



Report to the Legislature

**Feasibility and Need for Creating
Tiered Classifications for Foster Parent Licensing and a
Professional Foster Parent Classification**

Chapter 413, Laws of 2007

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Executive Summary

Chapter 413, Section 11, Laws of 2007 requires the Secretary of the Department of Social and Health Services (DSHS) and Dean of the University of Washington, School of Social Work (or their designees) to jointly facilitate a workgroup to study the need for and the feasibility of creating tiered classifications for foster parent licensing, including a professional foster parent classification.

The Secretary of DSHS and the Dean of the University of Washington, School of Social Work are required to report the recommendations of the work group to the legislature by January 1, 2008.

The workgroup met five times and two subcommittees each met three times between August, 2007 and December, 2007. The subcommittees addressed the sharing of names of licensed foster parents and developed a model of a “specialized foster parent” contracted program. Based on presentation from the Executive Director of the University of Washington School of Social Work’s Partners for our Children project, the subcommittee looked at contracting strategies rather than licensing strategies. The workgroup agreed that contracting strategies would provide more opportunity for accountability on the goals desired by the workgroup, which were:

- Great outcomes for children including permanency and stability in a safe environment.
- These high needs children need experienced care by foster parents with different levels of training, certification, or specialty and support to do the job.

Additional input was received from a broad range of foster parents, social workers, and community members at two stakeholder meetings held on September 24 at the Foster Care and Caregiver Conference at Ocean Shores and the second on November 8, 2007 in Spokane.

This report provides an overview of the current foster care licensing process and the issues that were discussed in the workgroup. This report also contains recommendations endorsed by the members, and issues that may warrant further discussion and review. A complete overview of the discussion of the workgroup and subgroups is contained in the attachments to this report.

The sub-committee discussed the development of a specialized foster home program and agreed on three primary items:

- Qualification and requirements for the specialized foster parent
- Needs of children that might receive care from this group
- Desired outcomes

Final Agreed upon Recommendations

At the meeting of the workgroup on December 21, 2007, the workgroup made final recommendations and set out areas that require further effort and analysis.

First, the workgroup reached consensus that there is an overarching need to re-examine the foster care system of establishing payment levels for all children in foster care. The need goes beyond a specialized foster home program. The intent is to identify or develop a level system that is not focused on child deficits.

To accomplish the goals for children at higher risk of not achieving permanency due to behavioral, emotional, or high medical needs, the specialized foster parents will require specific training and ongoing consultation that equips them with the knowledge and skills to implement individualized case plans for children. It is essential to the success of the foster parents and longer term outcomes of children that the training and consultation be of high quality and be regularly available over time. Previous findings of the Washington State Institute for Public Policy, point to the importance of first identifying an effective model of service and then providing training and consultation that promotes model fidelity. Without adequate training and consultation, long term outcomes are not accomplished.

The workgroup identified that future work was required on a number of items, including:

- A specific model of skill building for children and youth for use by specialized foster parents
- Training and consultation requirements that support the model of service
- Specific criteria and a process to select specialized foster parents
- How to minimize the risk of reduced permanency which should include a review of guardianship and adoption support payments
- Definition of how a specialized foster home program would fit into the continuum of care for dependent children, including how Child Placing Agencies and Behavioral Rehabilitation Services are involved or impacted
- Analysis of the impact of the proposal on federal funding and IRS status of foster parents

Analysis of administrative data identified 587 children that met the agreed upon criteria, including children with three or more placement changes, previous BRS placements, or disrupted adoptive placements. With an average of two children per home, 300 specialized foster homes could serve the children in state licensed foster care or CPA licensed foster care. Because the workgroup agreed to include cost calculations for foster parents serving children in BRS programs, funding increases for 200 BRS foster homes are included in the analysis. The workgroup after discussion of the possible funding models preferred the first financial proposal (found in Appendix C.)

Initial cost analysis estimated the cost as approximately \$7.5 million per fiscal year. This reflects costs for:

- Required annual training (30 hours per year)
- Twice monthly consultation to foster parents for children with behavioral issues and for children with medical needs
- Monthly payments to 300 specialized foster parents (600 children)
- Monthly payments to 200 BRS program foster parents (400 children)
- Contracted consultant time to conduct annual reviews of specialized foster parents
- 0.5 FTEs per Children's Administration region to monitor new contracts and to participate in the annual review process

Initial analysis indicates that federal funds could not be used to support the stipend payments to foster parents. Some federal funds may be available to support other recommended components.

The approximate cost does not include additional funds to support the changes to guardianship or adoption support payments that will be needed to reduce the risk of negatively impacting permanency outcomes for children. The new model of service also requires that children in specialized foster homes have intensive case plans to manage behavior. Implementation of these intensive case plans may require the assigned social worker to visit the child more frequently than once per month. Cost estimates do not reflect costs for increased social worker participation in case planning and case management that may be needed to support the case plans developed for children in specialized foster homes.

Based on the presentation by Executive Director of the University of Washington School of Social Work's Partners for our Children project, the subcommittee looked at contracting strategies rather than licensing strategies. The workgroup agreed that contracting strategies would provide more opportunity for accountability on the goals desired by the workgroup, which were:

- Great outcomes for children including permanency and stability in a safe environment.
- These high needs children need experienced care by foster parents with different levels of training, certification, or specialty and support to do the job.

Introduction

The legislation, Chapter 413, Laws of 2007, Section 11 (ESHB 1624), requires the Secretary of DSHS and the Dean of the School of Social Work (University of Washington) to study the need for and the feasibility of creating tiered classifications for foster parent licensing, including a professional foster parent classification. This report provides an overview of the current foster care licensing process and the issues that were discussed in the workgroup. This report also contains recommendations endorsed by the members, and issues that may warrant further discussion and review.

Background Information

Foster care and child welfare services have evolved over the years. Changes have been driven by the evolving needs of society and improved practices in social services.

Volunteering as a foster parent grew out of a desire to remediate the negative outcomes associated with orphanages. It was also based on the knowledge that a home and family is the best place to raise a child. Many children continue to be well-served by the existing system of foster parents.

However, there are a number of children with special emotional, physical, developmental or mental health needs. Meeting the needs of these children within a foster home can be difficult. Key elements that contribute to this challenge are:

- Affects of multi-generational drug abuse
- Need to improve outcomes for children with special needs who are cared for in a “family” setting
- Insufficient numbers of foster homes
- Increased use of relative care leaving a higher percentage of “hard to place” children in foster homes.
- Increased demands on foster parents. Examples: bio-family mentorship, continuing education, implementation of case plan or therapeutic plan, etc.

Studies of foster care and of facility-based group care indicate that for most high needs children a family based home is best. Enhancing the current system of volunteer foster parents, group care and relative care providers is essential.

Feasibility Workgroup

The legislation specified:

- A workgroup be jointly facilitated by the Secretary of DSHS and the Dean of the School of Social Work at the University of Washington or their designees.
- The designated workgroup members were to include:
 - Two members from each of the two largest caucuses of the Senate, appointed by the President of the Senate
 - Two members from each of the two largest caucuses of the House of Representatives appointed by the Speaker of the House of Representatives
 - Four foster parents, including two representatives from the Foster Parent Association of Washington State (FPAWS)
 - The Director of the Institute for Children and Families at the University of Washington
 - A representative of the Washington Federation of State Employees
 - Four or more child welfare professionals with subject matter expertise from the public, private or academic communities

A workgroup was formed from key stakeholders identified by the legislature. The complete list of participants is listed in Appendix A.

- The Secretary and the Director were required to convene at least two focused stakeholder meetings seeking input from a broad range of foster parents, social workers, and community members.
- DSHS was to provide to the workgroup the contact information for licensed foster parents for the sole purpose of communicating with foster parents regarding issues relevant to foster parents. The workgroup was to keep the contact information confidential and develop guidelines for the use and maintenance of this contact information among work group members.
- The Secretary of DSHS and the Dean of the University of Washington, School of Social Work, (or their designees) were to report recommendations of the workgroup to the legislature by January 1, 2008.

Workgroup Activities

- The Children's Administration Assistant Secretary and the Director of the Northwest Institute for Children and Families were named as co-facilitators of the workgroup.
- Conference call with work group members - August 23, 2007.
- Five work group meetings - September 19, 2007; October 30, 2007; November 19, 2007; December 5, 2007 and December 21, 2007.

- Two stakeholder meetings - One held during Foster Care and Caregiver Conference, September 23-25, 2007 at Ocean Shores, Washington. The second on November 8, 2007 in Spokane, Washington.
- Two subcommittees met three times between August, 2007 and December, 2007. The subcommittees addressed the sharing names of licensed foster parents and developed a model of “specialized foster parent” contracted program.

Research was reviewed and provided to all workgroup members. The workgroup reviewed existing statewide practices and programs in addition to reviewing models of “specialized” foster care in other states.

Key Questions Addressed by the workgroup:

- What is the problem we are trying to solve?
- Will having a tiered-system of licensing enhance the system?

Two major themes emerged during the workgroup’s initial discussions:

- **The first theme is based on the premise that a higher level of professional skills/licensing is required to parent the special/high needs children who are being placed in out of home care and into a foster family home setting.**
- **The second theme is based on the premise that additional supports, resources and training are required to maintain children and youth in a family setting.**

Information and Data presented to the workgroup:

- Current qualifications and minimum standard for foster licensing in Washington.
- Services provided by and for treatment foster home parents.
- The range of needs of children currently in care.
- National trends/research/model programs in other states.

Foster Care in Washington State

The Division of Licensed Resources, Office of Foster Care Licensing, within the DSHS Children’s Administration, licenses and monitors foster homes and out-of-home care facilities for children. These facilities include:

- Family foster homes.
- Group care facilities.
- Child placing agencies.

Foster Family Licenses:

- Families are licensed to provide 24 hour care in their own homes.
- Families may be licensed directly by the DSHS Children’s Administration (CA) or may be certified by a private child placing agency and licensed by CA.

- Families can choose to provide specialized services such as:
 - Receiving care.
 - Respite care.
 - Care for children with specialized needs such as; medically fragile, developmentally delayed, sexually aggressive children, etc.
 - Foster-adopt or permanency planning foster home.
 - Ongoing care.

- Foster home requirements are:
 - Mandatory training.
 - Successfully pass background check for any person living in the home who is age 16 or older.
 - TB tests for any person who is age 18 or older and living in the home.
 - Undergo a Foster Family Assessment.
 - Physical facility inspection.
 - Has outside income to meet the family's needs.
 - Maximum capacity for a foster home is 6 children for dual caregivers, 4 children for single caregivers, including their own biological or adopted children under the age of 18.

- Foster parent training:
 - Primary caregiver completes 30 hours of orientation and pre-service training for state licensed homes.
 - CPR, first aid, and HIV/Blood Borne Pathogen training.
 - Primary caregiver must maintain on going in-service training of 36 hours every three years.

Staffed Residential Facilities:

- Provide 24 hour care for children in a family home or have paid staff providing care.
- Serve children who typically cannot be cared for in a less restrictive setting.
- Are developed to allow foster families to provide specialized services to special needs children.
- Does not require the foster parent to have outside income.
- Payments typically range from \$3,500 - \$9,000 per child per month.
- Payments can be made to a contracted Child Placing Agency (CPA) or to a Behavioral Rehabilitative Service (BRS) provider. Maximum capacity is 6 children. (There are no facilities currently licensed for 6 children as there are additional requirements necessary for having the maximum number of children).

Staffed Residential Requirements:

- Background clearances for licenses and staff.
- Qualified staff, including a Master's level consultant, who may be contracted or staff.
- Program descriptions.

- Physical facility inspection.
- If a facility were to be licensed for 6 children, inspections by the Department of Health and the Fire Marshall would be required.
- Written diagnostic social summaries are required for all children.
- And other requirements similar to group care facilities.

Current Foster Care Payment Rates

- All licensed foster parents receive a basic rate per child with a range from \$398 - \$550 per month depending on the age of the child.
- Additional levels of II, III, and IV are sometimes paid in addition to basic rate, ranging from \$177 to \$802 per month depending on the child's needs.
- Payment per child in staffed residential homes range from \$3,500 - \$9,000 per month
- Foster Care Exceptional Cost Maintenance payments (no maximum) are paid to a small group of foster parents.
- Behavioral Rehabilitative Services (BRS): There are 22 service levels of payment with a rate range from \$2,812 - \$7,498 to a contracted agency who makes payment to the foster parent. Additional training is required.
- Multidimensional Treatment Foster Care (MFTC): The rate is \$6,000 per child per month, and is paid to the agency that provides the program including payment to the foster parent. The foster parent must have specialized training and is limited to one child who is receiving MFTC services in placement.

Additional supports to foster parents include:

- Mileage reimbursement for transporting child to appointments or visits with parents and/or siblings.
- Respite care.
- Reimbursement for damage to the home.
- Clothing allowances for children.
- In-home therapeutic/educational intervention and support for foster parents caring for children with high-risk behaviors.
- Formal and informal supports such as the foster parent support phone line, hubs, mentoring, and buddy systems.

Total children served during FY 2007:

- 16,601 children and youth placed in out-of-home care in Washington State.
- 14,463 of these children were in out-of-home care longer than 30 days.
 - 9,811 children were placed with a licensed caregiver.
 - 2,297 children were cared for at a level III or level IV payment rate.
 - 1,504 children were cared for through Behavioral Rehabilitative Services. The number of children served monthly in an out of home placement through BRS is between 700 and 800 children.

Additional information on foster care rate assessments, Behavioral Rehabilitative Services, Multidimensional Treatment Foster Care, a breakdown on the age, gender, and race of children in out of home care for FY07 in Washington State, and a summary of models other states are using are provided in Appendix D.

Professional Foster Parenting Models and Programs

- Neighbor to Neighbor Program (Chicago, 1994). Foster parents hired as employees and are paid an annual salary of \$16,000. (Hull House).
- Neighbor to Family (Florida). This program focused on sibling groups. Foster parents were paid \$10,000 to \$14,000 per year.
- There are a variety of Treatment Foster Care programs and models nationwide, including Behavioral Rehabilitative Services and Multidimensional Treatment Foster Care in Washington State.

Information from Foster Care Program Managers nationwide June, 2007:

- **Illinois:** Operates an adolescent foster care program where professional foster parents are caregivers and are paid a salary by the agency that operates the program. There are sixteen agencies statewide, each with an approximate capacity of ten children each. Agencies contract with foster parents for six months and then become fulltime agency employees.
- **Vermont:** Develops grants for professional foster parenting. Foster parents have expertise in working with sexually reactive youth. Each provider has a “specialty” such as, working with sexually reactive youth, providing behavioral assessments, or working with traumatized female youth.
- **Colorado:** The legislature enacted legislation in 2006 that allowed for salaried foster parents as a voluntary collaboration/contract between county departments and private child placing agencies which would provide health benefits and the ability to contract with the county for the foster parent and the child maintenance payments.

The 2006 legislation in Colorado prohibited the child placing agencies from employing their foster parents as this would be considered a conflict of interest. The legislation did allow for exceptions to this requirement, but so far no agency has applied for this exception.

- **Missouri:** Licensed foster and kinship care providers receive \$100 per month in addition to maintenance payments for each child in their household, with the exception of ‘emergency’ and ‘career’ children. Professional payment is based upon the foster parent’s completion of required pre-service and in-service training hours.

Missouri requires that all foster, relative, and kinship homes receive continuing training once they have become licensed. The pre-service training utilizes Foster PRIDE/Adopt PRIDE, developed by the Illinois Department of Children and Family Services and the Child Welfare League of America in collaboration with several other states, including Missouri.

Washington State also uses the Foster PRIDE/Adopt PRIDE pre-service training.

- **Minnesota's Child and Adolescent Behavioral Health Program-The Minnesota Intensive Therapeutic Homes (MITH)**

The second workgroup meeting, held October 30 included a presentation from Cynthia Packer of Minnesota's Child and Adolescent Behavioral Health Program. The Minnesota Intensive Therapeutic Homes (MITH) use an intensive multimodal treatment model for children and adolescents with severe emotional disturbance and serious acting-out behaviors. Because only one to two MITH children are placed in a MITH home at one time, more intensive treatment can be achieved. Treatment is a combination of Multidimensional Treatment Foster Care and DBT. Intensive therapeutic services include:

- Assessment
- Family therapy and/or training and
- Clinical coordination.

Each child and foster family has a full treatment team including a social worker, nurse, psychiatrist, psychologist and others surrounding them. What is unique about this program is that one foster parent(s) in each home is employed as a Human Service Technician meeting minimum qualifications.

Considerations

An additional presentation from Mark E. Courtney Ph.D., the designee of the dean of the University of Washington's School of Social Work was shown to workgroup members. His presentation on "Thoughts on various approaches to supporting fostering difficult-to-foster children" was as follows:

What are the populations whose needs we are trying to address?

- Children and youth in out-of-home care with behavioral and/or emotional problems that require parenting skill and effort exceeding that which most foster parents bring with them to fostering.
- Infants and young children with health care needs that require extraordinary efforts by foster parents.

Note that the former group is larger (587 children) and commands more resources on average per child than the latter (76 children.) There may be some duplication in the count of children.

Some Things to Consider in Assessing Systems of Care for These Children and Youth: Meeting Children's Needs

- Research indicates that children and youth with externalizing behavior problems are most likely to experience long-term improvement in their behavior when cared for in settings that (1) minimize exposure to peers with behavior problems and (2) maximize interaction with adults who provide consistent and appropriate parenting.
- Children with special health care needs often require near-constant care and supervision and their caregivers must be able to advocate on their behalf in an informed way with health and education professionals.

Note that care settings with *multiple children* (whether group or foster care) have inherent structural obstacles to meeting the criteria described above (e.g., concentration of multiple behaviorally-disordered youth in one home increases behavioral contagion and decreases adult contact; caregivers with multiple children with special needs are hard pressed to provide optimal care to each child).

Some Things to Consider in Assessing Systems of Care for These Children and Youth: Meeting Caregivers' Needs

- Caregivers of children with special needs require extra training in order to be familiar with the nature of children's special needs and to acquire parenting skills appropriate to meeting such needs.
- Caregivers of children with special needs require additional support (e.g., respite, compensation, professional consultation).
- Caregivers of children with special needs benefit from additional professional supervision; this provides a form of external accountability as well as support.

Issues to Anticipate in Altering Care Systems

- Be sure to tie investment in specialized care to achievement of measurable outcomes.

If you build it, they will come; per-diem payment systems for specialized care that are not tied to outcomes generally lead to increased expenditures on specialized care, but not necessarily better outcomes.

- Be careful not to create unintended consequences.

For example, compensation and/or other forms of support that are tied to the perceived behavior problems of children can create disincentives for permanency (both family reunification and adoption).

Licensing Strategies versus Contracting Strategies

- Licensing is a strategy for monitoring minimal standards for a care setting.
 - Assumes that the licensing criteria are clearly tied to the outcomes desired for the setting (often a questionable assumption).
 - Gives “license” to the provider to provide care as they see fit and to be compensated at the rate appropriate to their license as long as they remain licensed.
 - No inherent accountability mechanism related to child and family outcomes.
- Contracting is used to tie provision of a service to payment for the service.
 - Contracts specify, to varying degrees, the nature of the service to be provided and the unit cost to be paid for the service.
 - Contracts can tie compensation, in whole or in part, to achievement of specific outcomes through incentives or sanctions (i.e., performance contracting).
 - Contracts can have the advantage of aggregating discrete providers (e.g., foster homes) under one contract, thus providing for potential economies of scale as well as specialization.

Strategies in the U.S. for Meeting the Special Needs of Children and Youth While Supporting Caregivers

- Enhanced rates for foster parents willing to care for children and youth with special needs.
- Distinct licensing categories for foster homes that care for children with special needs.
- Rate setting systems for contract providers of specialized foster care; these systems specify characteristics of homes/providers and the kinds of support/supervision they are to be provided by the contractor.
- Performance contracting systems that specify both rates of payment per unit of service (e.g., per-diem care rate; capitated rate per child/family) and tie contractor compensation, or preference for using a particular contractor, to measurable outcomes.

Reasonable Next Steps

- Better understand existing practices in Washington, what is working or not working to achieve desired outcomes for children and youth with special needs?
- Strategically examine models in jurisdictions outside of Washington to assess their potential utility in Washington.
- Develop options and cost projections.

Stakeholder Meetings and Input

Two stakeholder meetings were held September 24, and November 8. **Of the multiple responses received several themes emerged:**

- Children with high needs require a parent available (at home) due to increased demands from school, supervision, etc. The requirement for foster parents to be employed under the RCW and WAC should be changed. (WAC 388-148-0535)
- When placing children in out of home care, there needs to be better matching between the child's needs and the foster parent's abilities, experience and training.
- There should be a continuum of tiers-volunteers to professional foster care.
- Foster parent compensation should be tied to experience and training.
- Rate assessment should be based on strengths.
- There should be accountability for outcomes of child.
- There should be accountability for all players involved in the child's case.
- Better support for foster parents (respite and training).
- Teaming should be integral (FTDM, shared-planning meetings).

The workgroup also heard from Lissa Osborne of the Greater Seattle Alumni Network (GSAN). Ms. Osborne presented the view of foster alumni, who have expressed concern that their "behavior and emotional issues" are exaggerated in order to increase payment when these issues are often developmentally appropriate for any child.

Additional feedback was received from CPA providers at the annual statewide CPA meeting on November 29, 2007 and at the BRS providers meeting in early December, 2007. It became apparent that the proposed model would have implications for these contracts and providers expressed desire to be at the table for further discussions.

Subcommittees

There were two subcommittees created by the work group. (Subcommittee membership is listed in Appendix A)

Subcommittee on guidelines for the use and maintenance of licensed foster parent's contact information by the workgroup

The subcommittee task was to discuss and facilitate sharing of the contact information for foster parents for use by the workgroup.

- The Foster Parent Association of Washington (FPAWS) did not want the list of foster parents if requesting the list would "stifle" the report process that is due back to legislature in January.

- Washington Federation of State Employees (WFSE) requested foster parent names to be only used to ask questions related to the need and feasibility of a tiered system or professionalizing foster parents. The committee decided time was short to develop a survey, make phone contact or mail the survey to foster parents to have added value.
- The subcommittee initially drafted a letter to be sent to all foster parents by October 12 that recommended foster parents contact the 1624 workgroup members individually. This was a very short turn around and did not allow time for the entire workgroup to review the recommendations.

Subcommittee Relating to Proposed Model for a Professional Foster Parent Classification

The second subcommittee was formed to discuss and present potential models of a “professional foster parent classification” to the full workgroup for their consideration. Based on presentation by the Executive Director of the University of Washington School of Social Work’s Partners for our Children project,, the subcommittee looked at contracting strategies rather than licensing strategies. The workgroup agreed that contracting strategies would provide more opportunity for accountability on the goals desired by the workgroup, which were:

- Great outcomes for children including permanency and stability in a safe environment.
- These high needs children need experienced care by foster parents with different levels of training, certification, or specialty and support to do the job.

Members of the subcommittee met with CPA and BRS provider agencies to discuss proposals and to gather input from the perspective of the CPA and BRS agencies. This subcommittee of the 1624 workgroup established and agreed upon a set of items to present to the main workgroup. A number of unresolved questions and suggestions have arisen through the discussion process. The following information outlines:

Items which subcommittee members recommended:

- Specifications/Qualifications of specialized foster parents.
- Requirements of specialized foster parents including annual number of hours of training; case planning activities and roles, transportation of children, annual reviews; work with birth parents and placement resources and number of children in specialized foster homes.
- Initial number of children that might be served by specialized foster parents based on the following criteria:
 - Children in level 3 or 4 foster care with three or more placement moves.
 - Children in level 3 or 4 foster care with previous BRS placements.
 - Children in level 3 or 4 foster care who have had a disrupted adoptive placement.

- Desired outcomes for the children as a result of being served by specialized foster parents.

Items on which the subcommittee recommended future work:

- Some of the requirements of the specialized foster parent including:
 - For children with behavior issues, a model that defines the skills taught to foster children by the specialized foster parent as part of the case plan.
 - Role of and required skills for the consultant that will provide consultation to the specialized foster parent (for both child behavior issues and child medical issues).
 - Method for the annual review.
 - How specialized foster parents will work on the transition of children from their homes to what is intended as the child's permanent plan home.
- Selection process for specialized foster parents.

Items that subcommittee were unable to resolve or could not answer in the time available

- How to manage the possible impacts on permanency, including whether and if yes, for how long foster parents would receive the contractual payments.
- The impact of the specialized foster parent payments on the federal funding that Children's Administration receives; initial analysis indicates that federal funds could not be used to fund the stipend payments to foster parents.
- The impact of IRS regulations on the specialized foster parent; early indications are that foster parents will be moved into the category of self-employment, which then requires the foster parent to keep business records on expenditures in order to not be taxed on all payments the foster parent receives.
- How the specialized foster parent service fits into the continuum of services for children in care.
- How to evaluate the outcome of the proposal on the identified outcomes.
- Impact of the specialized foster parent agreements on the additional fees and costs paid to CPAs.
- Impacts and implications of the specialized foster parent category on BRS programs.
- How to fund the work of the specialized foster parents - three funding methods have been discussed, but no one model has been accepted.

Items yet to be examined

- CA structure to manage the proposed approach.
- CA structure to support specialized foster homes.
- Changes in frequency and types of interaction between the specialized foster home and CA social workers.

Final Recommendations of Workgroup

At the meeting of the workgroup in December 21, 2007, the workgroup members reviewed the sub-group recommendations. The workgroup made final recommendations and set out areas that require further effort and analysis.

The workgroup recommended that the foster care level system be reexamined for the overall foster care system.

The intent of this effort is to identify or develop a level system that is not focused on child deficits. The workgroup and the Children's Administration received multiple comments from foster care alumni indicating specific concerns about how the foster care level system focuses on child negative behavior without regard to the strengths a child possesses or progress a child makes.

The workgroup recommended that a specific model of skill building must be selected for use by specialized foster parents who serve children with behavior issues.

The workgroup recommended that the Children's Administration consult with experts in child behavior to identify effective models of service. Once a model of service is selected, training and consultation specific to the model of service must be provided. Trainers and consultants to specialized foster parents must have experience, knowledge, and skills specific to the selected model. Adequate training and consultation must be provided on an ongoing basis to support fidelity to the model on service.

The workgroup made the following recommendations regarding implementation of a specialized foster home program:

The Children's Administration utilize the subcommittee recommendations for specialized foster parent qualifications and requirements in any effort to implement a specialized foster home program.

The outcomes to be measured and evaluated are:

- Increased level of care for children with special needs.
- Increased retention rate of foster parents.
- More home based supports for children, leading to:
 1. Improved placement stability.
 2. Improved educational outcomes.
 3. Improved school stability.
 4. Improved peer relationships (friends).
 5. Improved Independent Living Skills.
 6. Improved participation in age appropriate work opportunities.
 7. Stabilized or improved medical status.

8. Reduced criminal involvement by children in care (fewer felonies).
9. Improved permanency outcomes.

The specialized foster home program will be evaluated to document its impacts on the recommended outcomes.

The workgroup recommended that the Children's Administration work with foster parents, the University of Washington School of Social Work, and child serving agencies on the following items:

- **Selection Process for Specialized Foster Parents**

The workgroup indicated that further work must be done to specify the criteria and process to be utilized in the selection of specialized foster parents. The selection process must be constructed in a manner that meets the needs of children in a given area and across the state.

- **Permanency for Children**

The workgroup discussed means to manage the risk of reduced permanency. Several items were discussed and the following items were recommended for future work:

- Review the rules regarding guardianship payments and establish a predictable floor for payments to guardians. Special attention must be paid to the ongoing needs of children served by this proposal.
- Review the adoption support funding and consider providing additional state dollars to support payments to adoptive parents who adopt a child with a high level of ongoing needs.
- Remove the uncertainty about what support is available after a child is placed in a guardianship or an adoption is finalized.

- **Continuum of Services for Children**

The workgroup discussed how the proposed specialized foster parents would fit into the continuum of care for dependent children. Initially, the focus of the discussion was primarily on foster parents who are licensed by the state and who are not part of a Child Placing Agency (CPA) or a Behavioral Rehabilitation Services (BRS) Agency. As the conversation has progressed and included the CPA and BRS agencies, it became apparent that the ideas proposed for state licensed foster homes would likely impact CPAs and BRS agencies.

The workgroup recommended that the Children's Administration include children who are served by Child Placing Agencies in the proposal. However, there are a number of contractual items that would need to be discussed and settled in order to put the proposal into practice within Child Placing Agencies.

These items include:

- How Children's Administration and CPAs will jointly select specialized foster parents.
- How training, consultation, and annual reviews will be conducted in a manner that is in keeping with the intent of the proposal.
- What other portions of the CPA contract may require revision to support the proposal, such as intensive case management fees.

The workgroup acknowledged that the proposal was likely to impact BRS contractors and foster homes serving children in BRS programs. However, the BRS program is already highly structured. The workgroup recommended that the Children's Administration work with BRS agencies to review BRS standards, determine to what degree foster parents in BRS programs need to meet the criteria of a specialized foster home, and to identify program changes that will improve long term outcomes for children. The workgroup also recommended that funds be provided to support an increase of payments to foster parents who meet the criteria proposed for specialized foster parents.

- **Federal Funding and IRS Implications**

Initial analysis of federal funding rules indicates that federal funds could not be used to make any payments to the specialized foster parents that are not foster care maintenance payments. Additional analysis is needed to determine if any federal funds could be accessed to support the proposal activities. For that reason, the proposal anticipates that state funds would be used to support the stipend payments. The amount of federal funding available to support the other activities is currently undetermined.

Initial analysis of IRS rules indicate that any income as a foster care provider makes that foster parent "self-employed" and requires the foster parent to fulfill the requirements of a "self-employed" individual. Further analysis is needed to determine the complete implications of the proposal on foster parents.

- **Scope of Specialized Foster Home Program**

Analysis of administrative data identified 587 children that met the defined criteria. (The selection criteria are found in Appendix B.) With an average of two children per home, 300 specialized foster homes could serve the children in state licensed foster care or CPA licensed foster care. Because the workgroup agreed to include cost calculations for foster parents serving children in BRS programs, funding increases for 200 BRS foster homes are included in the proposal. The workgroup after discussion of the possible funding models preferred the first financial proposal (found in Appendix C.)

Potential Costs of Specialized Foster Home Program

The approximate cost for the specialized foster parent proposal is estimated at \$7.5 million per fiscal year. This reflects costs for:

- Required annual training (30 hours per year).
- Twice monthly consultation to foster parents for children with behavioral issues and for children with medical needs.
- Monthly payments to 300 specialized foster parents (600 children).
- Monthly payments to 200 BRS program foster parents (400 children).
- Contracted consultant time to conduct annual reviews of specialized foster parents.
- 0.5 FTEs per Children's Administration region to monitor new contracts and to participate in the annual review process.

The approximate cost does not include additional funds to support the changes to guardianship or adoption support payments that will be needed to reduce the risk of negatively impacting permanency outcomes for children. The new model of service also requires that children in specialized foster homes have intensive case plans to manage behavior. Implementation of these intensive case plans may require the assigned social worker to visit the child more frequently than once per month. Cost estimates do not reflect costs for increased social worker participation in case planning and case management that may be needed to support the case plans developed for children in specialized foster homes

**Appendix A
Workgroup Members**

Organization	Representative
DSHS Secretary or designee	Cheryl Stephani, Assistant Secretary (facilitator) Children's Administration
Dean of UW School of Social Work or designee	Dee Wilson, Director (facilitator) Northwest Institute for Children and Families
Partners for Our Children	Mark Courtney, Executive Director
Senate Member	Val Stevens, Senator
Senate Member	Joseph Zarelli, Senator
House Member	Ruth Kagi, Representative
House Member	Dan Kristiansen, Representative
Tribal Representative	Alanna Capoeman, Quinault Nation
Tribal Representative	Linda Atkinson, Spokane Tribe
Foster Parent	Paul Mann, Region 1
Foster Parent	Peggy Haugen, Region 6
FPAWS Member	Danielle Baxter
FPAWS Member	Beth Canfield
Washington Federation of State Employees	Daryl Daugs
Child Welfare Professional	Ron Murphy, Casey Family Program
Child Welfare Professional	Martin Cross, YMCA
Child Welfare Professional	Linda Kalinowski (DLR-Region 5)
Child Welfare Professional	Maureen McGrath, Director Catholic Family and Child Services -Tri Cities (CPA) (east)

Subcommittee re: the name sharing of foster parents and to recommend guidelines and confidentiality statement for use by the workgroup

Danielle Baxter, FPAWS

Beth Canfield, FPAWS

Daryl Daugs, WFSE

Linda Kalinowski, DLR

Resource persons identified by CA: Sheila Huber, AAG, David Del Villar Fox, Michael Luque.

Appendix A
Workgroup Members

Subcommittee re: Specialized foster home contracted model

Daniele and Steve Baxter, FPAWS

Daryl Daus, WFSE

Martin Cross, YMCA

Robbie Downs, DSHS CA Division of Licensed Resources (DLR)

Linda Kalinowski, DSHS, CA, DLR

Shelia Huber, Senior Counsel, Attorney General's Office

Beth Canfield, FPAWS

Sheri Novak, Foster Parent

Michael Luque, DSHS, CA

Appendix B
Proposals Considered and Discussed by Subcommittee
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Foster Parent Classification

Creating a new classification of ‘specialized’ foster parents would:

- Identify a group of foster parents who have demonstrated a long-term commitment and talent for working with the most challenging children and youth in care.
- Enhance foster parent training and skill sets.
- Create a system of support and clinical supervision so foster parents can provide the highest possible level of care for the children they serve.
- Stabilize children and youth for long-term placement and/or permanency. These foster parents will have the skills, tools, and the support to help children with challenging behaviors and serious medical needs succeed in a permanent plan.
- Provide a payment to this specialized group of foster parents. This fee/payment will be paid only to specialized foster parents for each child in their home that is at level 3, 4 or Exceptional Cost Plan (ECP) (Note: A specialized foster parent could choose to take a level 1 or 2 child into their home, but would not be paid the ‘specialized provider’ stipend for those children).
- Continue to pay the fee to the specialized foster parent for serving children with special needs (3, 4, ECP) even if the child is “stepped down” to a lower level of care to facilitate placement stability and to support transition planning for children and youth to a permanent placement.
- Allow increased support, training and funding for this specialized group to improve retention and recruitment of highly skilled foster parents.

The following requirements were agreed to by the subcommittee.

Requirements of Specialized Foster Parent

The qualifying ‘specialized’ foster parent would be offered a contract/agreement that details a set of specialized requirements, higher expectations, training and supports such as:

- Minimum annual training expectations of 30 hours per year (to include hours spent in clinical supervision as part of training).
- Specialized foster parents will have an active role in carrying out components of case plan (i.e. teaching the child skills) and measuring (documenting) the child’s progress.
- Specialized foster parents must be willing and able to provide transportation of foster children to treatment appointments and visitation (parent and sibling).

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- Specialized foster parents must participate in case planning. This includes comprehensive development and execution of a child specific case plan (treatment/behavior management) for the child.
- Specialized foster parents must be available to supervise the children in their care and be able to respond immediately to emergencies that arise during the day. This requirement will impact any work that a foster parent may do outside the home.
- Child/youth progress to be based on measured improvement with the CFARS assessment system (currently used and liked by BRS providers and CA) to be done every 12 weeks. It measures progress in the following areas:
 1. Depression
 2. Anxiety
 3. Hyperactivity
 4. Thought process
 5. Cognitive performance
 6. Medical/physical conditions
 7. Traumatic stress
 8. Substance use
 9. Interpersonal relationships
 10. Behavior in "home" setting
 11. ADL functioning
 12. Socio-legal
 13. Work or school
 14. Danger to self
 15. Danger to others
 16. Security management needs
- Other measurable outcomes to evaluate placement and foster parent success include:
 1. Improved placement stability
 2. Improved educational outcomes
 3. Improved school stability
 4. Improved peer relationships (friends)
 5. Improved Independent Living Skills
 6. Improved participation in age appropriate work opportunities
 7. Achievement of a permanent plan
 8. Stabilized or improved medical status
 9. Reduced criminal involvement by children in care
- Continuation of the contract/agreement with the 'specialized' foster parent is not automatic from year to year. Annual reviews of performance and positive measurable outcomes for the children in their care will be required.

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- Specialized foster parents will be required to work with the birth parents or child's permanent placement resource to teach the parent/placement resource the skills and the structure necessary to maintain the child's progress.
- Specialized foster parents will be required to work with birth parents or permanent placement resources according to the child specific case plan to ensure the permanent placement is stable.
- Specialized foster parents will be required to work with schools, mental health programs, drug treatment programs, etc. to maintain coordinated services for the child (might include written agreements with local support services).
- Foster homes with this contract/agreement will have no more than 3 foster children in the home (Foster parents with more than 3 children in the home, who otherwise meet the criteria, would be considered for this specialized class on a case by case basis through an exception/waiver process).
- Case aides and other home support services would be utilized to support the foster parent/home where there is an acknowledged partnership between the specialized foster parent and the case aid and where the case aide/support person is attached to the home not just a single child.

The following items were agreed to by the members of the subcommittee:

A. Only foster parents that meet the following specifications could apply to CA to become a 'specialized foster parent.' Only those foster parents that wish to be in this specialized class would apply and only those that meet the follow requirements will be considered

1. Three years of experience as a licensed foster parent in Washington. Experience serving children in residential care, mental health services, as a foster parent in another state, or other therapeutic child services may substitute for up to 2 years of the foster parent experience.

Or

2. Be a licensed physician or nurse or be otherwise licensed as a health care professional as appropriate to meet the special needs of children in foster care.

Eligible foster parents can be licensed through CPAs (Foster parents licensed by CPAs who apply for this classification will be selected jointly by the CPA and CA. They must meet the above experience qualifications. Foster Parents

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that have served BRS children are also eligible if they meet the above qualifications.)

B. Process

Qualifying foster parents must apply with the Children's Administration in order to be considered for the classification as a specialized foster parent.

C. Placement of Children in Specialized Foster Parent homes

Children qualifying at level 3, 4 or above (Exceptional Cost Plan) will be given first priority in specialized foster parents' homes. This does not prohibit specialized foster parents from also accepting lower level need children into their homes, but the stipend only applies to the children who qualify for level 3 or 4 foster care or above (Exceptional Cost Plan.) In placing children at level 3 care or above, Children's Administration and, if applicable, Child Placing Agencies must consider the following in order:

- Relative placement as appropriate to meet the child's needs including providing external support to the relative home.
- Permanent plan homes if known including providing external support to the home.
- Specialized foster parents who have the training or skills to help that child succeed.
- Other foster homes.

Sibling groups should be placed together when possible and these groups would have first priority for specialized foster parents homes if one or more of the sibling group is level 3, 4 or above.

Analysis of the Children's Administrative Data Yielded the Following information:

Children in care on a single date (July 1, 2007) were used to create the initial analysis. Use of a single date allows us to determine the ongoing need for available beds on any given date.

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On July 1, 2007

1,370	Children in care at Level 3 or 4 (includes ECP)
804	For purposes of this analysis, Children's Administration identified the number of children who moved 3 or more times.
804 <u>-252</u>	For purposes of this analysis, Children's Administration removed the children in permanent plan homes (232 children) or relative placement (20 children). Total: 252 children.
552	Children in care at Level 3 or 4 care, with 3 or more moves, but not in the permanent plan home or relative care home.
552 <u>+ 35</u>	For purposes of this analysis Children's Administration included children with a previous BRS placement (23 children) or an adoption disruption (12 children) that were not already counted in the total because they had not moved 3 or more times. Total: 35 children.
587	Children who met the criteria.

Because of data limitations, Children's Administration was not able to include children with a failed permanent plan or children involved in multiple systems.

D. Number of Specialized Foster Parent Homes to be established

Targeted number of homes will be set after an analysis of administrative data. Children's Administration will analyze the data beginning with the number of children on a given date that are in placement at a payment rate of Level 3, 4, or ECP payment level.

For that subset of children, Children's Administration will further refine the data by excluding children in their permanent plan or relative placement.

Children's Administration will then include children:

- Who have indications of placement instability (3 or more moves).
- Who have a previous placement in BRS.

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- Or who have returned to care from a disrupted adoptive placement (Information on guardianship placements and multi-system involvement is not available through administrative data, so these children could not be included).

Based upon the above data analysis, a target number of specialized foster parents will be established.

E. Specialized foster parents training/skill development will be geared to better serve the following children

- Children with specific behavior problems, mental health issues, or medical challenges that require additional support.
- Children with individualized case plans (developed with foster parent and when appropriate biological parents) to address child behaviors or child medical problems. The case plan includes goals and ways to measure progress by the child.
- Children involved in multiple systems (JRA, Mental Health, as well as CA).
- Behaviors that may cause the child to be absent from the home for more than 14 days (detention, hospitalization, psychiatric care, etc.).

F. Expected outcomes for creating a group of specialized foster parent

- Increased level care for children with special needs
- Increased retention rate of foster parents
- More home based supports for children, leading to:
 1. Improved placement stability.
 2. Improved educational outcomes.
 3. Improved school stability.
 4. Improved peer relationships (friends).
 5. Improved Independent Living Skills.
 6. Improved participation in age appropriate work opportunities.
 7. Stabilized or improved medical status.
 8. Reduced criminal involvement by children in care (fewer felonies).
 9. Improved chance of permanency being achieved.

The following requirements require future work:

Requirements of Specialized Foster Parent

- Specialized foster parents must utilize evidence-based and best practices such as an approach that teaches the child skills and structures the child's environment.

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- (Cognitive Behavioral Approach). **Definition of the model of service is needed to identify the specific set skills that children would be taught.**
- Specialized foster parents are required to have clinical supervision for foster parents as part of this contract/agreement. Cost of clinical supervision paid by DSHS. **The role of the consultant and the skills needed by a consultant need further definition.**
- Specialized foster parents must be willing to accept children who have a high level of need into their homes. There will not be a 'no denial' policy for this group; children with a high-level of needs are best served in highly trained homes. **The subcommittee believed that special care needed to be taken when placing children so that the mix of children in a specialized foster home led to success for the child.**
- Annual reviews of the foster child progress and specialized foster parents performance. Specialized foster parents' performance to be evaluated by measurable outcomes such as stability of children in their care and success of children achieving case plan outcomes. Aggregate data will be needed to examine progress of all children in the home. **Definition is needed on how the annual reviews will be conducted.**
- Specialized foster parents will assist in the transition of foster children to permanent plan homes or in reunification with birth parents. **Definition is needed on how specialized foster parents perform this requirement and for how long they remain involved**
- Children's Administration will select specialized foster parents from the pool of foster parents who apply. **Definition of the selection process is needed. The selection process needs to be constructed in a manner that meets the needs of children in a given area and across the state.**

The following items were discussed by the subcommittee, but could not be answered in the time available

Permanency for children:

One possible unintended consequence of establishing a specialized foster parent group is reduction of permanent plans for children in care. **It is still not clear how this risk will be mitigated.**

There is a desire to build incentives for permanency for children. **It is not clear how this can be accomplished. Further discussion is needed.**

At times, a decision may be made to leave a child in the home of a specialized foster parent as a long-term foster placement. A great deal of discussion

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occurred about whether the payment/stipend would be continued once the long-term foster care plan is established and if it did continue, for how long it would continue. No agreement was reached by the sub-group on this topic. **Discussion is needed and a decision will have to be made on how this issue is handled.**

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Federal funding

Federal funds cannot be claimed for the payments/stipends that are proposed. Funds to support the proposed stipend payments to foster parents would need to be state only funds. In addition, the payment/stipend is likely to change the foster parents' status into a self-employed business. This will not only affect the contractual payment, but other funds the foster parent receives.

Evaluation

There is not yet evidence that the proposed structure will impact the outcomes identified by the subcommittee. **Discussion is needed on how to evaluate the long-term impact of this approach on child outcomes and on foster parent retention.**

Payments to specialized foster parents:

Whether they take placements through CPA, CA or BRS, specialized foster parents will receive a payment/stipend per child for all placement of 3, 4, ECP, or BRS according to the adopted financial proposal.

For CPAs that have foster parents that are specialized foster parents:

- CPA foster parents that meet the qualifications to become a specialized foster parent are eligible to apply for this specialized class. Other CPA contract terms still apply. **Discussion is needed on how this will occur including selection of CPA foster parents for the designation of specialized foster parent.**
- CPAs are eligible for providing the needed additional training capacity, case management and clinical supervision of specialized foster parents at the current rate or at a rate to be set in a contract amendment between the state and that vendor. **Discussion is needed on how this occurs and whether the CPA consultation will meet the requirement that is described in the proposal. The consultation requirement for specialized foster parents is intended to be based on a model of skill building and the consultant would need expertise in that model of service.**
- Child Placing agencies request that intensive case management funds be automatically available for children served by specialized foster homes as follows:
 - \$400 intensive case management fee for children at the ECP level.
 - \$200 case management fee for children at Level 3 or 4 foster care payment levels.

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Agreement was not reached about whether this could be allowed

- CPAs must agree to pass through 100% of this stipend for specialized foster parent placements each month. **Discussion is needed on how this could be monitored or achieved.**
- The payment plan for specialized foster parents will be the same for all specialized foster parents no matter whether they are licensed through state or CPA. **Discussion is needed on how to accomplish and monitor this. Some concerns were expressed that foster parents serving BRS children should receive a higher total rate than other foster parents.**
- Additional funds to support specialized foster parent payments will be provided to CPAs. **The legislature would need to authorize funding for this to occur.**
- If eligible foster parents can be licensed through CPA's, a process is needed that selects specialized foster parents jointly by the CPA and CA. They must meet the above experience qualifications.

For BRS providers that may have specialized foster parents:

- BRS foster parents that meet the qualifications to become a specialized foster parent are eligible to apply for this specialized class. Other BRS agency contract terms still apply. **Discussion is needed on how the specialized class will impact BRS services as a whole and also the continuum of services to the child.**
- Foster parents who serve children in BRS are not excluded from applying to be specialized foster parents. **Agreement was not reached by the group on this topic. BRS agencies have requested that funds be available to pay stipends to approximately 100 specialized foster parents that serve children under the BRS contract. BRS agencies requested that they be allowed to set their own foster care rates; however, funds provided for the payment/stipend must supplement and not supplant funds already being paid to foster parents. BRS agencies expressed concern that without funds to support the stipends, foster parents will leave BRS agencies to become specialized foster homes or that services that support foster homes would have to be reduced in order to cover the cost of the stipends.**

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Financial details (3 different proposals) No proposal was supported over the other proposals:

Financial Proposal 1:

Approved specialized foster parents will receive a monthly stipend of \$500 per child for all children in their home at a 3, 4, ECP or if under a BRS contract for children served by BRS.

- If the specialized foster parent is paid/administered through a CPA (child placing agency) this additional cost of \$500 per child will be paid by the state.
- BRS providers are not excluded from using a specialized foster parent for services under their BRS contract, and the BRS provider will pay \$500 stipend to that specialized foster parent in addition to the agreed upon reimbursement rate.
- This stipend is reportable as income and not considered reimbursement (foster care maintenance payments). The stipend could be counted toward the requirement that the foster parent have an external source of income.
- This specialized group would be considered contracted social service professionals instead of volunteers.
- Incentive for placement stabilization and/or permanency: If a specialized foster parent takes a child in the BRS program into their home and that child eventually steps down and out of BRS to foster care level, the specialized foster parent will continue to receive the \$500 stipend even if the child rates falls below a level 3 payment.
- Incentive for placement stabilization and/or permanency: If a specialized foster parent takes a child at a 3, 4 or ECP payment plan and that child improves and their payment steps down below a level 3 payment, the specialized foster parent will continue to receive the stipend as long as that child remains in their care.

Since this proposal does not change rate structure but only adds \$500 stipend to each specialized foster parent placement, it will be easy to administer and be paid as supplemental to reimbursement rates per child.

Financial Proposal 2:

- Same as above for children at level 3 and 4 foster care rates:
 - Except that payments at the ECP level of the care would be paid to the specialized foster parents at a flat rate. The flat rate would be equal to the entry level of BRS at approximately \$2,000. There would not be an additional stipend for this rate.

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- The benefit of this flat rate would be a reduction in the approvals before finalizing an exceptional cost plan
- If the specialized foster parent has a child rated level 3 or 4 child (without an ECP) in their care, they would receive the reimbursement rate plus the \$500 stipend

Financial Proposal 3:

Approved specialized foster parents that serve children who meet specified criteria for the service (essentially qualifying for level 3, 4, or ECP) would receive a payment of \$2,000 per month per child. In this proposal, the specialized foster parent would not receive foster care maintenance payments beyond the basic care payment. BRS agencies would pay specialized foster parents an additional amount that equals \$500 more than the current amount being paid to the foster parents. **Under this proposal, federal funds would be lost for the portion of money that is currently paid for the children who would be served under this proposal. This would increase the costs of the proposal by the amount of the lost federal funds.**

Appendix D

Foster Care System Information

Children in out-of-home care in Washington State (FY07)

Age of children in out-of-home care for longer than 30 days (FY07):

(14,463 out of the total number of children placed in out-of-home care (16,601) were in out-of-home care for over 30 days).

- 7.9% were infants
- 25.5%; ages 1-3
- 22.3%, ages 4-7
- 16.1%, ages 8-11
- 11.4%, ages 12-14
- 13.3%, ages 15-17
- 3.4%, ages 18-21

Age of children in Level III or Level IV of care for longer than 30 days (FY07):

- 1.8%, were infants
- 9.0%, ages 1-3
- 19.2%, ages 4-7
- 19.8%, ages 8-11
- 17.2%, ages 12-14
- 25.2%, ages 15-17
- 8.0%, ages 18-21

Age of children in Behavioral Rehabilitative Services (BRS) longer than 30 days (FY07):

- 0.4%, were infants
- 2.5%, ages 1-3
- 6.3%, ages 4-7
- 15.2%, ages 8-11
- 23%, ages 12-14
- 43.2%, ages 15-17
- 8.6%, ages 18-21

Race of children in out-of-home care longer than 30 days (FY07):

- African American: 10.0%
- Asian/Pacific Islander: 1.3%
- Caucasian: 63.0%
- Native American: 10.0%
- Other: 3.4%
- Multi-Racial: 10.9%
- Unknown: 1.5%

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Foster Care System Information

Gender of children in out-of-home care for longer than 30 days (FY07):

- Male, 50.9%
- Female, 49.1%
- Level III and Level IV care:
 - Male, 57.2%
 - Female, 42.8%
- In Behavioral Rehabilitative Services:
 - Male, 63.3%
 - Female, 36.7%

Foster Care Rates

- The National Foster Parent Association reports foster care payment rates (on children up to age nine). These rates range from a low of \$227 per month in Missouri to a high of \$872 per month in Washington D.C.
- In Washington State, the basic payment rate for children ages 6 to 11 years old is \$475 per month.

Foster Care Rate Assessment:

- The assessment is completed by the foster parent and social worker.
- The child's social worker should complete the rate assessment in conjunction with the foster parent. The rate assessment questionnaire takes an average of 30-40 minutes to complete.
- Completing the assessment together provides an opportunity for the child's social worker and foster parent to discuss how the child is doing and to plan for additional services the child may need.
- It is automated, based on the hours the foster parent provides care that is above what is developmentally appropriate.
- A foster care rate assessment occurs when a child is first placed into the foster home, when a child moves into a new foster home, and when the payment authorizations are due for renewal or when there has been a significant change in circumstances for the child or foster parent.
- The child's level of need and the foster parent's time in meeting this need is what is being assessed.
- The assessment must be completed within 30 days of the initial placement of the child and at least every 6 months after the initial assessment.
- The social worker will mail a copy of the assessment and the payment plan to the foster parent, but may also call the foster parent and discuss the assessment outcome.

Appendix D

Foster Care System Information

Behavioral Rehabilitation Services (BRS) Treatment Foster Care

- BRS is an intensive support and treatment program provided by contracted private agencies with an infrastructure to support multiple professional staff. Some of these positions are; case manager; social service staff; clinical consultants; and case-aids.
- The services are intended to stabilize the child's level of functioning and to help them acquire skills and develop necessary supports to maintain or develop a permanent family connection and to transition to a less intensive service level.

Desired outcomes of BRS:

- Increased placement stability.
- Increased behavioral functioning and stability.
- Increased school stability.
- Increased potential for permanence.

The youth served through BRS are youth with behavioral, emotional, mental health disturbances, developmental disabilities and or medical needs so extreme that they may not be appropriately served in a less restrictive and intensive service.

Services provided through BRS

The level of services provided to a youth is based on the level of frequency, duration, and intensity of their behavior or other special risk factors or needs of the youth.

- The services that are provided by the contracted agency include:
 - Behavior management
 - Counseling and therapy
 - Substance abuse treatment
 - Case management
 - Educational services
 - Health care
 - Remediation and stabilization
 - Community support development
 - Transportation

The service level and monthly rate are intended to encompass the entire need and support for the youth. If a youth is placed in a Treatment Foster Home, then this would include the foster payment, respite care, all support and training for the foster parent.

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Foster Care System Information

Assessments, plans, and reports required for Treatment Foster Homes

- Children's Functional Assessment Rating Scale (CFARS)
- Health assessment
- Individual Behavioral Management Plan, which includes supervision and safety plans.
- Individual Services and Treatment Plan.
- Youth quarterly progress report.
- Youth transition report.

Expectations for Treatment Foster Homes:

- No more than 3 BRS youth per home.
- Foster parents must receive 30 hours of training on an annual basis.
- The contractor shall provide monthly meetings for informal support and training for foster parents.
- The contractor shall conduct annual evaluations of foster parents to assess their skill and ability to provide and support services for children in their care.
- The contractor shall initiate and participate in weekly treatment/support meetings with the foster family.
- The contractor shall provide the staff needed to support the service plan and the child's success in the foster home.
- The contracted agency shall develop, monitor, and annually assess the training needs for treatment foster parents.

Multidimensional Treatment Foster Care (MTFC)

MTFC is an evidence-based program proven to decrease problem behavior and to increase developmentally appropriate behavior in children and adolescents who are in need of out-of-home placement. It is a strength-based, skill building model which shapes desired behaviors through positive reinforcement.

The treatment model assists the youth's permanent resource family with effective parenting skills to help ensure that positive changes made while in the MTFC program are sustained long-term.

There is a five person clinical team which serves only ten MTFC homes/youth. Each clinical team member has a clearly defined role. They are the Program Supervisor, Family Therapist, Youth Therapist, Skills Trainer, and the PDR Caller/Foster Parent Recruiter.

MTFC objectives are to:

- Provide the youth with close supervision
- Provide the youth with fair and consistent limits and consequences

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- Provide a supportive relationship with at least one mentoring adult
- Minimize association with peers who may be a bad influence on the youth

MTFC outcomes:

- Fewer placement disruptions
- Fewer foster parents dropping out of providing care
- More successful reunifications
- Reduce child behavior problems
- Reduce child problem behaviors in follow-up

Core components of MTFC Model:

- One youth per foster home
- Foster parents conduct daily behavior point and level system
- School-based behavioral interventions (daily point card) and academic support
- Daily mentoring by MTFC parents
- Daily telephone contact and data collection with the foster parent
- Close supervision of whereabouts of the youth and who they are associating with
- Weekly skill-building and advocacy
- Recreational skill building
- Psychiatric consultation
- Weekly contact with the parents and frequent home visits
- Weekly support and training meetings for the foster parents
- Weekly case-planning with the clinical team and foster parents