FCAP
Foster Care
Assessment Program

ANNUAL REPORT: AUGUST 2010

Prepared in Compliance with DCFS
Contract #9865-24152

Report written by: Rima Ellard, MSW
FCAP Program Manager
HCSATS

Lucy Berliner, MSW
FCAP Director
HCSATS

Contributions by: Diane Klindt
FCAP Program Assistant
HCSATS

Foster Care Assessment Program
325 9th Ave.
Seattle, WA 98122
206-744-1600
206-744-1615 fax

rellard@u.washington.edu
lucyb@u.washington.edu

FCAP website: www.fcaponline.org

TABLE OF CONTENTS

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 eleventh 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, educational, 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, 2009 through June 30, 2010, FCAP received 389 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
FY '10	27	12	94	124	79	53	389
Total	**334**	**272**	**681**	**1215**	**759**	**563**	**3824**

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.

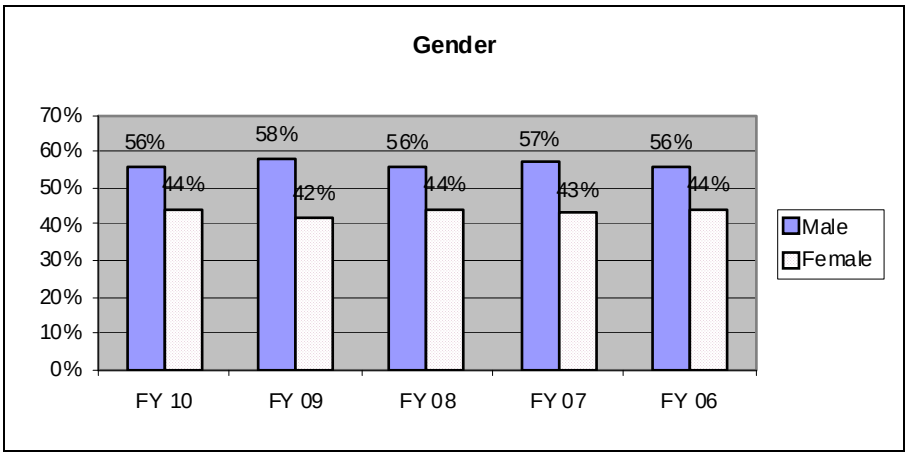
Program Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Row Total
FY '02	12	22	12	9	6	26	87
FY '03	7	16	4	4	2	19	52
FY '04	0	4	15	6	3	31	59
FY '05	4	7	26	1	3	28	69
FY '06	6	13	31	6	3	12	71
FY '07	3	6	27	5	3	37	81
FY '08	2	15	36	14	3	33	103
FY '09	3	10	32	3	10	42	100
FY '10	8	5	38	5	3	40	99
Total	**45**	**98**	**221**	**53**	**36**	**268**	**721**

CASE CHARACTERISTICS

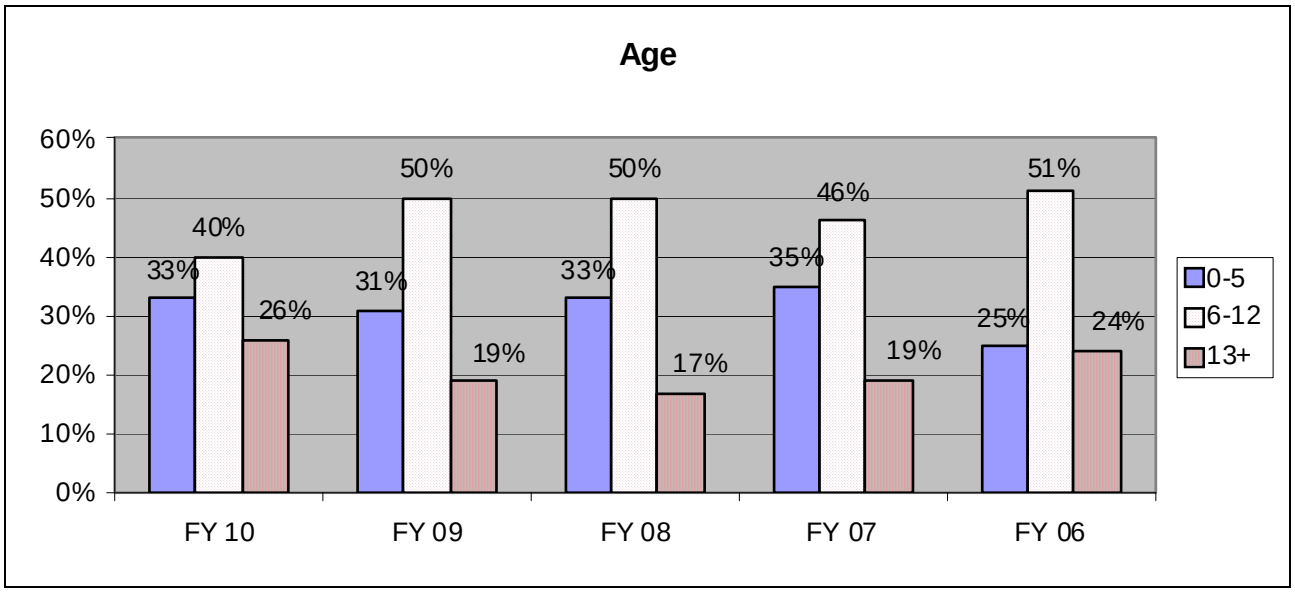
The information presented below is for cases referred this program year and is obtained from the FCAP Referral Forms that are completed by the DCFS Social Workers.

GENDER AND AGE

For the past several years the gender pattern of referred cases has remained stable.



This year, the program has assessed more adolescents and fewer children in the 6-12 year old age range.



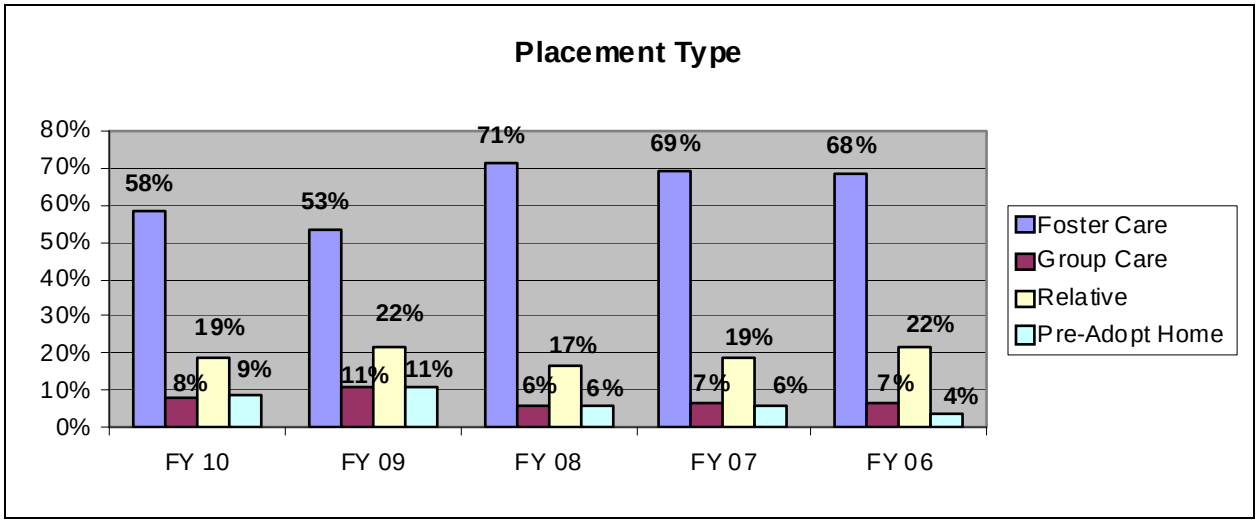
ETHNICITY

Over half (52%) of children/youth referred to FCAP are children of color.

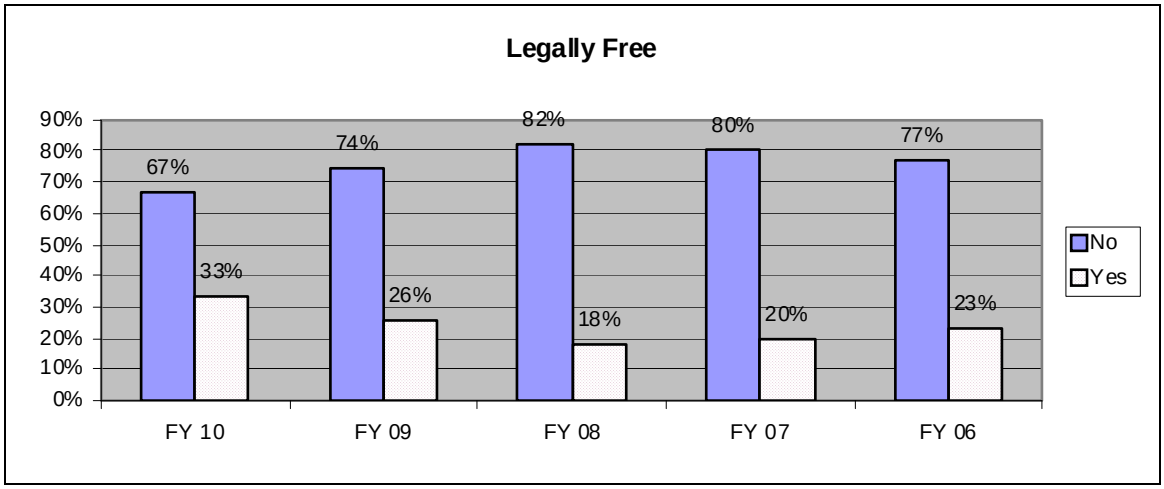
Ethnicity						
Program Year	**White**	**African American**	**Asian**	**Native American**	**Hispanic**	**Multirace**
FY '10	48%	21%	4%	18%	9%	1%
FY '09	44%	24%	3%	17%	9%	3%
FY '08	55%	14%	5%	14%	11%	<1%
FY '07	52%	21%	3%	10%	14%	<1%
FY '06	57%	21%	2%	11%	9%	<1%
FY '05	56%	22%	1%	9%	10%	2%
FY '04	66%	18%	2%	7%	4%	3%
FY '03	59%	19%	0%	9%	9%	3%
FY '02	64%	19%	1%	10%	6%	1%

PLACEMENT AND LEGAL STATUS[1]

The majority of children (58%) referred to FCAP in FY '10 are placed in a foster home at the time of the referral. According to referral forms, 7% of children are placed in other types of placement (not listed on this graph) which may include in-home dependency, juvenile detention, or a non-licensed home.



Children are legally free for adoption when the rights of both parents have been relinquished or terminated by the court. This year 33% of the children referred to FCAP were legally free compared to 26% last year. The number of legally free children referred to FCAP has risen over the past few 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 360 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
FY '10	21	17	96	106	74	46	360
Total	**282**	**250**	**607**	**1102**	**740**	**478**	**3459**

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
FY '10	5	9	43	3	4	34	98
Total	**44**	**104**	**215**	**58**	**39**	**260**	**720**

Beginning in late 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. FCAP began tracking the number of completed Reunification assessments in PY 2009. Of the 360 completed SPARs in PY 2010, 78 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
FY '10	0	1	17	26	28	6	78

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	88
Child received an EPSDT exam this past year	76	79
Child is on prescription medication	28	26
Child is on psychotropic medication	34	29

Confirmed Medical Diagnosis	This Year %	Previous Year %
Failure to thrive/short stature	5	4
Static encephalopathy/cerebral palsy	<1	<1
Developmental Delay	22	23
FAS/ARND	2	4
ADHD	22	21
Asthma	16	16
Eczema	9	8
Enuresis (over 7 years of age)	7	9
Encopresis (over 4 years of age)	6	4
Chronic otitis/sinusitis (current)	2	1

Unmet Medical Needs	This Year %	Previous Year %
No unmet needs, well child care up to date	42	41
Minor unmet needs (i.e. needs immunizations)	18	25
Moderate unmet needs (i.e. needs review of asthma medication)	16	16
Significant unmet needs (i.e. current condition significantly impairs functioning)	10	10

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 5 years. About 41% of the caseworkers knew the child for six months or less.

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

- 26% report knowing the child 'very' to 'extremely' well (v. 38% PY 2009);
- 42% report knowing the child 'moderately' well (v. 37% PY 2009); and
- 32% report knowing the child 'slightly' or 'not' well (v. 25% PY 2009).

The amount of time that caregivers reported that they have known the children with SPARS this past year ranged from about 1 month to 16 years. About 31% of the caregivers knew the child for less than a year.

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

- 78% report knowing the child 'very' to 'extremely' well (v. 90% PY 2009);
- 19% report knowing the child 'moderately' well (v. 18% PY 2009); and
- 4% report knowing the child 'slightly' or 'not' well (v. 6% PY 2009).

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	48	42	54	50
Pre-natal Alcohol	13	13	19	21
Learning Problems	24	23	24	29
ADHD	30	24	30	30
Speech/Language	19	15	19	18
Developmental Delays	11	10	14	12
Hearing/Vision	10	11	11	11
Physical Disabilities	7	5	6	7
Medically Fragile	6	8	10	7
Autism	3	2	3	2
Schizophrenia	<1	0	<1	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 2010.

Permanent Plan	% This Year	% Previous Year
Adoption	63	51
Guardianship	4	7
Long-term Foster Care	3	3
3rd Party Custody	3	3
Reunification	27	34

Permanent Family	% This Year	% Previous Year
Identified Permanent Family	64	68
Living With Identified Family	61	56

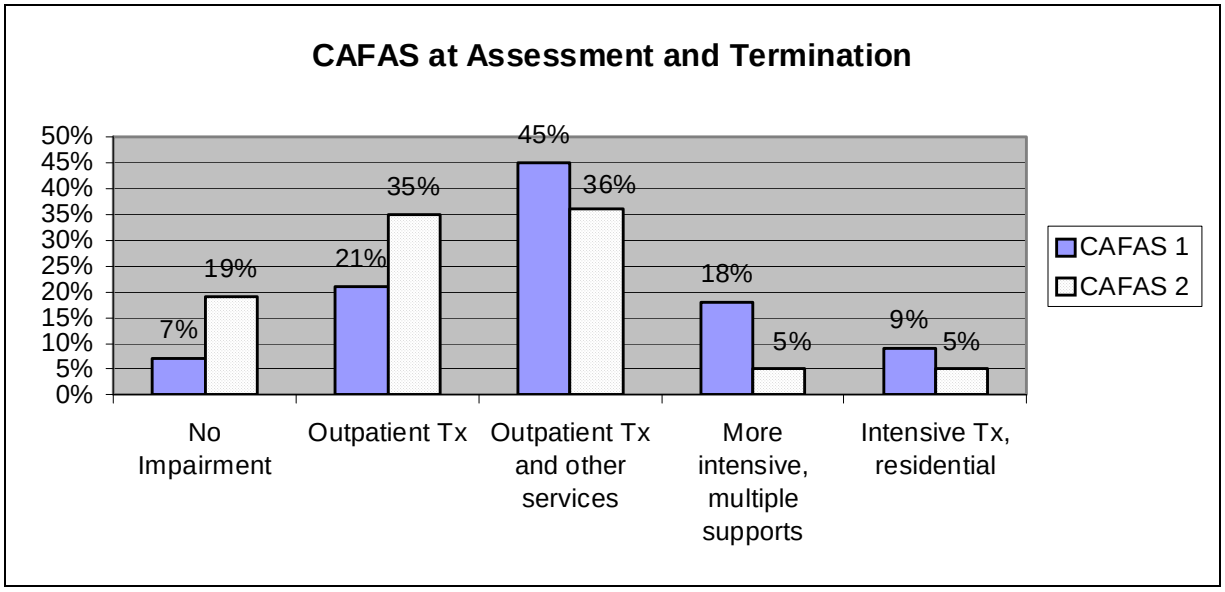
FUNCTIONING & PERMANENCY OUTCOMES

This information is based on Program Year 2010 (n=170) 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	14	8
Positive change by 1 level	76	45
No change	72	42
Negative change by 1 level	8	5

Over one half (53%) of cases terminated during PY 2010 showed improvement in their functional status; only 5% 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

- 64% of children had a permanent family identified at referral.
- 76% of children had a permanent family identified at termination.
- Of those with an identified permanent family at termination, 81% 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.

An analysis of completed surveys for all contract years (n = 1,428) shows the following results:

- 95% found the FCAP final assessment report useful
- 92% agreed that FCAP services provided additional assessment/evaluation information that was helpful in meeting the child's health, educational or mental health needs
- 83% agreed that FCAP services provided additional assessment/evaluation information that assisted in identifying or making a decision about a permanent family
- 84% 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
- 92% agreed that the amount of time they devoted to their case because of FCAP involvement was worth the result

Eight 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.
For the years that this instrument has been used, FCAP has 635 survey responses. Results include:

- 51% thought that the match between the child's placement and needs was better after follow up and 39% thought it was unchanged
- 66% thought that the match between the child's treatment services and needs was better after follow up and 28% thought it was unchanged
- 54% thought that the stability of the child's placement was better after follow up services and 35% thought is was unchanged
- 64% thought that the caregiver's understanding of the child's needs was better after follow up and 28% thought it was unchanged
- 58% thought that the caregiver's skills in managing the child's behaviors was better after follow up and 33% thought it was unchanged
- 45% thought that the caregiver's relationship with DCFS was better after follow up and 45% thought it was unchanged

Beginning in March 2010, FCAP began using an online Catalyst survey to track CA social worker satisfaction with the assessment and follow-up services. The data above includes all paper satisfaction surveys returned to FCAP prior to April 2010. The intention of the change in survey format was to increase ease of completion and decrease costs associated with postage and paper. Unfortunately, the response rate from March through June 2010 with the online survey has been low. FCAP will be working with the Children's Administration to ensure that CA social workers are aware of the importance of their feedback.

PROGRAM CHANGES

In addition to the satisfaction survey change described above, there will be a few additional program changes for FY '11. These changes are related to a decrease in funds for the upcoming contract as well as best practice and an increased use of available technology.

Our funding for specialized assessments is decreased by half for the coming fiscal year. Over the years, we have realized that the use of psychological evaluations is not always benign. (The majority of these funds have been used for psychological evaluations, rather than psychiatric or other types of evaluations.) At times, additional information and testing simply produce a longer list of diagnoses and recommended services. These types of evaluations do not necessarily move a case forward, but may actually slow it down. Furthermore, service recommendations are frequently incompatible with evidence based service planning. When psychological testing is truly indicated, evaluations can sometimes be obtained through medical coupons at major medical institutions or through educational testing via the child's school district. Despite the long waits, these evaluations are often of higher quality. This program change will necessitate that evaluators become better consumers when identifying further evaluation for FCAP cases.

Beginning in the new fiscal year, FCAP pediatricians will no longer provide a records review and medical summary for every case. Rather, only medically complex cases which meet the criteria for a comprehensive medical review will obtain a written medical summary. In past years, only 10% of cases were identified by the program pediatricians as having a medical condition which severely impacted functioning. The local consulting pediatricians will continue to be part of the Review Team and will continue to review all cases in this capacity. For cases where a comprehensive medical review is indicated, one of the Harborview pediatricians will provide a medical summary.

Efforts are underway to begin collecting data remotely via the use of touch screen notebook computers. It is expected that FCAP evaluators will be able to administer standardized checklists to caregivers and children/youth via touch screen. This will enable easy completion of the forms by our clients. For caregivers who prefer the current pencil and paper approach, this will remain an option. For computer completed forms, the data will be entered directly into the database, and the results will be available immediately. Furthermore, interview forms will be able to be completed online with data sent directly to the database. Both of these changes will save considerable administrative time and therefore, decrease administrative costs.

In the coming fiscal year, an increased emphasis will be to obtain the target number of referrals from all offices and regions. FCAP has regularly met the statewide target number of referrals for several years, but this has often required extensive travel by evaluators. This past year, FCAP evaluators completed 98 long distance assessments. The contract identifies completion of 30-50 long distance cases. Given travel costs and extensive travel time, FCAP will plan to meet (rather than exceed) the number of long distance cases identified in the contract. It is expected that Children's Administration will support the program in not exceeding this target number by mandating referrals from under-referring regions and offices.