

# **FOSTER CARE ASSESSMENT PROGRAM**

## **POLICY AND PROCEDURES MANUAL FY 2003/2004**



*July 2003 Version  
HCSATS*

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## USER INFORMATION

### *How To Use The Program Manual*

This manual is organized by work stages, beginning with case identification and referral and ending with case termination. It is a 'work in progress' and will be updated as needed. As new versions are created they will be distributed by email to each program staff person. Please replace the old version with the new one as soon as it is received. All program staff are responsible for reading and understanding the content of this manual.

To help clarify what is 'flexible' (procedure) and what is 'fixed' (policy) we have formatted the manual with two different styles of print. You will see

Text that uses a different font and is enclosed in a box to indicate that it is policy language that comes from the contract with the Children's Administration. Changes to this content would require a contract amendment.

The text that looks like this is considered procedure language and was developed by the program to support service quality and contract compliance. These are the parts of the manual that will change over time, as the program develops and refines operational procedures and quality standards.

### *Program Partners*

Harborview Medical Center – Center for Sexual Assault and Traumatic Stress (HCSATS)  
Region 4 – Seattle

Children's Hospital and Regional Medical Center  
Region 2 – Yakima  
Region 4 – Seattle  
Region 6 – Olympia

Children's Home Society  
Region 4 – Seattle  
Region 5 – Tacoma

Mary Bridge Children's Hospital  
Region 5 – Tacoma

Lutheran Community Services Northwest  
Region 3 – Everett

Brigid Collins  
Region 3 – Bellingham

Children and Family Partners  
Region 1 – Spokane

## PROGRAM OVERVIEW

**The goals of the Foster Care Assessment Program are to:**

- identify and help resolve obstacles to reunification, adoption, guardianship, or another permanent plan; and
- improve the physical and emotional health, developmental status and educational adjustment of each child.

**To accomplish our goals, the program will:**

- work in partnership with key persons in the life of a child;
- provide recommendations for services and permanency based on a comprehensive assessment AND an understanding of the interventions likely to be effective at improving a child's functional impairments and permanency status; and
- assist the DCFS social worker after the assessment with the implementation of the service plan.

The Foster Care Assessment Program (FCAP) will provide intensive multi-disciplinary assessments of children who have been in out-of-home care longest with no permanent placement identified, and to other populations defined by the Children's Administration (CA). Assessment services by the program evaluator will include a six-month follow-up period to assist the DCFS worker in implementing a placement plan and to help meet the needs of the child and family by the provision of direct services and the referral of the family to community resources.

The program will have the following capabilities:

- Multi-disciplinary team knowledge of common issues and challenges of children in foster care;
- Collaborative permanency planning with regional staff for the CA, biological families, foster parents, and other community-based service and placement providers as appropriate;
- Capacity to complete assessments and develop culturally sensitive services addressing the individual needs of children and families;
- Ability to subcontract for specialized services not available on the contract team, on an as-needed basis;
- Knowledge of available funding sources and ability to bill those sources when necessary to implement identified services;
- Ability to assess children and families in their environment; and
- Ability to collect and analyze regional and statewide data designed to provide information about the children and families targeted by the program.

## COLLABORATION

## CLIENT RIGHTS

The assessment phase of this program requires the collection of a significant amount of information on a number of forms. Information will be gathered from DCFS social workers, child, caregivers, service providers and other key individuals. The reason for this detailed collection of information should be clearly communicated to anyone responding to program instruments or interviews. The primary purpose of this effort is to improve decisions about services and permanency planning. The more we are able to learn the better our decisions and service plans will become.

### ***CONFIDENTIALITY***

Consistent with your agency policy, all client information should be considered confidential. Significant steps should be taken to ensure that completed instruments (standardized forms, interviews, surveys) are maintained in a secure location at the agency, e.g., in a locked file cabinet or a computer with password protection.

Because most interviews will be completed by telephone, it is unlikely that interview information will routinely be outside of your office. However, if assessment instruments are transported to or from meetings please use common sense in handling them (e.g. not leaving documents in your car). For standardized instruments that are being sent to caregivers and others, remind them to use extra care to maintain client confidentiality in terms of where they complete an instrument and how it is returned to you.

This concern for safeguarding program information extends to the transfer of information to Harborview. After the initial client assessment process is completed, all copies of data forms (interviews and standardized instrument scoring sheets) should be sent to HCSATS. If the SPAR has been completed, but additional evaluations have been requested, please forward all forms and then send additional evaluation materials (if any) when completed. **When every document has your Foster Care Assessment Program numeric identifier (FCAP-ID) HCSATS will be able to relate all forms to the correct case.**

When sending batches of assessment forms, consider the following strategies to minimize potential problems:

1. Place forms in a sealed manila envelope;

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2. Write your name and agency address/telephone on the outside or affix your business card to the envelope (If also sending a computer diskette, place it in a mailer and insert the mailer in the envelope with the hard copy forms); and
3. Place this package in a second sealed manila envelope addressed to Coordinator, Foster Care Assessment Program, HCSATS, 1401 E. Jefferson, 4<sup>th</sup> Floor, Seattle, WA. 98122-5570. Make certain to complete the return address area.

Consider using a high priority delivery system that can increase the likelihood of a safe and secure arrival. For example, Federal Express and UPS have a two-day service.

If you or your agency has different approaches to the safe routing of client information, please share them with other program participants. New ideas to promote data security are most appreciated.

### ***VOLUNTARY NATURE OF SERVICES***

Informants should be told that their participation in this process is voluntary. They may choose not to complete one or more of the assessment forms and they may choose to answer some questions and not others in an interview or standardized assessment tool.

## **CONTRACT GOALS**

Subject to the availability of referrals from DCFS, the program will complete the following number of assessments between 7/1/03 and 6/30/04:

Region 1:	Children and Family Partners	35
Region 2:	Children's Hospital	34
Region 3:	Lutheran Community Services Northwest	33
	Brigid Collins	19
Region 4:	HCSATS	66
	Children's Home Society	33
Region 5:	Mary Bridge Children's Hospital	34
	Children's Home Society	34
Region 6:	Children's Hospital	48

## **COMMUNICATION**

Communication between program agencies and staff is facilitated through use of the internet. Each FCAP participant should become familiar and comfortable with email and web browsing. Email communication on procedural and practice issues is common, and the FCAP website provides access to information and resources that will assist the FCAP evaluator. For example, all FCAP forms and form updates are distributed via email and the FCAP website.

### **FCAP Web Site (<http://depts.washington.edu/hcsats/FCAP/>)**

*Description:* An internet website offering program information, practice resources and FCAP forms.

*Access:* Accessible by the public. Administered by the HCSATS Coordinator

*Function:* Provides information for referring DCFS workers, including access to referral forms on-line. Offers links to child welfare and mental health resources to aid in the completion of FCAP assessments. Gives details about current and planned FCAP training and other events. Primary access to all current FCAP forms and current information about persons involved in FCAP.

## CASE IDENTIFICATION AND REFERRAL

### ***SERVICE ELIGIBILITY***

All children/youth referred by DCFS who are State Dependent and have been in DCFS care for 90 days or more will be considered eligible. Questions about the appropriateness of referrals should be directed to the referring DCFS social worker, the DCFS/FCAP coordinator or the FCAP Coordinator. Siblings in placement will always be considered separate referrals if the intent of the referral is to assess and develop a plan for each sibling. DCFS staff can identify those cases that they would like prioritized for an assessment. DCFS & FCAP should consider prioritizing those referrals where the child has been in out of care the longest without a permanent plan.

### ***REFERRAL PROCESS***

Program staff and regional CA staff will negotiate agreements concerning the process for making referrals and the rate (number per month) that referrals will be forwarded to the program. The program will accept all referrals from DCFS for services but may prioritize the order in which cases will be served with consultation from DCFS.

Receipt of the referral should be immediately acknowledged by phone or email. A 'thank you for the referral' response is strongly encouraged whenever referrals are received. Reasons for any significant delays in serving a referred case should be communicated to the appropriate regional CA staff and the referring DCFS Social Worker as soon as possible.

A complete referral should include the following:

- Completed FCAP Referral Form
- Signed Authorization to Use and Disclose Protected Health Information
- Most recent Individual Service and Safety Plan (ISSP)
- Placement and Legal History
- Dependency Court Order

Medical and educational information can be provided at the time of referral. Otherwise, this information will be copied from the DCFS file by the evaluator during the file review.

Whenever incomplete referral information is received, program staff will immediately follow-up with the appropriate regional CA staff person(s) or the referring DCFS Social Worker to facilitate completion of the referral. FCAP evaluators may need to copy documents from the DCFS record in order to complete the referral packet.

- **The program will record the date each referral is received and assigned on the 2<sup>nd</sup> page of the referral form.**
- **A copy of the CA referral packet (or those portions specifically desired by the program pediatrician – see medical review section) will be forwarded immediately to the program pediatrician.**
- **A copy of the Referral Form, with the first page of the ISSP and the CAMIS Placement and Legal History will be mailed or faxed to HCSATS for recording in the program database.**

### ***PROGRAM (CASE) IDENTIFICATION NUMBER***

Upon receipt of a referral, the program will enter the program ID and the referral receipt and assign dates on the Referral Form. The program will also note if the referral is a long distance

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case. 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.

The Program ID consists of seven (7) digits. The first two digits indicate the region and agency (11-67); the second two digits are always 01. However, if one agency has 2 sites in the same region, the second two digits would be 02 to indicate the second site. The last three digits indicate the site-specific client number (000-999). Case identification numbers by program are:

Brigid Collins House:	1	Casey Family Partners:	2
CHSW:	3	CHRM:	4
HCSATS:	5	LCSNW:	6
Mary Bridge CHHC:	7		

### Examples:

The first referral served by Brigid Collins House would have 3101001 as the Program ID. The second referral would use 3101002. The first referral served by CHSW in Region 2 would have 2301001 as the Program ID. The second referral would use 2301002. The first referral served by CHRM's first site in Region 6 would use 6401001. The first referral served by CHRM's and if there was a second site in Region 6 they would use 6402001.

Program Id numbers will not start over at the beginning of a contract year.

## INITIAL ASSESSMENT

As part of the assessment process, program staff will consult with the people who are primary in the child's life, such as biological parents and extended family members, foster parents, social workers, teachers, primary care physician, and any professional providing treatment or legal representation.

The program assessment will address (but is not limited to) the following issues and needs:

- Current behavior plan;
- Cognitive and educational needs/strengths;
- Medical needs;
- The child's mental health issues, with diagnosis, prognosis and treatment plan where appropriate;
- Identification of other special needs of the child, including cultural and religious identification;
- Consideration of the community or larger social environment of the child and for the family;
- Identification of appropriate family resources for the child; and,
- Assessment of the child's nuclear and extended family to determine both the abilities of the family to meet the child's needs and the ability to reintegrate in one family.
- Whether the current placement is a potential permanent placement and if so what service plan is necessary for achieving permanency.

## CULTURAL COMPETENCE

The program shall provide appropriate, accessible, and culturally relevant services to clients and their families. Service delivery shall be culturally competent and responsive to each client's cultural beliefs and values, ethnic norms, language needs and individual differences.

Cultural consultation as well as Limited English Proficiency (LEP) services such as language translation will be arranged by the program evaluator. Cultural consultants should be available on a standing or case-specific basis, and may be a part of FCAP Review Teams. Community, program agency or CA resources may be used for consultation. However, the CA should not be asked to pay for diversity or LEP services.



### ***RECORD REVIEW***

After the receipt of a referral packet, the program evaluator will contact the assigned DCFS social worker by phone and e-mail to discuss the program's goals, clarify the reasons for the referral and arrange for a face-to-face interview and a review of the DCFS record. Since FCAP has a contract with CA, they are considered a "covered entity." This allows FCAP staff to have access to the DCFS files. Therefore, the HIPAA privacy rules should not be a barrier to FCAP staff reviewing DCFS files.

The DCFS social worker assigned to the child is responsible for providing access to the information needed by the program evaluator for the assessment.

Each regional office, in consultation with the program evaluator, will decide on the regional protocol for conveying the information needed for the assessment.

In partnership with the DCFS social worker and regional coordinator, the program evaluator will thoroughly review the CA referral packet using an instrument to extract key information including: demographic/social history, history of abuse/neglect, placement history and current status. The records will be examined for any information about the child's health, emotional and behavioral functioning, strengths, and developmental status. Parental problem areas and strengths and any psychological/psychiatric or other treatment reports will also be reviewed.

Limited Access to DCFS Files: FCAP Evaluators shall have limited access to DCFS files for the purpose of the assessment as follows: FCAP Evaluators will continue to have access to review the DCFS file for the child being assessed, but may not copy evaluations regarding the child's biological or foster parents in the file. The evaluators may take notes about relevant information contained in such evaluations, provided the evaluators' notes are used solely for purposes related to the assessment and are treated as confidential information.

### ***STRUCTURED INTERVIEWS***

In partnership with the DCFS social worker and regional coordinator, the program evaluator will consult in person or by phone with the parent(s), foster parent(s), the child (if appropriate), the DCFS social worker assigned to the child, lawyers or GAL/CASA's, medical and mental health professionals, teachers or day care provider, and any professionals currently providing treatment. The program evaluator shall meet with the child and observe the child in their home and environment to assist in a better understanding of the child and his or her interactions with their family and others.

Care should be taken by the program evaluator to determine each informant's comfort and ability to answer interview questions. Some time should be spent before each interview to explain the program's purpose, the role of the program evaluator in relation to the DCFS social worker, and to put the informant at ease.

Language interpretation services should be considered whenever English is not the informant's primary language. Relatives, friends or other unofficial interpreters should not be used. The interviewer should always be conscious of jargon and avoid words that may not be readily understood by the informant. Interviews should be conducted in a manner that conveys respect for the informant and maintains privacy and confidentiality during the interview.

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The program evaluator can approach the structured interview questions flexibly, using them as guides to obtain information. However, **it is important that the standardized questions (i.e. yes/no, poor, fair, good, etc.) on the interview forms be completed, since this information is collected for statistical purposes.** Good interview etiquette includes asking if the informant has questions or concerns after the interview, and thanking the informant for their time.

### ***DCFS Social Worker Interview***

The DCFS social worker interview should be held with the DCFS worker who knows the child the best and should always be the first assessment interview. Objectives of the DCFS social worker interview include:

- Rapport building with the DCFS social worker;
- Brief explanation/dialogue concerning the program and your role in relation to the DCFS social worker with an opportunity for the DCFS worker to ask questions;
- **Review and clarification of the worker's assessment questions** (IMPORTANT!), any incomplete or unclear information on the Referral Form or in any other referral materials;
- Agreement about requesting releases of information, as needed;
- Discuss and arrange for the child to have a well child check if they have not had one within the past 18 months.
- Agreement about making initial contact with the birth (custodial) parent(s), foster parent(s) and child/youth (or attorney/GAL/CASA) about the program (and when);
- Exploration with the DCFS worker about the value of interviewing the child/youth in their home or school;
- Exploration with the DCFS worker about the appropriateness of a referral for a DCFS Family Group Conference, to be scheduled for a date after the assessment is completed;
- Thorough completion of the structured interview form; and
- Summarization of the next steps expected in the assessment process and actions that you and the DCFS social worker will take (and when). This includes participation in the review team meeting and the key person staffing.

The program evaluator will make sure that the DCFS worker has the necessary information (phone number and e-mail address) to contact the program worker.

### ***Child Interview***

When appropriate and necessary, the program evaluator will observe children in their homes and schools, to assist in gaining a better understanding of the children and their families.

The program evaluator will consider the child's needs and characteristics, the DCFS social worker's recommendations, as well as program requirements and limitations when deciding when to conduct child interviews in the home or school environment.

Interviews with children and youth should occur in environments that are confidential and comfortable for the child. The program evaluator will administer the Youth Self-Report Form (YSRF) with children between the ages of 11 and 18 years and the Trauma Symptom Checklist for Children (TSCC) with children between the ages of 8 and 16 years.

### ***Caregiver Interview***

The program evaluator will contact the caregiver by phone and/or mail to arrange the interview as discussed with the DCFS worker. The program will send an introductory letter, a copy of the release, the CBCL, the CSBI and the Caregiver Survey to the caregiver prior to the interview. Mailings should include a self-addressed and stamped return envelope when return mail is expected.

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The program evaluator will interview the current caregiver and the caregiver who has provided the majority of the child's care over the previous six (6) months (if different). The interview should be completed with the caregiver (e.g. foster mother or foster father) who feels they know the child best. Time allowing, in person and in-home interviews are preferable to telephone or office interviews with caregivers, especially when the caregiver might become a permanent placement resource for the child. It may be possible to conduct the caregiver interview and the child interview during the same visit. In these situations, care should be taken to allow the child privacy.

### ***Parent Interview***

The program evaluator will make initial contact with the birth parent(s) through the attorney (if represented by legal counsel) to arrange the interview as discussed with the DCFS worker. The program will send an introductory letter, a copy of releases, and other forms prior to the interview. The child's identifying information should be completed on questionnaires or forms before mailing. Mailings should include a self-addressed and stamped return envelope when return mail is expected.

Consenting birth parents (parents who's legal rights have not been terminated) will be interviewed when available. The program evaluator will obtain a signed release of information form from the parent(s) if not already provided by the DCFS social worker. In person interviews are preferable to telephone interviews with parents, especially when the primary permanency plan is reunification.

Consenting birth parents of legally free children will be interviewed when they are considered a possible permanent placement resource for the child.

### ***Teacher/Daycare Interview***

The program evaluator will contact the teacher(s) or school person (e.g. counselor, school social worker, vice principal) who knows the child the best by phone and/or mail to arrange an interview (as discussed with the DCFS worker).

During the summer, the program evaluator will attempt to contact the best informant from the previous school year. The program will send an introductory letter, a copy of releases, the Teacher Report Form (TRF), and other relevant forms prior to the interview. The child's identifying information should be completed on questionnaires or forms before mailing. Mailings should include a self-addressed and stamped return envelope when return mail is expected.

### ***Service Provider Interview***

The program evaluator will contact the service provider(s) by phone and/or mail to arrange the interview as discussed with the DCFS worker. The program will send an introductory letter, a copy of releases, and other forms prior to the interview. The child's identifying information should be completed on questionnaires or forms before mailing. Mailings should include a self-addressed and stamped return envelope when return mail is expected.

### ***CASA/GAL Interview***

The program evaluator will contact the GAL/CASA volunteer by phone and/or mail to arrange an interview. The program will send an introductory letter, a copy of releases, and other forms prior to the interview. The child's identifying information should be completed on questionnaires or forms before mailing. Mailings should include a self-addressed and stamped return envelope when return mail is expected.

### ***Medical Assessment***

In partnership with the DCFS social worker and regional coordinator, the program evaluator will consult with the program physician about the health and developmental status of the child.
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When the evaluator starts a new case, he or she will:

1. Contact the child's primary health care provider by FAX or mail to request a copy of the child's medical records.
2. Determine, with the DCFS caseworker's assistance, if the child has had a well child exam (EPSDT) within the past 18 months. If not, the evaluator will request that the caseworker or family arrange one as soon as possible, and that a copy of the exam record be sent directly to the evaluator.
3. Ask the DCFS caseworker during their interview if the child has any known or suspected history of the following:
  - a. Head injury requiring hospitalization
  - b. Seizures
  - c. Meningitis
  - d. Deafness
  - e. Surgery
  - f. Hospitalizations
  - g. Concern of fetal alcohol or drug effect
  - h. Enuresis or encopresis
4. If any of the above medical conditions are positive, the evaluator will inform the pediatrician (so records can be sought, if necessary).
5. When reviewing the DCFS chart, the evaluator will copy the Foster Care Passport, if one exists, for the pediatrician to review.
6. If the Passport exists, the evaluator does not need to copy the following records. If there is no passport, these records, if available, should be copied:
  - a. Birth records
  - b. Immunization records
  - c. Medical outpatient records
  - d. Emergency department records
7. In all cases, with or without a Foster Care Passport, the evaluator will copy these items to give to the pediatrician:
  - a. Referral form, ISSP, Placement & Legal History
  - b. Hospital admission summaries
  - c. Hospital discharge summaries
  - d. First and latest (not all) Developmental surveys (such as Denver, Batelle)
  - e. Latest IEP (not all)
  - f. Developmental evaluations (typed, or done by school district)
  - g. Neurological evaluations
  - h. Psychological evaluations - all
  - i. Psychiatric evaluations - Including inpatient admit/discharge summaries
  - j. FAS evaluations
8. The FCAP pediatrician can choose whether to contact the primary medical provider and/or the child's current caregivers by phone for further information.

A checklist for the child's medical summary and needs will be completed by the pediatrician for each assessment. This checklist will become part of each final SPAR, in addition to the health summary report completed by the FCAP pediatrician

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The pediatrician's report will raise critical questions and make recommendations about the child's health status and the need for medical and school services. The program evaluator will incorporate the pediatrician's report into the body of the SPAR.

### ***STANDARDIZED ASSESSMENT TOOLS***

Standardized instruments will be completed for each referred child (multiple instruments for sibling groups) as appropriate for the child's age and subject to the availability of key informants.

#### ***Child Behavior Checklist (CBCL)***

This questionnaire will be completed by caregivers for children between the ages of 1 ½ and 18 years. There are two versions: 1 ½ - 5 year olds and 6-18 year olds. **Sections labeled I- VII can be crossed off before mailing - these do not need to be completed. This information can be useful to the evaluator, but if the caregiver has limited time, they need only complete the checklist items on pages 3 and 4.**

The CBCL is a caregiver completed checklist that measures caregiver assessment of child/adolescent behavior. The checklist measures two dimensions: social competence and problem behaviors. For the purpose of this assessment only the problem behavior section will be completed. The instrument assesses the overall level of behavior problems and problems in specific areas. There are 8 sub-scales: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, and aggressive behavior. The sub-scales for the 1 ½ to 5 year old version vary slightly.

There is also a special 'sex problems' sub-scale. Raw scores are transformed into standardized scores (T scores) that reflect how the child compares to a representative group of children by age and gender. Scores are produced for all 8 sub-scales, two broad factors (internalizing and externalizing behavior problems), and a total score. **Note: This test can be machine scored by HCSATS.**

#### ***Youth Self Report (YSR)***

This questionnaire will be completed by youth between the ages of 11 and 18 years. Sections labeled I- VII can be crossed off before administering - these do not need to be completed. This information can be useful to the evaluator, but if the youth has limited time or energy, they need only complete the checklist items on pages 3 and 4.

The YSR is an adolescent completed instrument used to measure competencies and problems. The checklist includes indicators of problem behaviors, activities, and syndromes. Scales include: withdrawn, anxiety/depression, somatic complaints, social problems, thought problems, attention issues, and aggression. Raw scores are transformed into standardized scores (T scores) that reflect how the child compares to a representative group of children by age and gender. Results are provided in a graphical format. **Note: This test can be machine scored by HCSATS.**

#### ***Teacher Report Form (TRF)***

This questionnaire will be completed by teachers/daycare providers who have known children ages 1 ½ to 18 for at least 2 months. There are 2 versions: 1 ½ - 5 year olds and 6 – 18 year olds. **Sections labeled I- VII can be crossed off before mailing - these do not need to be completed. This information can be useful to the evaluator, but if the teacher has limited time, they need only complete the checklist items on pages 3 and 4.**

The TRF is a teacher/daycare completed behavior checklist that is designed to measure pupils' adaptive functioning and problems. Raw scores are transformed into standardized scores (T

scores) that reflect how the child compares to a representative group of children by age and gender. The instrument produces summary measures in many of the same domains as the CBCL: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, aggressive behavior, as well as internalizing, externalizing and total problem scores. The sub-scales for the 1 ½ - 5 year old version vary slightly. **Note: This test can be machine scored by HCSATS.**

### ***Trauma Symptom Checklist (TSCC)***

This questionnaire will be administered with children (self-report) between the ages of 8 and 16 years. The TSCC is a child/adolescent completed checklist that measures symptoms as subjectively experienced by the child/adolescent. It was developed for use with children who have experienced traumatic experiences. The TSCC contains 6 sub-scales (anxiety, depression, anger, posttraumatic stress, dissociation [overt and fantasy], sexual concerns [preoccupation and distress]). It also has scales that measure under- or over-responding so that the validity of the responses can be assessed. Raw scores are transformed to standardize scores (T scores) and compared to a normative group by age, gender, and ethnicity. Scoring produces a total score and sub-scale scores. Clinical range for total score and sub-scales is set at T > 65, except the sexual concerns sub-scale which is set at T > 70. A graphical profile is generated of the subject's scale scores. **Note: Each program site completes scoring for this instrument.**

### ***Child Sexual Behavior Inventory (CSBI)***

This questionnaire will be completed by caregivers for children between the ages of 2 and 12 years. The CSBI is a behavior checklist that measures sexual behaviors of children who have been sexually abused or who are suspected of having been sexually abused.

The checklist measures the amount of sexual behavior and whether it is developmentally related or is behavior that is significantly more common in children who have been sexually abused. Raw scores are transformed into standardized scores (T scores) that reflect how the child compares to a representative group of non-sexually abused and sexually abused children by age and gender. A total score and two specialized sub-scale scores are produced: developmentally related sexual behavior (DRSB) and sexually abused specific items (SASI). The clinical range is T > 65 for all three scores.

This instrument cannot determine whether a child was sexually abused, but scores in the clinical range on the SASI should lead to further inquiry if there is no history of abuse or other explanation for the sexual behavior documented. Regardless of source, clinical range scores should be a target of intervention. **Note: Each program site completes scoring for this instrument.**

### ***Child and Adolescent Functional Assessment Scale***

This questionnaire will be completed by program evaluators for children between the ages of 7 and 17 years (a PECFAS is available for younger children ages 4 - 7). The CAFAS is completed by the FCAP social worker based on information collected from a variety of sources including caseworker(s), case records, teachers/educational records, primary caretaker, service providers, the child and their birth parents (if applicable). It measures functional impairment and caretaker resources.

For the purposes of this program, only the functional impairment section will be completed. Functional impairment is rated on a scale (severe, moderate, mild, minimal/none) for the following dimensions: role performance in the areas of school/work, home and community; behavior toward others; moods/self harm (with sub-scales on emotions and self-harmful behavior); substance abuse; and thinking. Finally, overall dysfunction is calculated based on the youth's total score across the five scales. **This test is always completed twice:** first at assessment and again after six months - at termination.

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### ***Caregiver Survey***

The caregiver survey is completed by the caregiver who is most knowledgeable about the child. This survey is designed to be self-administered, and should be sent to the caregiver prior to the caregiver interview. This survey is critical to the completion of the CAFAS and for program evaluation. Every effort should be made to obtain a completed survey from the caregiver.

The program coordinator is available for consultation on the use of these instruments.

### ***PRELIMINARY SERVICES PERMANENCY ASSESSMENT REPORT (SPAR)***

In partnership with the DCFS social worker and regional coordinator, the program evaluator will prepare a preliminary report describing the results of the case review. The report will identify any apparent child needs and the obstacles to reunification or permanent placement. Suggestions for additional assessments, if necessary, will be included in the report.

The program evaluator will prepare a Services/Permanency Assessment Report (SPAR) that focuses on the child's functional impairments and on barriers to permanency for the child. The SPAR should reflect the facts and standardized assessment scores as determined by the assessment.

The SPAR should be written in the third person (e.g. "this evaluator" or "this writer"). Adults should initially be referenced by the first and last name and their relationship to the child (e.g. Mary Johnson, Jason's mother) and subsequently by Mr./Mrs. and last name only. In the Preliminary SPAR, last name initials should be used for biological parents, relatives and foster parents for confidentiality reasons. Acronyms should not be used unless the name has first been written out completely.

Instead of completing the impressions and recommendations sections of the SPAR, the evaluator should state questions that they would like the review team members to consider when reviewing the SPAR. These same questions can help direct the review team meetings. The preliminary SPARs should be emailed or faxed to the review team members 2 days to a week prior to the review team meeting.

### **TEAM REVIEW**

An interdisciplinary team will review the report and discuss the case. The team, in addition to the DCFS social worker, will consist of professionals knowledgeable in the areas of foster care, health, emotional and behavior functions, permanency planning, and community resources.

If needed, the interdisciplinary team will make recommendations about the need for additional specialized evaluations, treatment planning and assessment of reunification or other permanent placement possibilities.

Every assessment will include a team review. Cases should be reviewed on a schedule that will achieve assessment targets.

Assessments should be reviewed based on information available at the time of the review, and reviews should not be delayed due to incomplete information.

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The review team's role is to provide expert consultation on each case concerning the child's needs. If the DCFS worker is not able to be present, his/her supervisor will be invited to attend. When the DCFS worker is not present at any staffing, the program evaluator will consult with the DCFS worker about the results of the staffing at the earliest possible time.

### ***Report Review***

The program will provide a copy of the preliminary SPAR to each review team member (including the DCFS worker) prior to the scheduled review date. **To avoid confusion between the preliminary and final SPAR, the preliminary SPAR should display the word "preliminary" at the top of the report.** All copies of the preliminary SPAR should be returned by the team members at the conclusion of the team review.

### ***Case Presentation/Consultation***

The primary focus of the case presentation should be on the program evaluator's questions. Consultation with the team can be used to:

- identify the need for additional evaluations/assessments;
- improve the interpretation of existing assessments;
- learn about providers of recommended treatment or interventions; and,
- match child needs with the treatments most likely to effectively improve functional impairments
- distinguish the child's placement needs

FCAP team consultations typically include a pediatrician, psychiatrist, psychologist and a diversity consultant. Lasting only 30 to 45 minutes per case, these consultations must focus on the most critical assessment, treatment and permanency planning issues for each child. The following questions suggest the kinds of information needed by the FCAP evaluator during the consultation. In order to make the consultation as efficient and effective as possible, each consultant is asked to think about the questions/areas within their own discipline of practice.

### **Assessment/Diagnosis:**

1. What diagnostic or assessment information is missing or unclear?
2. What areas need additional evaluation or assessment in order to understand how to serve this child/family?
3. How will additional evaluation or assessment benefit this child?
4. Who may be likely to provide needed evaluation or assessment?

### **Health/Education/Therapeutic Services:**

1. What new treatment/therapeutic services might need to be initiated?
2. How do current treatment/therapeutic services need to be modified to better meet this child's needs?
3. How well are educational services addressing the child's needs?
4. What type of educational environment offers the best opportunity for this child to be successful?

### **Permanency Planning:**

1. How well does the current placement (caregivers and DCFS services) appear to be meeting the child's physical, emotional, educational, and cultural needs?
2. Under what circumstances should DCFS consider moving this child to another placement?



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3. How should DCFS weigh the relative risks of disruption to this child's relationship with the current caregiver against the possible benefits (e.g. willingness to adopt) of another home?
4. What type of living environment offers the best opportunity for this child to be successful?
5. How could DCFS overcome specific barriers (service system, legal, cultural) to permanency planning for this child?

### ***FOLLOW UP TEAM REVIEW***

A follow up team review may be appropriate if the evaluator and/or team determine that additional information is needed (i.e. locating more records, consulting with a professional, conducting other key interviews) or if there is a significant change in the child's functioning or permanency during the assessment and prior to the review team meeting. The follow up team reviews should last no longer than 15 minutes. The FCAP Evaluator and DCFS Social Worker should decide whether the SPAR should be finalized prior to or after the follow up team review. If the SPAR is finalized prior to the team review, then an addendum can be added to the Final SPAR that incorporates the additional information.

### **FINAL SERVICES PERMENANCY ASSESSMENT REPORT**

Following the team review, the evaluator shall complete the Final SPAR. Problems/needs shall be identified and a proposed treatment plan developed. In cases where reunification is contemplated a focus shall be on services to the parents and establishing criteria for success; where an alternate permanent placement is recommended, the focus shall be on reviewing potential placement possibilities, including relatives and the current foster home.

The program evaluator will prepare the final SPAR after the results of the assessment have been adequately staffed with the review team. The recommendations that are made by the consultants during the review team meeting are considered advisory since they are considered consultants for the evaluators to assist them in writing their impressions and recommendations. The impressions and recommendations are considered to belong to the evaluator and not the team members. The consultants/team members are not named in the Preliminary or Final SPARs.

Due to the new HIPAA requirements, the Final SPAR will not use the foster parent's last names, but will use the initial of their last names. The program will provide one copy of the final SPAR to the DCFS social worker and the referring worker's supervisor, who will be responsible for further dissemination at his/her discretion. Each regional FCAP/DCFS Coordinator should either receive a copy of the Final SPAR or be notified that the Final SPAR was completed. FCAP/DCFS Coordinators are responsible for entering the child's name, FCAP ID# and the date of the Final SPAR in the DCFS database. Each program site should develop a protocol for how they want to notify their regional FCAP/DCFS Coordinators when Final SPARs are completed.

**Final SPARs should be delivered to DCFS within approximately 56 days of referral, whenever possible. Final SPARs should not be delayed due to incomplete information. An addendum to the final SPAR can be provided at a later date, when additional information needs to be conveyed to DCFS. The reasons for a delayed report will be documented on the front page of the SPAR.**

A copy of the final SPAR, interview forms and summary scores of standardized tests will be forwarded by surface or e-mail to HCSATS so that program and client information can be entered into the program database. A hard copy of the SPAR and attachments sent through the mail should have a business card attached from the sending agency to ensure proper identification of

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the report. Any disagreements between the DCFS social worker and the program evaluator about services and/or actions recommended by the program will be resolved at the lowest possible organizational level.

### **SPECIALIZED ASSESSMENTS**

Arrangements shall be made for specialized assessments as recommended in the Preliminary and/or Final SPAR in cooperation with the DCFS social worker.

The specialized assessments will include, but are not limited to, the following:

- Psychosocial evaluation of the child, including maltreatment effects and current functioning;
- Developmental/developmental disability assessment;
- Health evaluations; hearing, vision, inoculations, etc.;
- Speech pathology evaluation;
- Fetal Alcohol syndrome (FAS) evaluation;
- Psychiatric evaluation of the child (e.g., ADHD, psychiatric illness);
- Parent-child interaction observation;
- Parenting capacity;
- Psychiatric/psychological evaluation of the parent(s);
- Substance abuse evaluation of the child or parent(s);
- Specialized medical examination (e.g., chronic medical condition);
- Evaluation of medication use;
- Violence risk assessment;
- Neuropsychological evaluation; and
- Attachment difficulties.

Program funds will be used for required specialized assessments when Medicaid reimbursement is not available. In all cases Medicaid funded services will first be sought. Consider other resources for the assessments, such as mental health centers, schools, or one of the FCAP review team consultants, before submitting a specialized assessment form. Also, it is important to consider whether the specialized assessment will provide new information and whether the new information will help with meeting the child's needs and/or achieving permanency.

#### **Procedure for all FCAP special assessments**

1. Select service provider;
2. Schedule appointment and determine if Medicaid reimbursement will pay for the service;
3. Complete a Specialized Assessment Notification Form;
4. Mail (e-mail or surface mail) or FAX form to FCAP Coordinator; and
5. Give service provider instructions for billing FCAP (billing address on form)
6. The FCAP evaluator, Coordinator, and provider should all have a copy of the form.

HCSATS will verify with the FCAP evaluator that services are complete and they have received the assessment before payment is made for specialized assessment services.

## **FOLLOW UP SERVICES**

### ***KEY PERSON STAFFING***

Following the completion of the Final Report, the FCAP Evaluator will schedule a Key Person Staffing with the DCFS social worker and other key people (i.e. foster parents, therapist, teacher) who are involved in the child's life. The FCAP evaluator and DCFS social worker will jointly determine who will be invited to participate in this staffing. The purpose of the Key Person Staffing is to review the Final SPAR and develop a plan that will assist in meeting the child's health and permanency needs. The plan will outline the types of activities the FCAP evaluator and DCFS social worker will carry out over the next 6 months to implement the plan.

### ***CREATING A SERVICE PLAN***

The DCFS social worker, utilizing the Final SPAR recommendations, will select the placement resource and arrange appointments for the recommended treatment plan with the assistance of the FCAP evaluator. The DCFS social worker will retain legal responsibility for the case.

The SPAR Impressions and Recommendations sections will describe the critical decisions/actions needed to improve the child's well-being and meet permanency needs. The FCAP evaluator will attempt to engage the DCFS Social Worker and key persons involved with the child in the creation of a service plan based on these impressions and recommendations.

In carrying out the service plan, the DCFS social worker retains all legal and case management responsibilities for the child. The program evaluator's role is to assist the DCFS worker in carrying out the plan and monitoring progress, as negotiated between both workers.

The program follow-up period will begin on the date the final SPAR is completed (as indicated on the SPAR). Program evaluators are limited to approximately 15 hours of services during the six (6) month follow-up period. When follow-up services are delayed after the assessment, the six month service period can start on the date services are initiated.

### ***FOLLOW UP ACTIVITIES***

Over the following six-month period, the FCAP Evaluator shall, in collaboration with the DCFS social worker, assist in monitoring compliance with the assessment recommendations; conduct home visits when necessary to promote compliance with recommendations; facilitate implementation of service recommendations; and troubleshoot problems with accessing services. In-home visits by the program social worker shall occur at the discretion of the DCFS social worker to assist the child and family's adjustment to the placement. When the family has begun receiving services from community resources, in-home visits shall occur as agreed upon by the DCFS social worker.

The specific follow-up services provided by FCAP are determined on a case-by-case basis, by agreement with DCFS, and are documented on the Key Person Staffing Form. At a minimum, follow-up will involve a review of progress and a re-assessment of child functioning and permanency status.

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Below are some examples of follow up activities:

Activity	Description	Examples
Progress monitoring	Collecting and documenting information about progress on activities and goals, permanency status and child functioning.	Calling caseworker, teachers, service providers, caregivers or convening meeting(s) to determine if planned actions have occurred and/or to assess impact of actions/services. Note: Re-assessment of child functioning and permanency status are required for all cases 6 months after the assessment report.
Direct assistance to the DCFS Worker	Providing support to the caseworker by providing information, carrying out tasks, or by actively facilitating planning and problem-solving.	Helping complete Life Books, locating treatment resources, locating treatment or education records missing from DCFS file, joining the caseworker at meetings concerning the child's case, engaging with the caseworker in focused discussions about how to proceed in the case, accompanying the caseworker on home visits.
Direct assistance to the caregiver	Providing support to the caregivers by providing information, emotional support or by facilitating problem-solving related to the child's assessed needs.	Providing information about permanency options or adoption support services, sharing information about treatment or support resources available in the community, assisting caregivers with the resolution of conflict about choice of plan or their level of commitment to the child, making referrals for services on behalf of the caregiver.
Direct assistance to the child	Providing support to the child by providing information, emotional support or by facilitating problem-solving.	Sharing information about options to assist an older adolescent with decision making about services after emancipation from foster care (living situation, treatment services, vocational or educational goals), making referrals for services on behalf of the child.
Coordination of services/people	Connecting key people involved with the child to enhance the effectiveness of the service plan.	Convening or utilizing a new or existing group or team to review and coordinate services to meet the child's needs, and/or coordinate planning for services.
Additional Evaluation	Procuring additional evaluations for the child, parents or caregivers to improve service planning.	Providing specialized assessments for the child, parents or caregivers during the follow-up period (not necessarily purchased from FCAP funds).

### CASE TERMINATION

The program evaluator will always re-assess the case status at the time of case termination (at the end of the 6 month follow-up period) using the CAFAS instrument and the permanency status form. Information required for re-assessment will be collected from the caseworker and/or the caregiver, from phone/email or in-person contacts.

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At the end of the follow-up period, the evaluator should send the termination paperwork (i.e. 2<sup>nd</sup> CAFAS, Termination Report, Permanency Status Form) to HCSATS utilizing the guidelines for mailing information to HCSATS that was described earlier in the manual.

### ***TERMINATION REPORT***

At the end of the six-month follow-up, the program evaluator will briefly summarize the final status of the case in a Termination Report, using the Termination Report template. The report includes:

- Changes in the child's permanency status, if any, over the program service period;
- Changes in the child's functioning as measured by the CAFAS or indicated by the caregiver, if any;
- Summary of the status on permanency
- Summary of the status on the child's needs

### ***EVALUATOR CASE TERMINATION INTERVIEW***

At the end of follow-up, FCAP evaluators will be contacted by the FCAP Program Assistant to complete the Evaluator Case Termination Interview. It is important that this interview is completed either in person or by phone and not hand written by the FCAP evaluators.

### ***PROGRAM SATISFACTION SURVEY***

At the end of each assessment, the FCAP evaluator will request that the DCFS Social Worker complete a satisfaction survey to determine their level of satisfaction with the assessment. The survey can be given to the DCFS social worker following the review team meeting or another planning meeting or it can be mailed with the Final SPAR. If the survey is not completed and received by HCSATS 30 days after the date of the Final SPAR, HCSATS will email a survey to the DCFS Social Worker.

At case termination, the FCAP evaluator will request that the DCFS Social Worker complete a follow-up satisfaction survey to determine their level of satisfaction with FCAP services. The survey can be given to the DCFS social worker at a final planning meeting or mailed with the termination report. If the survey is not completed and received by HCSATS 30 days after the date of the termination report, HCSATS will email a survey to the DCFS Social Worker.