, information, and institutional and business resources in the community are identified that can promote self-sufficiency, informed decision making, and readiness to assume responsibility for:

- a. activities of daily living;
- b. obtaining housing and household management;
- c. obtaining and keeping employment;
- d. budgeting, saving and investing;
- e. money management, including high costs associated with loans and buying on credit, and debt counseling;
- f. use of community resources;
- g. use of information about when and why public assistance is available;
- h. serving as a resource to the community; and
- i. effective interpersonal communication and conflict resolution.

YIL 9 Transition from the Service System

Youth are prepared for young adulthood with positive experiences and skills to move successfully to living and managing on their own.

YIL 9.01 The agency provides individuals transitioning to independence with six months minimum advance notice of the cessation of any health, financial, educational, or other benefits that will occur at transition or case closing.

YIL 9.02 The agency prepares youth for a successful transition by providing youth and collaborating providers:

- a. transfer or termination of custody information, as applicable;
- b. information about rights and services to which the person may have access as a result of a disability;
- c. information on availability of affordable community-based healthcare and counseling;
- d. court and welfare systems information;
- e. child care services information; and
- f. support through community volunteers or persons who have made a successful transition, as appropriate.

Interpretation: The agency provides client information in accordance with applicable legal requirements for obtaining consent to provide client information. Under the Individuals with Disabilities Act (IDEA), 20 U.S.C. § 1401 (30), the IEP team (school personnel and child's parents) for a child 14 and older can determine what transition services are needed to prepare for the future and adulthood. Services can exceed education and training to include independent living, community participation and integrated services.

TS 2 Training Content⁹

Personnel throughout the agency are trained to fulfill their job responsibilities.

- TS 2.07 Direct service personnel demonstrate competence in, or receive training on, advocacy, including how to:
- a. access financial and other community resources;
 - b. identify the impact of the socioeconomic environment on the service population; and
 - c. empower service recipients and their families to advocate on their own behalf.

Interpretation: Community resources can include personal advocates. Training and supervision define conditions under which a personal advocate is needed.

FC 9 Services for Children and Youth

Children and youth receive services that promote well-being.

- FC 9.04** The child receives support to achieve his or her full educational potential through:
- a. appropriate communication and collaboration between the foster care worker, educators, foster parents, and parents;
 - b. efforts to keep the child enrolled in familiar school or, if change is unavoidable, to enroll the child in the best educational setting available;
 - c. educational assessments and individualized education plans when needed;
 - d. early childhood care and development and early intervention services;
 - e. tutoring; and
 - f. advocacy.

Interpretation: Treatment foster care workers or foster parents work closely with the school to promote consistent application of treatment interventions and to monitor the child's progress.

- FC 9.05** Opportunities are provided for the child to:
- a. participate in ethnic, cultural, and religious activities and develop a sense of identity consistent with his/her cultural or native traditions;
 - b. experience social, cultural, and recreational activities characteristic of the foster parents' community;
 - c. participate in age-appropriate group activities to meet, support, and share positive experiences with peers; and
 - d. participate in age-appropriate after-school programs or independent living activities.

FC 10 Physical and Mental Health Care

Children receive all necessary health, dental, developmental and mental health examinations and treatment, within appropriate timeframes.

- FC 10.05** Prior to discharge, the child receives assistance to maintain or obtain:

⁹ This standard comes from COA's Service Delivery Administration Standards. All other standards come from COA's Service Standards.

- a. health insurance;
- b. health records;
- c. medical, dental, developmental, mental health, and substance use treatment services; and
- d. needed medication.

FC 12 Worker Contact and Monitoring

Foster care workers regularly visit with children, families and foster parents to develop positive relationships, and continuously monitor safety, well being, and progress towards achievement of service and permanency goals.

FC 12.05 The agency implements practices and protocols to prevent and respond to missing children and allegations of maltreatment in the foster home.

Interpretation: Missing children include children who run away, are abducted, or are otherwise unaccounted for. Protocols may be developed in collaboration with law enforcement, public agencies, and other community organizations.

FC 14 Case Closing

Case closing is a planned, orderly process.

FC 14.03 Upon case closing, the organization notifies any collaborating service providers, including the courts, as appropriate.

FC 15 Aftercare and Follow-Up

The agency works with youth living independently and reunified families to develop an aftercare plan that ensures an orderly transition, and follow-up occurs when possible and appropriate.

Interpretation: While the decision to develop an aftercare plan is based on the wishes of the service recipient, unless aftercare is mandated, the agency is expected to be strongly proactive with respect to aftercare planning.

FC 16 Recruitment and Retention of Foster Families

A sufficiently diverse group of foster families is recruited, prepared, and supported to meet the needs of the children in care and their families.

FC 16.07 Each foster family develops or uses the agency's protocols for responding to emergencies including accidents, run away behavior, serious illness, fire, and natural disasters.