

FCAP Foster Care Assessment Program

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INTRODUCTION

The Foster Care Assessment Program (FCAP) is a statewide program that provides comprehensive assessment and follow up services to children in out of home care who do not have permanent plans. FCAP services began on July 1, 1998 and have continued under annual contracts with the DSHS, Children's Administration.

FCAP is administered by Harborview Medical Center in collaboration with several community partners. Community partners who subcontract to provide FCAP services include Children's Home Society of Washington, Lutheran Community Services Northwest, Mary Bridge Children's Hospital, Brigid Collins Family Support Center, Community Youth Services, and Yakima Valley Farm Workers Clinic.

The evaluation is intended to:

1. Assess the physical and emotional health of children in foster care without a completed permanency plan; and
2. Identify and help resolve permanency planning barriers.

This is the tenth annual report as required under the program's contract with the Children's Administration. The report provides historical trends of child characteristics and presents data on child functioning and permanency outcomes.

PROGRAM DESIGN

The FCAP model provides an assessment of health, emotional and behavioral, and permanency needs to guide DCFS case planning, and up to six months of assistance to plan, facilitate and monitor services. Master's level clinicians complete the FCAP evaluations and provide the follow-up services. The evaluation process includes a health status review conducted by a pediatrician and a formal review of the evaluation results by a team consisting of a pediatrician, psychologist, and child psychiatrist and often includes other consultants. When problems are identified that require additional evaluation, FCAP arranges for specialized evaluations and incorporates the results into the planning process.

During the assessment phase, evaluators review DCFS records and conduct structured interviews with the DCFS social worker, the child, caregivers, teachers, biological parents, CASA/Guardian Ad Litem, and service providers. The interview with the child and the current caregiver is typically in person and usually takes place in the child's current home. The interview with birth parents usually takes place in person if the permanent plan is reunification. Evaluators also administer several standardized tests, such as the Child Behavior Checklist, Child Sexual Behavior Inventory, Trauma Symptom Checklist, the Child and Adolescent Functional Assessment Scale, the Vineland Adaptive and Behavioral Scales and the Parenting Stress Index.

A comprehensive services and permanency assessment report (SPAR) is written by the evaluator at the completion of the assessment. Services after the assessment include the organization and mobilization of key persons in the child's life to review the child's needs and initiate necessary actions to address permanency, treatment and health issues. FCAP evaluators can offer approximately 15 hours of their time to assist the DCFS Social Worker over a six-month period following the assessment.

Approximately six months after the FCAP assessment is completed, the case is closed with the re-assessment of the child's permanency status and the child's level of functioning using the Child and Adolescent Functional Assessment Scale, and the delivery of a termination report to DCFS.

REFERRAL CHARACTERISTICS

For this program year, July 1, 2008 through June 30, 2009, FCAP received 366 referrals from DCFS Social Workers. This information is based on the number of referrals that were received and entered into Harborview's centralized database. This number could be lower than the number of referrals actually made by DCFS because of delays in receiving the referral information from the FCAP evaluators throughout the state. The table below displays the number of referrals received by FCAP by region for all contract years.¹

Program Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Row Total
FY '99	38	12	31	67	33	23	204
FY '00	22	20	44	83	64	51	284
FY '01	31	24	67	111	70	67	370
FY '02	28	30	35	115	70	47	325
FY '03	21	35	37	95	72	34	294
FY '04	30	15	47	90	62	38	282
FY '05	28	21	52	86	52	50	289
FY '06	36	26	66	109	62	42	341
FY '07	38	23	49	97	65	48	320
FY '08	23	26	79	124	56	52	360
FY'09	12	28	80	114	74	58	366
Total	307	260	587	1091	680	510	3436

In response to the Children's Administration's commitment to offer services to all parts of the state including rural areas of the regions, FCAP agreed to provide services to these areas despite the fact that more hours of evaluator time would be required to account for travel time and coordination of interviews. Cases in which the evaluator must travel more than 50 miles one way to conduct a caseworker and/or child/caregiver interviews are called "long distance" cases. FCAP started tracking long distance cases in 2002.

¹ For contract years '00 and '99, the numbers are based on the date the referral was made by DCFS and not the date the referral was received by FCAP. FCAP did not start collecting the date referral was received by FCAP until contract year '01

The chart below shows the long distance referrals for the past eight contract years. As can be seen, in some regions long distance cases comprise a substantial proportion of all cases.

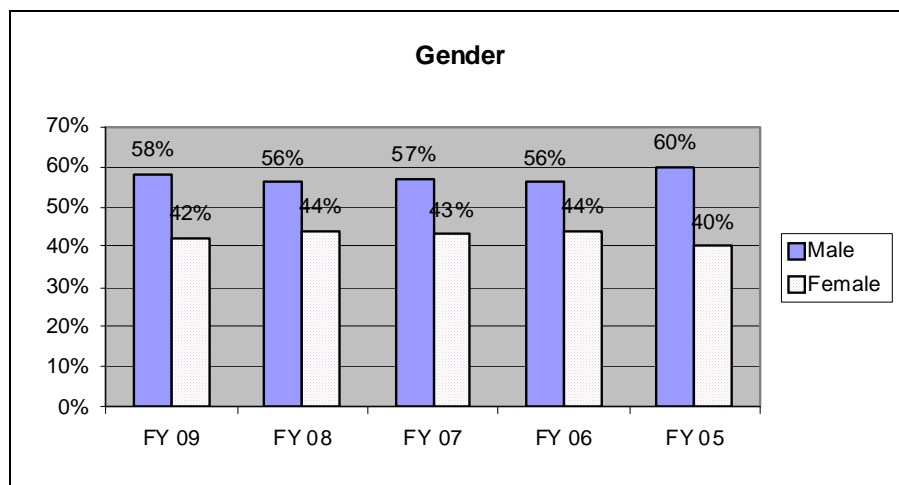
Program Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Row Total
FY '02	12	22	12	9	6	26	87
FY '03	7	16	4	4	2	19	52
FY '04	0	4	15	6	3	31	59
FY '05	4	7	26	1	3	28	69
FY '06	6	13	31	6	3	12	71
FY '07	3	6	27	5	3	37	81
FY '08	2	15	36	14	3	33	103
FY '09	3	10	32	3	10	42	100
Total	37	93	183	48	33	228	622

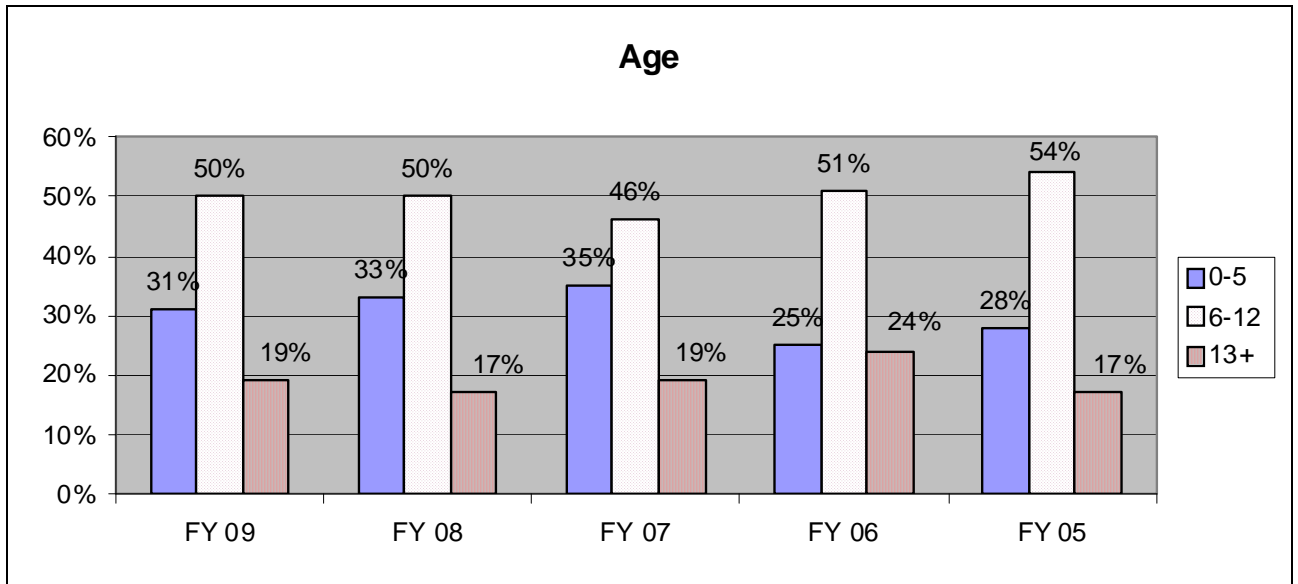
CASE CHARACTERISTICS

The information presented below is for cases referred this program year and is obtained from the FCAP Referral Forms that are completed by the DCFS Social Workers.

GENDER AND AGE

For the past several years the gender and age patterns of referred cases have remained stable.





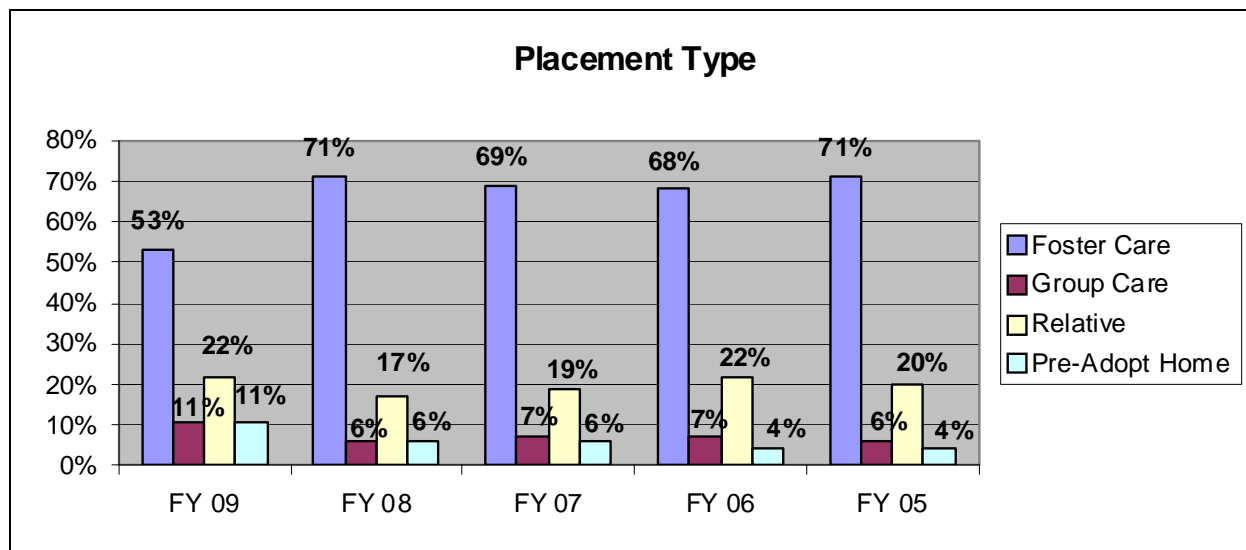
ETHNICITY

Over half (56%) of children/youth referred to FCAP are children of color.

Ethnicity						
Program Year	White	African American	Asian	Native American	Hispanic	Multirace
FY '09	44%	24%	3%	17%	9%	3%
FY '08	55%	14%	5%	14%	11%	<1%
FY '07	52%	21%	3%	10%	14%	<1%
FY '06	57%	21%	2%	11%	9%	<1%
FY '05	56%	22%	1%	9%	10%	2%
FY '04	66%	18%	2%	7%	4%	3%
FY '03	59%	19%	0%	9%	9%	3%
FY '02	64%	19%	1%	10%	6%	1%

PLACEMENT AND LEGAL STATUS¹

The majority of children (53%) referred to FCAP in PY '09 are placed in a foster home at the time of the referral. Significantly fewer children are placed in foster care than other types of placement, compared to previous years.



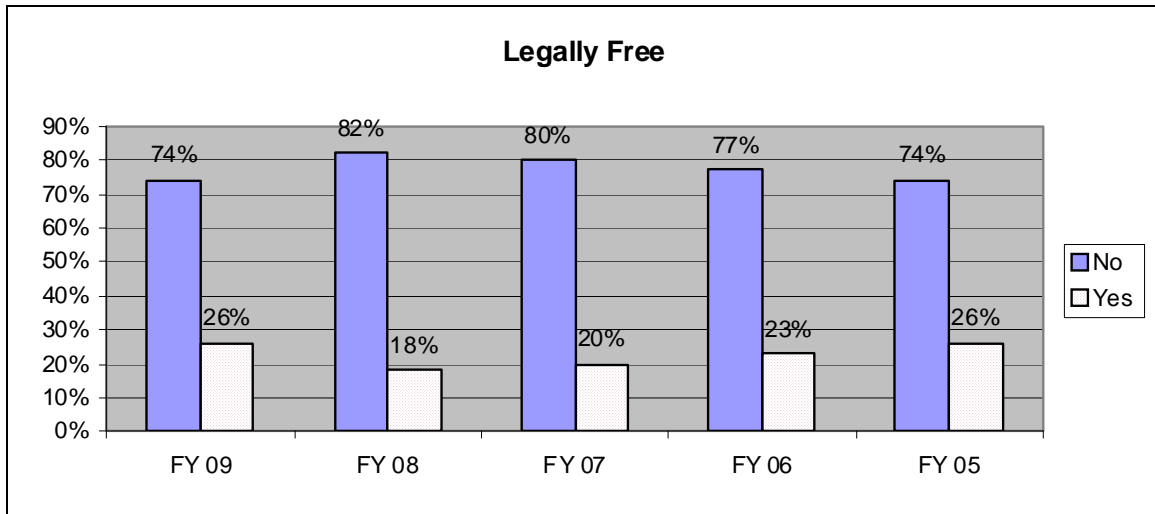
Placement Type by Age Category

Placement Type	0-5 year olds		6-12 year olds		13 +	
	This Year %	Previous Year %	This Year %	Previous Year %	This Year %	Previous Year %
Foster Care	59	67	48	73	50	70
Group Care	0	0	13	5	32	22
Relative	23	22	25	18	9	6
Pre-Adopt Home	13	11	11	4	<1	2

For all age groups, the percentage in pre-adoptive, relative care, and group homes increased while those in foster care decreased. This trend will be monitored in future years. (Note: totals do not add up to 100% by age group as 'other' and blank responses were not included in these numbers.)

The graph for legal status is on the following page. Children are legally free for adoption when the rights of both parents have been relinquished or terminated by the court. This year 26% of the children referred to FCAP were legally free compared to 18% last year. The number of legally free children referred to FCAP has been fairly consistent over the past five years. Note that on the graph 'No' is referring to children who are not legally free and 'Yes' is referring to children who are legally free.

¹ The percentages in this report have been rounded to the nearest whole number. Therefore, the sum may not always equal 100%.



NUMBER OF ASSESSMENTS

For this contract year, FCAP completed 335 Services and Permanency Assessment Reports (SPARs). Below are the numbers of assessments completed by region:

Program Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Row Total
FY '99	27	6	30	44	26	17	150
FY '00	20	13	25	57	52	28	195
FY '01	15	23	49	83	69	34	273
FY '02	29	28	42	107	82	51	339
FY '03	27	27	36	86	49	46	271
FY '04	25	22	41	101	66	32	287
FY '05	22	16	51	81	63	45	278
FY '06	30	29	58	112	73	33	335
FY '07	27	24	55	103	63	49	321
FY '08	19	22	61	105	59	49	315
FY '09	20	23	63	117	64	48	335
Total	261	233	511	996	666	432	3099

Below is a table that shows completed SPARs for long distance cases.

Program Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Row Total
FY '02	6	20	15	7	4	29	81
FY '03	12	13	5	4	4	33	71
FY '04	2	12	9	14	2	26	65
FY '05	5	7	29	2	6	22	71
FY '06	6	14	30	6	3	18	77
FY '07	4	8	31	3	4	36	86
FY '08	0	14	23	11	3	28	79
FY '09	4	7	30	8	9	34	92
Total	35	95	172	55	35	226	622

Beginning in PY 2007, FCAP instituted a new type of assessment focusing on the potential for children to reunite with their families. This type of assessment is called a Reunification Assessment. Of the 335 completed SPARs in PY 2009, 54 were identified as Reunification Assessments rather than Standard Assessments. The table below shows the number of Reunification Assessments completed for each region.

Program Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Row Total
FY '09	3	0	12	25	6	8	54

CHILD HEALTH

Pediatricians typically interview caregivers, review medical records, and participate in review team meetings where each assessment is staffed. The pediatricians record information on the Final SPAR about the assessed child's health history and status, their confirmed medical diagnoses, and unmet medical needs. This information is displayed in the tables below:

Health History and Status	This Year %	Previous Year %
Medical Records were adequate for review	88	79
Child received an EPSDT exam this past year	79	80
Child is on prescription medication	26	27
Child is on psychotropic medication	29	28

Confirmed Medical Diagnosis	This Year %	Previous Year %
Failure to thrive/short stature	4	5
Static encephalopathy/cerebral palsy	<1	1
Developmental Delay	23	17
FAS/ARND	4	3
ADHD	21	24
Asthma	16	13
Eczema	8	7
Enuresis (over 7 years of age)	9	8
Encopresis (over 4 years of age)	4	6
Chronic otitis/sinusitis (current)	1	2

Unmet Medical Needs	This Year %	Previous Year %
No unmet needs, well child care up to date	41	31
Minor unmet needs (i.e. needs immunizations)	25	24
Moderate unmet needs (i.e. needs review of asthma medication)	16	31
Significant unmet needs (i.e. current condition significantly impairs functioning)	10	13

Note: Approximately 8% of the time, medical records/information is inadequate, making the pediatrician unable to determine the child's unmet medical needs. These cases are not included in the table above.

CASEWORKER & CAREGIVER CHARACTERISTICS

FCAP Evaluators ask caregivers and DCFS caseworkers how long they have known the child and how well they know the child.

The amount of time that caseworkers reported that they knew the child (for cases with SPARS the past year) ranged from about 1 month to 12 years. About 37% of the caseworkers knew the child for six months or less.

Caseworkers reported the following for how well they know the child:

- 38% report knowing the child 'very' to 'extremely' well (v. 43% PY 2008);
- 37% report knowing the child 'moderately' well (v. 32% PY 2008); and
- 25% report knowing the child 'slightly' or 'not' well (v. 25% PY 2008).

The amount of time that caregivers reported that they have known the children with SPARS this past year ranged from about 1 month to 12 years. About 32% of the caregivers knew the child for less than a year.

Caregivers reported the following for how well they know the child:

- 90% report knowing the child 'very' to 'extremely' well (v. 81% PY 2008);
- 18% report knowing the child 'moderately' well (v. 16% PY 2008); and
- 6% report knowing the child 'slightly' or 'not' well (v. 3% PY 2008).

CHILD PROBLEMS

DCFS caseworker and caregiver interviews included questions about the presence of child problems. The table below presents the child problems that the caseworkers and caregivers reported during the interviews.

Child Problems	Caregivers % Yes		Caseworkers % Yes	
	This Year	Previous Year	This Year	Previous Year
Behavior/Emotional	42	66	50	46
FASD/Pre-natal drugs	13	23	21	22
Learning Problems	23	40	29	26
ADHD	24	36	30	27
Slow Learning	23	18	11	12
Speech	15	23	18	18
Developmental Delays	10	13	12	12
Sensory	11	14	11	9
Physical Disabilities	5	8	7	4
Medically Fragile	8	11	7	5
Autism	2	4	2	4
Schizophrenia	0	0	0	0

PERMANENCY STATUS

Permanency Status at Referral

Evaluators are asked at case referral to state what the primary permanent plan is, if a permanent family is identified, and if so, is the child living with the permanent family. This information is based on DCFS records, FCAP permanency status instruments, and caseworker interviews for cases that terminated during PY 2009.

Permanent Plan	% This Year	% Previous Year
Adoption	51	51
Guardianship	7	13
Long-term Foster Care	3	5
3 rd Party Custody	3	2
Reunification	34	29

Permanent Family	% This Year	% Previous Year
Identified Permanent Family	68	64
Living With Identified Family	37	59

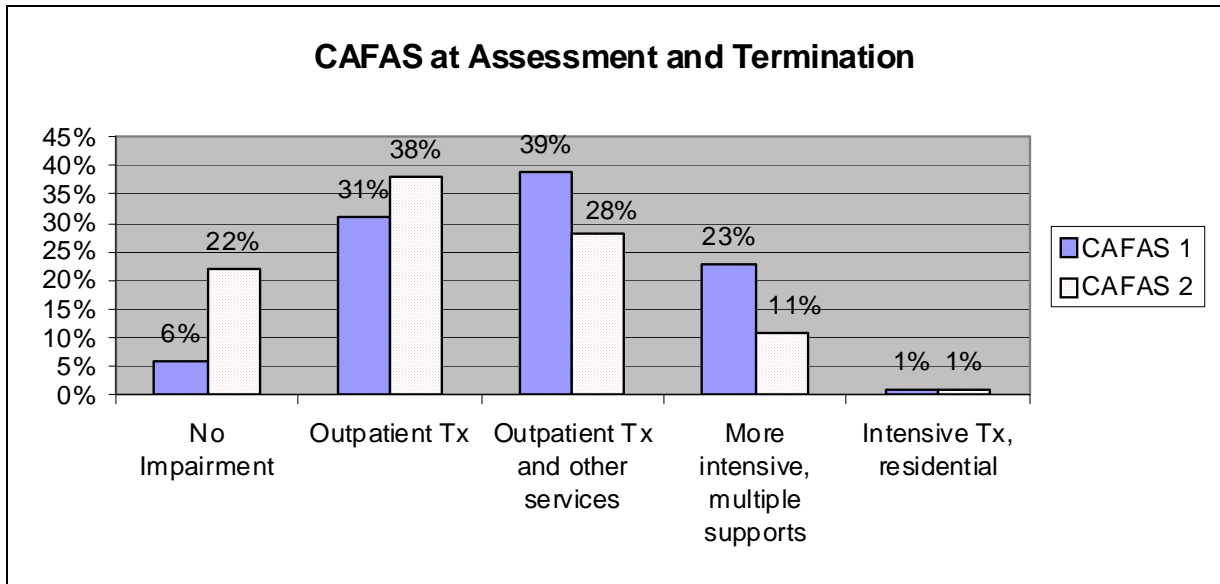
FUNCTIONING & PERMANENCY OUTCOMES

This information is based on Program Year 2009 (n=135) cases that had a completed CAFAS at assessment and termination and a Permanency Status Form completed at referral and at termination.

Changes in Child Functioning

CAFAS Impairment Levels	N	%
Positive change by 2 or more levels	13	10
Positive change by 1 level	55	41
No change	63	47
Negative change by 1 level	4	3

Over two thirds (68%) of cases terminated during PY 2009 showed improvement in their functional status; less than 4% of cases were more impaired functionally. Given that FCAP is primarily an assessment (rather than treatment) program, this is a considerable outcome.



Following six months of FCAP follow-up services, across all impairment categories, fewer children were in the highest levels of impairment categories and more were in the less impaired groups.

Changes in Permanency Status

- 68% of children had a permanent family identified at referral.
- 68% of children had a permanent family identified at termination.
- Of those with an identified permanent family at termination, 78% were living with them.

PROGRAM EVALUATION

Assessment and Termination Satisfaction Surveys

FCAP utilizes a brief 5-item satisfaction survey completed by the referring DCFS caseworker once the FCAP Evaluator's assessment report is completed. FCAP Evaluators provide a copy of the survey to the referring DCFS social worker with the completed assessment report. To improve the response rate, Harborview makes additional requests by email if a completed survey is not received.

An analysis of completed surveys for all contract years (n = 1,328) shows the following results:

- 95% found the FCAP final assessment report useful
- 91% agreed that FCAP services provided additional assessment/evaluation information that was helpful in meeting the child's health, educational or mental health needs
- 85% agreed that FCAP services provided additional assessment/evaluation information that assisted in identifying or making a decision about a permanent family
- 87% agreed that FCAP services provided additional assessment/evaluation information that assisted in identifying and establishing a permanent plan
- 94% were satisfied with the services they received from the FCAP Evaluator
- 96% agreed that the amount of time they devoted to their case because of FCAP involvement was worth the result

Seven years ago, FCAP implemented a termination satisfaction survey to be completed by either the referring DCFS caseworker or the most involved DCFS caseworker with FCAP services. The survey asks DCFS caseworkers to compare case issues at the time of referral and at the end of the 6 months of follow up services. FCAP Evaluators provide a copy of the termination survey to the DCFS caseworker at case termination following the 6 months of follow-up services. Harborview also makes additional requests by email if a completed survey is not received.

For the years that this instrument has been used, FCAP has 549 survey responses. Results include:

- 56% thought that the match between the child's placement and needs was better after follow up and 40% thought it was unchanged
- 68% thought that the match between the child's treatment services and needs was better after follow up and 30% thought it was unchanged
- 54% thought that the stability of the child's placement was better after follow up services and 36% thought it was unchanged
- 66% thought that the caregiver's understanding of the child's needs was better after follow up and 28% thought it was unchanged
- 60% thought that the caregiver's skills in managing the child's behaviors was better after follow up and 32% thought it was unchanged
- 47% thought that the caregiver's relationship with DCFS was better after follow up and 53% thought it was unchanged