

**DESIGN AND SPECIFICATIONS FOR
MENTAL HEALTH AND ADOLESCENT SERVICES**

JULY 15, 2005



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Braam Oversight Panel

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

The panel, made up of child welfare experts and advocates from across the nation, was created to monitor improvements in selected services and ensure quality standards are met over the next seven years. This independent panel, working in collaboration with DSHS and with substantial input from the Plaintiffs and other key stakeholders, is developing outcomes, benchmarks, and action steps in six areas affecting foster children.

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SECTION I: INTRODUCTION

Overview

The Braam Oversight Panel was created in 2004 to oversee a settlement agreement (Settlement) regarding Washington State's foster care system. The Settlement was reached after a six-year period of litigation. The parties to the Settlement include the Plaintiffs, who filed the lawsuit, and the State of Washington, respondents to the lawsuit. For the purposes of the Settlement, the State of Washington includes two organizational entities: the Department of Social and Health Services (the Department) and the Division of Children and Family Services (DCFS) within the Department. It is important to note that the Department also includes the Division of Mental Health (DMH), an organizational entity with a substantial role in the Settlement, especially regarding the Mental Health goals.

The final Settlement created an oversight panel (the "Panel") with "authority to establish Professional Standards, Outcomes, Benchmarks and Action Steps to improve the treatment of and conditions for children in the custody of DCFS and to monitor the Department's performance under this Agreement" (Settlement, page 1). The Settlement established goals in six areas:¹

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

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

The intent of the agreement, and the Panel's work, is found on the first page of the Settlement: "The parties enter into this Agreement with the recognition that both parties and their counsel have committed to enter into *specific, measurable, and enforceable* agreements with the goal of improving the conditions and treatment of children in the custody of the Division of Children and Family Services" (emphasis added).

Collaboration and Consultation

The Settlement has specific language governing the Panel's role in terms of collaboration and consultation with the parties to the agreement. On the one hand, the Panel is responsible for developing outcomes, benchmarks, and action steps for each of the six goal areas "in collaboration with the Department, and with substantial input from Plaintiffs, and other stakeholders as necessary" (Settlement, page 3). On the other hand, "in carrying out all of its general and specific duties, the Panel shall make independent decisions based on professional judgment and guided by knowledge of effective practice and an understanding of the public child welfare system in the State of Washington" (Settlement, page 3). The Panel believes that the statements regarding "in collaboration with and with substantial input from" and "independent decisions" provide a creative tension in its work. The Panel will exercise this creative tension by submitting its reports for review and comment by the parties and other stakeholders while reserving independent and final decision for the structure, content, and wording of the published reports.

Regarding the relationship with the public, the Settlement specifies that the Panel "will comply with the Open Public Meetings Act, the Public Disclosure Act and all applicable confidentiality statutes and regulations" (Settlement, page 5). All panel meetings are open to the public.²

Reports

Under the terms of the Settlement, the Panel has responsibility to issue two types of reports:

- **Design and specifications** reports that provide conceptual and operational framework for the Panel's monitoring work; and
- **Progress** reports that systematically measure progress toward the goals of the Settlement for each six-month period, including results of the Panel's efforts to "monitor compliance and make Findings with respect to the outcomes, benchmarks and actions steps" (Settlement, page 3).³

² Meeting schedules are available on the Braam Panel website: www.braampanel.org.

³ The Design and Specification reports are released simultaneously to the parties and the public. With Progress Reports, the parties will receive copies ahead of publication; their comments will be considered by the Panel prior to public distribution. Panel reports released for public distribution will be posted on the website; individuals and organizations can sign up here to receive email alerts when new material is posted.

Design and Specification Reports. The Settlement directs the Panel to produce its work regarding the six areas in two segments. This report concerns the Panel's first assignment for two goal areas: Mental Health and Services for Adolescents. The November 15, 2005, report will include Panel specifications in the remaining areas of Placement Stability, Foster Parent Training and Information, Unsafe/Inappropriate Placements, and Sibling Separation.

This report includes specifications for Mental Health and Services for Adolescents. It lists the associated action steps that are a part of the Settlement. Additional outcomes, action steps, and the benchmarks for achieving all action steps remain under discussion by the Panel. The Panel determined that there was insufficient data to set benchmarks by the July deadline and has requested an extension from the parties.⁴

A final design and specifications report, including professional standards, outcomes, and benchmarks for all six goals, together with a fully developed section on technical specifications for measurement, will be submitted for review and comment on November 15, 2005.

The Panel reserves the right to revise specifications for the topics of Mental Health and Services for Adolescents in its final design and specifications report. Since there is some overlap in the six areas, some specifications may be blended or simplified.

Progress Reports. The Panel will publish progress reports beginning in January 2006 and every six months thereafter. These reports will specify progress toward the goals of the Settlement at three levels: (1) the state as a whole, (2) by DCFS region, and (3) by DCFS office (where office size operations permits stable estimates of progress). This three-level reporting is intended to assist the Department in effecting progress at all administrative and practice levels.

The analysis of progress and compliance will also assess impacts on children from diverse racial and ethnic backgrounds. The Panel intends that conditions improve for all children in state care. In particular, the Panel will monitor the outcomes for African American and Native American children because of their disproportionate representation in the foster care system and the evidence that these children often have more negative outcomes.

Definitions

The following general definitions from the Settlement were used by the Panel in its work:

- **“Child” or “Children” in foster care** means children in the custody of DCFS.
- **Professional Standard** means a standard of practice for child welfare agencies that establishes clear expectations for the treatment of children in the foster care system. “Professional Standards” related to the areas in this Settlement will be established by the Panel after consideration of federal and state law and taking into account recommended standards of national organizations (e.g., the Child Welfare League of American, the Council on Accreditation, and the American Academy of Pediatrics)

⁴ The agreement allows extensions under specific circumstances.

that have set standards related to the care and treatment of children in the public child welfare system.

- **Outcome** means a specific and measurable result based on Professional Standards that (1) is expected to follow from the completion of certain action steps set forth in Kids Come First II⁵ in accordance with this Settlement, and (2) is a step toward achieving one or more of the goals identified in this Settlement.
- **Benchmark** is a measure for evaluating compliance with specific action steps identified in the Settlement or required by the Panel as identified in Section III of the Settlement, to be implemented or completed by specific dates or within specific time periods.
- **Action Steps** are actions that the Department will undertake to reach outcomes and benchmarks in the six areas that are the subject of this Settlement.
- **Plaintiff Class** means all children in the custody of DCFS who are now or in the future will be placed by DCFS in three or more placements and those children in the custody of DCFS who are at risk of three or more placements. The Panel interprets this definition to include all children in the custody of DCFS.
- **Division of Child and Family Services** (DCFS) is referenced in the Settlement as it identifies the field offices. Headquarters is referenced with the term “Children’s Administration.”

Effective Practice

The Settlement sets an overall goal—to “improve the conditions and treatment of children in the custody of DCFS”—and directs that the selected strategies are “guided by knowledge of effective practice.” We have selected the term “effective practice” as a means of integrating these directions and want to provide our definition for this term.

In the social work field, including child welfare, “practice” has a broad set of meanings that incorporate the theoretical goals of the field as well as activities and events designed to achieve those goals. Practice is a sufficiently broad term to encompass any number of events and approaches; often, modifiers are added to provide more distinctions, as in “typical practice, “innovative practice’ or “best practice(s).”

Recently, new terms have emerged in the public discourse regarding human services and programs. This category of terms distinguish services that have been found effective in achieving their goals using rigorous research designs. Various terms are used in this discourse, including research-based programs, evidence-based programs, evidence-based practice, and science-based practice. The definitions vary greatly. In Washington State, the legislature has emphasized the importance of using research-based evidence as a means of identifying programs that are cost-effective in terms of public dollars.

⁵ Kids Come First II is Washington State’s plan to reform its child welfare system. See http://www1.dshs.wa.gov/ca/about/imp_KCF2.asp.

The role of child welfare systems as legal guardian of children in foster care imposes significant responsibilities on state government. The Settlement covers the care, safety, and permanence of children in foster care. The Panel will rely on research literature in its decision-making whenever possible, thus using an “evidence-based” focus. For other areas of the Settlement, the primary reference point will be professional standards for care, a version of “best practice.”

SECTION II: GOALS, OUTCOMES, BENCHMARKS, AND ACTION STEPS

Overview

Each of the six areas in the Settlement are presented in order. As mentioned earlier, this report only includes specifications regarding the goals of Mental Health and Adolescent Services. Goals for these areas were specified in the Settlement, as were some action steps. The outcomes described in this report represent the specific and measurable results anticipated from the Department's actions. Benchmarks, which will be identified in a later report, will identify time frames for performance expectations.

In selecting outcomes, the Panel relied on a principle of simplicity. Panel members believe that a limited number of outcomes that are carefully linked to reliable measurement protocols will make it easier to establish results of the Settlement. Additionally, this approach is intended to give Department managers a clear focus for their reform strategies and to promote greater use of monitoring information by these individuals.

Finally, the technical specifications for measurement (e.g., sources of information to be used such as data bases) will be provided in the November report.

As mentioned earlier, some issues are under discussion by the Panel and decisions need to be reached in a public meeting. These items appear at the end of each goal area.

Placement Stability

Outcomes and Benchmarks to be completed for the November 15, 2005 report.

Mental Health

Outcomes

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

Outcome 1: 100 percent of the children in the custody of DCFS will have an initial health screening by a qualified medical professional within 72 hours of entering care.

Outcome 2: 100 percent of children who remain in care 30 days or longer shall have a documented CHET⁶ screening (including EPSDT⁷ well-child exam) within 30 days of entering care.

⁶ Child Health & Education Track, formerly known as Kidscreen.

⁷ Early and Periodic Screening, Diagnostic, and Treatment.

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

- Outcome 1: 100 percent of children will have, within 60 days of placement, a documented health plan in the ISSP that covers their physical health, mental health, and developmental needs.
- Outcome 2: 100 percent of children with special needs will have their ISSP updated every six months.

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

- Outcome 1: 100 percent of children identified by the CHET screening as needing a comprehensive mental health assessment will have this assessment within 60 days of the completion of the assessment.
- Outcome 2: 100 percent of children already in placement, who are identified by their caretaker, parent, social worker, self-referral, or through another valid screening mechanism as needing a comprehensive mental health assessment, will be referred and receive a comprehensive mental health assessment within 30 days of the referral.
- Outcome 3: 100 percent of children identified by a comprehensive mental health assessment as needing mental health services will receive mental health services from a qualified mental health provider within 30 days of completion of the assessment.
- Outcome 4: Any child in foster care referred for mental health services to a mental health services contractor/RSN will receive timely and appropriate assessments and services.
- Outcome 5: 100 percent of children identified as needing a comprehensive mental health assessment through the CHET screening, or another valid screening instrument, shall have their mental health needs reassessed regularly.
- Outcome 6: 100 percent of children, even those identified as not needing mental health services initially, shall be re-screened every 12 months.
- Outcome 7: 100 percent of children who experience a mental health crisis will receive emergency treatment.
- Outcome 8: 100 percent of foster parents will have access to expert assistance through a telephone line staffed 24 hours a day for crisis situations.

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

- Outcome 1: 100 percent of children with documented receipt of two or more mental health treatment events shall receive services from the same individual provider for each episode of mental health treatment (from admission to discharge), unless this is not in the child's best interest.
- Outcome 2: 100 percent of children shall receive mental health treatment from qualified mental health providers.

Outcomes Under Discussion by the Panel

- Outcome 1: Improved mental health services will improve conditions for children in DCFS custody from diverse racial and ethnic backgrounds. Outcomes will be achieved for African American and Native American children at the same degree as for all other children.
- Outcome 2: Birth parents, foster parents, extended family, and adoptive parents will participate in planning and decision making regarding mental health services for their children.
- Outcome 3: 100 percent of children under age three, who have not previously been referred to the Infant and Toddler Early Identification Program (ITEIP), will be referred within 60 days of entering care.

Action Steps in the Settlement

- Action Step 1: Improve availability and utilization of regional medical consultants.
- Action Step 2: Increase utilization of "No Wrong Door" multidisciplinary staffings to identify needs for family and connect to services and resources.⁸ (NOTE: The Department has changed focus from "No Wrong Door Staffings" to a multi-disciplinary staffing framework.)
- Action Step 3: In collaboration with community partners, utilizing Pre-Passport and Passport profiles or any successor model, identify regional service gaps and create plans to fill gaps through maximizing and developing local resources.
- Action Step 4: Implement newly developed agreements with each Regional Support Network.

⁸ The No Wrong Door Initiative is intended to improve service delivery to clients who receive more than one service from the Department.

Action Step 5: Foster children's mental health needs will be periodically re-assessed by a mental health professional, as indicated in their EPSDT or other relevant evaluation.

Action Step 6: The Department will develop a checklist for every court review which prompts the Court to seek information on whether the physical and mental health and education needs of dependent children are met.

Action Steps Under Discussion by the Panel

Action Step 1: The Department's procurement process for community-based mental health services will specifically identify assessment and service requirements for children in foster care that will accomplish the mental health goals in the Settlement.

Action Step 2: The Department's contracts for community-based mental health services will specify that failure to assess/serve a child in foster care will require documentation to the MHD, the Department's Children's Administration, and the Panel. This documentation will be reviewed by the Department to determine if the contract language needs clarification for the Settlement goals to be accomplished.

Action Step 3: When the community based mental health service provider fails to assess/serve a foster child, the provider and the Children's Administration will cause an immediate comprehensive staffing to be convened to address the presenting clinical issues.

Foster Parent Training and Information

Outcomes and Benchmarks to be completed for the November 15, 2005, report.

Unsafe/Inappropriate Placements

Outcomes and Benchmarks to be completed for the November 15, 2005, report.

Sibling Separation

Outcomes and Benchmarks to be completed for the November 15, 2005, report.

Services to Adolescents

Outcomes

Goal 1: Improve the quality and accessibility of services to adolescents in the custody of DCFS consistent with the allegations set forth in Section II, Paragraph 2.3 of the Plaintiff's Fifth Amended Complaint.⁹

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

Outcome 1: 100 percent of school age children will have a documented annual education review to determine their educational progress and whether they are at the age-appropriate grade or making substantial progress in that direction. A copy of the review will be included in the ISSP.

Outcome 2: 80 percent of children shall remain in the same school during the school year (excluding shelter care and reasons that support the child's best interest).

Outcome 3: The percentage of school age children suspended from school in an academic year will be reduced by 30 percent.

Outcome 4: The percentage of school age children referred to the court for truancy will be reduced by 30 percent.

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

Outcome 1: The percentage of unduplicated children with runaway status will be reduced by 20 percent.

Outcome 2: For children on runaway status, the number of days between date of runaway and date of return to care will be reduced by 20 percent, without increasing the detention rate of youth who have run away.

Outcome 3: 100 percent of children who run from care will have a documented staff interview within two days of return to care.

Action Steps in the Settlement

Action Step 1: Develop an integrated, re-designed service model for adolescents.

Action Step 2: Offer support services to foster youth until age 21.

⁹ The Plaintiff's Fifth Amended Complaint can be viewed at www.braampanel.org under "Settlement Info."

- Action Step 3: Propose statutory change to extend out-of-home care benefits to children through age 21.
- Action Step 4: Implement multi-disciplinary staffings for youth six months before exit. (Include birth family members, and give adolescents a voice in proceedings.)
- Action Step 5: Establish post-guardianship support program.
- Action Step 6: Develop and implement regional resource centers for post-adoption kinship and post-guardianship families.
- Action Step 7: Establish educational outreach position advocates to assist children in out-of-home care in meeting higher education goals.
- Action Step 8: Establish Youth Advisory Group.
- Action Step 9: Offer caregivers training on educational advocacy skills.
- Action Step 10: Develop and implement tutoring and mentoring services, in conjunction with existing community resources, to improve educational outcomes for adolescents in out-of-home care.
- Action Step 11: Review systemic data and literature on methods and supports to caregivers to decrease runaway behaviors in adolescents, and develop and implement strategies to decrease runaway behaviors.

Outcomes Under Discussion by the Panel

- Outcome 1: Enhanced services for adolescents will improve conditions for youth in DCFS custody from diverse racial and ethnic backgrounds. Outcomes will be achieved for African American and Native American youth at the same degree as for all other children.
- Outcome 2: 100 percent of adolescents will participate in planning and decision making regarding their own services and placements. Family members and other significant individuals identified by the adolescent will be invited to participate in this planning process.
- Outcome 3: 100 percent of adolescents will be placed in homes with fewer children than the current standard. A placement decision will consider the child's wishes as to location, connection to community and school, number of children in the home, and other significant factors.
- Outcome 4: 100 percent of school age children shall be enrolled in school within 72 hours of entering care except when a change in school supports the child's best interest.

- Outcome 5: 100 percent of school age children will have their school records requested by DCFS within 30 days of entering care. Alternative: change “requested” to “obtained.”
- Outcome 6: 100 percent of school age children will be at their age-appropriate educational level or make substantial progress toward that level.
- Outcome 7: 100 percent of children who are 13 or older shall have an Ansel Casey assessment.
- Outcome 8: 100 percent of children who are 16 or older shall have a written plan to assist their transition to independent living. The plan shall include at a minimum: formal independent living skills training, housing, medical care, and a relationship with a responsible adult.
- Outcome 9: 100 percent of youth who transition from custody to adulthood will receive ongoing support services, if desired by the youth.
- Outcome 10: 100 percent of children who run from care will be seen by a qualified health care professional within two days of their return to care.
- Outcome 11: The Department will achieve a 100 percent reduction in the recurrence of running behavior for children in foster care.
- Outcome 12: 100 percent of children who run from care will be the subject of a comprehensive staffing, including members of the extended family, no less than every two weeks while the child is missing.
- Outcome 13: 100 percent of children who run from care will have access to a toll-free “safe line” that will assist the youth in returning to care. This line will be operated by an independent youth advocacy organization with the authority to negotiate the terms of re-entry on behalf of the child.

Action Steps Under Consideration by the Panel

- Action Step 1: A centralized response system will be established in the Children’s Administration to monitor children missing from care and will report quarterly to the Panel and plaintiffs.

SECTION III: TECHNICAL SPECIFICATIONS FOR MEASUREMENT

This section is under development by the Panel for its November 15, 2005, report. The measurements that follow are examples of the types of data that will be collected and will be included in this section.

Mental Health

- Number of days from date of placement in out-of-home care to date of CHET screening (including EPSDT well-child exam), based on number of children with documented CHET screening.
- Number of days from date of placement in out-of-home care to documented physical and mental health plan in the ISSP, based on number of children remaining in care for 30 days or longer. 100 percent meeting standard 60 days or less.
- Number of days from date of placement in out-of-home care to date of documented comprehensive mental health assessment, based on number of children identified by the CHET screening as needing a comprehensive mental health assessment.
- Mean number of days from date of referral for a comprehensive mental health assessment to date of first documented receipt of mental health services.
- Percentage of children with documented receipt of mental health services, based on number of children identified by the comprehensive mental health assessment as needing mental health services.