

Attachments

Attachment A - Child Abuse Prevention and Treatment Act (CAPTA) Report – 2021

CAPTA Program Manager

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Use of State Grant Funds

DCYF provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- Six regional CPS safety related positions including Quality Practice/Safety Specialists and Administrators to help coordinate CPS services and program design. This funding contributes salaries to each of these positions.
- Three Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. Funding includes salary and benefits.

CAPTA Services

• Regional Quality Practice Specialists, CPS Program Managers and Safety Administrators

The regional Quality Practice Specialists (QPS), CPS program managers and Safety Administrators continue to support intake, assessment, screening and investigation of reports of abuse and neglect through:

- Training their regional staff and community partners.
- Representation on statewide project teams regarding CPS and intake time frames, functions and screening and assessment tools.
- Consultation and consensus building at the regional and statewide level.
- Coordination of regional community-based child protection teams.
- Participation in local child fatality reviews.
- Coordination of regional services for low risk families.

• Critical Incident Case Review Specialists

The Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. These cases involve child fatalities, near fatalities, other critical incidents, high risk, high profile, complex cases, or tort cases.

CAPTA Goals

DCYFs Child Abuse Prevention and Treatment Act (CAPTA) underpinning goal is to eliminate disproportionality by creating and revising all of our systems through a racial equity lens. By raising the most vulnerable, we will all rise. We must work with families from a strength-based perspective, letting them lead as they are the experts of their own lives. Comprehensive assessments will be used to combat our bias and help us understand the family dynamic from an objective perspective. Families will have the relevant resources they

need in order to strengthen protective factors to safely care for their children, addressing disproportionality throughout child welfare, decreasing removals and ultimately thrive.

Goals for CY2021/CY2022

- Implement FFPSA in working towards eliminating disproportionality by always keeping the racial equity lens at the forefront, in creating systems to address disparities and support our families.
- Decrease out-of-home care and repeat maltreatment by increasing preventative services and service delivery, in both the CPS investigative and CPS FAR pathways. This will be supported through the development and implementation of FFPSA.
- Continue work in expansion of the Plan of SafeCare (POSC) through the creation of a public health approach through cross-systems engagement to enhance a network of support. This is being created through a statewide team including a large and diverse representation from early learning, tribes, parent allies, home visitors, child welfare, substance use treatment, healthcare providers and many others. Facilitation of this statewide interagency process is being assisted with in-depth technical support from the National Center on Substance Abuse and Child Welfare. Two pilots are being launched that will focus on infants born substance abused that do not rise to the level of a child welfare intervention. The hospitals will access community resources through the agency Help Me grow, who have family navigators to provide resources.
- Continue to enhance the general child protective system through evaluation, development, improvement and reinforced use of risk and safety assessment tools and protocols.
- Streamline existing trainings and create and provide new trainings around safety and risk. This would include:
 - Integration of Safety Boot Camp into Safety Through the Life of the Case.
 - Creation and provision of Safety Framework training specifically for AAs and Supervisors.
 - Improvement and development of a tracking system to ensure current workers, new workers and supervisors attend trainings.
 - Training with an emphasis on the safety threshold and articulation and documentation around when children are determined to be either unsafe or safe to support application of the safety assessment in case related decision making.
- Continue to actively find innovative ways to improve wait times and increase ability to more effectively respond to child safety.

In the coming year, DCYF is planning to expand use of CAPTA funding to support the following:

- Plan of Safe Care expansion through Help Me Grow. When infants are exposed to substances and need a POSC notification, but do not qualify for a POSC, the hospital develops the POSC and contacts Help Me Grow via a portal funded by DCYF. Help Me Grow will connect the family to resources. De-identified data is sent to DCYF on race/ethnicity, substance type and hospital screening practices. This creates a system that is upstream to support families and address disparities. The portal is in the process of being developed.
- Parent Trust for Washington Children is a contracted DCYF service with the mission of creating lasting change and hope for the future by promoting safe, healthy families and communities. Parent Trust reduced risk factors associated with child abuse and neglect by:
 - Improving parent and child attachment.
 - Increasing positive family and life management skills.
 - Increasing knowledge of normal child development and appropriate parent and caregiver expectations.
 - Decreasing isolation through developing positive support networks.
 - Increasing knowledge and use of community resources.

- Parent Trust programs include:
 - Family Help Line and Support Services.
 - Parent Education and Support Services.
 - Community Based Programs.
 - Circle of Parents Parent Education and Support Groups.
 - Home Based Programs.
 - Child and Teen Services.
 - Expectant and New Parent Services.
 - Conscious Fathering Program.
- Hiring a position to enhance and support the current Citizen Review Panels (CRPs), potential development of new CRPs and organizing CAPTA requirements.
- Provide funding to Children’s Advocacy Centers (CACs) to increase capacity to local communities to respond to child abuse in a fully-coordinated, comprehensive and collaborative manner in order to prevent further trauma to child victims, increase protection through quality investigation, effective prosecution of perpetrators and provision of services for the child victim and non-offending family members.

AMERICAN RESCUE PLAN ACT FUNDS

DCYF has developed proposals for use of the American Rescue Plan Act funds. Internal and external stakeholders are and continue to be engaged in the discussions regarding use of funding. There is planning and coordination work occurring to ensure that we are maximizing support by coordinating CAPTA with Community-Based Child Abuse Prevention (CBCAP) fund planning. Decisions regarding use of funding are being finalized to begin spending funds in fall of 2021.

CAPTA and Alignment with the Child and Family Services Plan (CFSP)

The following items in the [Update on Plan for Enacting the State’s Vision](#) section support practice improvements for safety-related outcomes:

- Implementation of FFPSA.
- Development and implementation of the Family Practice Model.
- Implementation of HB1194 related to parent child visitation.
- Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.
- Hold case consultations prior to filing of dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services to keeping children safety with their parents.
- Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.
- DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF’s Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.
- Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.

- Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.
- Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.
- Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.

Summary of Accomplishments – CY2020/CY2021

- Implementation of pre-dependency consultations statewide to support use and application of safety and risk tools in decision making.
- Hired Family First Prevention Program Supervisor and in the process of hiring six regional FFPSA leads.
- Identified an implementation plan in FFPSA to include early implementer offices. Implementation will begin in identified offices in January 2022.
- Developed a COVID-19 strategy around effective and safe ways for staff to assess children, youth, parents, caregivers and Family Time at the earliest intervention points and ongoing.
- Supported providers in continuing to work with and provide resources to families.
- Adjusted the childcare payment structure to support childcare providers in their ability to stay open and provide critical services.
- Began implementation of the Learner Centered Coaching (LCC) model to AAs and supervisors to assist them in providing support and clinical supervision for caseworkers.
- Developed and implemented Supervising for Safety, a training developed in collaboration with the Alliance, for supervisors and AAs to assist them in providing support, coaching and clinical supervision for caseworkers.
- Hired the Substance Use Disorder (SUD) Program Manager. This position works closely with HCA Medicaid staff to increase capacity building for SUD approved programs. They also manage the Pediatric Interim Care and UA contracts, conduct complex analyses and engage stakeholders to develop and advise policies and strategies related to statewide practice.
- Ongoing mandatory reporting training provided to the community statewide, including partnership with OSPI.
- Regional safety and complex case consultation teams.
- DCYF split the Intake and Safety Program Manager position and hired for these two separate positions. This allows DCYF to provide more in depth work in these specific areas and improve practice.
- In the process of developing an Intake portal for mandated reporters.
- Two pilots were launched through Early Learning and the Harvard Government Performance Lab connecting services to pregnant women impacted by substance use who had screened out intakes.
- Implementation of the Permanency From Day 1 (PFD1) grant interventions in identified offices in Regions 1, 4 and 6.

Calendar Year 2020 Review Period Progress and Updates

Calendar Year 2020 Review Period Progress and Updates	
Activity	Status
Ensure consistent use of the Child Safety Framework and Intake Screening Tool for CPS Leads, Quality Practice Specialists, and Intake Leads through monthly statewide in-person meetings and monthly intake conference calls by providing ongoing support and development.	Ongoing
Regular review of intake data by Headquarters and Regional Intake Program Managers. Managers bring any variations of screened-out intakes to the attention of the AAs for action.	Ongoing

Provide monthly performance reports that include real time CPS investigation and CPS FAR 24-hour and 72-hour response data for staff and managers to proactively manage their cases and ensure the safety of children. Monthly performance reports also provide data for Screened In, Screened Out and Non-CPS intakes.	Ongoing
Participating in group creating legislation for domestic violence response for victim and offender.	Ongoing
Creation and implementation of two Plan of SafeCare pilot sites.	Ongoing
Intake pilot site at Central Intake for call back feature to improve wait times and child welfare’s response to safety. In process of rolling this out to the rest of the state in a staged process.	Ongoing

Services to Substance-Exposed Newborns

DCYF [Policy 2200.Intake Process and Response](#) requires intake workers to screen in intakes involving allegations of child abuse or neglect or imminent risk of serious harm involving a newborn exposed or affected by substances (alcohol, marijuana and all drugs with abuse potential, including prescription medications).

During the course of the CPS response, the caseworker monitors the safety of the infant involved and continues to work with and refer parents to relevant services to increase the safety and well-being of the infant involved. Caseworkers complete a POSC as required by CAPTA when a newborn has been identified as substance affected by a medical practitioner. The plan must include, but is not limited to:

- Medical care for the newborn.
- Safe housing.
- A POSC if the parent is employed or in school.
- A list of phone numbers and contacts for the parent to call, including:
 - Emergency care for the newborn.
 - Help with parenting issues.
 - Help during a crisis.
- A referral for the parent to necessary services, e.g., local chemical dependency professional, substance abuse assessment/treatment, or mental health assessment/treatment.
- A referral to other resources that may be of support, e.g. First Steps, Safe Babies Safe Moms (CPS clients are a priority population), Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.

In October 2014, DCYF launched [Policy 1135.Infant Safety Education and Intervention](#) to improve child safety outcomes for children under one-year of age through early intervention and education with caregivers. The development of a POSC is part of this policy and had been required prior to October 2014; however, a renewed emphasis came with this policy rollout. In 2016, DCYF launched Safety Boot Camp training statewide which provided caseworkers with refresher training related to infant safety, to include when and how to complete a POSC.

In Washington State, health care providers are mandated reporters and are required to notify CPS when there is reasonable cause to believe a child has been abused or neglected. If a newborn has been identified as substance exposed or affected, this may indicate child abuse or neglect and should be reported. DCYF contributed to the development of protocol by DOH for substance exposed or affected newborns in their *“Guidelines for Testing and Reporting Drug Exposed Newborns in Washington State”*. In addition, DCYF partnered with DOH to the develop the *“Substance Abuse During Pregnancy: Guidelines for Screening”* practice guide which includes details for health care providers on how to make a child abuse or neglect report, what information will need to be provided, and what happens after the report is made.

DCYF regularly updates the Mandated Reporter video for Washington State that provides education on reporting requirements.

The FY2018 appropriation provided increased funding to support and address the needs of newborns exposed or affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure. The increased funding will be used to collaborate with the community and develop ways to enhance and support the POSC. After considering and staffing many options to expand POSC, DCYF is working with Children and Family Futures/National Center on Substance Abuse and Child Welfare. This is in an effort to move from local practice improvements to broadening system-wide change to support sharing the expansion of POSC between child welfare, DOH and many providers and agencies that provide services to families.

This current POSC work has truly been a statewide team effort including a large representation from healthcare, child welfare, substance use treatment, healthcare, Parent-Child Assistance Program (PCAP) and many others. Over the last year, we have been receiving in-depth technical support from the National Center on Substance Abuse and Child Welfare to assist in facilitating this process.

Current Practice

Washington currently provides a POSC to infants who are:

- Identified as substance-affected by a medical practitioner. Substances are defined as alcohol, marijuana, and any drug with abuse potential, including prescription medications.
- Identified as having withdrawal symptoms resulting from prenatal drug and alcohol exposure.
- Born to a dependent youth.

Plans of Safe Care are:

- A stand-alone document completed by and held by DCYF
- Used with families involved with DCYF caseworkers and not used with families who are screened out for services. The two pilots that are being launched will explore opportunities to develop POSC for families not involved in the child welfare system through a medical provider and community resources.

Proposed Changes

- Develop a De-Identified Notification Track (currently being piloted)
 - Notifications go directly to Help Me Grow after hospitals develop a POSC and not DCYF. Help Me Grow collects NCANDS data elements to report (in aggregate) to DCYF on a regular cycle.
- Gather de-identified data on race/ethnicity, substance type and hospital screening/testing practices. The data tracking sheets are sent directly to DCYF (being piloted). DCYF will use the data to address disproportionate reporting practices by hospitals to DCYF.

DCYF is in the process of launching two pilots on June 1, 2021. One in Yakima County and one in Pierce County. This model addresses resources for families who give birth to newborns impacted by substance use, but do not qualify for a child welfare intervention. The two counties were chosen as they have access to Help Me Grow in their communities. Help Me Grow is an agency that refers families to resources and can also connect them with family navigators. In looking at development of the plan for Yakima County, it was realized the main birthing hospital already had a referral system for resources to Maternal Support Services for all families that give birth to infants who are exposed to substances. Due to this, the Yakima Hospital will only reach out to Help Me Grow if the family declines services offered to them. The second pilot is in Pierce County where they have a very active Help Me Grow system. Hospitals are going to send referrals directly to Help Me Grow when there is an infant exposed, but does not require a child welfare intervention. Originally there was discussion to have a third pilot with a tribe, but due to challenges pertaining to the COVID-19 pandemic, the tribes declined.

In both Yakima and Pierce counties, screened out intakes involving parents impacted by substances will be referred to Help Me Grow.

CAPTA Review Hearings

CAPTA Review Hearings CY2020	
Outcomes from all referrals appealed to Office of Administration Hearings in 2018	360
Decisions issued by Administrative Law Judge	121
Founded/Affirmed	119
Unfounded/Reversed	1
Attempt to appeal Unfounded Dismissed	1
Findings changed to Unfounded by AA based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge	41
Findings changed to Erroneous Subject / Victim by Area Administrator	3
Findings changed to Inconclusive by Area Administrator	2
Transferred to AGO for licensing, dependency or conflict cases	31
Scheduled for a pending administrative hearing	160
Hearing completed and decision pending from Office of Administration Hearings	2
Petitions for Review to Board of Appeals	7
Founded/Affirmed	7
Unfounded/Reversed	0
Pending	0
<i>Data Source: Mareen Bartlett, Special Assistant Attorney General for CAPTA, CY2020, May 2021</i>	

Washington State Citizen Review Panel (CRP) Reports

Washington State has three Citizen Review Panels (CRPs) that meet at least quarterly throughout the year. Each CRP prepares an annual report summarizing the activities of the panel and recommendations to improve the child protective services system at the state and local levels.

Attached are the completed 2020 reports for the three Washington State Citizen Review Panels.

Tribal Policy Advisory Subcommittee CAPTA Citizen Review Panel

Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) state plan. The DCYF Tribal Policy Advisory Committee (TPAC) had been meeting monthly in Olympia and used video conferencing for statewide participation. Now all members meet via virtual platform due to COVID-19. The function of DCYF TPAC is to assure quality and comprehensive service delivery from DCYF to all AI/ANs in Washington State.

Main Area of Focus and Recommendations

1. Continued inclusion on interview panels and improved outreach to tribes to support DCYF in its hiring practices.

DCYF continues to invite tribal representatives to participate in the hiring process and this has been a goal in many of our 10.03 tribal plans. However, the tribal representatives would like to be a bigger part of crafting the interview questions and would like to be able to ask additional clarifying questions to the candidates. This is essential in understanding the qualities of the candidates in a system that is mainly of European descendants, where cultural differences can lead to a lack of understanding of the candidate's responses. Job announcements should also be sent to tribes and Recognized American Indian Organizations (RAIOs) to assist in the recruitment of more AI/AN staff within DCYF.

2. **Have good disaggregated data and strong data collection in general to show what is and is not working.**
Requested data is typically reviewed during TPAC meetings and at the ICW bimonthly meetings. Develop a data dashboard that is disaggregated by race and is put on the tribal relations website. This will lead to an increase in direct solutions to systemic issues that are revealed.
3. **Break down the silos within the DCYF system to create a mutual understanding.**
Break down the silos between programs. Tribes and RAIOS have worked with the State child welfare, early learning and juvenile rehabilitation systems for decades. Often, not all agency program representation are at the same table. Tribes and RAIOS have found that many services within an agency are incongruence with one another or overlap. Furthermore, the silo system perpetuates a lack of communication between those programs and services.
4. **Value institutional knowledge of tribal culture and values.**
Value institutional knowledge. It was very important to the tribes and RAIOS that the decades of institutional knowledge not be lost. This includes the high value that tribes and RAIOS place on respect for tribal culture and values (i.e. recognition of tribal sovereignty, recognition of Memoranda of Agreement, recognition of Federal-Indian history in regards to the Indian Child Welfare Act of 1978, the importance in-person meetings and visits between tribal and state representatives, etc.).

Create the group equivalent to the dismantled Washington State Racial Disproportionality Advisory Committee (WSRDAC) and have tribal representation as part of the core group. The group would also like a tribal representative to be a part of the statewide CRP group.
5. **Continue to equitably maintain funding among all tribes.**
In 2020, the Greer/ZJG Supreme Court ruling established that a court has a “reason to know” that a child is an Indian child when any participant in the proceeding indicates that the child has tribal heritage. However, funding to make this change was never included in the budget and needs to be included in a decision package for next year’s budget.

Provide a list of payments tribes are eligible for and guide to obtain those payments.
6. **Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38), and the Centennial Accord, as well as have an understanding of Memoranda of Understanding and DCYF Administrative Policy 10.03 plans.**
A new ICW manual is expected to be implemented by the fall of 2021 and the panel would like the commitment of DCYF to revise and train all staff as to this manual, for workers to be trained as to government to government and MOU’s. Invite tribal representatives to assist in creating training curriculum for DCYF social workers and other staff.
7. **DCYF regional structure and planning must include the perspective and voice of tribal relationship and communication structures. The structure intersects with the DCYF tribal liaison structure.**
Access to services are good in many areas, but are still lacking in rural areas. For example, rural tribes such as Makah, Hoh and Quinault have a tougher time accessing services when the main offices or contracted

services are hours away. Longer drives interrupt daily life by taking adults from work and youth from school. While DCYF is working to boost services through the Network Administrator and Family Impact Network, there is still a lack for important services in the very rural areas (i.e. specialized medical or dental care, etc.). Strategies such as paying providers more to take contracts in rural areas, slot payments and paying providers travel time need to be employed to not only attract providers but maintain those providers.

Provide a list of all forms that are used with tribal families for review and recommended revisions.

Summary of Recommendations for CY2021

- Include tribal representatives in the crafting of hiring questions and allow clarifying questions. Send job announcements to tribes and RAIOS.
- Develop a data dashboard that is disaggregated by race and is put on the tribal relations website.
- Break down the silos between programs, ensuring child welfare, early learning and juvenile rehabilitation systems are represented.
- Create the group equivalent to the dismantled WSRDAC and have tribal representation as part of core group. The group would also like a tribal representative to be a part of the statewide CRP group.
- Request a decision package for next year’s budget to supports the Greer/ZJG Supreme Court ruling establishing “reason to know” that a child is an Indian child.
- Provide a list of payments tribes are eligible for and guide to obtain those payments.
- Train workers as to the new ICW manual, government to government and tribal MOU’s. Invite tribal representatives to assist in creating the training curriculum.
- Increase services in rural areas by using strategies such as paying providers more to take contracts in rural areas, slot payments, and paying providers travel time.
- Provide a list of all forms that are used with tribal families for review and recommended revisions.

Citizen Review Panel Members

The DCYF TPAC is comprised of representatives from the 29 federally recognized tribes in Washington and five Recognized American Indian Organizations.

FEDERALLY RECOGNIZED TRIBES	
• Confederated Tribes of the Colville Reservation	• Confederated Tribes of the Chehalis Reservation
• Cowlitz Indian Tribe	• Hoh Tribe
• Jamestown S’Klallam Tribe	• Kalispel Tribe
• Lower Elwha Klallam Tribe	• Lummi Nation
• Makah Nation	• Muckleshoot Tribe
• Nisqually Tribe	• Nooksack Tribe
• Port Gamble S’Klallam Tribe	• Puyallup Tribe
• Quileute Nation	• Quinault Nation
• Samish Nation	• Sauk-Suiattle Tribe
• Shoalwater Bay Tribe	• Skokomish Tribe
• Snoqualmie Tribe	• Spokane Tribe
• Squaxin Island Tribe	• Stillaguamish Tribe
• Suquamish Tribe	• Swinomish Tribe
• Tulalip Tribe	• Upper Skagit Tribe
• Yakama Nation	

The following are the responses to the recommendations from the 2021 APSR. DCYF is currently in the process of responding to the recommendations contained in the 2022 APSR as they were received in May 2021. Per CAPTA statute, the agency has six months to respond to the recommendations, although the agency is working on being responsive prior to that six month timeframe.

Tribal Policy Advisory Subcommittee CAPTA Citizen Review Panel

Recommendation 1

Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38) and the Centennial Accord, as well as have an understanding of Memorandums of Understanding and DCYF Administrative Policy Chapter 10 Tribal Relations.

DCYF Response	<p>The 2021 Indigenous Children, Youth and Families Conference was held for three days and offered over 50 sessions that are directly related to Indian Child Welfare. We were honored to have over 250 in attendance that included Tribal Staff, DCYF Staff, Court Staff, Educators, Caregivers, AOC, AAG, DOC, DSHS, OPD, Children’s Attorneys, CASA, GAL, LICWAC Members, Community Partners, Parents, Alumni, Youth, and Private Agencies.</p> <p>The sessions included topics like: Develop understanding of each other’s roles • Address system issues • Share ideas for enhancements • DCYF Leadership welcome • Engaging and Empowering Youth • Human Trafficking/CSEC • Food Sovereignty • Partnering • Plant Teachings • Permanency Staffing • Two Spirit & LGBTQ+ • Plan of Safe Care • Learning Stories to Dismantle White Supremacy • Dr. Anton Treuer • Edible School Yard and Tribal Connections • LICWACs • Interstate Compact • Strategic Planning • Yoga • Salish Immersion • Child Dev. and Impact of Trauma • Peer Support for Youth • Residential Custody Agreements • Families Upfront Assessment • Yakama Nations CASA Program • Indigenous Foods and Foodways in Early Learning • Lessons Learned • ICW Case Review • Rebuilding Traditional Values • DCYF; Intake 101 • Engaging Families • Leading Equity • Leadership Project • Puyallup Tribes Language Prog. • Early Achievers Tribal Pathways.</p> <p>The six regional consultants offer trainings for units, regions as well as individuals needing assistance with an Indian child welfare case. The Office of Tribal Relations collaborated with the Alliance for Child Welfare Excellence and National Indian Child Welfare Association (NICWA) offered three Qualified Expert Witness trainings. In addition, we have offered Active Efforts training to staff.</p>
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Recommendation 2

Tribal and DCYF leaders must work to have services be fully informed and guided by native people’s voices, by the understanding of the existence and impact of historical trauma and by the recognition and value of the unique cultural strengths of each of the sovereign nations across the state.

DCYF Response	<p>Quarterly Tribal Policy Advisory Committee (TPAC) meetings are held to discuss updates in Child Welfare, Early Childhood Education and Assistance Program (ECEAP) Oversight Board and leaders, Integrated Strategic Plan and Racial Equity, Legislative Impacts, Communication and Tribal Land Acknowledgements, Funding Sources and Resources and the Co-Design Team. There are delegates from the following tribes: Colville, Kalispel, Nooksack and Puyallup.</p> <p>While hiring DCYF staff, we involve tribal members to be a part of the interview process and value their opinions.</p> <p>Sharing our data is important part of the Office of Tribal Relations. Data is shared with internal and external workgroups.</p>
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Recommendation 3

DCYF regional structures and planning need to include the voice and perspective of the tribal relationship and communication structures. This structure intersects with the DCYF tribal.

DCYF Response	An ICW case review was held in regions 1, 3, and 4 with best practices highlighted as well as tips for improvements specific to each of the regions under review. Four tip sheets were created that
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included: Native American Inquiry Request (NAIR) form, Flow of a Case, Bureau of Indian Affairs (BIA) and Active Efforts. DCYF actively involved the tribes regarding feedback and open communication while making these tip sheets used for staff.

There is a monthly newsletter that is distributed to all DCYF staff, child welfare professionals, tribes and their leaders.

Breaking down silos between programs has become a huge focus this year. Tribes and RAIOS have worked with state child welfare, early learning and juvenile rehabilitation for decades and we continue to strive for open communication and streamlining the process to make these connections seamless.

Children, Youth, and Family Services CAPTA Citizen Review Panel

Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act. This is done through examining policies, procedures, and practices of the state child welfare agency and reviewing employee training, data, recruitment and retention and other criteria that are important to ensure the protection of children. The Statewide Citizen Review Panel serves as one of three CRP's in Washington State.

Main Areas of Focus

During the calendar year 2020 reporting period, the panel continued to discuss broad child welfare topics but mainly focused on the following main topics:

- Educational stability of children in foster care.
- COVID-19 and how this is impacting the influx in intakes and resulting dependency filings, the types of abuse that are screening in, risk factors that are contributing and the supports that DCYF is providing during this time.
- The reduction of infants born substance affected or exposed coming into care and resources available to keep these infants from entering the foster care system.
- Inquiry and discussion in each topic area included a review of racial disproportionality data (when available) and policy implications on race equity.

Process

The Statewide CRP is scheduled to meet monthly. If attendance is limited the meeting is cancelled or a shorter phone call is scheduled. The CRP met 11 times during 2020.

Action by the Citizen Review Panel

The following presenters and topics were brought in to help inform the committee's decisions:

- Peggy Carlson (OSPI) and Shanna McBride (DCYF-Educational Program Manager) presented regarding educational legislation and implementation.
- Dae Shogren presented regarding DCYF's Racial Equity and Social Justice (RESJ) program and plan.
- Peggy Carlson (OSPI) presented regarding I-ACT.
- Xuan Chung (DCYF Licensing Division) presented regarding Kinship Foster Care Licenses.
- Vikki Ybarra (DCYF Director OIAA) presented on the Substance Use Disorder (SUD) pilots and data regarding to the need for SUD treatment and the resources available.
- Frank Ordway (DCYF Chief of Staff) presented on community engagement and advisory boards.
- Jess Lewis (DCYF Director of Adolescent Programs) presented on 17.5 staffings, education and Independent Living Skills at DCYF.
- Data was also requested and presented regarding education, COVID-19 and SUD.

- Kwesi Booker (Assistant Secretary, Field and Operations) and Steven Grilli (Director of Child Welfare Programs) presented regarding their respective areas of leadership within DCYF.

Continued Barriers and Progress Made towards Communication with DCYF

Prior to the transition from the Department of Social and Health Services (DSHS) to the Department of Children Youth and Families (DCYF), the CRP was connected with the Children’s Services Advisory Committee and both met directly with the Assistant Secretary for the DSHS Children’s Administration. In September 2018, shortly after the establishment of DCYF, the Children’s Services Advisory Committee was suspended by DCYF leadership. The CRP continued, but the Assistant Secretary no longer attended the meetings. This resulted in recommendations being unheeded, a drop in membership and reduced morale among the CRP team.

During 2020, leadership resumed attending the CRP. This included the Chief of Staff, the Director of OIAA, the Director of Child Welfare Programs and the Assistant Secretary for Field and Operations. This was greatly appreciated and welcomed. However, the group was never provided a written response to the 2019 recommendations and was not given a verbal response until recently.

Frank Ordway, the Chief of Staff, talked about reinstating the Children’s Service Advisory Committee portion of the group and about reinstating the Washington State Racial Disproportionality Advisory Committee (WSRDAC) as a new CRP. This has been a recommendation made by this CRP for several years. The group has been waiting for these changes but has not seen follow through on these items. In order to move forward, DCYF needs to articulate timely and, in writing, how each recommendation will or will not be followed through on, provide an explanation about why, and follow through with all commitments made to the group.

Recommendations for Calendar Year 2021

The CRP made the following recommendations to the Washington State Department of Children, Youth, and Families:

Disproportionality

1. This is a recommendation carried over from the prior year’s recommendation. Establish the former WSRDAC as a CRP and follow recommendations that the WSRDAC CRP provides for improving practice and policy. This external group will align with DCYF efforts to “recognize and address the racial inequities in outcomes for kids”. Former members, previous organizations and newly identified members should constitute the CRP membership. By using this committee’s experienced members to monitor and focus DCYF efforts on racial equity, this creates an external level of accountability outside the internal Race, Equity and Social Justice group. The CRP would like this to be established by the end of 2021.
2. Develop or implement a race equity analysis tool to be used when hiring, in policy and practice development, and budget. If one is already in place, make sure that all program managers and leadership are using this tool; provide the tool in the response to this group and make the tool public.
3. Collect, maintain, publish and disseminate race/ethnicity data and information to the public and partners on a regular basis.
4. Please also see recommendation #4 under Infants Born Substance Exposed or Affected.

Education

1. Train all relevant staff to complete best interest determinations, as required by federal law, under the Every Student Succeeds Act (ESSA). When a child is placed into foster care, or changes placement, the Fostering Connections to Success and Increasing Adoptions Act, and ESSA require child welfare and education agencies to collaborate to determine if it is in the child’s best interest to remain in their school of origin. As part of this:

- Document Best Interest Determinations including decision on school placement
 - Document school changes in relation to placement changes
 - Invite and include youth and parents in best interest determinations
2. Provide mandatory training to social workers, supervisors, area administrators, and caregivers in partnership with OSPI regarding federal and state requirements for educational stability.
 3. Expand capacity at the regional level for DCYF educational leads to have the time to focus on education to improve educational outcomes and determinations.
 4. Partner with OSPI and individual school districts, specifically utilizing SB 5184 foster care points of contact in each school, to remove barriers to parents being an integral part of their children’s educational experience.
 5. Partner with Parents for Parents, the courts, the AG’s, OPD, AOC, OCLA and other partners to remove barriers and encourage parents to be an integral part of their children’s educational experience.
 6. Add an education representative to the DCYF Oversight Board.

Data

1. Include external stakeholders in the ongoing development of CCWIS around deciding what data points need to be collected and make these the priority. The group recommends a review of what is statutorily mandated as a starting point. Examples include incarcerated parents, family time, disproportionality and educational outcomes.
2. Develop an Education Dashboard that includes (but not limited to)
 - Percentage of children in care who change schools as a result of a placement change
 - Number of best interest determinations with resulting school placement
 - Number of children who remained in school of origin after being placed outside of the school boundaries
 - Percentage of children, both in care and those who remain in the home, who have been referred to Early Learning Services and out of those how many are receiving Early Learning Services
 - Percentage of children in care with education liaisons
 - Number of youth in JR institutional setting and number of youth that age out or declined into DOC
 - Graduation rates and testing scores of children in foster care
 - School discipline rates of children in foster care
 - All data should be disaggregated by race and ethnicity
3. In order to capture a better idea of how race and ethnicity affect child welfare, data should be collected at each decision point DCYF is involved in. This includes but is not limited to the race/ethnicity of children, parents, caregivers, DCYF workforce and reporting parties.

Infants Born Substance Exposed or Affected

These recommendations are carried over from the prior year’s recommendations.

1. Update policy that creates a presumption that infants born substance exposed or affected remain with parent. If the Safety Framework indicates the infant is unsafe with the biological parent, including fathers, active efforts should be utilized to ensure that every single effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model.
2. Pursue additional legislation to remove language such as “substance abuse as a contributing factor... shall be given great weight”. See RCW 26.44. 195. This language perpetrates biases for parents who have

substance abuse disorders. Other risk factors such as severe mental health issues and lack of bonding can be just as dangerous to infants as substance abuse.

3. Update policy for DCYF and the Attorney General's Office (AGO) to make clear that when a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian or custodian capable of adequately caring for the child. In these situations, a B dependency should not be filed, as there cannot be abuse or neglect of the infant prior to birth. This is consistent with DCYF's discontinuation of findings on children prior to their birth.
4. The group recommends that DCYF leadership convene a meeting with leadership at the Governor's Office and Statewide representatives of Hospitals to develop clear and consistent statewide policies for hospitals regarding testing for substances during the birthing process. The race equity analysis tool should be used during the development and approval of these policies. This should reduce racial biases and begin to create equity, in turn reducing disproportionality in the child welfare system and minimizing family trauma.

Future Plans

The panel met in April and May of 2020 to develop next year's areas of focus. The focus for 2021 will be:

- Reducing overall removals of children and placement into foster care (with a focus on the following):
 - Safety planning /services in order to prevent removals. Looking into short term stayer data. Availability of in-home services/supports and needs identified by parents.
 - Reducing racial disproportionality in removals/placements into foster care.
 - Evaluating strategies - specifically race blind removal procedures designed to reduce disproportionality.
 - Reviewing Mandatory Reporter laws/training/alternative solutions to getting families assistance.
 - Alternative pathways for care of children of incarcerated parents - for otherwise fit parents who are currently unavailable due to incarceration.
- Evaluating the availability of Substance Use Disorder (SUD) resources in WA and addressing the unmet need.
- Continue to follow up with DCYF on the following:
 - Educational needs of children in care and recommendations from 2020.
 - Plan of Safe Care and other work being done with families who have children born substance exposed/affected.

Children, Youth, and Family Services Advisory Committee Citizen Review Panel Members

Jacob D'Annunzio, Office of Public Defense – **Chair**

Byron Mannering, Director of Brigid Collins, Family Support Center, Bellingham

Alise Morrissey, Children's Home Society of Washington

Ryan Kiely, Excelsior Youth Center, Spokane

Annie Blackledge, The Mockingbird Society, Seattle

Jason Bragg, Parent Mentor/Ally

Peggy Carlson, Office of Superintendent of Public Instruction

Laurie Lippold, Partners for Our Children, Seattle

Ron Murphy, Casey Family Programs, Seattle

Ryan Murrey, Washington Court Appointed Special Advocates for Children

Jill Malat, Office of Civil Legal Aid

Kelly Warner-King, Administrative Office of the Courts

DCYF Response to 2021 APSR Recommendations

The following are the responses to the recommendations from the 2021 APSR. DCYF is currently in the process of responding to the recommendations contained in the 2022 APSR as they were received in May 2021. Per CAPTA statute, the agency has six months to respond to the recommendations, although the agency is working on being responsive prior to that six month timeframe.

Children, Youth and Family Services CAPTA Citizen Review Panel

Recommendation 1

1. Communication and Collaboration between DCYF and the Statewide CRP

- Meet with the Director of Child Welfare Programs and the Assistant Secretary of Child Welfare Field Operations or the Deputy Secretary of Programs for Children and Families 3 times a year, preferably during the April and August meetings and one additional CRP meeting. This will increase communication and collaboration and will give the team the ability to talk to leadership prior to making recommendations and clarify any questions during the DCYF response time.
- Create a space for the CRP’s to present their work and recommendations to the DCYF Oversight Board annually.
- Request that DCYF leadership respond to the CRP recommendations by August 31st yearly.
- Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare programs outcomes. This also helps the CRP and DCYF meet CAPTA requirements.
- Facilitate a meeting between the three CRP groups once a year to increase communication and reduce replication.

DCYF Response

DCYF has agreed to the following:

- The Director of Child Welfare Programs and the Assistant Secretary of Child Welfare Field Operations have committed to meeting with the statewide CRP quarterly and have followed through on this commitment.
- Responding to the CRP’s by September 30th of each year. This will allow enough time for any clarifying questions to the CRP’s regarding the recommendations to DCYF and thoughtful responses to the panels.
- Sending two CRP members from each panel to the National CRP Conference. In 2021, due to the COVID-19 pandemic, the conference was held virtually and was available to all members.
- Continuing to attempt to facilitate a meeting between the three CRP groups yearly.

Recommendation 2

2. Infants Born Substance Exposed or Affected.

- Update policy that creates a presumption that infants born substance exposed or affected remain home. If the Safety Framework indicates the infant is unsafe in the home, active efforts should be utilized to ensure that every single effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model.
- Pursue additional legislation to remove language such “substance abuse as a contributing factor... shall be given great weight”. See RCW 26.44. 195. This language perpetrates biases for parents who have substance abuse disorders. Other risk factors such as severe mental health issues and lack of bonding can be just as dangerous to infants as substance abuse.
- Continue the Plan of Safe Care ITDA workgroup that many of the members are participating in. This workgroup focuses on expanding Plans of Safe Care across disciplines to keep infants safely at home. Ensure that a well thought out implementation for the field is created and executed and provide an update from the Plan of Safe Care workgroup on a regular basis.
- Update policy to indicate that if a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian or custodian capable of adequately caring for the child. In these situations, a B dependency should

not be filed, as there cannot be abuse or neglect of the infant prior to birth. This is consistent with DCYF’s discontinuation of findings on children prior to their birth.

- Request that Secretary Hunter meet with Governor Inslee to recommend the convening of a group to create clear consistent hospital policies across the state regarding testing for substances during the birthing process. This will reduce racial biases and begin to create equity, in turn reducing disproportionality in the child welfare system and minimizing family trauma.

DCYF Response	DCYF is continuing to assess our response to infant safety and tools as part of the overall practice model. At this time, we are not recommending any statute changes but are continuing to move forward with the Plan of Safe Care work with communities and within DCYF.
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Recommendation 3

1. Disproportionality

- Establish the former Washington State Racial Disproportionality Advisory Committee (WSRDAC) as a Citizen Review Panel. This external group will align with DCYF efforts to “recognize and address the racial inequities in outcomes for kids”. By using this committee’s experienced members, to monitor and focus DCYF efforts on racial equity, this creates a higher level of accountability outside the internal Race, Equity and Inclusion group. A second option to accomplish this goal would be to establish a subgroup of the DCYF Oversight board that is specifically focused on Child Welfare Racial Disproportionality.

DCYF Response	DCYF recognizes the need to address racial inequities. DCYF is moving forward with plans to strengthening the CRP process and structure to include a focus on racial inequities.
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Region 2 Washington State CAPTA Citizen Review Panel

Purpose

The purpose of the CRP is to evaluate the extent to which the state agency in Region 2 is fulfilling its child protection responsibilities in accordance with the Federal Child Abuse Prevention and Treatment Act (CAPTA) State plan.

It is the mission of the Region 2 Citizen Review Panel (CRP) to be a presence in the community by reaching out and advocating for the needs of children and families across Region 2. In addition, this committee will be reviewing and evaluating performance measures, state and federal, and offer suggestions or help to overcome internal or external barriers to families.

Main Area of Focus

The Region 2 committee serves as a CRP for Washington State and invites local community members to join committee meetings to discuss the accessibility and effectiveness of DCYF services, with emphasis on policies, practices and community collaborations that support child safety and well-being. The Region 2 CRP was re-established in October 2018 after Children’s Administration merged into DCYF and the regional split occurred dividing the existing regions from three to six regions. In October 2018, the primary focus was to re-establish membership of the CRP and begin orienting the new members to the essential functions of DCYF. Since October 2018 and throughout 2019, 2020, and 2021, the CRP has met quarterly and discussed topics that include child welfare data both regionally and statewide, disproportionality in child welfare, federal and statewide outcome measures for children and families, including reviewing the final findings from the CPS FAR TriWest evaluation report and Family First Prevention and Service Act, retention, pregnant and parenting families impacted by substance use disorder, Commercially Sexually Exploited Children response, Washington States Plan of Safe Care work and DCYF Intake. This year continued to be a transition. The CRP struggled with low attendance and this will be our focus for this coming year to strengthen the membership of this group.

Committee Findings

The Region 2 CRP is still in transition and has been rebuilding since 2018. This CRP is our longest standing CRP in Washington State and reportedly was very stable before the last recession. Over the last three years, new

members have joined, but it has been difficult to build consistent attendance. Region 2 DCYF leadership is present at our meetings and this is held with value by the members due to the ability to get direct input about DCYF activities happening in their communities.

Areas of Focus:

The group determined areas of focus for this coming year with disproportionality and promoting social justice and racial equity as an overarching goal. This includes:

- Tribal voice regarding native youth and families impacted by substance use and other needs.
- Development of interventions including Plan of Safe Care with pregnant and parenting families impacted by substance use.
- Looking at the socioeconomic needs of families due to the COVID-19 pandemic. Increasing how we meet basic needs of families and unaccompanied youth in Region 2.

Recommendations for CY2021

1. Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare program outcomes. This also helps the CRP and DCYF meet CAPTA requirements.
2. Strengthen the membership of the Region 2 CRP, with a focus on diversity and inclusion.

Citizen Review Panel Members

Leo Lopez – Director of Yakima Casey Family Programs
 Joel Chavez – Community Health Plan of Washington Regional Manager
 Laura Nagel- Center of Children and Youth Justice
 Lilly Cory- Center of Children and Youth Justice
 Brenda Barrios – Sunnyside School District
 Julie Schillreff – White Swan School District
 Rea Culwell – Walla Walla Attorney
 David Wheeler – Benton County Juvenile Court
 Carol Pidduck – Kittitas County CASA Director
 Julia Krolkowski- Substance Prevention Yakama School District
 Michelle Story- School Counselor Toppenish School District
 Chestina Dominguez- Yakama Nation CASA
 Jasmine Yellow Owl- Yakama Nation Headstart
 June West- Clinical Supervisor Yakama Nation Behavioral Health
 Eveth Padilla- Sunnyside School District
 Dorene Perez – Region 2 DCYF Regional Administrator
 Jenna Kiser – Region 2 DCYF Deputy Regional Administrator
 Molly Rice – Region 2 DCYF Quality Practice Specialist
 Berta Norton – Region 2 DCYF Area Administrator
 Theresa Malley – Region 2 DCYF Area Administrator
 Jennifer Cooper – Region 2 DCYF Area Administrator
 Claudia Rocha-Rodrigues – Region 2 DCYF Area Administrator

Kevin Sharp-Smith – Region 2 DCYF Area Administrator
 Colleen McGuire – Region 2 QA/CQI Administrator

DCYF Response to 2021 APSR Recommendations

The following are the responses to the recommendations from the 2021 APSR. DCYF is currently in the process of responding to the recommendations contained in the 2022 APSR as they were received in May 2021. Per CAPTA statute, the agency has six months to respond to the recommendations, although the agency is working on being responsive prior to that six month timeframe.

Region 2 Washington CAPTA Citizen Review Panel	
Recommendation 1	
1. Establish the Washington State Racial Disproportionality Advisory Committee (WSRDAC) as a fourth Citizen Review Panel. This aligns with DCYF efforts to “recognize and address the racial inequities in outcomes for kids” by using this committee’s experienced members to monitor and focus DCYF efforts on racial equity.	
DCYF Response	DCYF recognizes the need to address racial inequities. DCYF is moving forward with plans for strengthening the CRP process and structure to include a focus on racial inequities.
Recommendation 2	
2. Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare programs outcomes. This also helps the CRP and DCYF meet CAPTA requirements.	
DCYF Response	DCYF has committed to send two CRP members from each panel to the National CRP Conference. In 2021, due to the COVID-19 pandemic, the conference was held virtually and was available to all members.