

FCAP Foster Care Assessment Program

ANNUAL REPORT: JULY 2014



Prepared in Compliance with DCFS
Contract #9865-24152

Report written by: Rima Ellard, MSW

FCAP Program Manager
HCSATS

Lucy Berliner, MSW
FCAP Director
HCSATS

Diane Klindt
FCAP Program Coordinator
HCSATS

Foster Care Assessment Program
325 9th Ave. MS 359947
Seattle, WA 98104
206-744-1600
206-744-1615 fax

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

FCAP website: www.fcaponline.org

TABLE OF CONTENTS

INTRODUCTION.....	1
PROGRAM DESIGN.....	1
REFERRAL CHARACTERISTICS.....	2
CASE CHARACTERISTICS.....	3
Gender and Age.....	3
Ethnicity.....	4
Placement and Legal Status.....	5
NUMBER OF ASSESSMENTS.....	6
CHILD MEDICAL REVIEWS.....	7
CHILD CHARACTERISTICS.....	7
ABUSE/NEGLECT HISTORY.....	8
PERMANENCY STATUS.....	8
FUNCTIONING & PERMANENCY OUTCOMES.....	9
PROGRAM EVALUATION.....	10

INTRODUCTION

The Foster Care Assessment Program (FCAP) is a statewide program that provides comprehensive assessment and follow up services to dependent children who do not have completed 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 subcontracted to provide FCAP services this past fiscal year include Children's Home Society of Washington, Lutheran Community Services Northwest, Brigid Collins Family Support Center, Community Youth Services, and Yakima Valley Farm Workers Clinic.

FCAP evaluations are 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 fifteenth 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.

During the assessment phase, evaluators review DCFS records and conduct structured interviews with the DCFS social worker, the child, caregivers, teachers, tribal social service staff, 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 instruments, such as the Strengths and Difficulties Questionnaire, Pediatric Symptoms Checklist, Child Sexual Behavior Inventory, Trauma Symptom Checklist for Young Children, Trauma Symptom Checklist for Children, 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, 2013 through June 30, 2014, FCAP received 326 referrals from DCFS Social Workers. This information is based on the number of referrals that were received and entered into Harborview's centralized database. The table below displays the number of referrals received by FCAP by region for all contract years.¹

Program Year	Region 1N	Region 1S	Region 2N	Region 2S	Region 3N	Region 3S	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
FY '11	19	24	66	66	59	46	280
FY '12	23	15	57	68	59	43	265
FY '13	34	22	58	110	51	30	305
FY '14	21	16	79	112	59	39	326
Total	431	349	941	1571	987	721	5,000

In response to the Children's Administration's commitment to offer services to all parts of the state including rural areas, FCAP provides services to these areas. Cases in which the evaluator must travel more than 50 miles one way to conduct a caseworker and/or child/caregiver interview are called "long distance" cases. FCAP started tracking long distance cases in 2002. The program is contracted to accept 30-50 long distance cases per year. The chart below shows the long distance referrals for the past twelve contract years. As can be seen, in some regions long distance cases comprise a substantial proportion of all cases.

Program Year	Region 1N	Region 1S	Region 2N	Region 2S	Region 3N	Region 3S	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

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

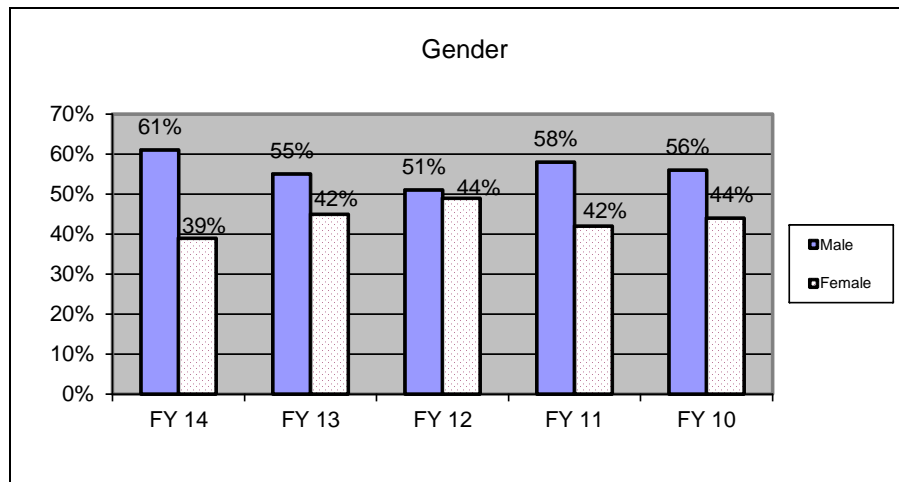
FY '10	8	5	38	5	3	40	99
FY '11	8	8	25	9	8	17	75
FY '12	18	5	17	13	23	28	104
FY '13	24	11	16	20	23	19	113
FY '14	11	6	26	29	27	20	119
Total	106	128	305	124	117	352	1,132

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.

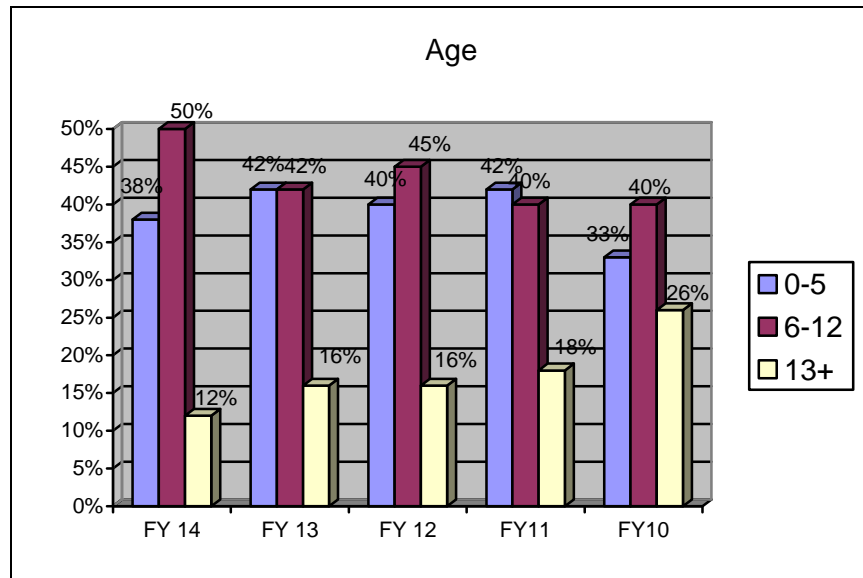
GENDER AND AGE

For this contract year, males made up 61% of referrals and females only 39%. ²



Referrals for children ages six to twelve is higher than previous years.

² The percentages in this report have been rounded to the nearest whole number. Therefore, the sum may not always equal 100%.



ETHNICITY

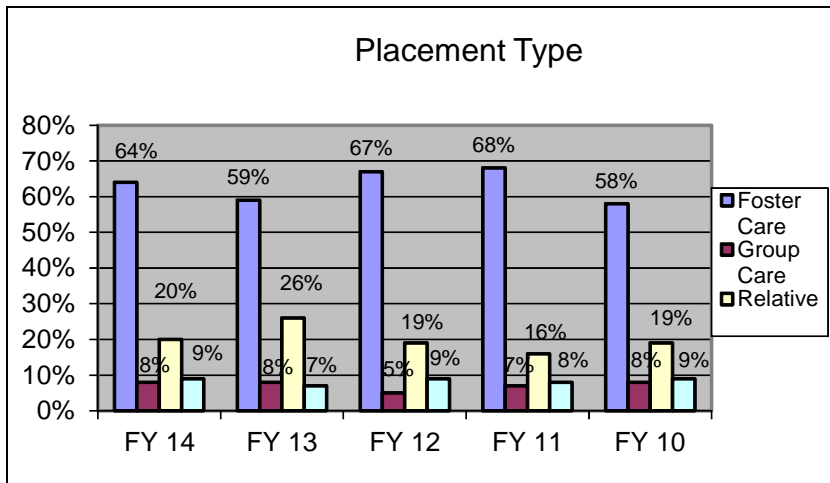
Over half (54%) of children/youth referred to FCAP are children of color.

Ethnicity						
Program Year	White	African American	Asian	Native American	Hispanic	Other
FY '02	64%	19%	1%	10%	6%	1%
FY '03	59%	19%	0%	9%	9%	3%
FY '04	66%	18%	2%	7%	4%	3%
FY '05	56%	22%	1%	9%	10%	2%
FY '06	57%	21%	2%	11%	9%	<1%
FY '07	52%	21%	3%	10%	14%	<1%
FY '08	55%	14%	5%	14%	11%	<1%
FY '09	44%	24%	3%	17%	9%	3%
FY '10	48%	21%	4%	18%	9%	1%
FY '11	46%	24%	3%	19%	7%	1%
FY '12	47%	12%	2%	11%	7%	17% ³
FY '13	53%	18%	4%	11%	13%	<1%
FY '14	46%	24%	2%	11%	15%	2%

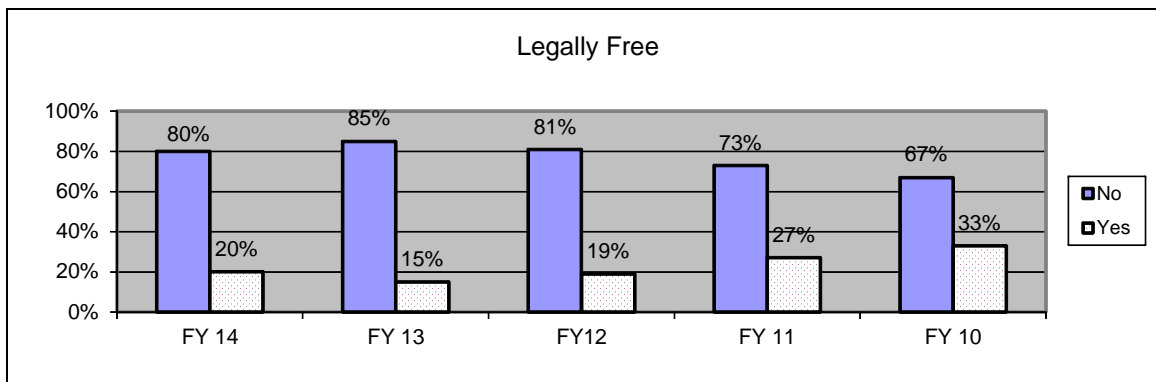
PLACEMENT AND LEGAL STATUS

³ FCAP does not customarily use the category 'multi-racial.' However, for FY 2012, it was a database option when identifying race, so all children/youth identified by their FCAP evaluator as multi-racial are counted in the 'other' category.

The majority of children (64%) referred to FCAP in FY '14 are placed in a foster home at the time of the referral. According to referral forms, 9% of children are placed in other types of placement which may include in-home dependency or a non-licensed/non-relative home.



Children are legally free for adoption when the rights of both parents have been relinquished or terminated by the court. This year 20% of the children referred to FCAP were legally free compared to 15% last year. 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.



NUMBER OF ASSESSMENTS

For this contract year, FCAP completed 310 Services and Permanency Assessment Reports (SPARs). Below are the numbers of assessments completed by region:

Program Year	Region 1N	Region 1S	Region 2N	Region 2S	Region 3N	Region 3S	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
FY '11	18	15	51	70	47	51	252
FY '12	24	16	53	57	48	41	239
FY '13	25	20	44	92	48	31	260
FY '14	22	18	72	113	55	30	310
Total	371	319	827	1,434	938	631	4,520

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

Program Year	Region 1N	Region 1S	Region 2N	Region 2S	Region 3N	Region 3S	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
FY '11	9	7	16	13	6	26	77
FY '12	16	5	23	5	21	22	92
FY '13	18	10	12	18	20	18	96
FY '14	12	7	22	24	30	16	111
Total	99	133	288	118	116	342	1096

Beginning in late FY 2007, FCAP began conducting Reunification Assessments. FCAP began tracking the number of completed Reunification assessments in FY 2009. Of the 310 completed SPARs in FY 2014, 98 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 1N	Region 1S	Region 2N	Region 2S	Region 3N	Region 3S	Row Total
FY '09	3	0	12	25	6	8	54
FY '10	0	1	17	26	28	6	78
FY '11	0	1	16	21	8	12	58
FY '12	0	5	18	19	13	11	66
FY '13	4	5	15	32	16	10	82
FY '14	5	8	35	28	13	9	98
Total	12	20	113	151	84	56	436

CHILD MEDICAL REVIEWS

For this past year, 39 of 326 (12%) referrals for assessment met the criteria for a comprehensive medical review given the complexity of the child's medical history. This number closely coincides with the historic trend of about 10% of children referred to the program having significant unmet medical needs that impact their functioning.

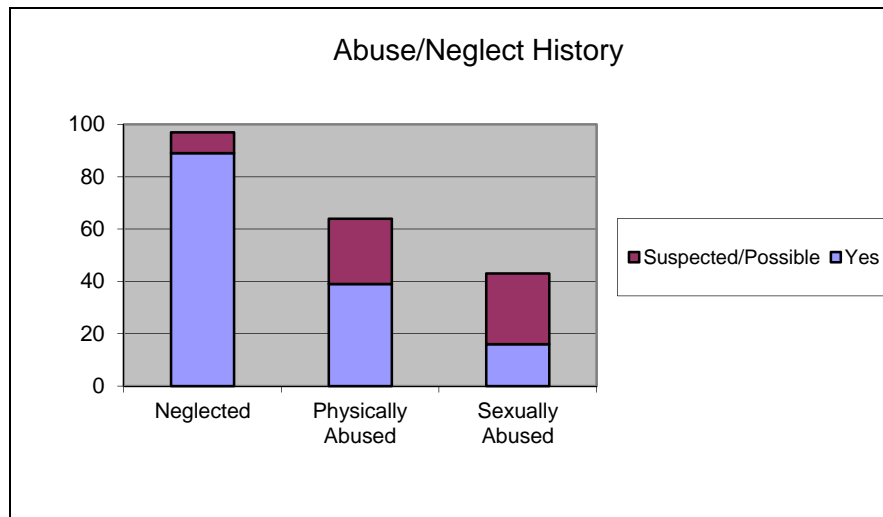
CHILD CHARACTERISTICS

DCFS caseworker and caregiver interviews included questions about the presence of child characteristics that impact overall functioning. 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	38	30	36	33
Pre-natal Alcohol	2	7	7	6
Learning Problems	14	14	13	13
ADHD	19	21	19	19
Speech/Language	10	11	9	7
Developmental Delays	6	6	7	5
Hearing/Vision	3	6	8	7
Physical Disabilities	1	2	1	2
Medically Fragile	4	2	3	4
Autism	6	1	3	3

ABUSE/NEGLECT HISTORY

For children referred to the program in the past year, data was collected on their history of abuse and neglect. Many children experienced more than one type of abuse or neglect, so the numbers do not equal 100%. Neglect is the most common at 89% having a founded history of neglect with an additional 8% suspected or possible neglect. Physical abuse is also high at 39% having a founded history of physical abuse with an additional 25% suspected or possible. Sexual abuse is the least likely, and also the least likely to have been substantiated, with 16% of children having a founded history of sexual abuse with an additional 22% suspected or possible.



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 FY 2014.

Permanent Plan	% This Year	% Previous Year
Adoption	37	42
Guardianship	5	6
Long-term Foster Care	2	3
3 rd Party Custody	1	1
Reunification	55	47

Permanent Family	% This Year	% Previous Year
Identified Permanent Family	69	64
Living With Identified Family	31	36

FUNCTIONING & PERMANENCY OUTCOMES

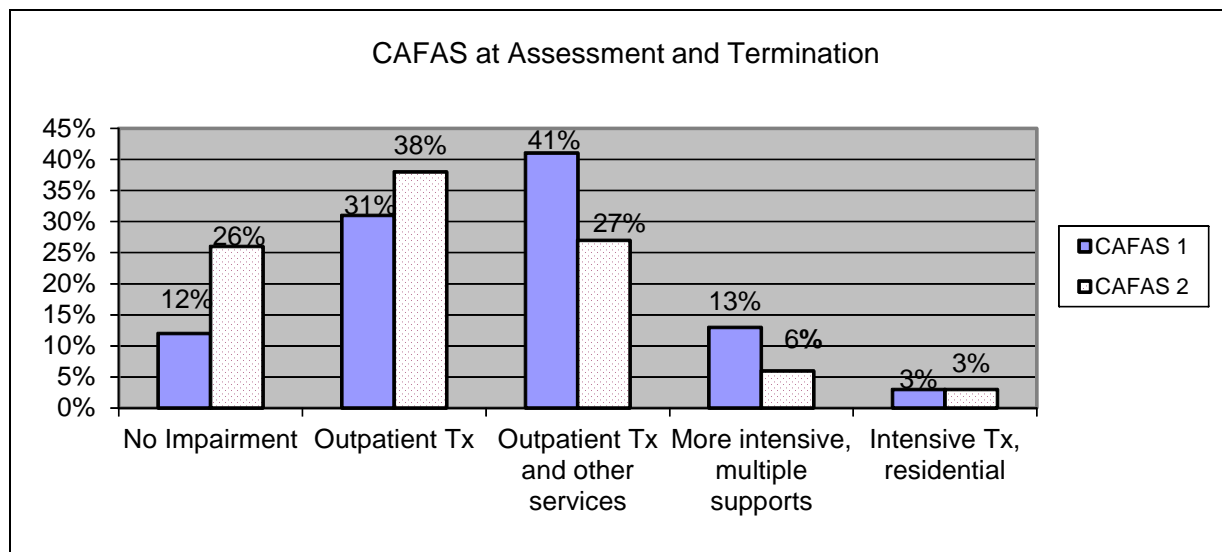
This information is based on Fiscal Year 2014 (n=180) cases that had a completed CAFAS at assessment and termination and a Permanency Status Form completed at referral and at termination.

Changes in Child Functioning

Three quarters (67%) of cases terminated during FY 2014 showed improvement in their functional status; only 12% of cases were more impaired functionally. Given that FCAP is primarily an assessment (rather than treatment) program, this is a considerable outcome.

CAFAS Impairment Levels	N	%
Positive change by 2 or more levels	52	29
Positive change by 1 level	69	38
No change	38	21
Negative change by 1 level	21	12

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

- 69% of children had a permanent family identified at termination.
- Of those with an identified permanent family at termination, 31% were living with them.
- At FCAP case closure, the DCFS permanency plan matched the recommended permanent plan from the final FCAP report in 81% of cases.

Barriers to Permanency

FCAP Evaluators identify barriers to permanency following assessment completion. For the percentages below, evaluators identified the item as either an “important” or “very important” barrier to permanency.

- Child health problems that require special caregiving are seen as a barrier to permanency in 34% of cases.
- Child emotional/behavioral problems that require special caregiving are seen as a barrier to permanency in 80% of cases.
- The current caregiver is unable to make a commitment to permanent care is identified as a barrier to permanency in 33% of cases.
- The current caregiver is unable to adequately meet the child’s needs is identified as a barrier in 37% of cases.
- The caregiver’s lack of clarity regarding the preferred type of permanent plan (adoption, guardianship, third party custody, etc.) is a barrier to permanency in 27% of cases.
- The permanent plan is identified as reunification and yet the parents are unable to adequately meet the child’s needs at the current time is a barrier to permanency in 59% of cases.

PROGRAM EVALUATION

Assessment Satisfaction Surveys

FCAP utilizes a brief 6-item satisfaction survey completed by the referring DCFS caseworker once the FCAP Evaluator’s assessment report is completed. FCAP Evaluators send a link for the online survey to the referring DCFS social worker.

Surveys for the past contract year (n = 98) show the following results:

- 97% found the FCAP final assessment report useful (v. 97% FY 2013)
- 98% agreed that FCAP services provided additional assessment/evaluation information that was helpful in meeting the child’s health, educational or mental health needs (v. 96% FY 2013)
- 96% agreed that FCAP services provided additional assessment/evaluation information that assisted in identifying or making a decision about a permanent family (v. 89% FY 2013)
- 95% agreed that FCAP services provided additional assessment/evaluation information that assisted in identifying and establishing a permanent plan (v. 91% FY 2013)
- 98% were satisfied with the services they received from the FCAP Evaluator (v. 97% FY 2013)
- 98% agreed that the amount of time they devoted to their case because of FCAP involvement was worth the result (v. 97% FY 2013)

In addition to the quantitative results described above, DCFS social workers also take the time to write comments regarding their experience with FCAP. Below are a few examples:

“I LOVE this program-- these reports are the single best document we get regarding the kids in our care and they inform nearly every aspect of the case. FCAP evaluators are very easy to work with and both knowledgeable and professional.”

“The evaluator and the team were extremely helpful with providing input on where to direct the case plan, and how to approach permanency for this child. The case in question is a difficult one, as the placement was court-ordered against the Department’s recommendation, and as a result, the Department reached an impasse regarding permanency. The team’s recommendations for removal criteria were insightful and thoughtful. Having the input of a third party was especially helpful in guiding decision making.”

“ The assessor was patient, thorough, and understanding of the purpose of the assessment. She has remained available for consult, which has proved very helpful in obtaining necessary and relevant services for the child. I will gladly refer in the future as appropriate.”

“The evaluator was an ideal evaluator who showed nothing but professionalism, insight, and empathy towards the case and child in question. The information was not only used for case and permanency planning purposes, but was also used for the purposes of court preparation and presentation. The child's attorney, also a doctor and a pro tem dependency commissioner, said in open court something akin to 'if only all services were as comprehensive and robust as this, our dependent children would be faring a whole lot better in the long run'. The evaluator and the FCAP team took a largely complex case and provided a concise summary of this child's psychosocial, medical, and placement needs. I have twice used FCAP services and I am now twice convinced that FCAP is the best service available not just to children but to those of us who seek to serve children and their families. Kudos to you and your team! I look forward to working with you again!”

“The evaluator was superb. She was able to jump into a complex case and simplify it for us. Her professionalism was outstanding. Because of this experience, I will undoubtedly utilize FCAP services in the future for complex cases.”

“This evaluator is always great to work with. She always brings a positive light to cases that I struggle with. I appreciate her input and find her reports very helpful. She engages kids, providers and caregivers and they almost always find the process to be validating and helpful.”

“This was a really great assessment and process, it got the whole team on board and discussing options and collaborating together on case planning and support for this kiddo, it was extremely helpful for all parties.”