



2025-2029 CHILD AND FAMILY SERVICES PLAN



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Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Vision & Collaboration

State agency administering the programs

The federal Administration on Children, Youth and Families (ACYF), Program Instructions ACYF-CB-PI-24-02, requires that all state agencies responsible for administering or supervising the administration of child welfare programs under Title IV-B subparts 1 and 2, and Title IV-E of the Social Security Act to submit a 2025 – 2029 Child and Family Services Plan (CFSP).

Washington State’s Department of Children, Youth and Families (DCYF) is a cabinet-level agency focused on the well-being of children. DCYF is the lead agency for state-funded services that support children, youth, and families to build resilience and health, and to improve educational outcomes. Our focus is to support children, youth, and families at their most vulnerable points, giving them the tools they need to succeed with a focus on prevention and early intervention.

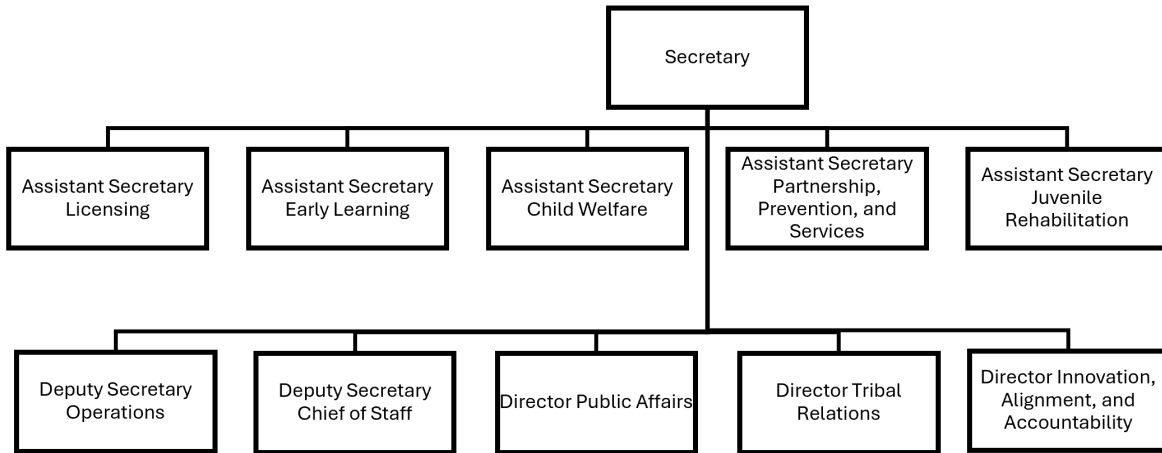
In 2017, Washington State enacted [House Bill \(HB\) 1661](#), which led to the creation of the Department of Children, Youth and Families (DCYF). DCYF encompasses programs and services previously offered through the state Children’s Administration (CA), Juvenile Rehabilitation Administration (JR), Department of Early Learning, Office of Juvenile Justice (OJJ), and Working Connections Child Care (WCCC). The combining of these programs and administrations allows for an opportunity for a unified effort that all Washington’s children and youth grow up safe, healthy, and thriving. HB 1661 also established the Office of Innovation, Alignment and Accountability (OIAA). OIAA is tasked with reviewing and recommending implementation of advancements in research; supporting the agency to implement data-driven and research-based efforts to improve outcomes for children, youth, and families; and support continuous quality improvement. OIAA collaborates across divisional and state agencies, tribal government, partner agencies as well as other state funded organizations to develop and use data-driven, research-based interventions to effectively intervene in the lives of at-risk young people as well as align systems that serve children, youth and families.

DCYF Organizational Chart and Regional Operations

The [organization of functions](#) within DCYF includes five divisions that report to Ross Hunter, DCYF Secretary.

Department of Children, Youth and Families Organizational Chart

Last updated October 2023



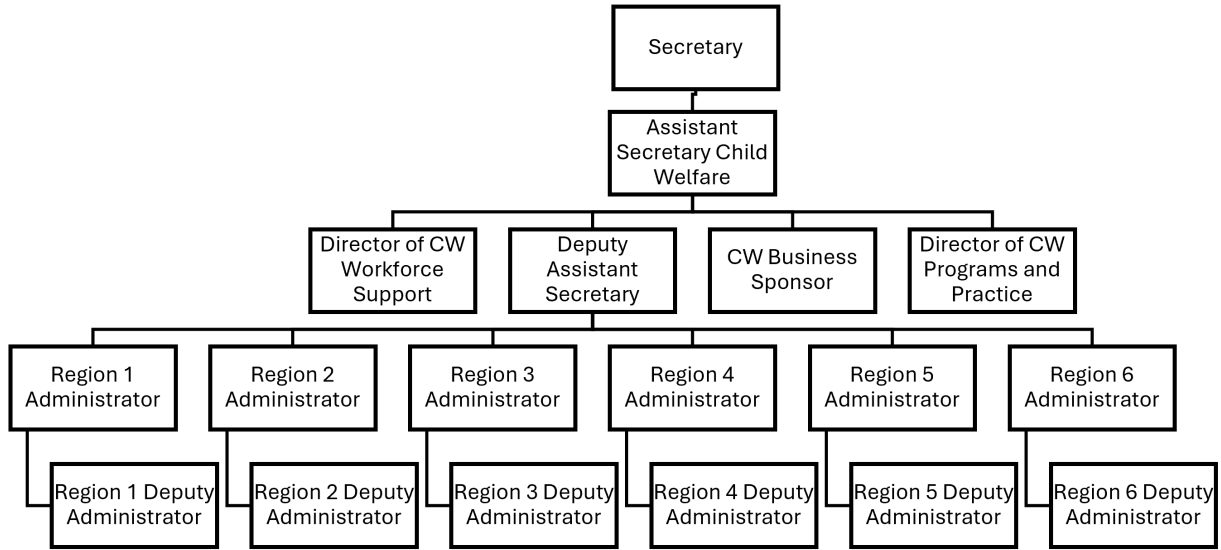
DCYF Child Welfare Division, in tandem with Licensing and Partnership, Prevention, and Services Divisions, is responsible for providing child welfare services to Washington’s 39 counties, which are divided into six regions and administers the following activities:

- Investigation of reports of child maltreatment
- Differential response to low-risk reports of child maltreatment
- Case management
- In-home services
- Out-of-home services
- Permanency planning
- Foster home recruitment and training
- Adoptive home recruitment and certification

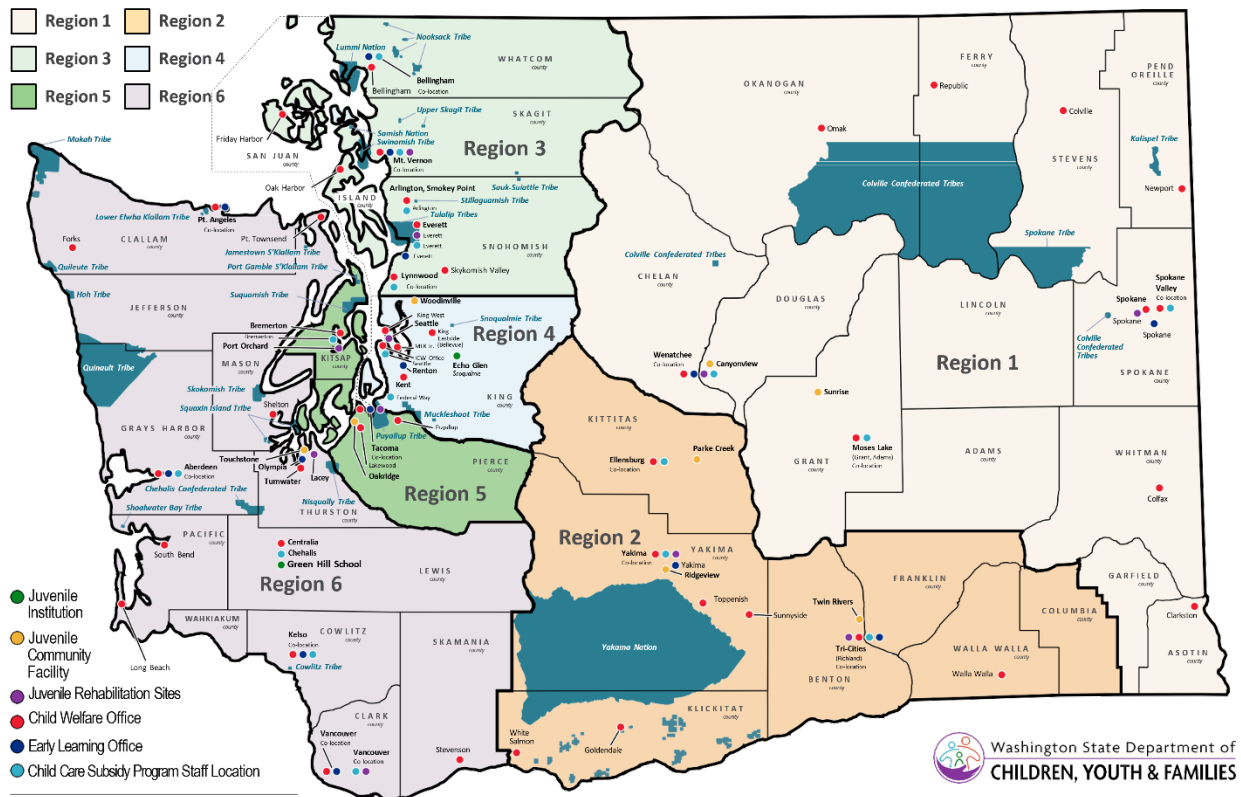
2025-2029 CHILD AND FAMILY SERVICES PLAN

Department of Children, Youth and Families Organizational Chart – Child Welfare Division

Last updated May 2024



Department of Children, Youth & Families Regional Structure



Agency Vision

DCYF recognizes that agency improvements are not resigned to reporting timelines but happening continuously. This is reflected in DCYF’s approach to the development of the 2025-2029 CFSP. This five-

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year strategic plan is the consolidation of improvement projects to demonstrate how DCYF is leveraging resources to improve outcomes for the children, youth, and families of Washington State.

The federal reporting unit within DCYF extends many thanks to the staff, program managers, administrators, executive leadership, and system partners for contributing to the development of the 2025-2029 CFSP. The subject matter expertise provided about child welfare practice in Washington State is invaluable and has built a plan that is an accurate reflection of the great work occurring with children, youth, and families. Thank you again for your commitment and contribution toward this plan while protecting children and strengthening families so they flourish.

Mission

Protect children and strengthen families so they flourish.

Vision

All Washington's children and youth grow up safe and healthy—thriving physically, emotionally, and educationally, nurtured by family and community.

Values

- Inclusion
- Respect
- Integrity
- Compassion
- Transparency

Guiding Principles

- A relentless focus on outcomes for children;
- A commitment to collaboration and transparency;
- A commitment to using data to inform and evaluate reforms, leveraging and aligning existing services with desired child outcomes;
- A focus on supporting staff as they contribute to the agency's goals and outcomes.

Strategic Priorities

In Spring 2023, DCYF Leadership reviewed the original 2020 Strategic Priorities and revised them to incorporate new challenges and goals more accurately for DCYF. The 7 focused priorities are:

1. Safely reduce the need for child abuse and neglect intakes. Reduce entries and re-entries into child welfare and juvenile rehabilitation.
2. Safely reduce the number of children in out of home care by 50%.
3. 80% of Washington children will be ready for kindergarten.
4. High quality childcare is available and affordable to all in Washington.
5. Youth exiting DCYF systems will graduate from high school at the same rate as all Washington youth.
6. Youth exiting DCYF systems will be employed and/or enrolled in post-secondary at the same rate as all Washington youth.

7. Reduce by half the number of youth who experience homelessness within one year of exiting a DCYF system.

These strategic priorities were made with representation from child welfare and juvenile rehabilitation staff's input. For each of these outcomes a theory of change is being identified.

In addition, DCYF released an additional [Strategic and Racial Equity Plan](#). This plan incorporates the agency strategic plan and racial equity plan and includes the top six agency priorities in three categories of practice that will guide the work of the agency over the next five years.

Point of Contact

The point of contact for the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR) is:

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Washington State Department of Children, Youth, and Families
1500 Jefferson St SE, Olympia, WA 98501
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roxanne.cates@dcyf.wa.gov

Collaboration

DCYF has a successful structure and culture that supports collaborating, coordinating, and partnering with a wide variety of internal and external partners, tribes, courts, youth, parents, caregivers, and community collaborators. The Department engages partners in a continuous improvement cycle by encouraging and facilitating ongoing, year-round engagement with system partners to successfully implement the strategies and activities identified in the 5-year CFSP. This work also includes initiatives such as implementation of the Program Improvement Plan (PIP), Family First Prevention Services Act (FFPSA), Family Practice Model (FPM), Permanency from Day One (PFD1) grant, Indian Child Welfare Act (ICWA) policy revisions and legislative mandates and changes. Through engagement, collaboration, and consultation, DCYF can continuously assess the needs of children, youth, and families; use the input to amend strategies; and monitor progress towards achieving outcomes and measures.

Agency Advisory Groups

Currently, DCYF has advisory groups that provide a vital connection and voice to the various communities that we serve. Just a few of these advisory groups include:

- Early Learning Advisory Council (ELAC) – a diverse group of parents, childcare providers, health and safety experts, legislators, Tribes, K-12 and higher education and others who are invested in creating a statewide early learning system that helps all children realize their full potential.
- State Interagency Coordinating Council (SICC) – a council to assist DCYF in implementing a collaborative and comprehensive statewide system of early intervention services for infants and toddlers who have disabilities and their families.
- Field Advisory Board (FAB) – team of representatives from various positions (caseworkers, supervisors, etc.) that meet to discuss regional and statewide strengths, barriers, and opportunities for improvement. The group provides feedback from direct service staff and guidance on program and practice changes, initiatives, and policy revisions.

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- Parent Advisory Group (PAG) – a group made up of parents and family caregivers of children to represent the unique experiences and perspectives of their families and acts as a sounding board for decisions, ideas and questions that shape the future of DCYF.
- Passion to Action (P2A) – a statewide youth led advisory board to DCYF. This includes youth, ages 14-24, who are or have been in foster care in Washington State. P2A provides DCYF with input, feedback and recommendations regarding policies, practices, and publications. In addition, members are often involved in trainings and presentations to share their experiences of being in the foster care system.
- Foster Parent 1624 Consultation Team – meetings that bring together caregivers and DCYF to discuss issues of concern to foster parents. These meetings are regionally based.

In addition, there is the [DCYF Oversight Board](#). This board provides monitoring and ensures DCYF achieves the stated outcomes as intended by HB 1661 and that DCYF complies with administrative acts, statutes, rules, and policies pertaining to early learning, juvenile rehabilitation, juvenile justice, and children and family services. The board includes membership from DCYF, foster parents, legislators, physicians, representatives from youth, tribal, and parent system partner groups, in addition to community subject matter experts in early learning, juvenile justice and child welfare. The Oversight Board focuses on contributing factors influencing agency performance such as internal shifts in the operations, priorities, and staffing of an agency evolving into its fifth full year of operating an entire continuum of care of services for children, youth, and families. Additional details can be found in the [2022 Department of Children, Youth, and Families Oversight Board Legislative Report](#).

Court Improvement and Collaboration

DCYF works very closely with the Child Welfare Court Improvement Program (CIP). Over the last year, efforts have been primarily focused in the following areas and initiatives:

- The [Family Well-Being Community Collaborative \(FWCC\)](#) – This was formally known as the Innovative Dependency Court Collaborative (IDCC). This collaborative consists of DCYF and Administrative Office of the Courts AOC (co-facilitators) along with representation from the judiciary, tribes, parent allies, youth, caregivers, Office of Public Defense (OPD), child representation, Attorney General’s Office (AGO), Court Appointed Special Advocate (CASA)/GAL, Juvenile Court Administrators, [Family and Juvenile Court Improvement Program](#) (FJCIP), Casey Family Programs, and [Partners for Our Children](#). The FWCC continues to focus on supporting effective implementation of the [Keeping Families Together Act \(HB1227\)](#) and the [Strengthening Parent-Child Visitation Law \(E2SHB1194\)](#), with particular attention paid to ensuring courts understand and apply the new laws. There are four multidisciplinary workgroups that were created to help support this work.
- DCYF partnered with AOC and additional judicial and community representatives and system partners (AGO, CASA, OPD, the Mockingbird Society, Parents for Parents (P4P), FJCIP Coordinators, The Alliance for Child Welfare Excellence (The Alliance), tribes, etc.) in implementation of Program Improvement Plan (PIP) strategies. The primary focus was the development and implementation of Safety Summits, half-day multidisciplinary training events that focus on helping dependency court systems develop a shared understanding of how safety is assessed.

- During implementation of the PFD1 grant, AOC, additional judicial and system partners (as mentioned above) are part of the External Advisory Committee that met quarterly to discuss implementation of the grant initiatives. In addition to the statewide advisory committee, there were local office/regionally based committees in grant intervention offices to discuss implementation and barriers to permanency. The PFD1 Grant ended March 31, 2024, and is presently in the evaluation phase and the results of the grant will be available at the end of 2024.
- Washington State assembled a team of court and child welfare system leaders and stakeholders to create strategies in response to the [Ensuring Justice in Child Welfare virtual summit](#). This team met multiple times in 2021 and identified three priority strategies. Currently, there is one workgroup working on the third strategy which is related to providing meaningful representation prior to shelter care hearings; research how and when counsel is being appointed and how discovery is occurring in each county; and develop best practices and possible court rule to implement practice standards statewide.

State and Local Tribal Advisory Committees

The DCYF Office of Tribal Relations has two primary roles: support the delivery of DCYF services that are of high quality and culturally specific and ensure tribes can access DCYF services in a timely manner. The Office of Tribal Relations coordinates, monitors, and assesses DCYF's relationship with tribes and Recognized American Indian Organizations (RAIOs), working to enhance and improve government to government relationships.

See additional information on how DCYF collaborates with tribes in the [Consultation and Coordination Between State and Tribes](#) section.

Racial Equity and Social Justice

In March 2022, [Executive Order 22-04](#) was established by Washington State Governor, Jay Inslee. This order referenced the implementation of the [Washington State Pro-Equity Ant-Racism \(PEAR\) Plan and Playbook](#). Each Washington State agency identified a PEAR team to identify strategies and develop a strategic plan by Fall 2022. The Washington State Office of Equity provided support and technical assistance in this process. ORESJ continues to lead this effort for DCYF.

The DCYF PEAR team was established in Spring 2022 and held orientation sessions and meetings from May through August 2023. The intent of this team is to hold DCYF accountable for accomplishing goals to eliminate racial and ethnic disparities in child, youth, and family outcomes. This included over 40 PEAR team members representing diverse community partners and DCYF staff. The PEAR work was put on hold until they were able to hire new staff. The Washington State Office of Equity has had limited capacity to support state agencies in recent months but now has capacity to provide support. ORESJ is currently working with DCYF Leadership to resume PEAR work within the next few months. The PEAR teams will be redesigned and expanded in 2024. DCYF developed an agency leadership team that designs, coordinates, and organizes RESJ system change efforts to support culture change. This team is referred to as the DCYF Inclusive Racial Equity Change Team. Additionally, there are [nine RESJ indicators](#) as agencywide goals and performance measures.

The Office of Racial Equity and Social Justice (ORESJ) was established in DCYF in July 2020. Some of the primary opportunities ORESJ provides include the following:

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- Trainings – ORESJ hosts a number of trainings on racial equity and social justice practices and provides recommendations for external facilitators and consultants.
- Racial Affinity Group Spaces – ORESJ offers monthly healing-centered spaces for staff to connect, reflect and collaborate in racial affinity group gatherings to address institutional and systemic racism.
- DCYF Inclusive Racial Equity Change Team (DIRECT) – DIRECT is a team of DCYF representatives from each division and program that provides services to children, families, and professionals. DIRECT is a leadership team that assists in designing, coordinating, and organizing DCYF’s Racial Equity Plan and systems change efforts.
- ORESJ organizes cohorts to move through a shared framework, partnering with the community to co-create racial equity strategies and implementation plans.
- Representatives from ORESJ participate in the Race Equity Collaboration through Casey Family Programs.
- ORESJ will be re-launching the LGBTQIA+ Advisory Workgroup and provide monthly Lunch and Learn series for all DCYF staff.
- An equity statement will be added to all job postings in addition to the existing equity equal employment opportunity statement. Workgroup activities will continue to eliminate disproportionalities.

Continuous Quality Improvement and Feedback Loops

Through implementation of the CFSP and development of subsequent APSRs, DCYF has created capacity to co-design with staff, tribes, partners and lived experts. The FPM framework is used as the organizing structure to prioritize and integrate current practice and pending changes including child welfare transformation projects such as the Program Improvement Plan (PIP), FFPSA), Indian Child Welfare Act (ICWA), services expansion, legislative requirements, and court decisions.

DCYF continues to look for opportunities to enhance and improve collaborative efforts such as including youth and parents in listening sessions regarding policies and practices that impact them. Throughout the CFSP, there are examples of system partner involvement and feedback in the assessment of current performance, the plan for enacting the state’s vision, in working with youth and young adults through the John H. Chafee program, and in collaboration with our tribal partners.

Assessment of Current Performance in Improving Outcomes

The 2025-2029 CFSP is using the data from the [2025 APSR](#), the final report of the 2020-2024 CFSP, as the baseline for most of the assessment of current performance in improving outcomes. This report will provide a summary of the assessments in the 2025 APSR, as well as additional analysis provided by system partners.

This report provides data from a variety of sources, including other reports published by DCYF, Child and Family Services Review (CFSR) Data Profiles, internal data reports, and case reviews. Data may be reported by an abbreviated or full calendar year, state fiscal year or federal fiscal year, depending on availability. Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- CFSR Data Profiles –Data profiles are generated from the state’s AFCARS data files. DCYF produces data profiles semi-annually which are submitted to the U.S. Department of Health and Human Services. The semi-annual submissions are considered the official data for determining conformity with the CFSR Federal Data Indicators on safety and permanency.
- infoFamLink – This is the reporting system for DCYF Child Welfare workforce, which is integrated into our SACWIS information management system, FamLink. The reporting system includes reports about safety, permanency, well-being, licensing, caregivers, and other administrative data that are populated from information input into FamLink. All DCYF staff including caseworkers, supervisors, regional leadership, and program managers, have access to run reports.
- Monthly Informational Report – The Department uses a monthly informational report to track performance on several key indicators, including but not limited to percentage of intakes requiring a face-to-face meeting, number of children residing in out-of-home care, number of licensed foster homes statewide, and percent of children in out-of-home care placed with a relative or kin. This data is based on activities documented in FamLink on or before the report “as of” date, referred to as a “point in time” report. This is an internal report.
- Priority Performance Measures (PPM) – Each outcome measure in the PPM framework is associated with one or more processes or early warning measures. In turn, each process or early warning measure can be associated with one or more outcomes. A process measure is a way of tracking changes in how the agency functions: case activities over which the agency has some control. In contrast, early warnings are ways of tracking changes in case characteristics that affect outcomes but over which the agency has little or no control, such as the number of families experiencing domestic violence. All the PPMs are derived from FamLink administrative data, and DCFY is aware that such data cannot possibly capture everything meaningful that is going on in a family or a child’s life, or everything beneficial that a caseworker does on a case. The expectation is that the measures will capture enough of what’s important so that improvements in outcome measures over time mirror real and lasting improvements in family and child functioning and improvements in agency effectiveness.
- Central Case Review Team (CCRT) – This data is generated by reviewing in-home and out-of-home cases from across the region. One region is reviewed each month. The sample includes randomly selected cases that were open one or more days in the six months prior to the review date. CCRT results provide information about practice strengths and areas needing improvement which helps in the development of statewide and regional strategies for improvement.

Child & Family Outcomes

Safety Outcomes 1 & 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate. Comprehensive CCRT data can be found in the [2025 APSR](#).

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	Baseline
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	95%
Item 1: Timeliness of initiating investigations of reports of child maltreatment	95% (20 of 21)
Safety Outcome 2: Children are safely maintained in their home whenever possible and appropriate	67%
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care	89% (16 of 18)
Item 3: Risk assessment and safety management	67% (48 of 72)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, January -April 2024</i>	

CCRT data shows similar trends with performance improving in CY 2019 from the CY 2018 baseline and then decreasing for CY 2020, 2021, and 2022, with an improvement in performance in CY 2023. This was the case for timely initial face-to-face (IFF) meetings with children. The COVID-19 pandemic impacted all areas of social worker practice, particularly service provisions that require in-person interactions. Additionally, DCYF revised a policy that allowed for extensions to IFF timeframes. The policy change puts state practice in alignment with federal expectations and more accurately portrays performance through administrative data.

The tables below illustrate timeliness of initial face-to-face contact, by type and region.

Timeliness of IFF's by Case Type and Region							
	R1	R2	R3	R4	R5	R6	State
CPS-FAR (Family Assessment Response)	5260	2937	3957	4704	4366	6204	27431
IFF Within Timeframe	4792 (91.1%)	2598 (88.5%)	3637 (91.9%)	3990 (84.8%)	3871 (88.7%)	5393 (86.9%)	24282 (88.5%)
Attempted IFF Within Timeframe	321 (6.1%)	240 (8.2%)	264 (6.7%)	532 (11.3%)	354 (8.1%)	517 (8.3%)	2229 (8.1%)
Late IFF/No or Attempted IFF	147 (2.8%)	98 (3.3%)	56 (1.4%)	178 (3.8%)	141 (3.2%)	291 (4.7%)	912 (3.3%)
CPS-Investigation	3905	3338	2769	3392	3731	4023	21159
IFF Within Timeframe	3371 (86.3%)	2744 (82.2%)	2425 (87.6%)	2703 (79.7%)	3152 (84.5%)	3333 (82.8%)	17728 (83.8%)
Attempted IFF Within Timeframe	413 (10.6%)	379 (11.4%)	280 (10.1%)	529 (15.6%)	436 (11.7%)	476 (11.8%)	2513 (11.9%)
Late IFF/No or Attempted IFF	120 (3.1%)	212 (6.4%)	64 (2.3%)	159 (4.7%)	143 (3.8%)	206 (5.1%)	905 (4.3%)
CPS-Risk Only	938	916	1004	1186	1344	1546	6937
IFF Within Timeframe	748 (79.7%)	681 (74.3%)	837 (83.4%)	823 (69.4%)	978 (72.8%)	1127 (72.9%)	5197 (74.9%)
Attempted IFF Within Timeframe	141 (15%)	138 (15.1%)	124 (12.4%)	260 (21.9%)	239 (17.8%)	260 (16.8%)	1162 (16.8%)

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Late IFF/No or Attempted IFF	49 (5.2%)	97 (10.6%)	43 (4.3%)	99 (8.3%)	127 (9.4%)	158 (10.2%)	573 (8.3%)
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Data Source: Initial face-to-face timeliness report, infoFamLink, CY2023

Timely initial face-to-face contact with children is a priority of child welfare leadership. Regional Quality Assurance (QA)/Continuous Quality Improvement (CQI) leads, safety leads, and intake area administrators identified strengths and barriers to performance in this area. Intake policy expectations conflict with the workload expectations for the timeframes to process emergent and non-emergent intakes. Some regions paid overtime to finalize intakes within timeframes. DCYF anticipates that performance on this item will improve by using afterhours case workers to make additional attempts to locate children outside of normal business hours, including weekends and holidays. Case workers and supervisors have access to IFF data for documentation and compliance. They are staffing attempts to locate children and monitoring the assessment and documentation of safety at the initial contact with children. The QA/CQI leads provide this data regularly to their regional and office leadership teams to support training and compliance in this area.

A statewide qualitative review is scheduled for May 2024 with regional and HQ staff reviewing the quality of contact, data related to timeliness of the contact will be included in the final report and recommendations for developing improvement strategies to support the work, if necessary.

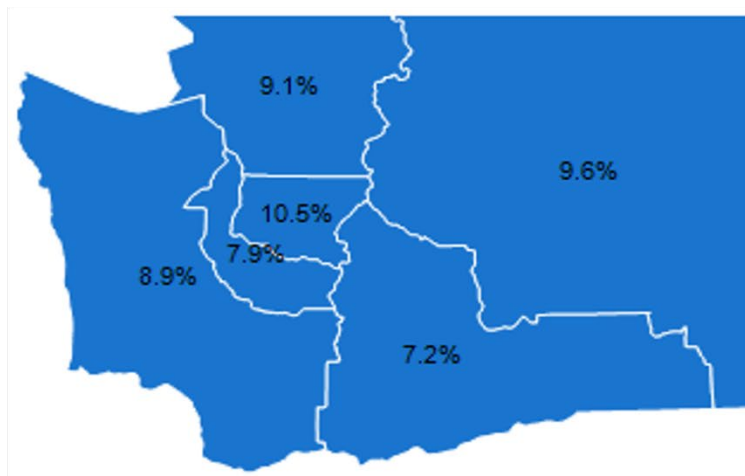
Recurrence of Maltreatment

State: 8.9% | Federal Target: 7.0% or less

Jul 2021 - Jun 2022

The percentage of children on a CPS intake with a founded allegation of maltreatment during the cohort period who have another founded allegation of maltreatment within 12 months of the initial founded allegation.

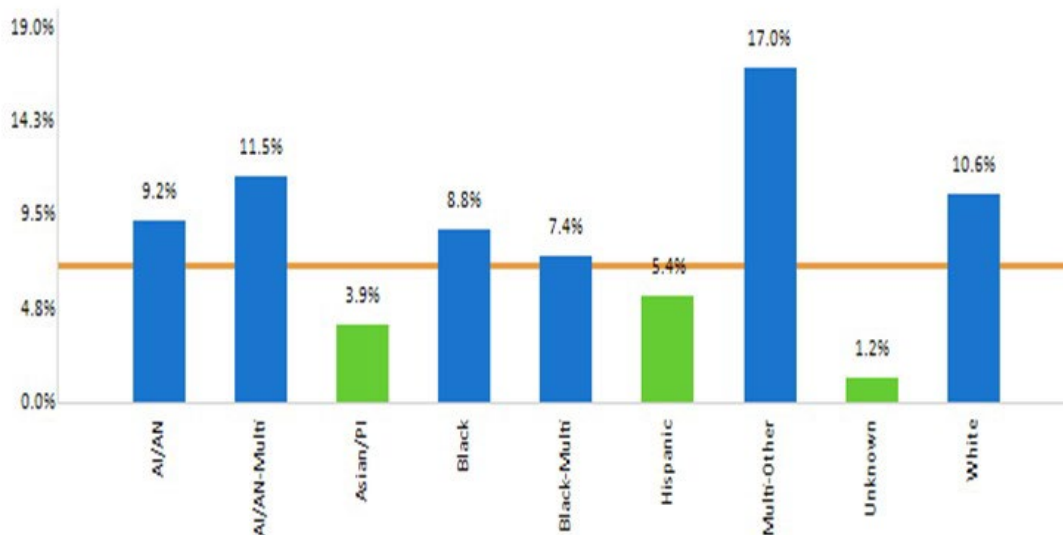
REPORTING LAG: 6 quarters



Data source: infoFamLink, Priority Performance Measures, Recurrence of Maltreatment

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Data source: infoFamLink, Priority Performance Measures, Recurrence of Maltreatment

Recurrence of maltreatment is the percentage of children on a CPS intake with a founded allegation of maltreatment during the cohort period who have another founded allegation of maltreatment within 12 months of the initial founded allegation. There is no region meeting the federal target. Additionally, all races/ethnicities apart from Asian/PI and Hispanic, are above the federal target. In 2023 CCRT data showed that 68% of cases reviewed made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care. Accurately assessing and addressing risk and safety and matching appropriate services to the identified need may impact the recurrence of maltreatment. Using assessment tools accurately can lead to more effective and efficient decision-making when done well; however, without clinical oversight and monitoring it can also lead to error and institutional bias in decision-making. Administering assessments can also be time consuming for staff and clients, so it is essential that they are efficient and effective.¹ One of DCYF’s approaches to improving safety outcomes of children and youth is [Strategy 2.1: Assessment Redesign](#) of the [Plan for Enacting the State’s Vision](#).

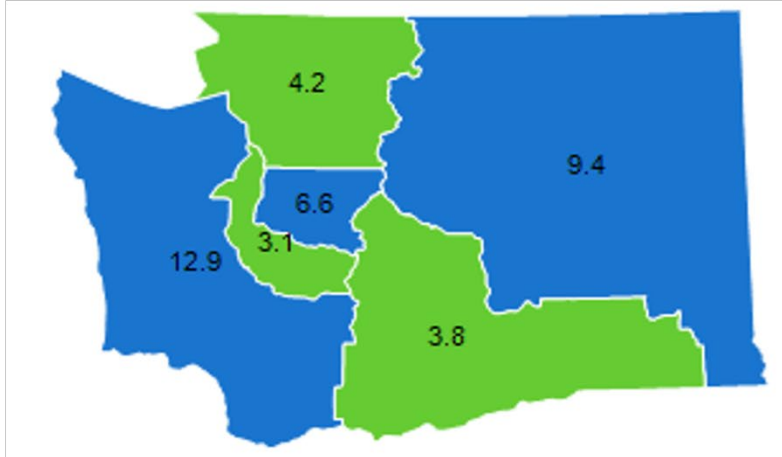
The statewide QA/CQI team would like to conduct a targeted review of children who experienced recurrence of maltreatment like the targeted review described below in the Maltreatment in Care measure. This review may help us identify specific factors which are contributing to increased rates of recurrence and use that information to improve child welfare outcomes.

¹ For more information, see [DCYF Assessment Oversight Group](#).

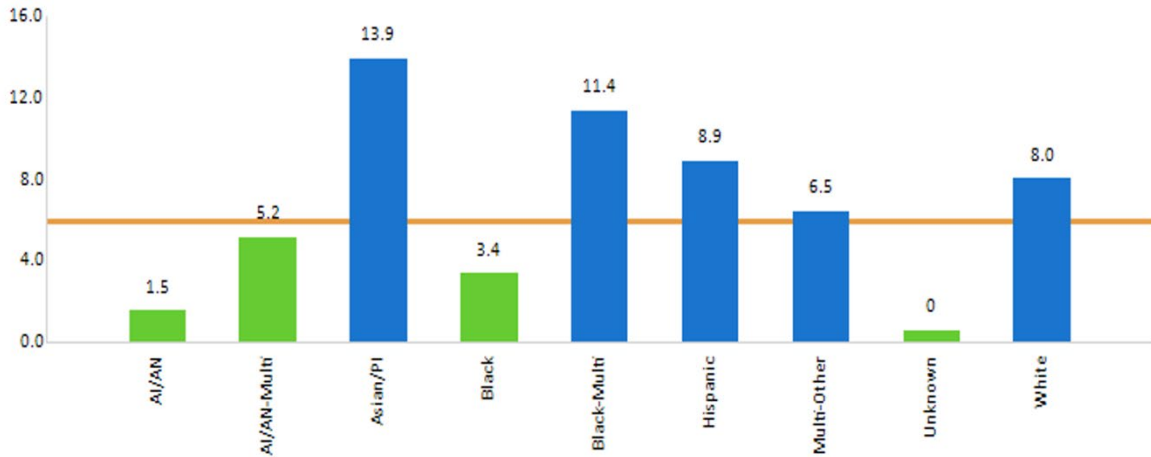
Maltreatment in Care

State: 7.5 | Federal Target: 6.0 or less
 Jul 2022 - Jun 2023

The rate of victimization by any perpetrator per 100,000 days in care for children in DCYF PCA for more than 7 consecutive days during an annual cohort period.
 REPORTING LAG: 2 quarters



Data source: infoFamLink, Priority Performance Measures, Maltreatment in Care



Data source: infoFamLink, Priority Performance Measures, Maltreatment in Care

Maltreatment in care is the rate of victimization by any perpetrator per 100,000 days in care for children in DCYF placement care authority for more than 7 consecutive days during an annual cohort period. Perpetrators included in this measure include, but is not limited to, biological family, foster parents, and other children. Of note is that while Asian/PI had the lowest reoccurrence of maltreatment, they have the highest rates of maltreatment in care for this cohort period. Washington’s participation in the National Partnership for Child Safety, [Strategy 2.2](#), endeavors to improve child safety and reduce child maltreatment fatalities through the application of safety science and shared data.

In early 2023 DCYF conducted a targeted review of all identified incidents of maltreatment in care which occurred between April 1, 2021 and March 31, 2022. During that time there were 252 incidents of

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maltreatment in care, 193 of the 252 incidents (77%) had an incident date the same as the intake report date. A targeted review of the 193 incidents with matching intake and incident dates occurred to determine if the maltreatment occurred while the child was in care. Forty-Six of the 193 intakes (18% of the population and 24% of incidents reviewed) incorrectly identified the maltreatment as occurring while in care. Through analysis, OIAA determined that if these incidents were not identified as maltreatment in care the statewide rate would reduce from 8.5 to 7.0. Of the 193 incidents reviewed, 72 incidents (37%) occurred while the child was on a trial return home. This information was shared with the statewide intake area administrators and strategies are being developed for implementation to address the error rate.

DCYF anticipates that performance on item 2 will improve as the agency learns how to meet the new standards required in [HB 1227](#). This bill requires that the agency make efforts to prevent entry into foster care and requires that the child or youth remain in the home if the parent or guardian agrees to prevention services. Because HB 1227 raises the requirements to seek out-of-home placement, in most circumstances, DCYF caseworkers offer more services and prevention efforts prior to seeking removal. There has, however, been the unintended consequence of this law having a chilling effect on the agency's response to risk. Because the child must be imminent physical harm before the court can grant removal, the agency has fewer options available to respond to risk if parents or guardians decline services.

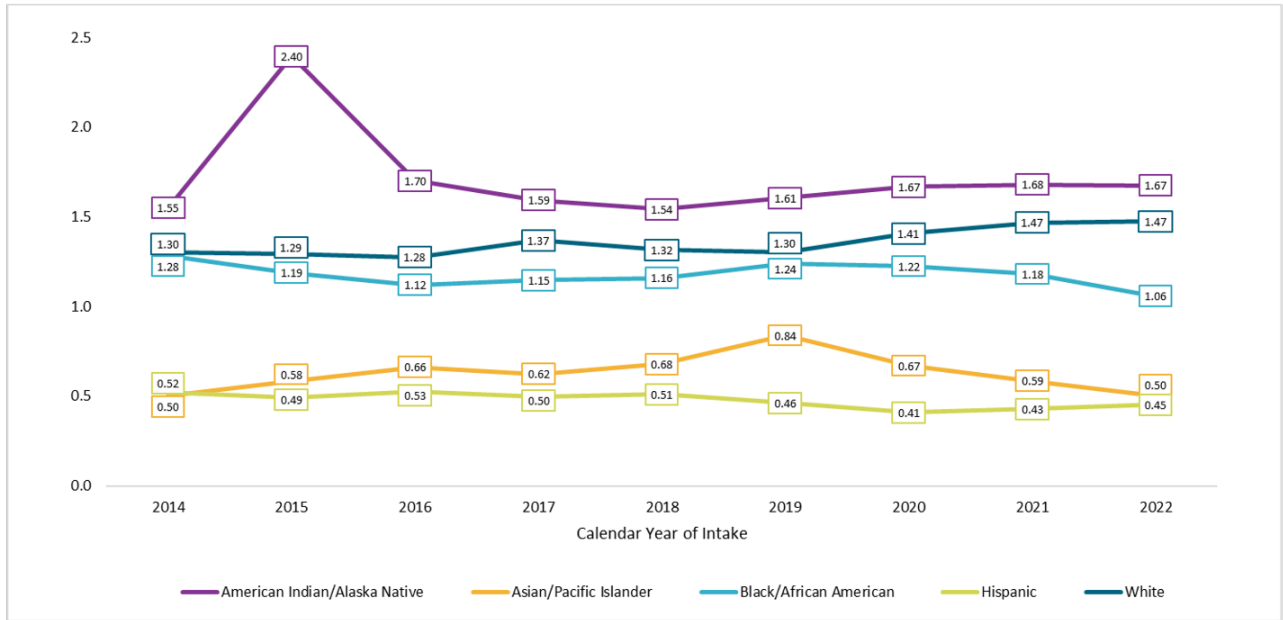
Disproportionality in Child Welfare

Child welfare disproportionality is another outcome indicator for our strategic priority to eliminate racial disproportionality and advance racial equity. DCYF tracks disproportionality in Child Welfare across multiple decision points, using Disproportionality Ratios. Scores of 0 – 0.99 indicate that, compared to its proportion in the population, a group is underrepresented at that decision point, while scores of 1.1 and greater indicate that a group is overrepresented.²

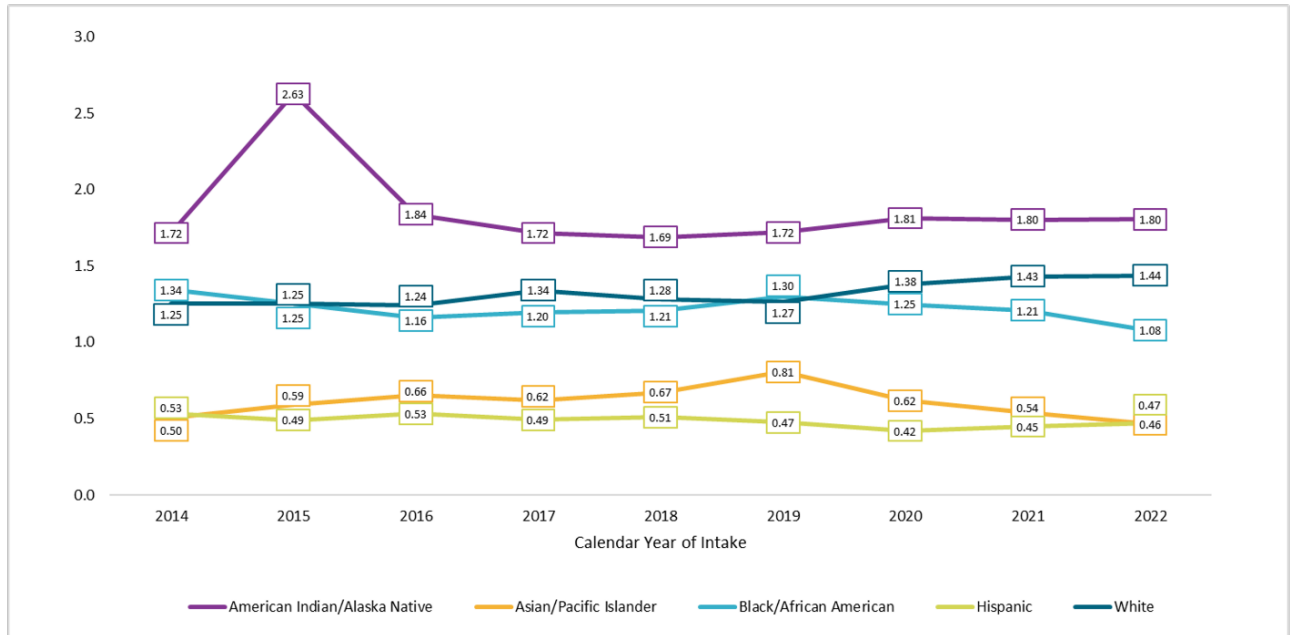
² Information from [DCYF Agency Performance, Racial Equity](#).

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Racial/Ethnic Disproportionality Ratios for All Child Welfare Intakes (Screened Out or Screened-In), 2014-2022



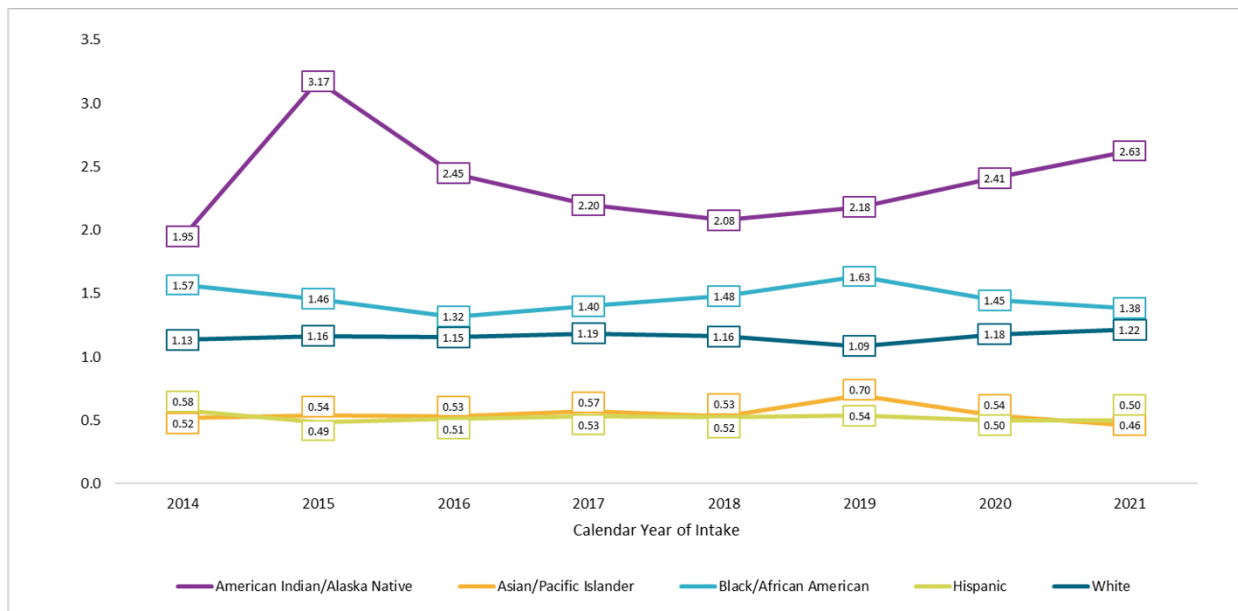
Racial/Ethnic Disproportionality Ratios for Screened-In Child Welfare Intakes, 2014-2022



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Racial/Ethnic Disproportionality Ratios for Child Welfare Removals, 2014-2021



Sources: DCYF. (August 2023). CPS victims by CAN type [January 2016-December 2021]. infoFamlink; DCYF. (August 2023). Out of home care exits and entries [December 2015-December 2022]. infoFamlink; Census Bureau. (2014-2022). American community survey public use microdata samples (ACS PUMS) 1-year estimates [2014-2022]. <https://data.census.gov>. WSRDAC/M: Yes; AI/AN, Multiracial included with AI/AN; Black/African American, Multiracial included with Black/African American; Multiracial, Other included with Asian/PI. Unknown race/ethnicity has been excluded from the denominator and is not reported. Notes: Numerator is proportion of each racial/ethnic group in calendar year entry cohort who are removed and placed within 12 months of intake. Placements occurring up to five days prior to intake are included, to account for emergency removals that occur before intake. Denominator is proportion of each racial/ethnic group in Washington State population of children under 18 living in households making 200% of the Federal Poverty Limit or less.

According to the three charts above, Black/African American, American Indian/Alaska Native, and White children and youth are overrepresented at intake and child removals compared to their representation in the underlying population. Much of these disproportionalities in placement are attributable to disproportionalities at intake. It should be noted that Black and AI/AN children are disproportionately removed when compared to their screened-in intake rate. This is not the case for White children. Further education with mandatory reporters regarding implicit bias has been built into the training materials given to mandatory reporters. [Strategy 2.3: Services Expansion](#), includes contracting with Black and AI/AN communities to provide culturally relevant services.

According to the most recent data profile provided by Children’s Bureau, another important decision point which impacts disproportionality is the rate of entry into out-of-home placement.

Race/Ethnicity	Percent of total child population	Percent of total entries
American Indian/Alaska Native	1.3%	4.2%
Asian	8.5%	1.0%
Black or African American	4.3%	7.2%
Hispanic (of any race)	22.5%	22.8%
Native Hawaiian/Other Pacific Islander	0.9%	1.5%
White	53.8%	45.8%
Two or More	8.8%	17.0%

Data source: Child and Family Services Review (CFSR 4) Data Profile Supplemental Context Data February 2023

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Safe Child Consultations occur prior to filing a petition with the Juvenile Court to remove a child. A child welfare caseworker first completes a safety assessment. If the assessment indicates an imminent risk of physical harm that cannot be managed through a safety plan, then a Safe Child Consultation is scheduled. These consultations offer support for the caseworker to determine if there are additional measures that can be taken in the safety plan for the family to prevent the need to remove the child from the home. During the Safe Child Consultation some consultation discussion points may include how the caseworker’s personal experience may impact the assessment, how the family history with DCYF affects decision making, and family barriers to participation in an intervention.

The consultation team additionally documents any factors that could change the recommendation for removal. If the consultation results in a recommendation to file a dependency petition, this is not the final decision. The decision may change as the result of a Family Team Decision Making Meeting which is a shared planning meeting that includes the family, the child (if over age 12) and may include extended family, friends, or other supports.

Each region is hiring a program consultant whose purpose is to address racial equity and social justice within the region.

Permanency Outcomes 1 & 2

Permanency Outcomes include: (1) children have permanency and stability in their living situations; and (2) the continuity of family relationships is preserved for children.

	Baseline
Permanency Outcome 1: Children have permanency and stability in their living situations.	15%
Item 4: Stability of Foster Care Placement	85% (41 of 48)
Item 5: Permanency Goal for the Child	40% (19 of 47)
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	17% (8 of 48)
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	79%
Item 7: Placement with Siblings	78% (18 of 23)
Item 8: Visiting with Parents and Siblings in Foster Care	66% (21 of 32)
Item 9: Preserving Connections	90% (43 of 48)
Item 10: Relative Placement	92% (44 of 48)

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Item 11: Relationship of Child in Care with Parents	65% (20 of 31)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, January -April 2024</i>	

DCYF recognizes the importance of placement stability for children and youth experiencing out-of-home care. In January 2021, a [class action complaint](#) was brought against DCYF alleging that DCYF failed to 1) ensure children with disabilities receive the necessary child welfare services and supports to allow them to return promptly and safely to their own families and communities, and 2) develop an adequate array of placement options to support the individualized needs of children in foster care with disabilities and instead relied on harmful hotel, one-night, and out-of-state placements. As a result, in June 2022, the U.S. District Court Western District of Washington at Seattle filed an Agreement and Settlement Order ([D.S. et al., v. Washington State Department of Children, Youth, and Families](#)) to ensure DCYF develops a plan and processes to transform child safety and well-being practices to increase placement stability for children and youth with behavioral health and developmental disabilities, their families and caregivers, as well as develop a youth and family-centered, culturally responsive and trauma-informed system of placement supports and services. Through the engagement of people with lived experience and system partners, the [D.S. Implementation Plan](#) was developed. The system improvements that are part of the D.S. Settlement Agreement are included in the [Plan to Enact the State’s Vision](#).

On a monthly basis, DCYF staff review the [Dependency Dashboard](#), which is updated and maintained by the Administrative Office of the Courts. This information is used to determine where improvement efforts to achieve timely permanency need to occur.

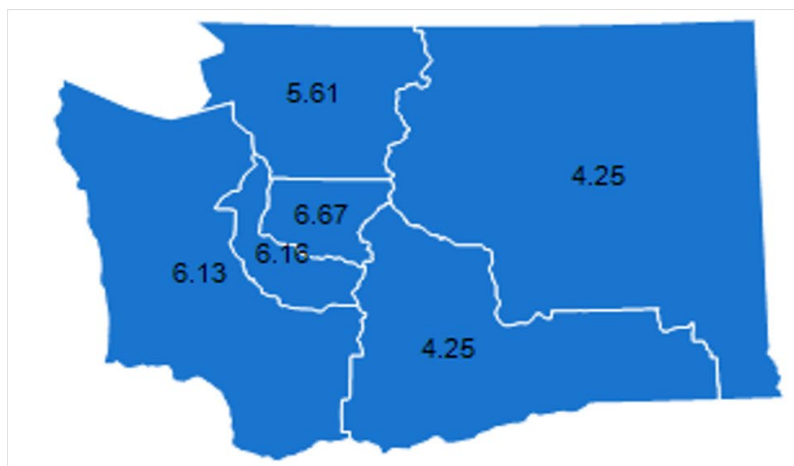
Placement Stability

Moves per 1,000 Days in Care

State: 5.48 | Federal Target: 3.90 or less
Oct 2022 - Sep 2023

Rate of placement moves per 1,000 total days in DCYF PCA during the measurement period for children who entered out-of-home care in the cohort period for more than 7 days.

REPORTING LAG: 1 quarter

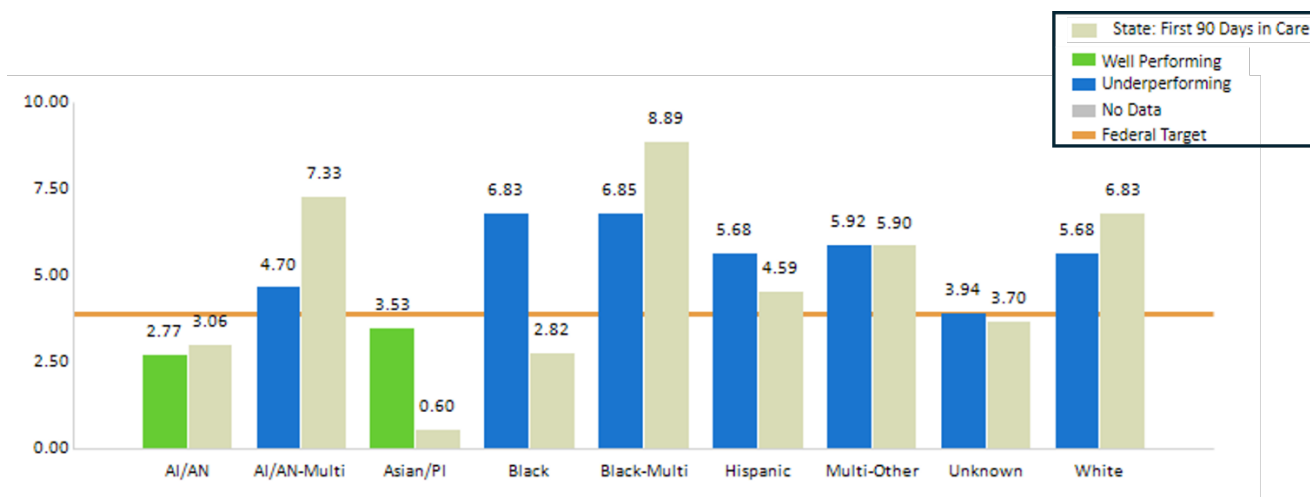


Data source: infoFamLink, Priority Performance Measures, Placement Stability

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2025-2029 CHILD AND FAMILY SERVICES PLAN



Data source: infoFamLink, Priority Performance Measures, Placement Stability

All regions are not meeting the federal target for placement stability. Region 1, which has one of the lowest moves per 1,000 days in care, uses a receiving home. Inherent to receiving homes is the plan for at least one placement move. This may indicate that the use of a receiving home may lead to better placement stability following a thorough assessment of the child’s needs, despite having one placement change built into the model. The state measure of stability is typically greater than the federal measure because a high proportion of the moves that children and youth experience occur in the first 90 days. Black-Multi and AI/AN- Multi youth have the highest placement instability within the first 90 days of care. [Strategy 3.4: Professional Therapeutic Foster Care](#) of the [Plan to Enact the State’s Vision](#) aims to provide stability and supports to families and youth with developmental disabilities and behavioral needs, resulting in increased placement stability and decreased length of stay.

According to the most recent statewide data profile, children over the age of five are more likely to experience placement instability.

Entry Age	Percent of total days in care	Percent of total moves
1 - 5 years	29.8%	30.1%
6 - 10 years	16.9%	20.2%
11 - 16 years	17.5%	29.4%
17 years	1.0%	2.5%

Data source: Child and Family Services Review (CFSR 4) Data Profile Supplemental Context Data February 2023

DCYF policy [4305. Permanent and Concurrent Planning](#) requires that there be a primary and an alternate permanent plan, referred to as concurrent planning. The federal standard requires that permanency planning is appropriate and efforts to reach permanency based on the identified plan are active. This means that if the identified permanent or alternate permanency plans are not appropriate or efforts are not actively occurring to reach both the primary and alternate permanency plan, DCYF will not meet the federal standard. An example of a permanent plan that is inappropriate is seeking adoption with a relative who has clearly stated they are not an adoptive placement.

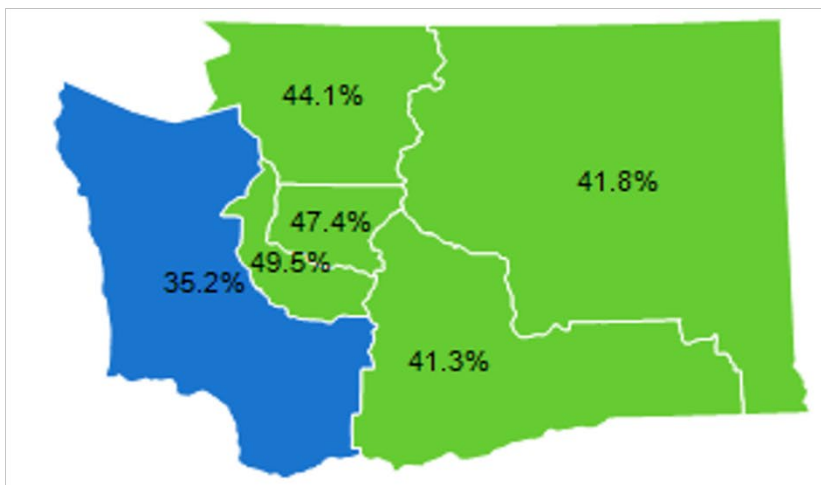
Permanency Within 12 Months of Placement Entry

State: 42.3% | Federal Target: 38.0% or more

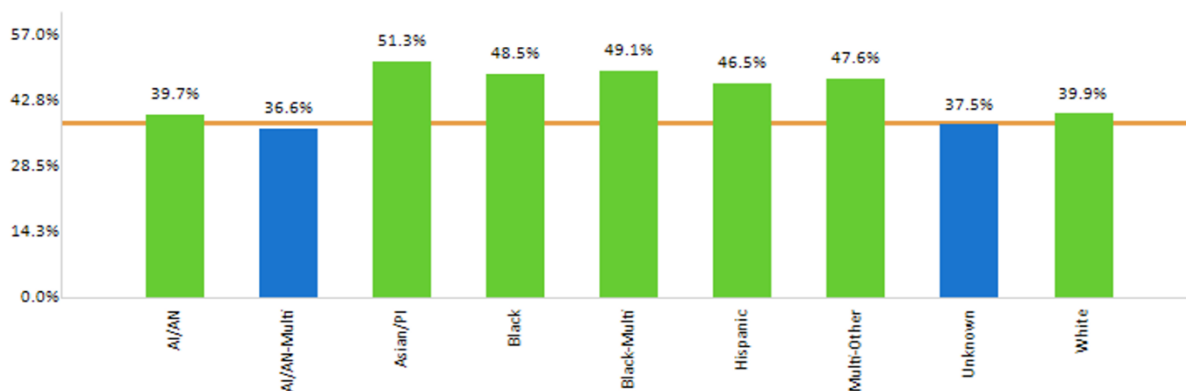
Jan 2022 - Dec 2022

The percentage of children entering out-of-home care for more than 7 days during the cohort period that are discharged to reunification, guardianship, adoption, or are transferred to tribal custody, within 12 months.

REPORTING LAG: 4 quarters



Data source: infoFamLink, Priority Performance Measures, Permanency 12 months



Data source: infoFamLink, Priority Performance Measures, Permanency 12 months

Of note for this PPM is that if the child is on a trial return home for more than 30 days during that initial 12 month period, the federal measurement considers permanency achieved, despite DCYF continuing to have placement care authority over the case for a minimum of six months post-trial return home, as required by [RCW 13.34.138](#). While most races and ethnicities are meeting or above the federal target, the AI/AN-Multi demographic is 1.4% below the target.

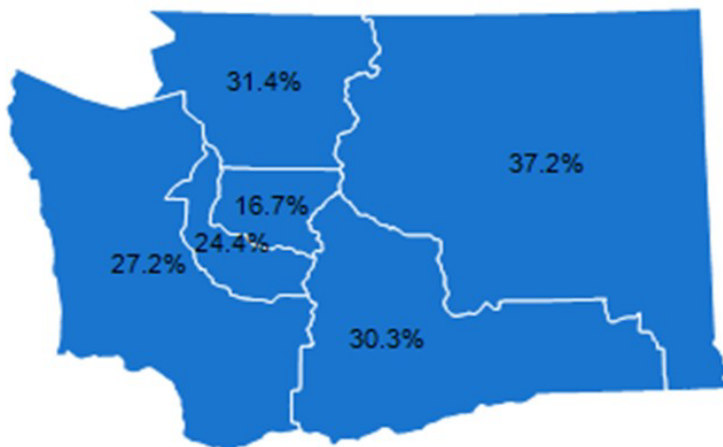
Permanency Within 12 Months for Children in Care 12-23 Months

State: 28.3% | Federal Target: 46.0% or more

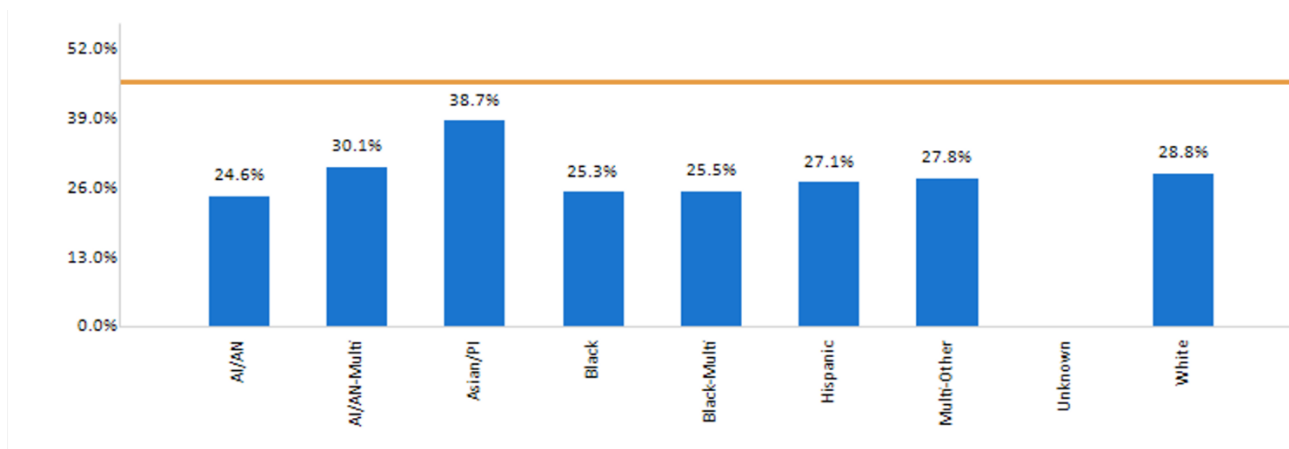
Jan 2023 - Dec 2023

The percentage of children who have been in DCYF PCA for 12-23 months as of the first day of a 12-month measurement period who are discharged to reunification, guardianship, or adoption, or are transferred to tribal custody, by or before the end of a 12-month measurement period.

* REPORTING LAG: 4 quarters



Data source: infoFamLink, Priority Performance Measures, Permanency 12-23 months



Data source: infoFamLink, Priority Performance Measures, Permanency 12-23 months

The variance noted in PPM: Permanency within 12 months is not applied for this PPM time period: Permanency within 12 months for Children in Care 12-23 Months. This means that if the child is not on a trial return home by month 17, DCYF will continue to have placement care authority due to [RCW 13.34.138](#), meaning that permanency is not achieved. This cohort initially came into care in 2022, while COVID-19 was still impacting systems, including the courts. As cohorts begin in 2023, the expectation is to see the performance gap decrease. All race and ethnic identities are performing below the federal target, with Asian/PI demographic performing at the highest rate. Overall, the performance across race/ethnic groups is similar. [Strategy 3.3: Family Group Planning](#) of the [Plan to Enact the State’s Vision](#) endeavors to increase permanency by engaging families early and consistently to identify kin and address the safety, permanency, and well-being needs of the child.

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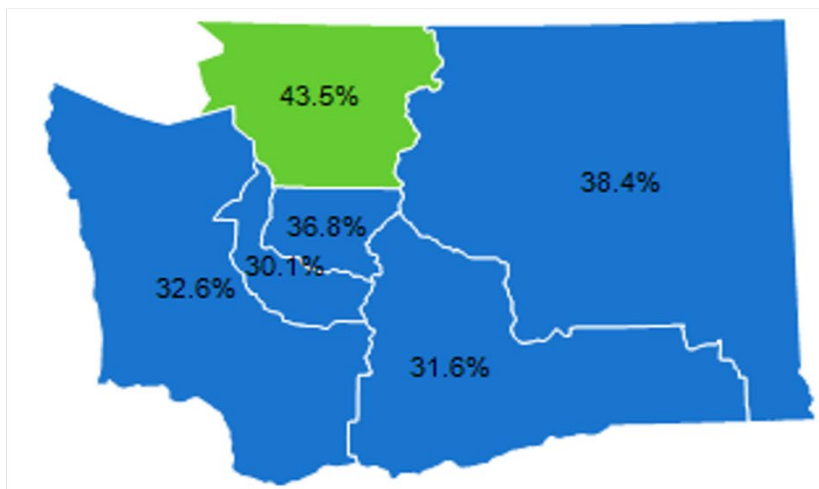
Permanency Within 12 Months for Children in Care 24+ Months

State: 35.1% | Federal Target: 42.0% or more

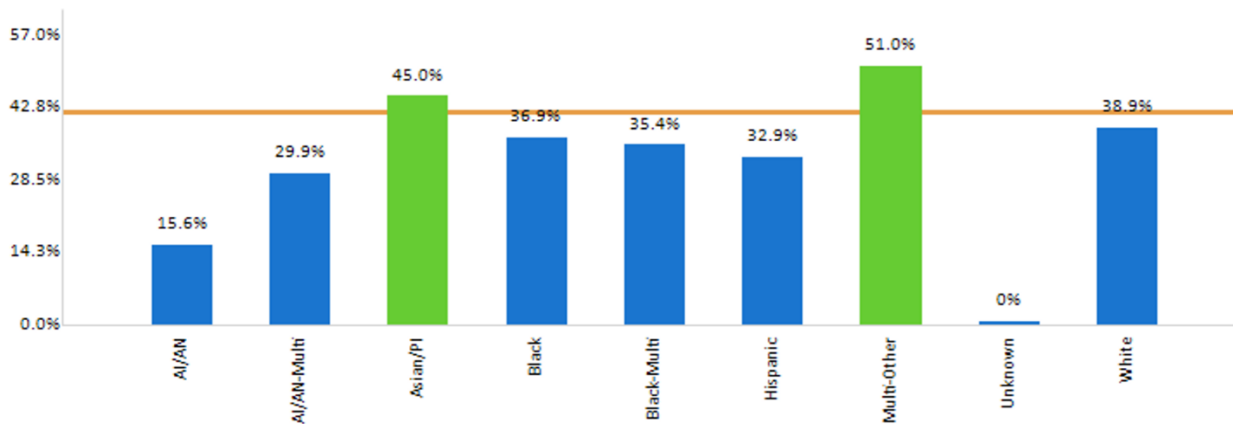
Jan 2023 - Dec 2023

The percentage of children who have been in DCYF PCA for 24 months or longer as of the first day of a 12-month measurement period who are discharged to reunification, guardianship, or adoption, or are transferred to tribal custody, by or before the end of a 12-month measurement period.

REPORTING LAG: 4 quarters



Data source: infoFamLink, Priority Performance Measures, Permanency 24+ months



Data source: infoFamLink, Priority Performance Measures, Permanency 24+ months

As with permanency within 12 months for children in care 12-23 months, the trial return home variance is not provided for this measure. Region 3 is the only region in Washington performing above the federal target in this measure. Asian/PI and Multi-Other racial and ethnic demographics are meeting the federal target for permanency within 12 months of children in care 24+ months. AI/AN are reaching permanency in this category at the lowest rate, 14.3% lower than the next racial/ethnic demographic, which is AI/AN-Multi.

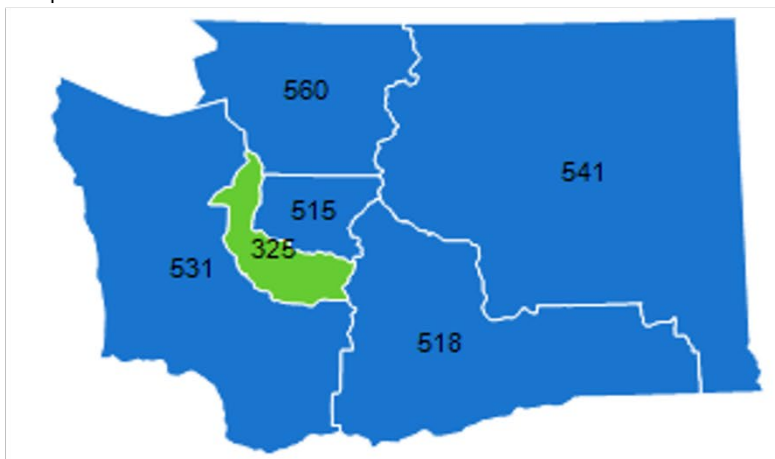
Median Length of Stay - Out of Home

State: 509 | State Target: 500.0 or less

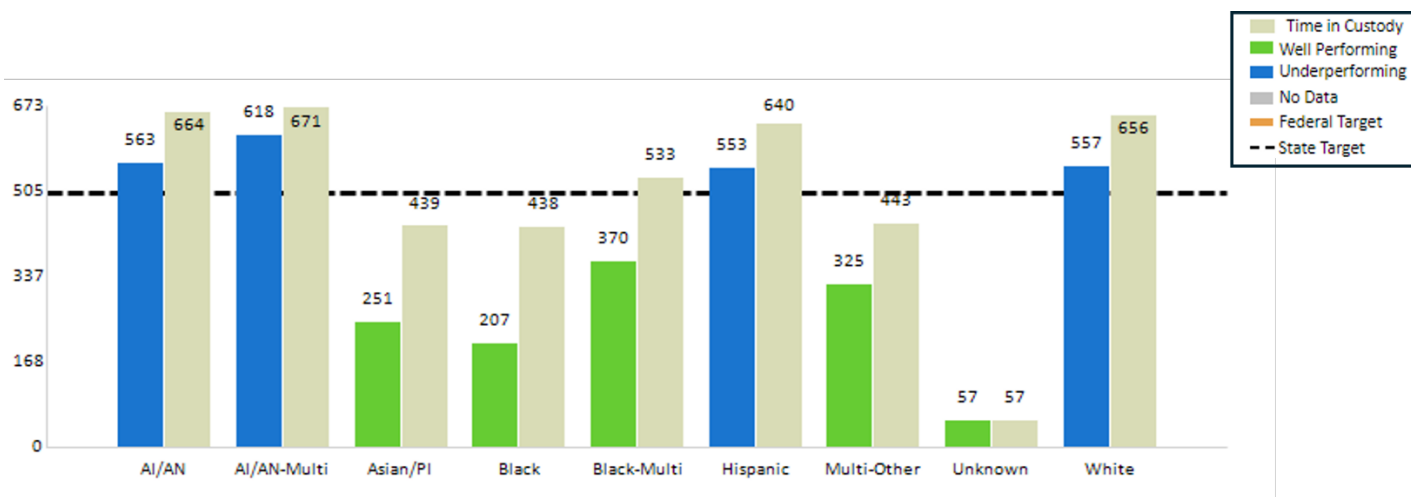
Apr 2021 - Mar 2022

Median length of stay (LOS) in out-of-home care for children entering out-of-home care for more than 7 days during the cohort period.

REPORTING LAG: 7 quarters



Data source: infoFamLink, Priority Performance Measures, Median LOS



Data source: infoFamLink, Priority Performance Measures, Median LOS

This graphic shows the median length of stay (LOS) in out-of-home care for children entering out-of-home care for more than 7 days during the cohort period. This cohort period occurs while COVID-19 was still impacting systems. As with the Permanency within 12 Months of Children in Care 12-23 Months, as cohorts begin in 2023, the expectation is to see the performance gap decrease. [Strategy 3.4: Professional Therapeutic Foster Care](#) of the [Plan to Enact the State’s Vision](#) is intended to decrease the length of stay for youth with developmental disabilities and behavioral needs.

Time in Relative Placement

Percentage of Children Placed with Relatives for at Least 75% of Time in Care by Length of Stay
Jan 2023-Dec 2023

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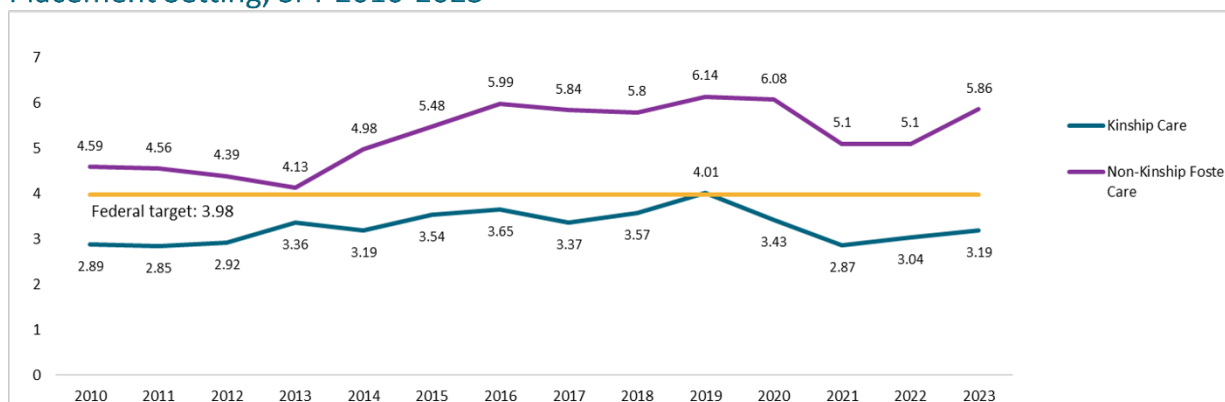
2025-2029 CHILD AND FAMILY SERVICES PLAN

Length of Stay	% Placed with Relatives ≥75% of Time in Care	Placed with Relatives ≥75% of Time in Care	Total Cases
8-65 days	53.8%	467	868
66-365 days	55.9%	413	739
366 to 730 days	56.3%	547	971
Over 730 days	46.4%	2,799	6,030
All Cases	49.1%	4,226	8,608

Data source: infoFamLink, Priority Performance Measures, Time in relative placement

Washington’s state target for children placed with relatives at least 75% of their time in care is 40.0%, with the state performing at 49.1%. Being a “kin-first” organization is a priority to DCYF. [Strategies 3.1: Caregiver Supports](#) in the [Plan for Enacting the State’s Vision](#) highlights the continued emphasis.

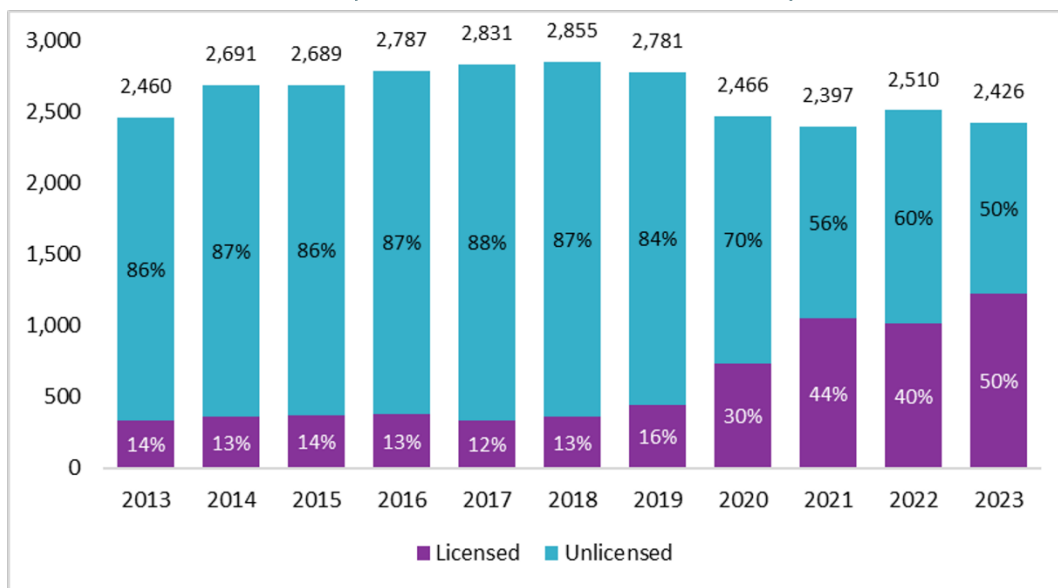
Federal Stability Measure: Rate of Placement Moves per 1,000 Days in Care, by Placement Setting, SFY 2010-2023



Source: DCYF. (October 2023). *Child welfare priority performance measures [July 2009-June 2023]*. infoFamlink.
 Notes: Of all children who enter foster care in a 12-month period, the rate of placement moves per 1,000 days of foster care. Includes the total care days during the 12-month period, but not closed episodes with time in care of less than eight days. Care days include any days in a Trial Return Home period that occur during the cohort period, up to a maximum of 30 days. Placement setting is where the child spent at least 75% of their time in care.

The chart above shows that children placed in kinship care have less moves per 1,000 days in care than children placed in non-kinship foster care. Placing children with kin is beneficial in improving placement stability, as well as reducing the harm associated with being removed from a parent.

Number and Percent Kinship Care Providers Licensed, Last Day of State Fiscal Year, 2013-2023



Source: DCYF. (October 2023). Relative versus non-relative [July 2012-June 2023]. infoFamlink.
 Notes: Point-in-time data taken last day of State Fiscal Year. This chart has been corrected, as the previously posted chart erroneously reported number/percent of children placed in licensed vs. unlicensed Kinship Care, rather than number/percent of Kinship Care providers.

DCYF continues to build upon the research on kinship care which shows that children who are placed together in kinship foster homes are more likely to remain stable, experience better behavioral and mental health outcomes, supporting the overall goal of DCYF on keeping families together. To that end, DCYF is committed to increasing the number of licensed kinship caregivers if they wish to be licensed. In the upcoming year, DCYF is working on several projects to increase placement with kinship caregivers. These projects include:

- Filing a new Washington Administrative Code (WAC) chapter specific for kinship caregivers and creating a kinship home study to better support licensed caregivers.
- Launching a Kinship Engagement Unit (KEU) pilot. DCYF will pilot a family finding model that engages in multiple strategies aimed at conducting initial and on-going family engagement methods that use individualized communication methods to enlist support of extended family members and family friends that the child and/or family have identified as trusted and familiar individuals. This is strategy is [3.2: Kinship Engagement Unit](#) in the [Plan for Enacting the State’s Vision](#).

Well-being Outcomes 1, 2, & 3

Well-being Outcomes include: (1) families have enhanced capacity to provide for their children’s needs; (2) children receive appropriate services to meet their educational needs; and (3) children receive adequate services to meet their physical and mental health needs.

2025-2029 CHILD AND FAMILY SERVICES PLAN

	Baseline
Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.	47%
Item 12: Needs and Services of Child, Parents, and Foster Parents	47% (34 of 72)
Item 13: Child and Family Involvement in Case Planning	48% (31 of 64)
Item 14: Caseworker Visits with Child	79% (57 of 72)
Item 15: Caseworker Visits with Parents	39% (22 of 56)
Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.	98%
Item 16: Educational Needs of the Child	98% (39 of 40)
Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.	71%
Item 17: Physical Health of the Child	76% (41 of 54)
Item 18: Mental/Behavioral Health of the Child	70% (21 of 30)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, January -April 2024</i>	

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM Comparison (Items 12A, 13 and 14)						
On Site Review Instrument (OSRI)						
	Item 12A		Item 13		Item 14	
CY2021	66% Strength	34% ANI	48% Strength	52% ANI	66% Strength	34% ANI
CY2022	66% Strength	34% ANI	39% Strength	61% ANI	68% Strength	32% ANI
CY2023	77% Strength	23% ANI	56% Strength	44% ANI	76% Strength	24% ANI
<i>Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)</i>						

There is a direct correlation between assessing needs and providing services to the child ([CFSR item 12A](#)), child and family involvement in case planning ([CFSR item 13](#)), and casework visits with the child ([CFSR item 14](#)). When we have frequent, quality conversations with children, we can more accurately assess and address their needs, and include youth in their case planning, providing agency, as appropriate. [Strategy 4.1: Emerging adulthood housing program \(EAHP\)](#) in the [Plan for Enacting the State's Vision](#) includes providing a supported housing program for 16 through 20-year-olds in foster care or extended foster care, who would prefer to live independently rather than in a family setting, being responsive to their assessed needs and personal agency in case planning and service provision.

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Additionally, [Strategy 2.3: Services expansion](#) is expected to impact well-being by ensuring the availability of high-quality services to address identified needs.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM Comparison (Items 3 and 14)				
On Site Review Instrument (OSRI)				
	Item 3		Item 14	
CY2021	63% Strength	37% ANI	66% Strength	34% ANI
CY2022	61% Strength	39% ANI	68% Strength	32% ANI
CY2023	68% Strength	32% ANI	76% Strength	24% ANI
<i>Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)</i>				

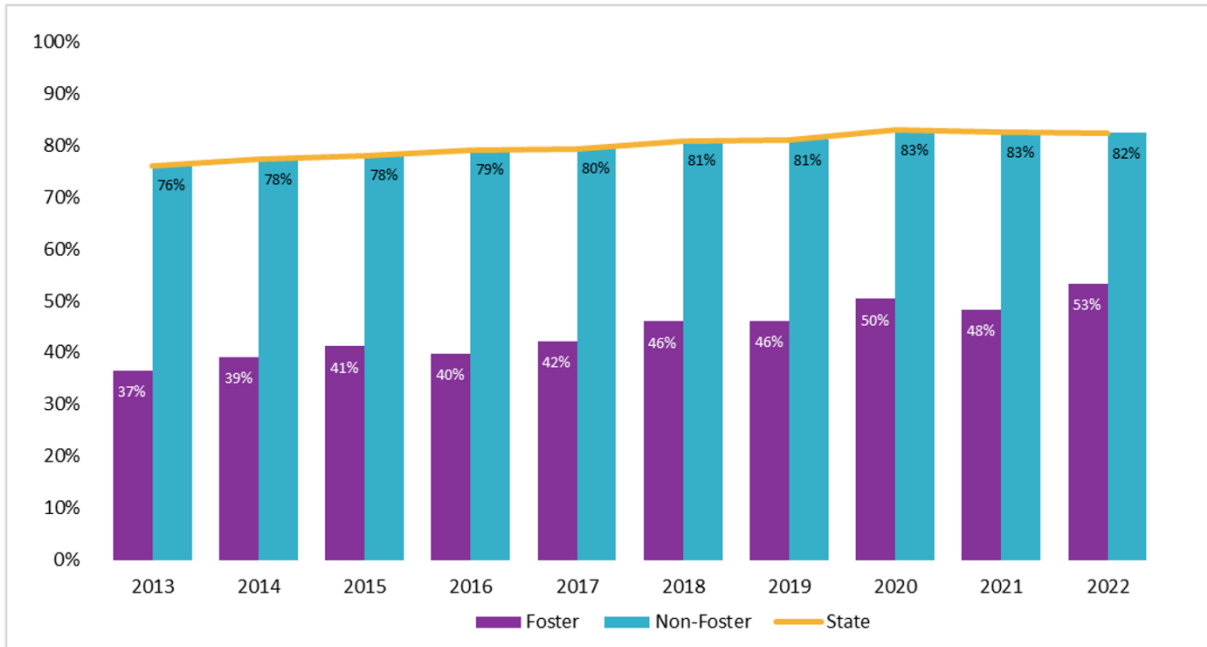
There is a strong correlation between casework visits with the child (CFSR item 14) and the agency making concerted efforts to assess and address the risk and safety concerns ([CFSR item 3](#)). If we are unable to have frequent, quality conversations with children, we are unable to conduct ongoing, comprehensive assessments of safety.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM Comparison (Items 3, 6 and 15)						
On Site Review Instrument (OSRI)						
	Item 3		Item 6		Item 15	
CY2021	63% Strength	37% ANI	18% Strength	82% ANI	40% Strength	60% ANI
CY2022	61% Strength	39% ANI	7% Strength	93% ANI	34% Strength	66% ANI
CY2023	68% Strength	32% ANI	25% Strength	75% ANI	53% Strength	47% ANI
<i>Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/3/2024)</i>						

There is also a strong correlation between the agency making concerted efforts to assess and address the risk and safety concerns (CFSR item 3), efforts to achieve permanency for the child ([CFSR item 6](#)), and casework visits with parents ([CFSR item 15](#)). If we are unable to have frequent, quality conversations with mothers and fathers, we are unable to conduct ongoing, comprehensive assessments of safety that inform conditions for return home or other permanency options which in turn impacts achievement of timely permanency. While [Strategy 2.1: Assessment Redesign](#) is expected to have the largest impact on child safety, it will also impact well-being through ongoing assessment to inform permanency options. In addition, the integration of assessments of safety in court reports has potential to impact permanency by expediting return home or an alternate permanency decision for the child.

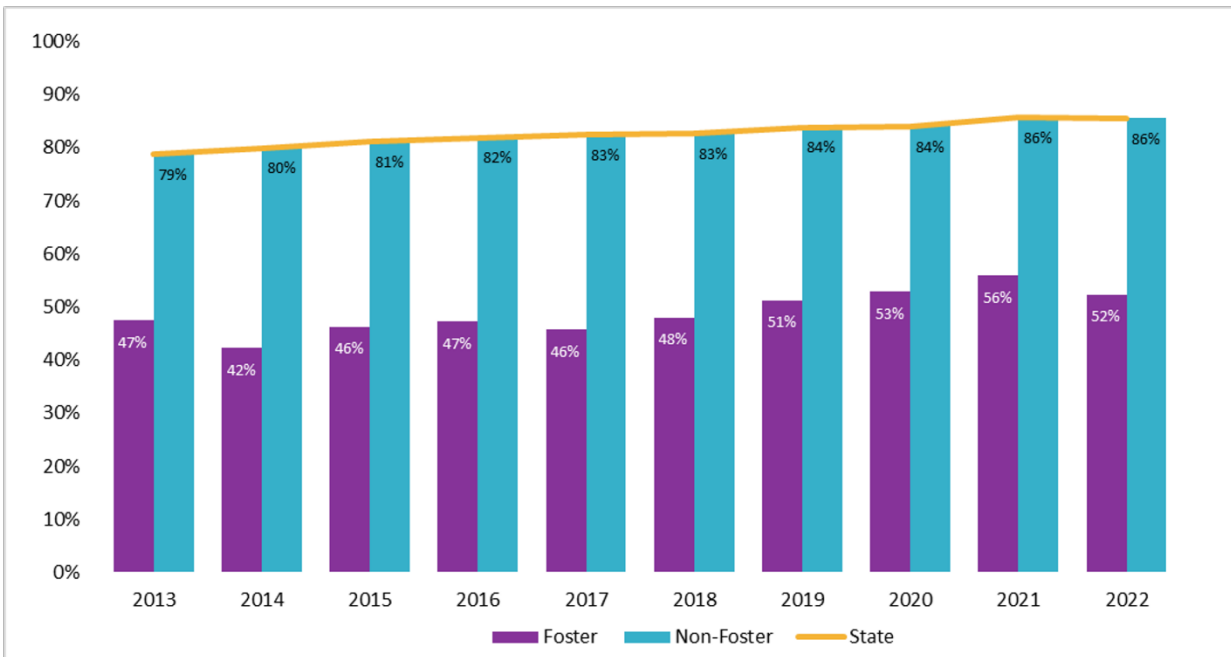
Four Year Graduation Rate, by Foster Care Status, Classes of 2013-2022



Source: Office of the Superintendent of Public Instruction (2022). Report card graduation [2013-2022].

Notes: Graduation rates are calculated using the “adjusted cohort” methodology. This method tracks a group of students entering ninth grade for the first time and tracks them over time, not relying on estimates.

Five Year Graduation Rate, by Foster Care Status, Classes of 2013-2022

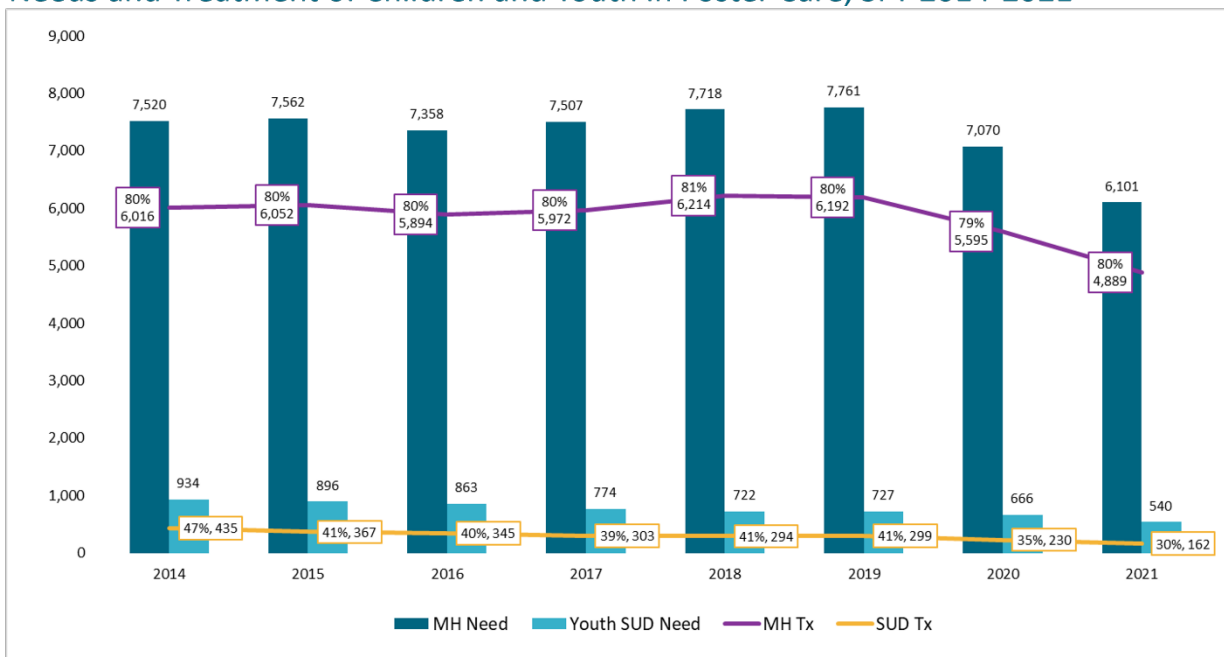


Source: Office of the Superintendent of Public Instruction (2022). Report card graduation [2013-2022].

Notes: Graduation rates are calculated using the “adjusted cohort” methodology. This method tracks a group of students entering ninth grade for the first time and tracks them over time, not relying on estimates.

The four-year graduation rate for youth in foster care continues to increase, with it being at a ten-year high, while the graduation rate of non-foster youth has remained stable. The five-year graduation rate has hovered in the low- to mid-fifty percent. The ongoing partnership with Treehouse Advocacy Program, including the expansion of the Graduation Success program, has contributed to the increased rate of foster youth graduating from high school. Recognizing that youth need culturally relevant support, centered in their specific communities, Treehouse established teams to serve special populations within Graduation Success. They provide support to youth in juvenile rehabilitation institutions through their Dual-System Involved Youth team, provide targeted support to youth in foster care who reside in the Echo Glen Children’s Center and Green Hill School facilities. They also provide support to the larger Graduation Success program regarding the educational rights of youth experiencing dual systems and help build staff capacity to serve dual system involved youth outside of these facilities. More information on this partnership and interventions are available in the [2025 APSR](#).

Needs and Treatment of Children and Youth in Foster Care, SFY 2014-2021



Source: Iverson, A., Pavelle, B. Lucenko, B. & Felver, B. (2023). "Behavioral Health Treatment Needs and Outcomes among Medicaid-Enrolled Children in Washington State." Washington State Department of Social and Health Services, Research and Data Analysis.

Notes: Total in out-of-home care includes all children and youth age 0-17 ever in out-of-home care, for any length of time, during the state fiscal year. Mental health treatment need includes any mental health diagnosis, prescription, or service recorded in state administrative data in the past 24 months. Substance Use Disorder (SUD) treatment need includes one or more substance-related diagnosis, procedure, prescription, treatment, or arrest in the past 24 months. Treatment need indicators that are not captured by state administrative data, including privately paid or insured services, are not included. SUD is not measured for children under age 12.

Youth in foster care with an identified mental health need receive treatment at a rate of 80 percent. This rate has been consistent since 2014. However, youth in foster care with an identified substance use disorder (SUD) need to receive treatment at a rate of 30 percent. While the number of youth needing SUD treatment continues to decline, the percentage of those receiving services has also continued to decline since 2014. SUD in teens unfavorably affects every aspect of their physical, emotional, and cognitive development, as well as overall well-being. SUD treatment for youth in foster care needs to be made a priority. There are many barriers to treatment for youth such as a lack of treatment facilities and trained professionals, incomplete screening and treatment tools, and bias. Timely and accurate

assessment is needed for youth at risk for SUD. Cross agency partnerships with mental health and treatment providers can create a coordinated comprehensive plan for foster care youth. Current efforts include working with SUD treatment facilities to accept Coordinated Care, allowing foster youth to access treatment. More work needs to be done to develop policies, resources, and breaking down of treatment barriers for foster care youth with SUD.

The tracking and oversight of psychotropic medications in Washington is done through the Second Opinion Network (SON) in conjunction with the Managed Care Organizations. Data on children and youth in out-of-home placement who also triggered a SON review can be found in the Health Care Oversight Plan, along with details on what triggers a SON review and how AHCC tracks SON reviews.

Receipt of mental health services for dependent children and youth in Washington state is multifaceted. Washington continues to have an insufficient number of providers for mental health services in all areas for children, youth and adults, so close care coordination is necessary to ensure that children and youth can receive timely services. AHCC is able to support children and youth in dependencies in obtaining necessary and desired mental health services when there is a need. When there is difficulty finding a local provider, AHCC is able to support with care coordination to find a provider who has openings and is able to meet the needs of the child or youth. In some situations, this can include a single case agreement where a unique rate can be arranged between AHCC and a community provider. Youth 13 and older in Washington have a choice to engage in mental health services, and there are youth who do not choose to engage in services.

Systemic Factors

Information System

Round 3 of the CFSR determined that Washington was not in substantial conformity with the systemic factor of Statewide Information System. The one item in this systemic factor was rated as an Area Needing Improvement. A comprehensive assessment of the current performance can be found in the [2025 APSR](#).

This item determines whether the statewide information system is functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. DCYF currently uses FamLink, a system that was implemented in Washington from another states' transfer system developed under the Statewide Automated Child Welfare Information System (SACWIS) guidelines.

DCYF continues to lag on meeting business needs for end users in support of the children and families of Washington that DCYF serves, nor is the agency able to fully implement new state and federal legislation and reporting requirements (e.g., HB 1227, Family First Prevention Services Act, and Adoption and Foster Care Analysis and Reporting System (AFCARS) 2.1 implementation). However, DCYF is currently in the Comprehensive Child Welfare Information System (CCWIS) procurement phase in preparation for the implementation of modernization of the child welfare information system. For more information, see [Tactic 1.3.7: CCWIS Project](#) within the [Plan for Enacting the State's Vision](#).

Demographic Characteristics

Demographic characteristics are collected in FamLink on the person management page. Not only are these demographics required for federal reporting, but they are also key components in defining logic

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for all other reporting that looks at child’s age, gender, and disproportionality. These same demographics are also used in online logic within FamLink for functionality to include areas such as:

- Intake screening – physical abuse of a child under the age of four (4); and
- Overcapacity/waivers – foster home licensing when a child is being placed that is outside the demographics of the license capacity.

Adoption and Foster Care Analysis Reporting System (AFCARS)

Washington is challenged to comply with AFCARS 2020 rules because of limitations in the current SACWIS system. DCYF continues to submit AFCARS files to be sure Washington data is available for ongoing federal monitoring and reporting, although the 23A, 23B, and 24A files were submitted as AFCARS 1993 text files and were non-compliant with AFCARS 2020 rules in both format and required data elements. Washington is currently developing code to submit AFCARS in the required 2020 format, focusing on submitting the shared elements in the 1993 and 2020 rules. DCYF is targeting submission of the 24B AFCARS file in the AFCARS 2020 XML format; however, it will not be compliant, as many of the required 2020 data elements are not available in the current SACWIS system and there is no capacity to add the missing data elements. Washington will not be able to submit a compliant AFCARS 2020 file until a new CCWIS solution is possibly implemented in 2028.

Child Location

As of CY 2023, 45.5% of placement events were entered using the Child Location Application within three days of placement. Of the total placement events entered, 66% (6,377 of 9,662) were made within the three-day policy time frame resulting in a 4% increase from the previous year.

Entry of Placement Events						
	CY2018	CY2019	CY2020	CY2021	CY2022	CY2023
Total Placement Events Entered	16,156	17,255	10,622	12,594	13,591	9,662
Entered Via Child Location Application	5,094 (31.5%)	9,312 (54%)	5,898 (55.5%)	7,076 (56.2%)	8,858 (65.2%)	8,056 (83.4%)
Entered directly via PET Tool	11,062 (68.5%)	7,943 (46%)	4,724 (44.5%)	5,518 (43.8%)	4,733 (34.8%)	1,606 (16.6%)
Entries Made Within 3 days	8,750 (54%)	11,206 (65%)	7,121 (67%)	8,728 (69%)	8,381 (62%)	6,377 (66%)
<i>Data Source: Lag Placement Entry Detail, infoFamLink, CY2023</i>						

Overall lag in placement entry increased by 20 days. This significant increase aligns with challenges related to authorizations related to payments. Users were able to document placements; however, challenges to complete the payment process remain. DCYF continues to work through challenges related to payment codes within FamLink.

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DCYF uses the infoFamLink Data Lag in Closing Episodes report to provide clarity on the status of documentation and to support staff in reducing the time lag of closing episodes. Late data entry may lead to overpayments, cause late payments to providers, delay home study referrals for relative placement, and means that FamLink has less accurate information regarding the current placement settings for children in out-of-home care. Improvements continue in reducing the lag in closing of placement episodes timely and this will continue to remain an area of focus. This is being accomplished through training and an emphasis on ensuring data is accurate in the FamLink system based on the data quality assurance plan.

Status and Permanency Goal

Accurate documentation of a child's status and permanency goal are important factors in identifying the population of children in out-of-home care for case and permanency planning. Documenting a child's status in the care and custody of the state is necessary for IV-E eligibility, for legal actions and timelines, ensuring health and safety requirements are met, and ensuring inclusion in the correct reporting populations. FamLink meets all requirements for documenting a child's status and permanency goal, both of which populate the case plan and court report.

DCYF continues to use the Permanency Monitoring report in infoFamLink to identify primary and alternative plans and determine any potential missing records and/or documentation. A continued challenge is the reliance on manual data entry across the state to the legal section in FamLink. Variances occur in relation to who enters the data and what information is entered. Information on permanent plans, particularly primary and alternate plans, may be found in other areas of documentation (i.e. case notes, court reports, shared planning meeting module, etc.). As DCYF transitions to 2.1 AFCARS submissions, the quality assurance review efforts will continue.

In 2007, state law passed requiring the Administrative Office of the Courts (AOC), in consultation with DCYF and AGO, to compile an annual report providing information about dependent children whose cases did not meet statutory guidelines for achieving permanency. This continued partnership creates a shared ownership for improved outcomes for children involved in the child welfare and court systems. A court interface is one of the new interfaces required under the 2016 CCWIS rules and will be built as part of the CCWIS modernization. DCYF is currently engaged with AOC in establishing key bi-directional data elements as well as interface requirements and standards. The early partnership aligns the work for both agencies in prioritization, common understanding, and agreement on scope.

Case Review System

Round 3 of the CFSR determined that Washington is not in substantial conformity with the systemic factor of Case Review System. None of the 5 items in this systemic factor were rated as a Strength. A comprehensive assessment of the current performance can be found in the [2025 APSR](#).

Written Case Plans

DCYF currently lacks a uniform method for documenting written case plans and quantifying compliance with policy requirements. The FFPSA case review team reviews the following locations in FamLink to find case plans:

- DCYF 15-259A uploaded to Famlink

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- Comprehensive Family Evaluation (CFE) w/goals and objectives
- FAR Family Assessment (FARFA) w/goals and objectives
- Shared Planning Meetings notes that identify goals/objectives
- Case notes that outline goals/objectives for the family

The case plan in FamLink is designed to be created through individual and family level objectives that are inserted into the FARFA or in the Comprehensive Family Evaluation. This process is cumbersome to complete and is difficult to do in tandem with families. Some workers will complete a written case plan with families using paper or printing out a template from FamLink in efforts to involve families in case planning but then need to go back and re-enter that information into FamLink or complete a file-upload with the case plan they completed. Currently file upload does not have a drop-down value to isolate uploaded case plans; as a result, they are uploaded under various values. DCYF is currently unable to quantify how often written case plans are completed.

Periodic Reviews and Permanency Hearings

The Administrative Office of the Courts (AOC) and Washington State Center for Court Research (WSCCR) track all juvenile dependency and termination cases that were filed in Washington's courts. Court records from the AOC's Superior Court Management and Information System (SCOMIS) are matched with information from DCYF's FamLink system.

Fact-finding is one of the first major judicial events in the dependency process, and delays in fact-finding may prolong court involvement and increase the amount of time a child spends in foster care.³

The figure below illustrates the percentage of cases with fact-finding within 75 days of the filing of the dependency petition. Currently, Washington does not have a court code for judges to indicate that they found exceptional circumstances for continuing the fact-finding and what the exceptional circumstance was. However, we anticipate this to change in the future. The AOC has worked collaboratively with system partners to create and propose new court codes for recording exceptional circumstances to continue fact-finding. The new coding will allow for analysis of factors that contribute to delays.

Some factors that influence timeliness of the fact-finding hearing include significant legislative changes and judicial rulings. Collectively, these actions have increased expectations for DCYF to keep families together, to make *reasonable and active efforts*, have expanded representation of children and youth by attorneys, and expanding the number of children that are treated as Indian Children.⁴ Since the passage and implementation of HB 1227 there are more complicated cases and more cases are getting set for trial. Recent appellate decisions have expanded the number of cases where ICWA applies. These cases are more complicated to resolve within 75 days due to expanded requirements, challenges of due notice to tribes, and contracting with qualified expert witnesses, including time for them to review discovery.

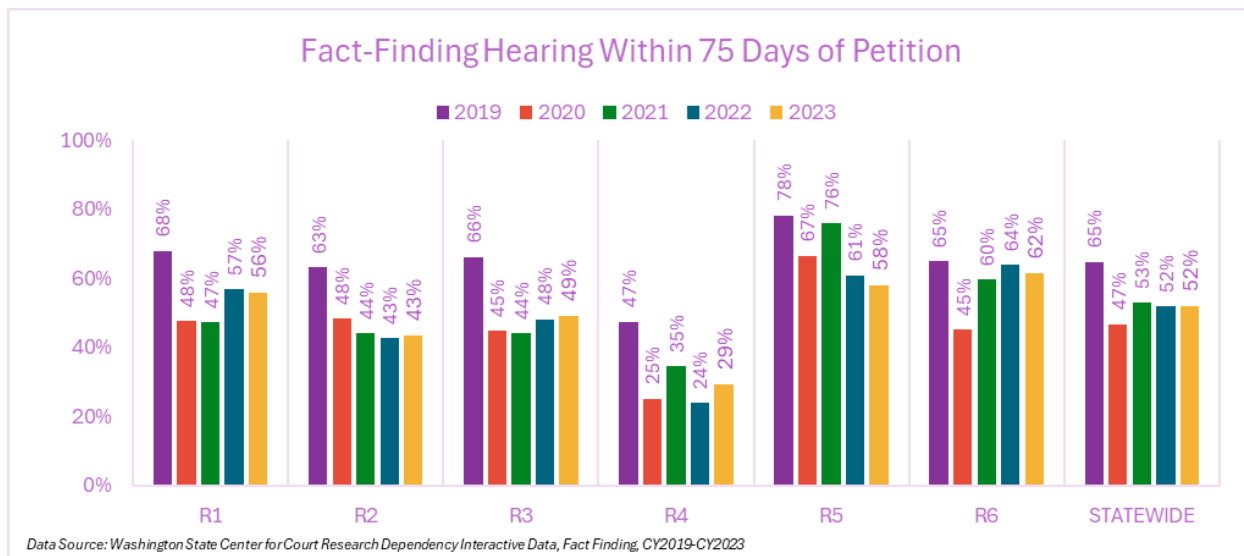
³ Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; <https://www.courts.wa.gov/subsite/wscrr/docs/2020DTR.pdf>

⁴ *HB 1227, the Keeping Families Together Act*, increased the standards required to remove children. *In re Z.J.G.*, 196 Wn. 2d 152, 471 P.3d 853 (2020), broadened the scope on when DCYF has a reason to know a child is or may be an Indian child for purposes of ICWA and WICWA. *In re G.J.A.*, 197 Wn. 2d 868, 489 P.3d 631 (2021) and *In re A.L.K.*, 196 Wn. 2d 686, 478 P.3d 63 (2020), have outlined additional expectations around active efforts. *In re J.M.W.*, 199 Wn.2d 837, 514 P.3d 186 (2022) further established requirements to rule on active efforts at every shelter care hearing. *HB 1219* provides for appointment of counsel for youth in dependency court proceedings.

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Overall, parent attorneys have become more prepared and the Department is held to a higher standard compared to previous years. Region 4 and parts of Region 2 have noted that they have a backlog of trials from before and during the COVID pandemic which remain unresolved and their trial calendar remains very congested. The AOC noted that while judicial and legislative decisions have made adjudication of cases more complex, and increased the likelihood of trials, the legislature has not funded additional attorneys, judges, or court staff. This also contributes to congestion on the court calendar and often results in non-consecutive trial day scheduling. Several regions noted that multiple trials may be scheduled for the same judge and courtroom, resulting in continuances. Region 2 has had increased turnover and vacancies in the attorney general’s office. The expansion of youth representation results in additional attorneys whose conflicts must be considered when scheduling and rescheduling trials.

Another barrier to timely fact-finding hearings identified in region 3 is an increase in dependency fillings for children and youth with intensive needs where child abuse and neglect is not the primary concern. On these cases, resolution of the case is often about finding the appropriate resources or moving the child or youth to the appropriate system (mental health or developmental disabilities) rather than establishing a dependency. This often takes longer than 75 days.



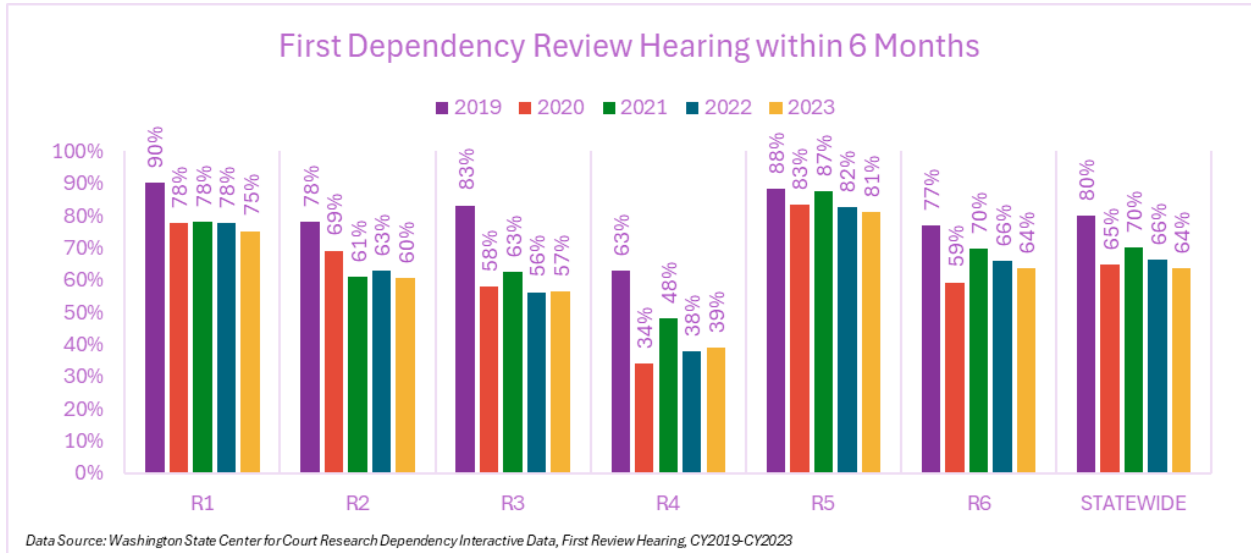
The purpose of a review hearing is to assess the progress of the parties and determine whether court supervision should continue.⁵

The figures below illustrate the percentage of first dependency review hearings within six months and the percentage of all dependency review hearings within six months. Untimely fact-finding hearings relate to untimely first dependency review hearings. When there are delays in establishing dependency or holding a fact-finding trial for dependency, holding the first review hearing within 6 months of the original placement date is less likely to occur.

The AOC, WSCCR, and DCYF are working to increase cross-agency data sharing and review through periodic meetings between FJCIP coordinators on the court side and DCYF’s quality assurance team. By

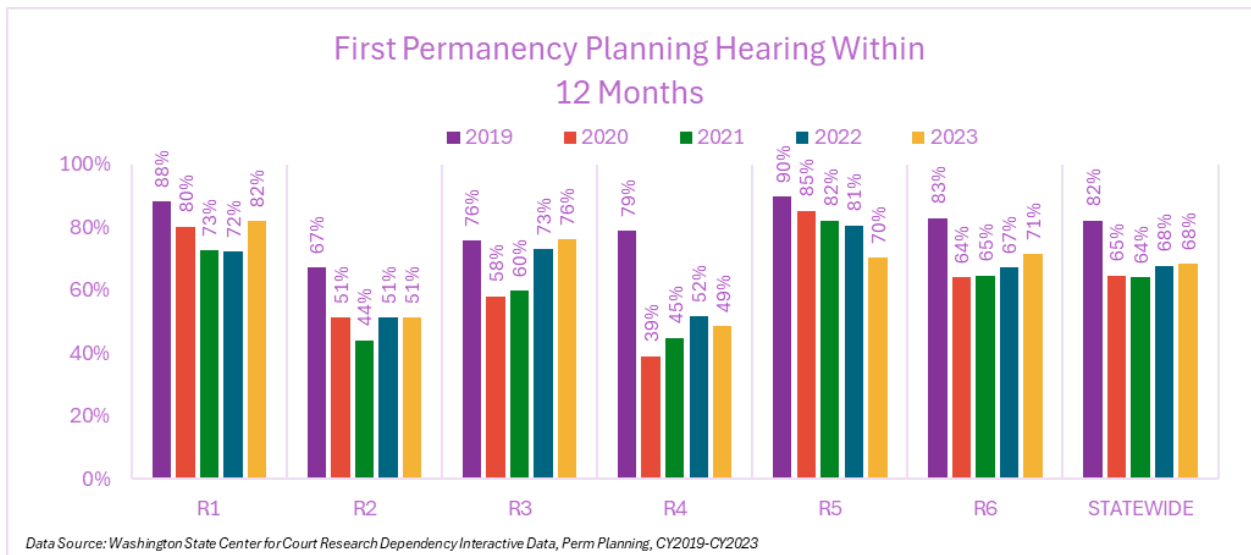
⁵ Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; <https://www.courts.wa.gov/subsite/wscrr/docs/2020DTR.pdf>

reviewing and evaluating data together, we can better analysis driving factors and develop joint plans to address delays.



The purpose of a permanency planning hearing is to inquire into the welfare of the child and progress of the case, and to reach decisions regarding permanent placement.³

The figures below illustrate the percentage of cases with first permanency planning hearing within 12 months of placement and all dependency permanency planning hearings within 12 months.



Overall, timeliness of review hearings and permanency hearings declined during the COVID-19 pandemic (CY2020); however, small increases in timely hearings have occurred each year. Many Washington courts adjusted to virtual and hybrid hearings and embraced electronic document signatures and filings. Dependency courts are undergoing a cultural shift while they adjust to hybrid hearings and consider which practice changes to maintain.

Washington invested in the [Family and Juvenile Court Improvement Program \(FJCIP\)](#) in efforts to reform and enhance court systems that manage family and juvenile cases including compliance with

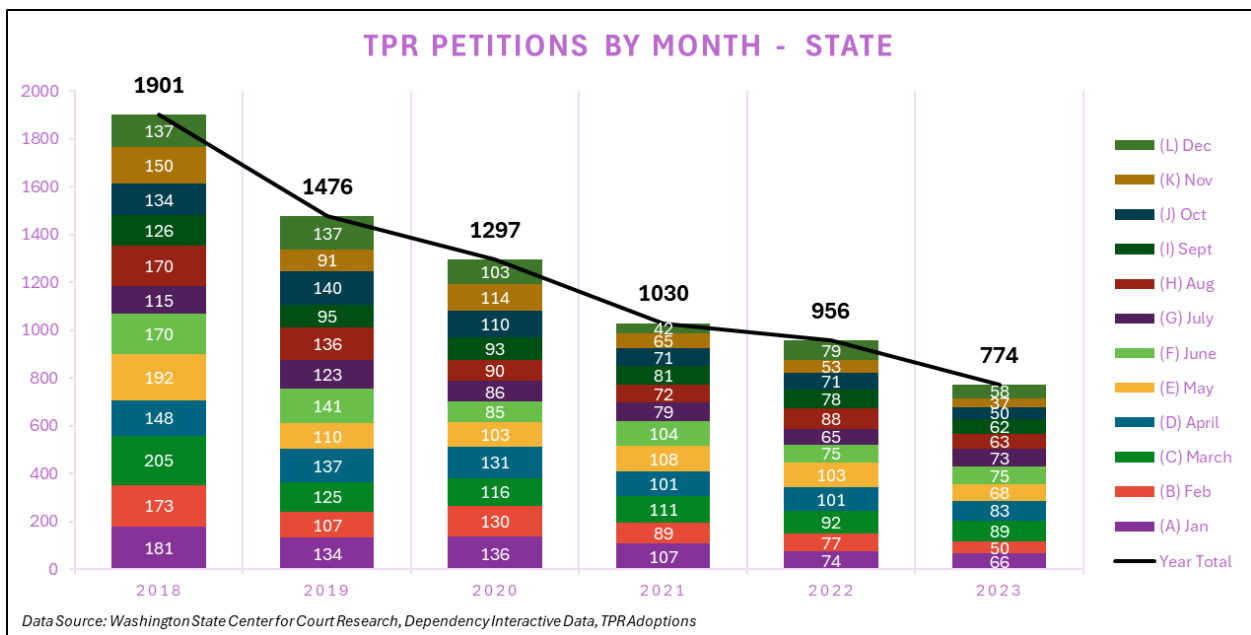
dependency timelines. Funding for this program expanded in 2022. DCYF continues to work closely with the Court Improvement Program and the CIP Co-Director on cross systems work.

Termination of Parental Rights (TPR)

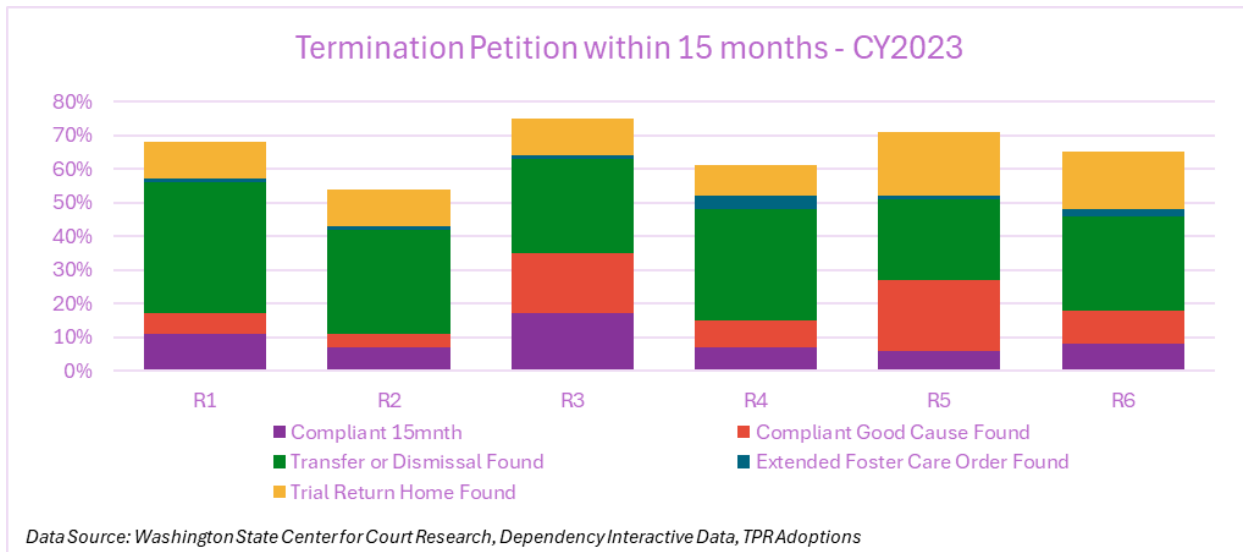
The Adoptions and Safe Families Act (United States Public Law 105-89, section 103) (ASFA) requires states to begin the process of terminating parental rights for certain cases, including those in which children have been in foster care for 15 of the most recent 22 months. Exceptions to this rule are cases where the child is being cared for by a relative, there is a compelling reason why termination would not be in the best interest of the child, or the state failed to offer the necessary services to the family.

As of February 2024, 3,241 children and youth are within the timeline qualifying them for ASFA, and of those, 79.9% (2,590) are compliant with ASFA.

The figure below illustrates the number of TPR petitions filed by calendar year.



The figure below illustrates the number of TPR petitions filed within 15 months of the child residing in out of home care for CY 2023, broken down by region.



Caregiver Notification of Hearing and Right to be Heard

The annual dependency timeliness report is legislatively mandated to include information regarding whether resource families received timely notification of dependency hearings as required by [RCW 13.34.096](#) and [13.34.145](#), and whether caregivers submitted reports to the court.

Adequate and timely notice was given to the Child's Caregiver		Court Received a Caregiver Report	
Yes	No	Oral Report	Written Report
11099	78	935	1244

Data Source: Washington State Center for Court Research Dependency Interactive Data, Case Processing and Status, Caretaker report, CY2023

There is a significant variance between the number of court-received caregiver reports (oral and written reports) and hearing notices. This could be attributed to reasons such as inadequate tracking mechanisms, confusion about to whom to give the report, hearing continuances, and no testimony heard during court.

New legislation in 2024 requires DCYF to establish a caregiver communication specialist position for the purpose of improving communication between DCYF and caregivers caring for children receiving child welfare services. Additionally, DCYF is required to submit a report describing how to implement an automated notification system that would provide electronic or telephonic notification to caregivers of children receiving child welfare services and providing recommendations regarding improving communications between DCYF and caregivers.

In May 2023, the old Caregiver’s Report to the Court was updated and two new reports were created [15-313 Caregiver's Report to the Court](#) and [15-313a Caregiver's Report to the Court Abbreviated Version](#). The updated caregiver reports are currently underutilized. DCYF is promoting the new versions of the report in public forums for foster parents and kinship caregivers. DCYF intends to partner with the courts to address caregiver report tracking methods.

Quality Assurance System

Round 3 of the CFSR determined that Washington was in substantial conformity with the systemic factor of Quality Assurance System. The one item in this systemic factor was rated as a Strength.

The CCRT began a new statewide review process in January 2024. The goal is for the review process to become seamless no matter if the review is associated with the CFSR, PIP, or ongoing CQI efforts. The DCYF QA/CQI team would like the qualitative case review process to become normalized as part of an ongoing process to improve outcomes for children. By standardizing the review process the QA/CQI cycle can become something being done for you, not to you. DCYF would like to cultivate an environment where direct line caseworkers and supervisors strive to learn how their practice can be improved through constructive feedback.

Over the next five years, the DCYF QA/CQI team will endeavor to develop a culture where supervisors across the state incorporate federal review outcomes and practice expectations into their monthly supervision process and critical thinking. Monthly supervision should include individualized case goals which meet federal practice standards and expectations.

Washington DCYF will complete the round 4 CFSR in 2026. Whether the state completes a traditional review or a state-led review, the process will be recognized by workers, supervisors, and administrators as a routine procedure of the improvement cycle. Child welfare leaders will identify the review path which best meets the needs of the state to accurately identify practice strengths and improvement opportunities which will inform the development of the round 4 Program Improvement Plan (PIP). DCYF will successfully utilize the round 4 CFSR results to develop PIP goals over the preceding two-year period. DCYF will strive to implement and meet all improvement goals during this CFSP cycle.

Over the next five years, to appropriately analyze the data collected by the Critical Incident Review (CIR) team, additional resources must be secured to develop capacity for CQI efforts. Since 2019 the workload of the CIR team has increased 220% without additional resources. This has led to the CIR team minimally meeting statutory review requirements without the ability to analyze, learn, and educate child welfare direct line staff, supervisors, program managers, and administrators regarding the lessons learned from the CIRs. Analysis of maltreatment related incidents occurred during the first eight months of 2022. The results of that analysis can be reviewed in the [Child Welfare Maltreatment-Related Incident Analysis, 2021-2022](#).

In March 2024, the CIR team discontinued the process of identifying individual review recommendations. The critical incident review committees, which are facilitated by the CIR team, will identify specific improvement opportunities within each case reviewed. These improvement opportunities will be presented quarterly to the DCYF critical incident steering committee by the CIR team facilitators. The steering committee will identify a specific improvement opportunity to be 'System Mapped' by both internal and external partners. Specific partners to participate in the mapping process will be recommended by the steering committee based on the improvement opportunity identified to be mapped. DCYF currently uses the support of the University of Kentucky through the National Partnership for Child Safety (NPCS) to assist in the mapping process. The systems mapping support from the University of Kentucky is temporary. DCYF will build the resource capacity to absorb this work function into its regular review process over the next five years.

As mentioned above, the CIR team would like the information gleaned from the CIR and the 77 data items collected from every review to be analyzed, and presented to child welfare in a manner which is beneficial to making outcome improvements based on the information learned. Through the safety culture process of learning from these unfortunate critical incidents, staff, supervisors, and administration will be given a space to openly discuss the systematic barriers which impacted service delivery to the family. Over the next 5 years, DCYF will cultivate a culture of safety where staff and community partners can openly provide feedback regarding the system without fear of retribution or blame.

During the next 5 years, DCYF would like to begin claiming FFPSA dollars through its approved FFPSA plan. To begin claiming for FFPSA funding, DCYF must commit to a timely and successful implementation of its CCWIS. Between now and the implementation of CCWIS, DCYF child welfare must commit to improving the documentation associated with written, signed case plans which are uploaded into the system. DCYF must also expand its service array to better meet the needs of the family within the community where they reside. This includes addressing service needs within areas of ‘service deserts’ and utilizing the existing evidence-based program (EBP) providers to maximize claiming opportunities.

The FFPSA QA reviewers would like to identify office readiness for every DCYF child welfare office across the state based on a standardized set of criteria. Office readiness would include the assessment of criteria such as current utilization of claimable EBPs compared to referrals to non-EBP services and EBP provider capacity within the office catchment area. Using this approach to a phased in FFPSA implementation, DCYF will be able to maximize its claiming capacity during the early phases of implementation.

Information learned from the current office level baseline reviews will be incorporated into the FFPSA plan for implementation. Baseline reviews identify incremental improvement opportunities at the office case work practice level and systemic improvement opportunities at the regional and state level which assist the office catchment area to successfully implement the FFPSA plan and goals.

Over the next 5 years the statewide QA/CQI team would like to expand its ability to analyze and oversee an evidence-informed CQI process. Currently, the QA/CQI team functions as a quality assurance process and is at maximum capacity to meet federal and state statutory quality assurance requirements. The current QA/CQI team does not have the ability to appropriately analyze available data, conduct a root cause analysis, develop a theory of change, and implement strategy recommendations to improve outcomes. The QA/CQI team would like to develop a CQI culture amongst the PPS and Child Welfare program managers. The QA/CQI team would like to develop and train program managers in an evidence-based approach to reviewing data elements, analyzing data, conducting a root cause analysis, developing a theory of change, and implementing improvement strategies within their individualized programs. By teaching and mentoring each of the 50+ program managers to use this process individually, it will naturally expand the reach of the CQI process from a current statewide team of three to the individual program level, resulting in a team of 50+ CQI practitioners.

The QA/CQI section is requesting the legislature to fund additional QA/CQI staff to better support improvement efforts across the agency. The QA/CQI section is requesting additional QA staff to support Placement Continuum, Integrated Systems of Care, Service Continuum, Practice Supports and Quality Improvement, evaluation of the 7 federal statewide data indicators, and a CQI staff for each of the

divisional sections. The critical incident review team is requesting one additional reviewer due to the increased workload over the last five years, one additional analyst to review the data collected, and a facilitator to conduct system mapping as recommended through the NPCCS.

If the above legislative request is not approved, the agency is recommending a model where agency support such as QA/CQI staff are automatically incorporated into all new agency projects and programs.

Agency-Wide QA/CQI Framework

In June 2023, DCYF adopted an agencywide [QA/CQI Framework](#) to establish minimum standards in the following categories:

- Data Collection & Reporting
- Quality Assurance
- Continuous Quality Improvement
- Standardization
- Structural Guardrails

The agency's Office of Innovation, Alignment & Accountability (OIAA) is supporting the implementation of the new standards across the agency's client serving divisions, including Early Learning, Child Welfare (CW), Juvenile Rehabilitation (JR), Licensing, and Partnership, Prevention & Services (PPS). The new standards are intended to standardize and coordinate QA/CQI functions across the agency, provide structural guardrails to ensure proper checks and balances, and highlight and expand the use of effective practice across the client-serving divisions, including Child Welfare. Each division has autonomy to meet the minimum standards with practices appropriate for their service delivery model and established state and federal requirements.

Implementation is planned to occur in three (3) Phases:

Phase 1: Assessment of Current Practice Against Minimum Standards (July 1, 2023 – June 30, 2024)

This phase primarily involves OIAA gathering documentation of current QA/CQI and related Data Collection & Reporting practices from each client-serving division to assess current practice against the new minimum standards and identify areas for improvement. The Child Welfare division initiated this process in October 2023 and is scheduled to complete Phase 1 by June 30, 2024.

Phase 2: Alignment of Practice with Minimum Standards (July 1, 2024 – TBD)

Divisions will receive support from OIAA QA/CQI staff to address identified areas for improvement, which could include documentation of existing practices, modification of existing practices to align with the new minimum standards, or development of new practices to meet the minimum standards. The Child Welfare division is scheduled to initiate Phase 2 by July 1, 2024.

Phase 3: Sustaining Minimum Standards (TBD)

After each division completes Phase 2, they will sustain their practice over time and ideally continue to enhance their practice even further as best practices are identified and incorporated.

Throughout the implementation process, intentional coordination will occur between Child Welfare and Partnership, Prevention & Services (PPS) QA/CQI staff to ensure the divisions continue to work

collaboratively to build a unified QA/CQI system that contributes to improved outcomes for children, youth, and families.

Staff and Provider Training

Round 3 of the CFSR determined that Washington is not in substantial conformity with the systemic factor of Staff and Provider Training. One of the items in this systemic factor, Item 28 – Foster and Adoptive Parent Training, was rated as a Strength. A comprehensive assessment of the current performance can be found in the [2025 APSR](#).

The University of Washington’s (UW) Alliance for Professional Development and Caregiver Excellence (the Alliance) is contracted with DCYF to provide several initial and ongoing staff trainings.

Initial Training

Regional Core Training (RCT) is Washington State’s foundational training designed to prepare newly hired child welfare and licensing division caseworkers with the basic knowledge, skills, and understanding of child welfare. Cohorts are offered bi-monthly across the state.

Supervisor Core Training (SCT) is administered through a contract with the Alliance and is Washington’s foundational training designed to prepare newly hired supervisors and more recently, Social Service Specialist 4s, with the basic knowledge, skills, and understanding to enhance and grow their careers in child welfare. SCT focuses on helping supervisors understand the importance of reflective supervision by developing Learner Centered Coaching skills they can use with staff.

Area Administrators (AAs) need to achieve competency in understanding child welfare practice as well as in the higher levels of systems management. This training provides AAs with an introduction of baseline competencies for middle managers in public child welfare, and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems, and managing outward are the four main themes integrated throughout the training.

In July 2021, the Alliance contracted with Center for States to conduct a [third-party evaluation](#) to assess the structure, curriculum format, and the design of RCT. Based on the evaluation and subsequent collaborative work with DCYF staff, the Workforce Core was developed. Workforce Core is a 13-week course for new Social Service Specialists and is a total of 416 hours of training. This training is delivered in 4 blocks: Foundation, Engagement, Assessment and Case Planning, and Service Delivery. This pilot ran in conjunction with several RCT Cohorts and there is data being collected to compare the learning gains across both trainings to support the revisions of Workforce Core. In Summer 2024, following revisions of the curriculum based on the observation, curriculum review, learner experience, knowledge surveys, and revision workgroups composed of Alliance and DCYF staff, the Workforce Core will replace RCT as the foundation training for new workers. This tactic is included as part of [Strategy 1.2](#) of the [Plan to Enact the State’s Vision](#).

Ongoing Training

The Alliance offers a number of ongoing trainings to DCYF staff. Among these are program specific learning sessions, Learner Centered Coaching, Qualified Expert Witness Training, and ad hoc coaching sessions. A complete list of offerings can be found in the [2025 APSR](#).

The Alliance has a two plus year implementation plan to support the goal of all DCYF case-carrying staff being coded to fidelity in their use of Motivational Interviewing (MI). This plan includes offering 22 Foundational and Advanced Motivational Interviewing cohorts between 2024 –2026, as well as five individual Advanced Motivational sessions. Once staff have completed the Foundational and Advanced MI classes, they will be supported by participation in Facilitated Cohort Learning Sessions, 144 offerings between January 2024 and June 2026, where child welfare staff will have the opportunity to practice MI skills with peers. This venue will also serve as an opportunity for staff to submit one of their two required Motivational Interviewing conversations for the purpose of coding to fidelity. This tactic is included as part of [Strategy 1.3](#) of the [Plan to Enact the State’s Vision](#).

The Licensing Division developed the Workforce Development Team (WDT) to develop additional training relevant to licensing functions. These trainings include customization of the existing RCT, in-service training opportunities, and the development of an administrative support staff framework, which will address the need for onboarding support, policy and practice implementation, and professional development. This work is ongoing.

Historically, Child Welfare Training and Advancement Program (CWTAP) was offered to master’s in social work (MSW) students seeking a career in public child welfare. In 2023 it was expanded to include BASW students in their senior year. It operates the same as the MSW CWTAP. The Bachelor of Arts in Social Work (BASW) CWTAP provides students with tuition assistance for their senior year, educational support, and mentoring, and a practicum at a DCYF child welfare office. In return, upon graduation, students work for DCYF as a Social Services Specialist 1 (or higher) for an equal amount of time they received tuition assistance. Moving into the 2024-2025 academic year, University of Washington (UW) Tacoma and Eastern Washington University decided to expand eligibility to include BASW students in their junior year. UW Seattle has not expanded eligibility. For the upcoming five years CWTAP will maintain the MSW Title IV-E program and build the newly established BASW Title IV-E program to mirror the MSW program. This tactic is included as part of [Strategy 1.1](#) of the [Plan to Enact the State’s Vision](#).

The Alliance is working with the Office of Practice and Professional Learning to strategize the creation of an annual plan, which would include DCYF prioritizing the course development, requests, and course edits for the year. Having a process in place will eliminate the multiple initiatives that often come to the Alliance without prioritization. This work includes developing a system for tracking of provisos and legislative mandates that impact training. Emphasis will be placed on creating a comprehensive tiered training system that defines foundational and continued learning courses. The goal is to provide deeper level learning opportunities. The Alliance will also be working with DCYF to develop and adopt Trainer Standards, as well as the adoption of foundational materials, resources, and standards that are crucial to the collective mission.

Foster and Adoptive Parent Training

The Alliance continues to provide pre-service training for caregivers. All new and ongoing training is delivered virtually through webinars or eLearnings. WDT is currently working closely with the Alliance to create new learning opportunities both for prospective caregivers as well as existing caregivers. The development of new eLearning modules around the use of the Washington Caregiver Application Portal (WA CAP) are some of the newest collaborative efforts that are in progress to support caregivers.

Caregiver Core Training (CCT) is undergoing a thorough review in preparation for its revision. The program will continue in its eLearning format, maintaining its accessibility and convenience. While CCT garnered positive feedback and proven its effectiveness, adhering to the best practice of periodic curriculum updates is essential. This approach ensures that shifts in policy, practice, and cultural norms are accurately captured and integrated into the training content, thus keeping it relevant and impactful for participants.

A decision was made not to extend the contract for First Aid-CPR training through the Alliance. This contract ended June 2023. The current process is that caregivers attend training in their communities that comply with WAC 110-148-1375 and submit to DCYF for reimbursement. The Alliance is in the process of issuing a Request for Quote and Qualifications (RFQQ) to evaluate the ability to better meet this need, and pending the results of the RFQQ, is open to returning to management of a contract for CPR/First Aid training for foster parents in 2025.

The [Caregiver Retention, Education and Support](#) (CaRES) program has been using a texting platform to remind caregivers of upcoming events. Anecdotally, this has increased in-person participation at events. The Alliance will be assessing this platform on a larger scale, with the intention of using text reminders with the DCYF workforce.

Foster Care Negotiated Rule Making (NRM) will hold multiple Listening and Learning sessions beginning May 2024 through August 2024. The purpose of these sessions will be to begin review of WAC 110-148 to prepare for negotiations, starting in October 2024.

Service Array

Round 3 of the CFSR determined that Washington is not in substantial conformity with the systemic factor of Service Array and Resource Development. None of the items in this systemic factor were rated as a Strength. A comprehensive assessment of the current performance can be found in the [2025 APSR](#).

There are several factors that make individualizing services difficult. One factor is the limited service capacity of both community and Medicaid-funded services, as well as DCYF contracted services. When there is limited capacity, services are provided based on availability, rather than on the unique needs of the child, youth, or family.

A new learning management system, Develop, is expected to be launched in 2024. It will be a place for Combined In-Home Services (CIHS) providers to find, complete, and manage training and conferences/special events; as well as to apply to become a state-approved trainer. This will help streamline the training process and improve accessibility to available training.

A Performance Based Contracting (PBC) dashboard is being developed and is expected to launch in 2024. The dashboard will inform CIHS providers how they are doing in relation to PBC measures, which are currently focused on family engagement in services.

DCYF, with the support of Harvard Government Performance Lab (HPGL), developed procurement strategies for the Culturally Responsive and Specific Services Pilots to address some of the common challenges described by proximate providers in HPGL's diagnostic work. The procurement strategies were designed to create the opportunity for providers from the Native, Black, and African American

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communities to identify culturally responsive and specific services they believed would be effective in their communities. DCYF partnered with three tribes and two native serving organizations and intends to partner with an additional three to six proximate providers in CY2024 who serve the Black and African American communities for the purpose of this pilot. DCYF intends to utilize the learnings from these partnerships to implement and expand community-based solutions to prevent the disproportionality in out-of-home placement amongst Native, Black and African American Families statewide while strengthening the capacity of proximate providers to deliver culturally responsive and specific services. DCYF intends to include a statewide implementation of Positive Indian Parenting as a culturally specific service expansion in the upcoming year as part of this plan.

In 2022, CIHS fully implemented a step payment methodology for the EBPs under this contracted services suite. There are four steps where providers can bill DCYF as soon as they reach the first session of a step, regardless of how many steps they deliver. This allows families to receive as much of the service as they need and stabilizes provider financial risk when working with families who present with various levels of need. DCYF is interested in shifting from a fee-for-service model to a case rate. Rate modeling will occur in 2024 to update and refine the case rate to stabilize the ebb and flow of referrals and payment methodology.

DCYF will be contracting with an experienced vendor to assist in planning, organizing, and facilitating a recommendation for a redesign of the current framework for delivery of contracted services to child welfare involved families and Juvenile Rehabilitation youth exiting the system.

Another factor is limited DCYF workforce knowledge and understanding of the available behavioral health assessments and services that can meet the unique needs of the child welfare involved population. Expanding caseworker knowledge about service array and access points may improve the fit and type of services received by the youth and/or family.

DCYF also struggles with timely access to interpreter services to meet the linguistic needs of the children, youth, and families, especially those in rural regions of the state.

In the next five years, DCYF plans to explore an additional rate for bilingual providers, further expansion of services, and will assess effectiveness of current and future pilots. A pilot was conducted from August 2023 through February 2024 that allowed CIHS to be delivered in Regions One and Two via telehealth. Data from that pilot is being analyzed to determine if the pilot should be extended and ultimately inform a decision about statewide implementation. Another pilot is estimated to be delivered in July 2024, as required by [SHB2447](#). It will involve contracting and offering [Intercept](#) to two locations. If the pilot is successful, Intercept may be offered statewide, dependent on a successful legislative funding request.

At present, CIHS providers use the Child and Adolescent Needs and Strengths-Family (CANS-F) tool to support identifying appropriate service goals for individual families. In CY2025, DCYF will transition from the CANS-F to the Family Advocacy and Support Tool (FAST). This transition went through an internal oversight process via the [Assessment Oversight Group](#) and was approved on March 1, 2024.

Effective service provision requires engagement of family members, where they have a voice in the development of service plans for their family. One of the primary avenues in which caseworkers and family members can engage in case planning and service selection is using assessment tools. With the support of Chapin Hall, DCYF is developing a suite of assessment tools with support for their validity and

reliability. The tools are being designed to provide the caseworker and family members with accurate information of the strengths and needs of the individuals in the family home. In addition to providing accurate information, the assessment tools are designed to maximize family voice in both the assessment and the service selection process. By allowing family members to select the service(s) they participate in to the greatest extent possible, it is believed that family engagement in these services will increase. Additionally, the tools used will have support for their validity and reliability and be re-administered to family members during their involvement with DCYF, the impact of the service(s) on individual and family well-being can be monitored. The information gathered through the re-assessment process will inform the family members and caseworker if the implemented intervention is having the desired effect and inform DCYF system of care as to which interventions are effective with certain families, resulting in a better match of services for families.

In partnership with the Family Preservation Services (FPS) program manager, OIAA, and the QA/CQI team, the Service Array team anticipates continued collaboration, review, and analysis of qualitative and quantitative data to inform service expansion and assessment of the CIHS provider network. The Service Array team anticipates continued exploration of QA/CQI models, practices, frameworks, and resources to inform the CIHS line, providers, and internal partners.

Agency Responsiveness to the Community

Round 3 of the CFSR determined that Washington is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Both items in this systemic factor were rated as a Strength. A comprehensive assessment of the current performance can be found in the [2025 APSR](#).

Washington has a strong culture and structure of collaborating, coordinating, and partnering with a wide variety of internal and external system partners, tribes, courts, youth, parents and parent representatives, and community partners at both the regional and state level. Meaningful engagement occurs throughout the development, implementation, and monitoring of DCYF's CFSP; APSR; child welfare initiatives such as the PIP, PFD1 grant, FFPSA, Family Practice Model, and other agency strategic planning initiatives. Engagement also occurs through the continuous quality improvement cycle, which includes defining the problem, identifying root causes, planning strategies for improvement, implementing improvement strategies, and monitoring results.

DCYF collaborates and consults with diverse groups of system partners through advisory groups, oversight committees, provider meetings, improvement initiatives, and implementation of new legislative requirements. Regularly scheduled meetings are held with specific groups of system partners, including, but not limited to, courts, tribes, behavioral health representatives, youth and youth serving organizations, parent representatives, foster parents, kinship caregivers, contracted providers, and internal staff to assess the needs of children and families to monitor progress towards achieving identified outcomes and measures to advance racial equity and equality. Through this system partner feedback, DCYF can identify areas of strength, areas needing improvement, discuss best practices, and develop strategies for improvement. Some of the system partner surveys that DCYF utilizes are the Children's Justice Task Force and advisory board survey as well as the Children, Youth and Families Citizen's Review Panel (CRP) Recommendations and Focus Survey. The CRP Recommendations and Focus survey determines the focus of work for the CRP, as well as help determine which recommendations are prioritized by DCYF. Another survey will be conducted October 2024 to measure progress as well as determining additional recommendations. The [Children's Justice task force](#) was also surveyed, and

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monthly updates are provided to them. In addition, social workers are surveyed in how they will apply the knowledge they obtained to their practice in addition to the evaluation of presenters.

The multiple advisory groups represent every region and the diversity and expertise in the communities DCYF serves. In addition, we continue to develop feedback loops for our community partners in order to provide greater transparency.

As mentioned in the [Collaboration](#) section of this report, these meetings allow for opportunities for the review of data, data analysis, performance strengths and areas needing improvement, and discussion on practice improvements that are implemented and/or feedback as well as what additional practice improvements could occur. As workgroups and meetings occur regularly throughout the year, there is an opportunity to provide updates on what suggestions from the workgroups and committees have been implemented and discuss the outcomes of the suggested improvements.

DCYF continues to engage in ongoing coordination of services with other federal or federally assisted programs serving the same population. The Title IV-E program is coordinated with other programs available to children in the state of Washington funded under titles IV-A (TANF), IV-B (Child Welfare Services), XVI (Supplemental Security Income), XIX (Medicaid), and II (SSA) of the Social Security Act in accordance with all appropriate provisions under federal law.

DCYF is working toward consistency in its approach to engaging community partners. DCYF retained a consultant to help build a framework and toolkit that will help create consistency and bring best practice to community engagement across the agency. The resulting framework and toolkit will begin implementation in late 2024.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Round 3 of the CFSR determined that Washington is in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. Three of the four items in this systemic factor were rated as a Strength, with Item 36 – State Use of Cross-Jurisdictional Resources for Permanent Placement being rated an Area Needing Improvement. A comprehensive assessment of the current performance can be found in the [2025 APSR](#).

DCYF operates a full functioning foster, kinship, and adoptive recruitment program, per the guidelines of [RCW 74.13.325](#), noting that within available resources, the department shall increase the number of adoptive and foster families available to accept children through an intensive recruitment and retention program.

At the beginning of 2024, DCYF maintained 4,534 licensed foster homes. This number includes both licensed foster families and licensed kinship families. The number increased from the previous year due to the number of kinship families obtaining a child-specific license. While DCYF gained over 1,000 licensed kinship families, it lost 815 general foster care homes licensed by either the state or a Child Placing Agency. These are promising numbers for kinship caregivers and reflects the hard work and effort of kin-first initiatives in LD. DCYF continues to explore the loss of general foster care families and knows that retention is an essential function of a successful recruitment program.

Beginning of Calendar Year 2023

Beginning of Calendar Year 2024

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State Foster Home (General)	2,658	State Foster Home (General)	2,004
State Foster Home (Kinship)	306	State Foster Home (Kinship)	1,325
CPA Foster Home (General)	1,345	CPA Foster Home (General)	1,184
CPA Foster Home (Kinship)	0	CPA Foster Home (Kinship)	10
Tribal Licensed Foster Home	15	Tribal Licensed Foster Home	11
Total	4,324	Total	4,534

Data Source: InfoFamlink Count of CW Licensed Providers by Location and Type, data 1/1/2023 and 1/1/2024.

DCYF struggles to find available placement resources for children and youth who experience complex physical, mental, and emotional needs. Through recruitment efforts, DCYF is working to find new caregivers and develop existing caregivers with the desire, skills, and ability to care for children and youth with greater support needs. DCYF’s Targeted Recruitment Specialists (TRS) developed strategies for recruitment for this population of children and youth. Refer to Washington’s Diligent Recruitment Plan for specific strategies and implementation.

DCYF also knows that recruiting first time foster parents for a therapeutic Behavior Rehabilitation Services (BRS) home is not easily done and that recruiting from the existing pool of caregivers who have experience fostering is likely a more successful approach. The concept being, “You cannot recruit a BRS home, you have to grow one.” BRS homes are provided by a Child Placing Agency (CPA) with a specific contract to provide these types of therapeutic services.

DCYF must concentrate efforts on sustaining the existing pool of caregivers, as they are an invaluable asset. DCYF contracts and partners with the Alliance for Child Welfare Excellence [CaRES](#) program for caregiver retention and support services. CaRES supports include support at key points such as individualized contact when people express interest in becoming a licensed foster parent and when people become licensed, receive their first placement, and six months after their initial license is approved. Ongoing support from CaRES includes community-based and facilitated discussion groups and staff with lived experience providing foster and kinship care.

Licensing Division (LD) will begin to develop stand-alone Kinship Licensing Standards in 2024 as a result of the release of [ACF Rules](#) from 2023. DCYF plans to file the draft rules by December 15, 2024. Below are the tasks to be completed to reach that goal:

- February and March 2024: Kick off governance and workgroups for the Kinship Standards Project
- April 2024 through June 2024: Tribal Consultation
- May and June 2024: Community engagement through New America Practice Lab/Bloom Works to gather feedback from impacted communities on new kinship standards.
- July 2024: Initial report from Bloom Works to inform refinement of WACs and policies/procedures.
- Fall 2024: Develop, training, and community engagement materials for launch of new standards.
- November/December 2024: Provide near final draft to region 10 federal partners for review.

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- December 15, 2024: File Draft of Kinship Standards for public comment.
- February and March 2025: Training on new Kinship Standards provided to internal staff and impacted communities.
- Spring/Summer 2025: Kinship Licensing Standards go into effect.

In 2024, DCYF plans to implement continuous quality improvement efforts in the inquiry and pre-licensure space. Looking at the point of interest, making an inquiry, to applying. Currently there are four entities involved in this stage: DCYF's TRS recruitment team, DCYF's LD, and DCYF's contracted providers CaRES and Northwest Resources Associates (NwRA). Feedback from system partners and prospective foster parents (PFP) indicate that the process is "clunky" and not "streamlined."

In 2024, DCYF's recruitment and retention team plan to partner with LD's data team to extract data from Washington Caregiver Application Portal (WA CAP), the new online provider portal where prospective foster parents and kinship caregivers complete the application for a foster care license and home study assessment. This data will be used to show the data story from point of entry into the application portal, through the licensing and approval process. This will allow for better understanding of barriers to the licensing process and ways to mitigate them.

Plan for Enacting the State's Vision

Goals

The goals and strategies included in the 2025-2029 CFSP are reflective of the priorities of DCYF, the Child Welfare Division of DCYF, and Children's Bureau. Information about many of the strategies below can be found on the [Thriving Families Initiative](#) and [D.S. Settlement](#) pages on the DCYF website.

Goal 1: Workforce Recruitment, Retention, and Support

Ensure an inclusive and strong child welfare infrastructure so that the workforce is supported, engaging, diverse, and well-trained.

Rationale: DCYF recognizes that a well-trained, skilled, and committed workforce is the foundation of the child welfare system. When the workforce is skilled and stable, with a supportive infrastructure, outcomes are better for families.

Persistently high turnover in child welfare poses major threats to child safety, staff wellness, and outcomes. High turnover undermines the statutory purpose of the agency, its core mission, values, and strategic priorities.

DCYF Human Resources data shows a total of 2,100 child welfare employees left the Division of Child Welfare and DCYF between July 2018 and September 2022 at an average of 494 exits per year. The annualized turnover rate between January and September 2022 was 24.50%. The agency's data shows turnover rates are higher for child welfare Social Service Specialist and Clerical positions. The difficulty of child welfare work, a highly competitive labor market, and the cost-of-living present unique challenges for recruitment and retention of child welfare staff.

The Child Welfare Workforce Support Program (CWWSP) was developed in 2022 with the US Surgeon-General’s framework for supporting employee mental health as a cornerstone of our efforts. Leadership recognizes that child welfare staff voices are critical to understanding the root causes of high turnover and the development of strategies for addressing retention and recruitment challenges. To that end, the leadership conducted listening sessions with 1052 diverse child welfare staff in focus groups to identify the causes and possible solutions. Most of the projects outlined below were developed as a result of the listening tour.

Racial equity considerations: AI/AN youth have the highest disproportionate placement rates, as discussed in the assessment of current performance. Tactic 1.2.4: ICW Policy Redesign supports staff in ensuring active efforts on tribal cases with the expectation that by better supporting staff in the understanding of policy, practice, and history, it will decrease the disproportionate representation of AI/AN children in the child welfare system, increase placement stability and permanency, and improve their well-being by receiving culturally relevant services, being placed with kin, and being connected with their culture.

Measure of Progress:

Metric	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Interim Target	Data Source
Child welfare workforce turnover rate decreases	17.3%	17%	16.5%	16%	15.5%	15%	HR dashboard

Strategy 1.1: Washington’s child welfare system effectively and efficiently recruits qualified people.

The Child Welfare Workforce Support Program (CWWSP), based on staff engagements, identified the following tactics:

Tactic 1.1.1: Clarification and expansion of degree requirements for SSS positions

Tactic 1.1.2: Develop SSS templates for approval by HR that would not require additional class and compensation review when the standard template is used

Tactic 1.1.3: Expansion of Child Welfare Training and Advancement Program (CWTAP) to BSW/BASW programs

Tactic 1.1.4: Targeted Recruitment of interns and volunteers

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Tactic 1.1.3 – Evaluation of CWTAP expansion to BSW/BASW program pilot
CY2025	<ul style="list-style-type: none"> Tactic 1.1.2 – Develop SSS templates
CY2026	<ul style="list-style-type: none"> Tactic 1.1.2 – Implement the use of SSS templates Tactic 1.1.4 – Monitoring of targeted recruitment
CY2027	<ul style="list-style-type: none"> Continued monitoring and improvement cycles
CY2028	<ul style="list-style-type: none"> Continued monitoring and improvement cycles

Strategy 1.2: Washington’s child welfare workforce is trained to support the children, youth, and families of Washington.

The Child Welfare Workforce Support Program (CWWSP), based on staff engagements, identified the following tactics:

Tactic 1.2.1: New Employee Orientation and Onboarding

Onboarding sets the stage for success within an organization. Organizations with new employee orientation (NEO) programs have been shown to have better employee satisfaction and retention. An agencywide NEO project has been launched to improve DCYF’s onboarding processes. In addition to the agencywide NEO process, Child Welfare Division has implemented an in-depth and consistent statewide onboarding process for new hires.

Tactic 1.2.2: Workforce Core (WFC) pilot

The WFC pilot is the re-envisioning of the Regional Core Training (RCT) to be more hands-on, better preparing staff to effectively work with families.

Tactic 1.2.3: Post-RCT supports for new staff

As staff begin working with families and implementing the skills they learned in RCT, there is a need for continued support. Ongoing support includes, but not limited to working with lead workers embedded within offices, field-based coaching and support from our practice specialists; preparation for court presentation; close supervision; feedback; and peer learning. This support will serve to help staff hone their skills efficiently and effectively.

Tactic 1.2.4: ICW policy redesign

DCYF is committed to honoring the government-to-government relationship with federally recognized tribes. As part of our ongoing commitment, DCYF revised the Indian Child Welfare (ICW) Policies and Procedures Manual, DCYF ICW forms, and ICW trainings to strengthen practice in alignment with the federal and state Indian Child Welfare Acts.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> • Tactic 1.2.1 – Launch Phase 1 and 2 of NEO pilot (agencywide) • Tactic 1.2.2 – Launch the Workforce Core (WFC) pilot • Tactic 1.2.4 – Finalization of ICW policies • Tactic 1.2.1 – Revise and launch new and consistent statewide onboarding of new Child Welfare (CW) staff
CY2025	<ul style="list-style-type: none"> • Tactic 1.2.1 – Launch Phase 4-6 of NEO pilot • Tactic 1.2.3 – Post-RCT supports for new staff implemented • Tactic 1.2.4 – ICW policy redesign training and implementation roll-out
CY2026	<ul style="list-style-type: none"> • Tactic 1.2.4 – Continued ICW policy training and implementation
CY2027	<ul style="list-style-type: none"> • Tactic 1.2.1 – Evaluation of NEO improvements
CY2028	<ul style="list-style-type: none"> • Continued monitoring and improvement cycles

Strategy 1.3: Washington’s child welfare infrastructure provides ongoing support and development opportunities to the child welfare workforce.

The Child Welfare Workforce Support Program (CWWSP), based on staff engagements, identified the following tactics:

Tactic 1.3.1: Social Work licensure training and support for CW staff

This is a professional development and training program and one of several recommendations from the 2023 child welfare workforce retention report. The agency lost (and continues to lose) staff to organizations that provide cost-free support for licensure as a recruitment and retention strategy. In a recent DCYF child welfare survey on social work licensure, 84% of staff indicated they will remain with DCYF if they are provided support for licensure. In partnership with the Washington State Department of Health, this program provides training and clinical supervision support to child welfare staff interested in pursuing the Licensed Independent Clinical Social Worker or the Licensed Advanced Social Worker credentials.

Tactic 1.3.2: Mental health support for CW staff

The agency contracted with licensed third-party professionals knowledgeable in child welfare to provide mental health supports to staff following critical incidents and high-profile case situations. In addition, an agencywide peer support program is available and provided to staff as needed.

Tactic 1.3.3: Appreciative Inquiry

Appreciative Inquiry (AI) has five important characteristics that enable the creation of new futures in support of the organization's highest values and aspirations: strength-based, artful search, collaborative, inclusive, and generative. AI is a research-based model that is a strength based, positive approach to leadership development and organizational change.

Tactic 1.3.4: Motivational Interviewing (MI)

The goal of implementing MI is to assure improved engagement and participation of children, youth and families to support and services offered. Through increased engagement, we anticipate better service matching to the needs of each child and family. MI's client-centered approach will support sustainment of the family's motivation toward progress, so each child and family are able to continue to receive an appropriate quantity and quality of support and service. MI skill also generalize to the supervisory level to enhance engagement with staff.

Tactic 1.3.5: Family Practice Model (FPM) framework

The implementation of a new framework for professional practice that prepares, resources, and supports the agency workforce in how they engage with families in the child welfare system.

Tactic 1.3.6: CW and ICW Workload Study

Caseload does not equal workload. What is required to sufficiently work a case largely depends on the program, program requirements, and the unique circumstances of that case. Information from the [2023 workload study](#) will be used to develop a new workload model.

Tactic 1.3.7: Comprehensive Child Welfare Information System (CCWIS) Project

CCWIS is an opportunity for DCYF to use modern technology to enhance and support the work we do with children, youth, and families. The current FamLink system is cumbersome for users, lacks flexibility and is difficult to make changes to meet DCYF's evolving needs. Additionally, FFPSA cannot be fully implemented until CCWIS is deployed due to the limitations of the current system not meeting the federal reporting requirements.

Year	Benchmark activity or measure
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CY2024	<ul style="list-style-type: none"> • Tactic 1.3.1 – Launch licensure training and support program for CW staff • Tactic 1.3.3 – The pilot cohort of Appreciative Inquiry launched • Tactic 1.3.4 – Pilot three MI specific trainings: <i>Client-Centered Grounding in Workforce Core, Foundations of Motivational Interviewing in Child Welfare, and Advanced Practice in Motivational Interviewing</i> • Tactic 1.3.5 – Begin implementation of practice profiles developed through the FPM • Tactic 1.3.6 – Develop updated workload model and submit to legislature • Tactic 1.3.7 – CCWIS solution procurement complete
CY2025	<ul style="list-style-type: none"> • Develop evaluation framework for Child Welfare Workforce Recruitment, Retention, and Support Program • Conduct first evaluation post implementation of subprojects launched by the Child Welfare Workforce Recruitment, Retention, and Support Program
CY2026	<ul style="list-style-type: none"> • Tactic 1.3.4 – Completion of 22 MI cohort trainings since CY2024 • Tactic 1.3.4 – Completion of 9 MI Leadership Series cohorts
CY2027	<ul style="list-style-type: none"> • Tactic 1.3.7 – Completion of CCWIS solution development
CY2028	<ul style="list-style-type: none"> • Tactic 1.3.7 – Initiation of CCWIS solution deployment

Goal 2: Safety

Child safety is a priority for all. Children are protected from abuse and neglect and are safely maintained in their own homes whenever possible and appropriate.

Rationale: The first and most important role of the child welfare system is to ensure the safety of children and youth. An important aspect of children safely remaining in their homes is ensuring that families are connected with community-based services designed to strengthen protective factors.

Racial equity considerations: As shown in the [assessment of current performance](#), Black/African American, American Indian/Alaska Native, and White children and youth are overrepresented compared to their representation in the underlying population in intakes received, screened-in intakes, and subsequent removals, with Black and AI/AN children seeing further disproportionality in removal rates when compared to screened-in intakes. Strategy 2.3: Services Expansion includes culturally relevant services provided by and to Black and AI/AN communities.

Measure of Progress:

Metric	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Interim Target	Data Source
Timeliness of initiating investigations of reports of child maltreatment	95%	95%	95%	95%	95%	95%	CCRT: CFSR Item 1

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Children are safely maintained in their homes whenever possible and appropriate.	67%	70%	73%	75%	77%	79%	CCRT: CFSR Safety Outcome 2
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Baseline data is provided from January – April 2024 Central Case Review Team data.

Strategy 2.1: Assessment redesign

The vision is to develop a comprehensive child welfare assessment system that is fully integrated with the Family Practice Model and meets the needs of our caseworkers and the children, youth, and families we serve.

The child welfare assessment system is a series of tools to assist caseworkers in making critical decisions, provides structure for engagement with families, and gathers information in a way that creates case documentation. Assessment tools also guide caseworkers and clients on selecting services that match their identified needs. A secondary purpose for assessment tools is data analysis and reporting to better understand the needs of the clients we serve and how we are performing in meeting their needs.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> • Pilot of Strengths and Challenges assessment • Pilot of one standardized behavioral health assessment
CY2025	<ul style="list-style-type: none"> • Transfer Strengths and Challenges assessment from Core Redesign Team to permanent assessment oversight structure for training implementation and ongoing QA/CQI
CY2026	<ul style="list-style-type: none"> • Transfer standardized behavioral health assessment from Core Redesign Team to permanent assessment oversight structure for training implementation and ongoing QA/CQI
CY2027	<ul style="list-style-type: none"> • Continued assessment redesign process
CY2028	<ul style="list-style-type: none"> • Plan for full adoption and implementation of redesigned assessments (dependency: CCWIS implementation)

Federal (CFSR) outcomes impacted: Safety Outcome 2, Wellbeing Outcome 1, and Wellbeing Outcome 3

Strategy 2.2: National Partnership for Child Safety

The [National Partnership for Child Safety](#) (NPCS), initially formed in 2018, is a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the application of safety science and shared data.

The purpose of Systems-Focused Critical Incident Reviews (SCIR) is to support a culture of safety that leads to improvements for families and the professionals (e.g., caseworkers) who care for them. System-Focused Critical Incident Reviews draw on the sciences of safety, improvement and implementation and operate from a core set of values: family-centered, workforce informed, and systems-focused.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> • Decrease child abuse and neglect fatalities
CY2025	<ul style="list-style-type: none"> • Decrease instances of repeat maltreatment
CY2026	<ul style="list-style-type: none"> • Safely increase ratio of exits to entries

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CY2027	<ul style="list-style-type: none"> Re-evaluate goals through the CQI process
CY2028	<ul style="list-style-type: none"> Re-evaluate goals through the CQI process

Federal (CFSR) outcomes impacted: Safety Outcome 2

Strategy 2.3: Services expansion

This project supports increased service delivery across the state, a centralized and standardized system of provider availability and access that is robust, supportive, and culturally responsive.

DCYF is working to keep families together in their own homes and communities whenever safely possible, and to expedite safe family reunification and connection to community supports whenever out-of-home placement is necessary. A robust supportive service array is necessary to keep families together or reunify children with their families sooner that delivers both a contracted and community-based network of support.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Updated rate modeling for In-Home Services Contract finalization with five AI/AN providers for culturally specific services Contract finalization with African American community providers for culturally specific services
CY2025	<ul style="list-style-type: none"> Service penetration report
CY2026	<ul style="list-style-type: none"> Report of findings and recommendations for culturally specific providers
CY2027	<ul style="list-style-type: none"> TBD based on report of findings and recommendations for culturally specific providers and service penetration report
CY2028	<ul style="list-style-type: none"> Continued monitoring and program improvement

Federal (CFSR) outcomes impacted: Safety Outcome 2 and Wellbeing Outcome 1

Goal 3: Permanency

Children have safe and stable homes, connected to their communities and the people, places, and things that matter most to them.

Rationale: Consistent with DCYF’s vision, Washington’s child welfare system seeks a safe and permanent family for children who cannot safely remain in or return to their parents’ care.

Racial equity considerations: Strategy 3.1: Caregiver Supports Contracts recognizes that many Black, Indigenous, Persons of color (BIPOC) caregivers may be unlicensed and will ensure placement supports are made available to all caregivers regardless of license status. Similarly, Strategy 3.3: Family Group Planning will include quality assurance measures specific to cultural responsiveness.

Measure of Progress:

Metric	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Interim Target	Data Source
Stability of foster care placement	85%	87%	88%	88%	89%	89%	CCRT: CFSR Item 4

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Permanency goal for child	40%	42%	43%	50%	58%	65%	CCRT: CFSR Item 5
Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	17%	26%	36%	42%	48%	54%	CCRT: CFSR Item 6
The continuity of family relationships and connections is preserved for children.	79%	81%	83%	84%	85%	85%	CCRT: CFSR Permanency Outcome 2

Baseline data is provided from January – April 2024 Central Case Review Team data.

Strategy 3.1: Caregiver Supports

The vision of the Caregiver Supports Project is to implement a continuum of placement resources that enable safe, stable, and supported placements for children in the care of DCYF. The continuum will increase access to caregiver supports and align supports to the diverse needs of youth and children in out-of-home placement.

The Caregiver Supports Project will implement new Caregiver Supports Contracts that will increase access to placement supports for all caregivers, including unlicensed caregivers, and better align those supports to the diverse needs of youth and children in out-of-home placement. The contracts are a part of the new caregiver supports model that aims to increase placement stability, increase the number of children placed with relatives, decrease exceptional cost payments, tailor supports to the needs of the child and caregiver, and decrease disparities in the allocation of resources. Inadequate caregiver supports disproportionately affect unlicensed, relative caregivers many of whom are BIPOC. The new Caregiver Supports Contracts will ensure placement supports are made available to all caregivers regardless of license status.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Staff trained on new caregiver supports model
CY2025	<ul style="list-style-type: none"> Continued Caregiver Support Contract execution
CY2026	<ul style="list-style-type: none"> Complete Caregiver Supports Contract execution in all 14 catchment areas Establish QA metrics and processes for tracking
CY2027	<ul style="list-style-type: none"> Continued monitoring and program improvement
CY2028	<ul style="list-style-type: none"> Continued monitoring and program improvement

Federal (CFSR) outcomes impacted: Permanency Outcome 1, Permanency Outcome 2, and Wellbeing Outcome 1

Strategy 3.2: Kinship Engagement Unit

The purpose of the Kinship Engagement Unit (KEU) is to implement a family finding model to identify and engage [D.S. Settlement](#) Class Members' extended family members and friends to support families to safely reunify or stay together.

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Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Implementation of KEU Pilot in 2 Regions
CY2025	<ul style="list-style-type: none"> Assess pilot
CY2026	<ul style="list-style-type: none"> Expand KEU to all regions; timing dependent on success of the pilots and legislative funding
CY2027	<ul style="list-style-type: none"> Assess KEU using data for pre and post placement, pilot data, statewide data, and from existing methods of system partner feedback
CY2028	<ul style="list-style-type: none"> Continued monitoring and program improvement

Federal (CFSR) outcomes impacted: Permanency Outcome 1 and Permanency Outcome 2

Strategy 3.3: Family Group Planning

Family Group Planning encompasses Family Team Decision Making meetings (FTDM) and Shared Planning Meetings (SPM). In 2006, DCYF implemented the Team Decision Making model based on the Family-to-Family program through the Annie E. Casey Foundation. Since the statewide rollout, the model is sustained with outdated curricula that has been updated by multiple program consultants. While the FTDM model relies on family engagement for decision-making, the current model has limitations due to varied facilitator roles and supervision structure throughout the state. This led to inconsistency in practice and structure of the meetings, as well as lack of early family engagement to identify kin and resource supports. Shared planning meetings bring together parents, children, youth, caregivers, and other identified supports to plan effectively for child and youth safety, permanency, and well-being. Under the [D.S. Settlement Agreement](#), DCYF is required to establish a quality assurance process for SPM and FTDM practices and ensure these practices are trauma-informed, culturally responsive, and LGBTQIA+ affirming.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Update and revise SPM and FTDM policies to include individuals with lived experience and system partner input Update facilitator training
CY2025	<ul style="list-style-type: none"> Develop quality assurance measures and processes
CY2026	<ul style="list-style-type: none"> Stage 2 system partner engagement for continued program improvement
CY2027	<ul style="list-style-type: none"> Continued monitoring and program improvement
CY2028	<ul style="list-style-type: none"> Continued monitoring and program improvement

Federal (CFSR) outcomes impacted: Permanency Outcome 1, Permanency Outcome 2, and Wellbeing Outcome 1

Strategy 3.4: Professional Therapeutic Foster Care

The [D.S. Settlement](#) requires DCYF to develop and implement a contract and licensing category for Professional Therapeutic Foster Care (PTFC). This licensing category is intended to support children and their immediate families when reunification or placement with extended or chosen family is not possible due to the child's developmental disabilities or behavioral needs.

Children and youth with significant behavioral health needs and developmental disabilities experienced high levels of placement instability, more restrictive placements, and longer lengths of stay in group care because the current Behavior Rehabilitation Services (BRS) therapeutic homes are not able to meet their needs. PTFC can provide youth stability, offer immediate family members and kinship caregivers

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support, and encourage connection to help safely reunify families. Implementing a PTFC model will provide a less restrictive placement option for youth who may otherwise enter or remain in group care placement.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Contract with child placing agencies (CPA) Develop targeted recruitment goals with contracted CPAs
CY2025	<ul style="list-style-type: none"> Launch Phase 1 and 2 of PTFC
CY2026	<ul style="list-style-type: none"> Launch Phase 3 of PTFC
CY2027	<ul style="list-style-type: none"> Program evaluation of Phases 1-3
CY2028	<ul style="list-style-type: none"> Continued monitoring and program improvement

Federal (CFSR) outcomes impacted: Permanency Outcome 2, Wellbeing Outcome 1, and Wellbeing Outcome 3

Strategy 3.5: Revised Licensing Standards

In response to the [D.S. Settlement](#), DCYF agreed to amend contracts and policies, as well as to engage in negotiated rulemaking (NRM) to amend licensing requirements for foster care placements, to be more developmentally appropriate and/or flexible to meet individual youth’s needs.

The NRM is a process by which representatives of an agency along with system partners impacted by the agency rule seek to reach consensus on the terms of a proposed rule (Washington Administrative Code (WAC)) for DCYF consideration. DCYF currently has systems in place for monitoring compliance to contract and WAC requirements. Licensing Division (LD) is responsible, per policy, to complete health and safety monitoring reviews on 10% of state licensed foster homes each year and one health and safety monitoring visit annually on all licensed group care facilities with an additional second monitoring visit annually on each BRS contracted and medically fragile licensed group care facility. Once new licensing regulations go into effect, these requirements will be reviewed and updated.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Establish NRM workgroup Recommendations made on proposed WAC and rules language made by NRM workgroup
CY2025	<ul style="list-style-type: none"> Negotiate rule requirements and language Amend necessary facility policy and procedure to fully align with updated WAC and contract requirements Finalize LD and CPA WAC trainings
CY2026	<ul style="list-style-type: none"> Amend necessary CPA policy and procedure to fully align with updated WAC and contract requirements Launch LD and CPA WAC trainings
CY2027	<ul style="list-style-type: none"> Launch foster parent eLearning in-service training for the interpretation and implementation of amended WAC rules
CY2028	<ul style="list-style-type: none"> Continued monitoring and quality improvement

Federal (CFSR) outcomes impacted: Permanency Outcome 2, Wellbeing Outcome 1, Wellbeing Outcome 3

Goal 4: Well-being

Families have enhanced capacity to provide for their children’s needs. Children receive appropriate services to meet their cultural, educational, physical, and mental health needs.

Rationale: DCYF recognizes its responsibility in ensuring the children, youth, and families engaged with the child welfare system have their needs identified and met.

The child welfare system is complex. Improvements do not just have an impact on one goal, but many. This is evident in this goal section. Through collaborative discussion and decision-making, some strategies that will impact well-being were determined to have a larger anticipated impact on other goals, such as safety and permanency.

Racial equity considerations: Strategy 2.3: Service Expansion is expected to have the largest impact on safety. However, it is also expected to impact well-being. As shown in the assessment of current performance, Black/African American, American Indian/Alaska Native, and White children and youth are overrepresented compared to their representation in the underlying population in intakes received, screened-in intakes, and subsequent removals. Service expansion includes contracting with AI/AN and Black providers to provide culturally relevant services, better meeting the need of those populations.

Measure of Progress:

Metric	Baseline	Year 1 Interim Target	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Interim Target	Data Source
The agency makes concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family.	47%	53%	59%	62%	66%	69%	CCRT: CF SR Item 12
Child and family involvement in case planning	48%	54%	60%	63%	67%	70%	CCRT: CF SR Item 13
Caseworker visits with child	79%	81%	82%	83%	84%	85%	CCRT: CF SR Item 14
Caseworker visits with parents	39%	46%	53%	57%	61%	65%	CCRT: CF SR Item 15
Four-year graduation rate of youth in foster care	53%	55%	57%	59%	61%	63%	OSPI Graduation Report Card

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Children receive adequate services to meet their physical and mental health needs	71%	74%	77%	79%	81%	82%	CCRT: CFSR Well-being Outcome 3
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Baseline data is provided from January – April 2024 Central Case Review Team data.

Strategy 4.1: Emerging adulthood housing program (EAHP)

The [D.S. Settlement Agreement](#) requires DCYF to continue developing and implementing an array of supported housing programs for youth and young adults from ages 16 through 20 years with living unit configurations tailored to the needs of youth, including; 24/7 staffing who provide culturally responsive, LGBTQIA+ affirming, and trauma-informed support and training in independent living skills, transportation for participants to stay connected to their friends and families, and crisis response that includes intensive case management.

In response to the issue of placement stability, but prior to the Settlement Agreement, DCYF was working to pilot a new placement resource, the Adolescent Transitional Living Program (ATLP). ATLP is a supported housing program for 16 through 20-year-olds in foster care or extended foster care, who would prefer to live independently rather than in a family setting, as described in the Settlement Agreement. Potentially eligible youth and young adults include members of the D.S. Settlement Class, as well as any youth and young adults in foster care who might be at-risk of homelessness, and any who would prefer to live more independently. DCYF is focusing on an initial statewide implementation of ATLP to address this System Improvement. Because ATLP will initially serve only 33 young people statewide, DCYF will assess the need for ATLP expansion and/or other housing services that will be necessary to provide a more complete range of services and programs to make up DCYF’s service array for emerging adults as imagined in the Settlement Agreement. If the initial ATLP requires eligible youth to wait longer than 60 days to be served in any region, DCYF will work to expand this program in those regions.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> • Increase from 14 to 34 ATLP beds • Establish 4 new ATLP providers
CY2025	<ul style="list-style-type: none"> • Establish EAHP service model workgroup to develop recommendations for new service model • Draft concept paper for new EAHP service model
CY2026	<ul style="list-style-type: none"> • TBD based on CY2025 benchmark activities
CY2027	<ul style="list-style-type: none"> • Continued monitoring and quality improvement
CY2028	<ul style="list-style-type: none"> • Continued monitoring and quality improvement

Federal (CFSR) outcomes impacted: Permanency Outcome 1 and Wellbeing Outcome 1

Strategy 4.2: Qualified residential treatment program (QRTP)

DCYF will ensure that all children will have a Qualified Residential Treatment Program (QRTP) assessment prior to placement in a QRTP and every 90 days for the duration of placement in the QRTP.

QRTP assessments are currently done by neutral and objective qualified individuals, intensive resources program consultants that are centralized within the headquarters Placement Continuum unit, as defined by DCYF’s federally approved plan, at time of request for entry into a QRTP and then every six months

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thereafter. DCYF will ensure that all children and youth who require a QRTP assessment will have one that has input from children, youth, families, and other supports, preferably completed in-person, prior to placement in a QRTP setting and every 90 days thereafter for the duration of the QRTP placement. In addition to interviews, assessments will include review of records, determination of strengths and needs of the child, identify child specific short and long-term behavioral health goals, finding that family-based alternative or transitional living option have been considered and deemed insufficient to meet the child’s needs, and the discharge criteria and progress toward meeting discharge criteria.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Identify trainings to grow child and family interviewing and engagement skills for qualified individuals completing QRTP assessments
CY2025	<ul style="list-style-type: none"> Develop process to review QRTP assessments and assessors
CY2026	<ul style="list-style-type: none"> Continued monitoring and quality improvement
CY2027	<ul style="list-style-type: none"> Continued monitoring and quality improvement
CY2028	<ul style="list-style-type: none"> Continued monitoring and quality improvement

Federal (CFSR) outcomes impacted: Permanency Outcome 1, Wellbeing Outcome 1, and Wellbeing Outcome 3

Strategy 4.3: Statewide Hub Home Model

In response to the [D.S. Settlement](#), DCYF will expand implementation of the Mockingbird Family (MBF) Hub-Home Model (HHM) statewide and establish at least one Hub per region whose Hub Home parents have experience caring for young people who currently or previously qualified for intensive resources and support such as Wraparound with Intensive Services (WISe) or Behavior Rehabilitation Services (BRS).

Expansion includes creating agency infrastructure to sustain the System Improvement and engage in continuous quality improvement. DCYF will make HHM placements available to young people in the Settlement Class that provide normalizing experiences, adequate supports and services promoting permanency, including reunification, visitation, stabilization, independent living skills training, employment, and therapy or counseling.

Year	Benchmark activity or measure
CY2024	<ul style="list-style-type: none"> Develop and execute CPA contracts Launch Hub Homes Establish quality assurance (QA) benchmarks
CY2025	<ul style="list-style-type: none"> TBD based on the QA benchmarks developed collaboratively with Mockingbird
CY2026	<ul style="list-style-type: none"> Continued monitoring and quality improvement
CY2027	<ul style="list-style-type: none"> Continued monitoring and quality improvement
CY2028	<ul style="list-style-type: none"> Continued monitoring and quality improvement

Federal (CFSR) outcomes impacted: Permanency Outcome 1, Permanency Outcome 2, Wellbeing Outcome 1, and Wellbeing Outcome 3

Staff Training, Technical Assistance, and Evaluation

Staff Training

To ensure the Alliance for Child Welfare Excellence is responsive to the needs of people who protect and help vulnerable children in Washington State, The Alliance and child welfare leadership meet on a quarterly basis. The purpose of these meetings is to gather input on training needs and gaps to include in a statewide training plan and oversee and support the implementation of the statewide training plan.

Technical Assistance

Capacity Building Center for States and Children’s Bureau provided technical assistance regarding the development of the 2025-2029 CFSP Plan to Enact the State’s Vision.

The Quality Improvement Center for Workforce Development (QIC-WD) developed and maintains a workforce dashboard for DCYF, enabling accurate and timely monitoring of workforce characteristics, turnover, and retention.

The Kempe Center is supporting the child welfare workload study through the development of recommendations that will be used to develop system changes and requests.

University of Kentucky provides technical assistance through the National Partnership for Child Safety (NPCS) to assist in systems mapping as it relates to critical incidents reviewed by the CIR team.

Chapin Hall is providing technical assistance regarding the implementation of the FPM. Chapin Hall, prior to the development of FPM conducted a WA safety Assessment literature Best Practice Review. Additionally, they analyzed how racial disparities occur in the application of our safety assessment tools. Their assessment informs how the Family Practice Model is being implemented into practice.

Evaluation

The DCYF Office of Innovation, Alignment and Accountability (OIAA) was established to build agency capacity to make evidence-informed decisions, continuously learn, improve, and successfully enact system reform. OIAA supports DCYF through research, evaluation, reporting and other projects focused on influencing policy and practice changes within DCYF.

The OIAA Evaluation and Research Team supports the Department’s research priorities, which are aligned with the agency’s strategic and racial equity plan. Internal research is developed to advance this work, which is planned on an annual cycle. External research partnerships are assessed for alignment with the plan before support is provided.

OIAA annually develops and publishes their evaluation and research agenda, detailing how it is aligned with the DCYF Strategic Priorities and with focused agency work currently underway. Unlike academic institutions, the OIAA research and evaluation agenda must be responsive to policy timelines. This means that most projects take less than a year to complete from start to finish. Because OIAA does not have the capacity to conduct all research that might benefit the agency, they annually produce a list of priority research questions for external partners to focus their proposed studies on. This list of questions are also clearly aligned with the agency priorities and focused agency work to ensure that external resources committed to research and evaluation are also targeted.

The OIAA Data Reporting Team focuses on developing and providing comprehensive, accessible reports to support practice improvements. Washington’s transitional CCWIS system, FamLink, is the source for administrative data used in child welfare reports, which identify practice strengths, capture key required data elements to ensure practice requirements are being met and support ongoing practice improvement. These reports are made available through the child welfare reporting portal (infoFamLink), and staff at all levels of the agency have access to them. Summary and case level detail reports are refreshed nightly and are accessible to caseworkers and supervisors across the state who use the reports in their daily work, through e-mail subscriptions or direct access. These reports are also routinely used by staff at all levels of the agency, including field managers, regional and headquarters’ program staff and quality assurance leads to support good practice related to child safety, permanency, and well-being, as well as leaders who use the summary reports to make decisions about practice, staffing and services. In addition to standard reports, item-specific data reports are available on request to support specific quality assurance, practice improvement and CQI activities at the state, region, and office levels in support of the CFSP, CFSR PIP, FFPSA, active settlements, HB 1227, Family Practice Model, and recruitment efforts. The Data Reporting Team also provides data analysis to DCYF leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics. Regular statewide data leads meetings are facilitated by OIAA. One of the purposes of these meetings is to identify and prioritize data report development to support monitoring and evaluation of child welfare practice.

The Alliance uses Partners for Our Children (POC), a research organization based in the University of Washington School of Social Work, to evaluate the effectiveness of training activities for Washington’s child welfare workforce. The research is used to identify training innovations to improve the workforce. Evaluation is a constant and integral component of the partnership and demonstrates a commitment to being accountable for the impact and outcomes of the partnership. Evaluation measures the trainings’ impact and supports continuous improvement. It includes:

- Collecting and analyzing survey data on participant’s reactions to curriculum
- Collecting and analyzing data on what participants are actually learning
- Conducting follow-up surveys, phone interviews and focus groups to determine if participants are using and benefitting from what they have learned
- Assessing fidelity by observing training delivery
- Engaging with the Alliance and stakeholders regarding evaluation priorities, design and reporting for continuous improvement

Implementation Supports

In addition to the training, technical assistance, and evaluation support listed above, DCYF’s Office of Transformation supports many of the strategies within the Plan to Enact the State’s Vision through dedicated project management. This includes monitoring and reporting on achievement of project timelines and milestones, risk management, and deployment of communication plans.

As projects are implemented, program managers identify areas needing additional resources for sustained success and make the required legislative requests. The Office of Transformation Actively

manages the agency-wide portfolio, intake, and prioritization processes, and ensures there is continuity between initiatives.

DCYF expects the next Program Improvement Plan (PIP) to start in CY 2027. The PIP goals will be developed in alignment with the CFSP and reflective of DCYF's Round 4 CFSR findings.

Within the Office of Transformation is the Office of Professional Learning and Practice. This section is responsible for providing strategic direction for all learning and preparation initiatives, including standards and principles for professionals, and adult learning vendor contractors. This solution will maximize resources (including budget and staffing), guide unity across business teams and maximize innovation. This enterprise approach will work in connection with DCYF's healing centered (trauma-informed) values, existing quality frameworks, and uphold principles to advance racial equity and social justice.

By developing an enterprise-level professional development solution, DCYF will ensure that the essential functions of a professional development system are part of a comprehensive and coordinated system. This will move the Department away from siloed or settings-based approaches that can reinforce barriers and inconsistent implementation across agency initiatives.

Services

Child and Family Services Continuum

Child Abuse and Neglect Prevention, Intervention, and Treatment Services

[State policy](#) states "the family unit is the fundamental resource of American life that should be nurtured. The family unit should remain intact in the absence of compelling evidence to the contrary. The Legislature declares that the goal of serving emotionally disturbed and mentally ill children, potentially dependent children, and families-in-conflict is to provide services to them in their own homes and to avoid out-of-home placement of the child, when that form of care is premature, unnecessary, or inappropriate." Washington State law and the federal Indian Child Welfare Act (ICWA) require public child welfare agencies to work with tribes, government to government, to ensure that families receive the same services as non-Indian families.

Intake and Assessment

Intake is often the first point of contact for people seeking assistance from DCYF or for reporting child abuse and/or neglect. Safety for the child or youth is the primary and essential focus that informs all decisions made from intake to case closure and intake is DCYF's first step in ensuring child safety, permanency, and well-being. Intake workers perform a critical public relations function by building and maintaining partnerships with community members and mandated reporters and help clarify the role of DCYF for the community.

Intake staff receive, gather, and assess information about a child or youth's need for protection or requests for services and document in an intake record that uses the Structured Decision Making (SDM) tool to assist in determining which pathway an intake will be assigned to and what type of response time is required. During an intake, intake workers gather as much information as possible about the alleged maltreatment, family functioning, individual child or youth characteristics, needs of the family,

risk factors to include mental health, domestic violence, and substance abuse history, protective capacities of caregivers, cultural or primary language related information, and any other risk or safety concerns the caller may have.

Based upon the information obtained during the call, collateral information, a review of previous intake and intervention history, and a secondary review by an intake supervisor, a screening decision is made for the appropriate program pathway.

After the appropriate program is selected, a determination is made regarding whether the intake is screened in or screened out based upon whether the information reported meets the minimum Washington Administrative Code (WAC) criteria for child abuse and/or neglect or whether the service request is appropriate and available. If an intake is screened out, it is maintained in the agency database for an allotted period and no contact is made with the family. If an intake is screened in, then it is assigned a response time of 24 or 72 hours, depending on the information reported and if there is an emergent need for child protection. If the allegation in the intake involves a crime against a child, then the intake is referred to the law enforcement agency with jurisdiction regardless of the screening decision.

Child Protective Services (CPS) Investigations and Family Assessment Response (CPS FAR)

DCYF responds to situations where children are alleged to be maltreated, and it helps support families to safely care for their children. Accepted reports of child abuse and/or maltreatment may receive one of two responses: [CPS investigations](#) or [CPS Family Assessment Response \(CPS FAR\)](#).

CPS Investigation

During a CPS investigation, the assigned caseworker must interview:

- The child, who is the alleged victim or identified child
- The child's parents
- The alleged perpetrators, and
- Other people, such as school personnel, medical providers, relatives, and child care providers.

During the initial fact-to-face (IFF) interview, the caseworker must make the determination if the child is safe or at imminent risk of harm and assess all children in the household for present danger. Information gathered during interviews will be used to complete:

- A safety assessment within 30 calendar days from the date of intake and at key decision points in a case. If a safety threat is identified and cannot be managed with a safety plan, review the case with a supervisor and Safe Child Consultation is held to determine if the child should be placed in out-of-home care.
- A Structured Decision Making Assessment (SDMRA) within 60 days for CPS investigations. Services must be offered to the family with a high SDMRA score and may be offered to families with a moderately high score. Ongoing risk assessment continues throughout the life of a case from the initial intake until the case is closed.
- An Investigative Assessment (IA) on all investigations within 60 calendar days of the date the intake was received.

Caseworkers often coordinate investigations with law enforcement, which may be involved if there are criminal allegations in a report. Caseworkers assess a child’s safety and risk of possible future maltreatment. Caseworkers strive to engage families in a positive working relationship to resolve concerns. Most families successfully resolve child safety issues and do not need services beyond an investigation.

When child protective services are needed to ensure a child or youth’s safety, the caseworker meets with the family to assess strengths and needs and develop an appropriate service plan to address safety and other issues that impact child, youth, and family well-being. Monthly health and safety visits with the child, youth, and parents must be completed for cases open longer than 60 calendar days.

CPS Family Assessment Response (CPS FAR)

CPS FAR is a differential response pathway for screened-in allegations of abuse and neglect as an alternative to traditional CPS investigations. The CPS FAR framework outlines specific steps to be taken by DCYF to focus child welfare resources on four areas to improve outcomes for safety, permanency, and well-being:

- Increased connections with extended family, natural supports, and community to enhance child safety by engaging families outside of the traditional investigative process. By offering services and support without a formal “finding” regarding child abuse or neglect, the state hopes families will be more open to accepting services.
- Provision of concrete goods and services to support families, safely prevent placement in out-of-home care, safely reunify children with their families, and improve child and family well-being.
- Expanded use of evidence-based practices to provide targeted interventions that effectively address the needs of children and their families, improve child safety in the home, prevent out-of-home placement, and increase child and family well-being.
- Expansion of Washington State’s practice models, specifically, Solution Based Casework, and the Safety Framework.

CPS FAR focuses on children and their families who are screened in to CPS for neglect and low-to-moderate physical abuse with a non-emergent, 72-hour response time. The CPS FAR implementation and evaluation benefits from the development and employment of two distinct SDM tools: an intake tool and a risk assessment tool.

Once the intake tool identifies a family as qualifying for CPS FAR, the CPS FAR option is presented to the family. If there is an indication of severe maltreatment or abuse, the parents/guardians decline to participate in FAR, or the parents/guardians refuse to allow caseworkers to complete an IFF or interview children to complete the safety assessment, the case will be transferred to CPS investigation. If the family chooses the FAR pathway, the case can remain up to 120 days from intake if services are being offered and the parent has given permission to leave the case open. If no services are in place the case is to be closed by the 60th day.

CPS FAR reduces negative labeling of parents involved in the child protection system. Through the program, caseworkers develop a partnership among families, agency staff, and the community to keep children safe. No determination of abuse or neglect is made; thus, parents are not labeled as abusive or neglectful. Families and caseworkers often consider this a more effective and empowering way to address child protection concerns.

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When families lack some of life's basic necessities, such as adequate housing, food, transportation, health care, and access to safe and affordable child care, they may not be able to safely care for their children. Some families need services such as counseling to address relationship concerns or child behavior issues, treatment for drug or alcohol problems, or parenting education about topics such as child development and positive discipline. Families under stress and with limited support are at a higher risk of child abuse and neglect. Caseworkers connect families with community resources to address unmet needs to reduce stress, thereby lowering the risk of abuse or neglect.

Caseworkers help families identify strengths to build on to keep children safe and improve families' lives. Identifying what parents do well, such as showing affection or providing a good home for their children, offers more possibilities for family well-being other than documenting failures. Building on strengths and calling in family resources, such as relatives or friends who can help solve problems or provide assistance, helps parents raise their children in safe, healthy, nurturing environments.

For both investigations and FAR cases, monthly health and safety visits are required if the case is open past 60 days.

Foster Care

When children are placed into the care and custody of DCYF through a court order, Child and Family Welfare Services (CFWS) caseworkers work with the family and child or youth to reunify them as quickly as safely possible. When children or youth are placed into out-of-home care, a relative search is conducted to secure relative placement. Preserving relationships with family members is crucial to a child or youth's sense of safety and well-being. When a kinship caregiver is not available, the child or youth is placed in a licensed foster home. Foster families play a critical role by caring for children or youth and providing support to their families. For children and youth placed in foster care, significant attempts are made to:

- Keep them in their community;
- Place them with or close to their siblings, other family members, and friends; and
- Keep them in the same school, team events, cultural, and social activities.

CFWS case management responsibilities include:

- Ongoing safety assessment, case planning, service referrals, and visitation;
- Monthly health and safety visits with children;
- Monthly visits with parents, foster and kinship caregivers;
- Shared planning meetings;
- Identification of permanent plan and reports to court, every six months, with recommendations for services to achieve permanency: reunification, guardianship, adoption; and
- Compliance with permanency timelines in state and federal law.

Foster homes can be licensed by DCYF LD or through a private agency. LD completes all licensing and relicensing of families for children placed in out-of-home care. For private agency foster homes, the private agency licensor assesses the family and submits documentation, certifying that the family meets all licensing requirements. Applicant families seeking licensure directly by the Department submit an application and are assigned a social service specialist in the LD Assessment section. The Assessment worker provides support to the family throughout the licensing process as well as post-licensure.

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The LD also investigates alleged violations of licensing standards by licensed providers, as well as allegations of abuse or neglect by licensed providers such as foster parents, group homes, residential institutions, and facilities. In addition, LD staff conduct home studies for licensed, unlicensed, and adoptive homes.

Case plans are part of the Comprehensive Family Evaluation (CFE) which are required to be completed within 60 days of a child's original placement date (OPD) into out-of-home care and are updated at a minimum every six months. The CFE captures key information on individuals and the family in FamLink and is used to prepopulate the court report.

A written case plan is required to be submitted to all parties, including the court, no less than 14 days prior to the scheduled hearing date. Local court jurisdictions hold the Department and caseworker accountable to these timeframes and will not allow a hearing to move forward without the completed written case plan.

Case plans are to be developed jointly during the caseworker's monthly contact with the parents. DCYF policy requires that caseworkers have a minimum of one face-to-face visit with mothers and fathers monthly, unless an exception exists. The conversation with parents includes discussing the court process, the needs of the child, service needs of the parents, the progress the parents have made, conditions for return home, and any additional barriers that need to be addressed. Caseworkers use the information discussed to develop and update the case plan. This process assures that the required information is captured and available for assessment, planning, and to inform the court of the progress and plan.

Washington State law and DCYF policy requires that every dependent child or youth's case be reviewed by the juvenile court no less frequently than once every six months. In Washington, review hearings, initial permanency hearings, permanency hearings, and administrative reviews all meet the requirements of periodic review hearings. The purpose of the hearings is to assess the progress of the parties and determine whether court supervision should continue. This assessment, required by DCYF policy and procedures, is conducted through a comprehensive discussion which includes child safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the needs for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan.

Washington law and DCYF policy requires a permanency planning hearing to be held for every dependent child who has remained in out-of-home care for at least nine months to determine an alternate permanent plan such as adoption or guardianship. The hearing must occur no later than twelve months from the date the child entered out-of-home care and no less frequently than every twelve months thereafter. Permanency planning goals should be achieved at the earliest possible date, preferably before the child has been in out-of-home care for fifteen months.

[DCYF policy](#) requires a referral be made to the Attorney General's Office (AGO) for the filing of a TPR petition if parents have not made progress in addressing concerns that led to placement. Following the acceptance of the referral, a petition is filed by an Assistant Attorney General (AAG) if a child has been in out-of-home care for 12 of the last 19 months. This process supports the required filings under the ASFA, which is to file a TPR petition if the child has been in care during 15 of the last 22 months.

Foster Care Assessment Program (FCAP)

FCAP is a statewide contracted program with the purpose of providing a comprehensive assessment of a child's level of functioning in the home, school, and community and to assist with the service planning and implementation. The goals are to improve the child's health and well-being and help DCYF accomplish permanency.

This program is administered by Harborview Center for Sexual Assault and Traumatic Stress (HCSATS), in collaboration with community and hospital partners statewide. FCAP expanded to accept referrals for reunification assessments. This reunification assessment includes a parental capacity screening and a comprehensive analysis of whether the service plan addresses the safety concerns that led to removal and whether those concerns have been mitigated. FCAP evaluators are available for 6 months following the assessment to help DCYF implement a plan for each child. Specific services provided by FCAP include:

- Review of case history
- Interviews with people who know the child best
- Summary of the child's health history
- Psychiatric, psychological, pediatric, and cultural case consultation
- Structured in-person interview with the parents (reunification assessment)
- Structured in-person interview with the child and caregiver
- Observation of the parent/child visitation (reunification assessment)
- Standardized assessment of a child's emotional and behavioral functioning
- Thorough recommendations for an updated service plan based on evidence-based interventions
- Production of a comprehensive Services and Permanency Assessment Report (SPAR) for DCFS
- Service planning focused on achieving permanency for the child
- Six months of assistance to the DCYF referring caseworker

Pediatric Interim Care (PIC)

PIC offers specialized services to drug/alcohol affected children under the age of three (3) years, to enhance the family's ability to be caregivers for drug/alcohol affected children and provides necessary specialized services to drug/alcohol affected children to enhance the child's development and lower risk factors. PIC support services to a family may include specialized group care, specialized foster care, family support, caregiver training and support, aftercare services, wraparound services, and/or other services.

Missing from Care (MFC)

To provide placement stability for dependent youth who have left placement without permission of the caregiver or the assigned caseworker, the MFC program was developed in 2012. Statewide, there are 9 CFWS caseworkers assigned as MFC locators. The locator's exclusive role is to search for and locate youth who run from out-of-home care, debrief the run with them and return them to placement. For youth who frequently run from out-of-home care or are on the run at least 48 hours, a locator is assigned as the secondary caseworker and works closely with the primary caseworker.

Interstate Compact on the Placement of Children (ICPC)

ICPC is a statutory agreement between all 50 states, the District of Columbia, and the US Virgin Islands. The agreement governs the placement of children from one state into another state. It sets forth the

requirements that must be met before a child can be placed out of state. The Compact ensures prospective placements are safe and suitable before placement, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

ICPC program coordinates interstate home studies and courtesy supervision for children being placed into other states.

DCYF maintains jurisdiction of the case and Washington is responsible for case planning, financial, and medical care of the child. Not every state has the same services in the community or coverage of certain items through the receiving state's medical coupon (for example Oregon medical does not pay for eyeglasses). In those cases, Washington must ensure payment is made for services for the child or youth.

Family Preservation Services

Family Reconciliation Services (FRS)

The goal of FRS is to preserve, strengthen, and reconcile families in conflict. Services are voluntary, family-focused, and rely on family participation. Time-limited services are provided to families with adolescents where there are no allegations of abuse or neglect, with most services being completed within 60 days. FRS is available at no cost to families and can include:

- Assessment and brief intervention;
- Contracted counseling;
- Case management and referrals to short-term placement, crisis residential services, health and mental services; and
- Assessment for [Child in Need of Services \(CHINS\)](#) petitions and [At-Risk Youth \(ARY\)](#) petitions.

Family Voluntary Services (FVS)

FVS is a short-term program that supports families on a voluntary basis following a CPS investigation with a SDM score of moderate high to high, and/or a safety threat identified in the Safety Assessment that can be managed with a Safety Plan. Children or youth who are placed in out-of-home care through a Voluntary Placement Agreement due to a safety threat that cannot be managed in the home, or cases requiring six months of child safety monitoring also qualify for FVS. Services for families are designed to address child safety and remediate issues of child abuse and neglect to help prevent chronic or serious problems which interfere with their ability to protect or parent their children. This program serves families where the children can safely remain home while the family engages in services through a Voluntary Service Agreement or for children who are temporarily placed in an out-of-home care through a Voluntary Placement Agreement. Services are aligned with case plan goals such as improving caregiver protective factors and reducing or controlling child vulnerability, thereby ensuring that the child remains safely in the home. Services include ongoing assessment, safety interventions, linkages to formal and informal supports, including referrals for both community and DCYF contracted services, and case monitoring.

FRS and FVS case management responsibilities include development and implementation of the case plan; service delivery, including needed referrals to community resources; ongoing assessment of present and impending danger including reviews of case progress; completion of revised case plans as needed; and case closure activities.

Family Support Services

Washington State Emergency Domestic Violence Shelter and Advocacy Services

These services provide state and federal funding that is dedicated to providing emergency shelter and other services for victims of domestic violence and their children. In addition to shelter, residents receive supportive services such as advocacy, legal assistance, access to support groups, and other specialized services based on each person's unique needs. Most service recipients receive non-shelter based services such as advocacy, assistance with protection orders and other legal issues, and access to support groups.

Interpreter Services

DCYF staff have access to interpreters for non-English speaking families through Limited English Proficiency (LEP) interpreter services and translation services to provide clients access to DCYF programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write, or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively.

Services to Support Reunification, Adoption, Kinship Care, and Independent Living

Adoption

Adoption-related services to legally-free dependent children include searches for potential adoptive families, screening of adoptive families, home studies as needed. Program requirements are:

- Ongoing assessment of safety, well-being, and service needs
- Shared planning meetings
- Referrals to identified services and other supports to help facilitate timely permanence
- Specialized recruitment contracting for children with challenging medical and/or behavioral health needs
- Connecting potential adoptive parents to the Adoption Support program to determine eligibility for ongoing support

Adoption Support

The adoption support program encourages the adoption of children with special needs in legal custody of public or private non-profit child welfare agencies through a negotiated agreement between DCYF and the adoptive parents. Program requirements include determination of federal and state eligibility for adoption support, negotiation of initial and revised adoption support agreements, and approving requests from adoptive families on pre-authorized counseling as well evidence-based in-home services.

Indian Child Welfare Services

Indian children, consistent with the federal Indian Child Welfare Act (ICWA) and Washington State Indian Child Welfare Act, receive direct services from DCYF in the areas of child protective services, guardianship, termination of parental rights, and adoption proceedings. Additional services are funded through contracts with federally recognized Indian tribes and other Indian organizations in the state, enabling providers to serve their own tribal members and off reservation Indians. DCYF monitors and provides technical assistance to staff and contracted tribes and agencies on compliance with federal and state requirements related to the care of Indian Children.

Kinship Care

Relatives play an essential role in helping to meet the needs of children and youth who are unable to live with their parents. The connection to family, relatives, and community is important to a growing child. Nearly half the children and youth placed in out-of-home care by DCYF are placed with a relative or person known to the child, youth, and/or family. Caring for a relative's child can be a challenge and comes with added financial, legal, and emotional issues.

A relative may receive one of two types of government financial assistance while the child or youth is placed in their home. For unlicensed relatives, Temporary Assistance for Non-Needy Families (TANF) is available. If the relative is licensed, they can receive monthly foster care maintenance payments. Other assistance and support for relatives that may be available include:

- Relative Support Services Fund
- Medical care
- Clothing vouchers
- Transportation costs
- Child specific care plans
- Respite care
- Child care
- Assistance with physical care
- Counseling

Native American Inquiry and Relative Search

When a child is placed in out-of-home care, efforts to locate relatives must be completed. Washington employs a centralized unit to conduct relative searches and the search process is initiated by an automatic referral. The unit worker sends letters to all identified relatives within 30 days of the child being placed in out-of-home care. Relative response is tracked and documented in FamLink and the caseworker is notified of the relative's name and if they have agreed to serve as a potential placement or service resource. A child's Indian status must be determined as soon as possible to serve the best interests of the Indian child and protect the interests of the child's tribe. Caseworkers must identify and verify whether a child or youth meets the definition of an Indian child early in the case to preserve the child or youth's culture.

If the family identifies a tribe, even when the family states or provides documentation they are already a member, such as an enrollment card, the caseworker completes a Native American Inquiry Referral (NAIR) and submits electronically to the centralized unit. The NAIR unit worker sends inquiry letters to all identified tribes. Upon receiving tribal response, the unit worker forwards the information to the primary caseworker and document in FamLink. If the NAIR unit does not receive a response from the identified tribe, a second and third inquiry is completed within 60 days of the previous request.

System Level Service Coordination

Most, if not all services geared toward families with children ages 0-5, can be linked by Child Welfare Early Learning Navigators (CWELNs). This includes Early Support for Infants and Toddlers (ESIT), Head Start, CWCCC, and others discussed more in depth further on in this section. The goal of CWELNs is to connect families sooner, rather than later, and at the point of intake (CPS, FAR, FVS). Piloting began in 2019 and now all positions are permanent with additional funding received. DCYF continues to expand the program to ensure that the entire state benefits from the service. Currently every region has at least one CWELN supporting one or more child welfare offices. DCYF also have CWELNs focused on supporting AI/AN families through a Tribal CWELN with the goal to address disparities. DCYF plans to hire an additional Tribal CWELN. Outcome measures for this program are still in the development stage although referrals are being tracked with the assistance of OIAA.

Successful expansion of this work requires funding to strengthen system integration across child welfare, early childhood, and community-based systems serving families with young children. One example of effective system integration is the way DCYF has utilized the Help Me Grow system to support service navigation and care coordination for families statewide and with specialized pathways. This includes basic needs support, access to statewide benefits such as SNAP, TANF, and WIC, and warm hand-off service referrals.

DCYF is working on a joint legislative opportunity using ESIT, Help Me Grow (HMG), and Plan of Safe Care (POSC) funding streams. The aim of this package will be to build on existing systems and partnerships while continuing to develop local system partnerships and community networks across Washington state. The intention of the work is to provide long-term wrap-around supports by increasing protective factors, stability, and child/family well-being, ensuring there is no wrong door to access these services. This work also seeks to support capacity, training, and collaboration across system partners as well as scoping, building, and testing seamless referral pathways from child welfare to early childhood system resources such as ESIT. The overall goal is to connect families with infants and toddlers at risk to long-term wrap-around supports at the time of a screened-out intake or CPS case closure.

FFPSA is also looking to add a community-based pathway for services focusing on a no wrong door framework. Blending and braiding funding with other programs will be part of that implementation and DCYF continues work on a governance structure. DCYF is using FFPSA to look at increasing services through pilot sites which are at different stages of implementation. Currently FFPSA covers parent skill-based services although services can be expanded to also allow for SUD and MH services. Training will be important to ensuring that it is properly allocated when caseworkers are putting together a case plan. Eligibility will also need to be determined based on risk factors so ensuring that those who are referring for services are doing so appropriately.

Senate Bill 6109 came with a large amount of funds for prevention projects which are still in the development stage to include public health nurse services and third-party safety plan participants.

The following activities and need for services are identified during the initial and ongoing assessment of children, youth, and families. Request for services can be made by any member of the case and is initiated through completion of a referral.

Family Level Service Coordination

The following activities and need for services are identified during the initial and ongoing assessment of children, youth, and families. Request for services can be made by any member of the case and is initiated through completion of a referral.

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Child Safety Framework

The Child Safety Framework informs and guides child safety decisions throughout the life of a case, provides precise language and clear definitions, strengthens child safety assessments and planning, and will guide appropriate placement decisions.

To determine if a child is safe, caseworkers must gather, collect, and verify information; assess information gathered to determine present danger and impending danger; analyze identified child safety threats to determine placement type; and plan to reduce or eliminate identified child safety threats.

The safety framework focuses on six areas to gather information including: extent of maltreatment, circumstances accompanying the maltreatment, child functioning, parenting disciplines, parenting practices, and parents' daily functions outside of the role of parental unit. Assessing weighs all gathered information, assigns significance of information, and determines if safety threats exist. To determine that a threat exists, five criteria must be met: potential severe impacts on the child, occurring immediately or in the near future, out of control, vulnerable child, and observable and specific. Analysis includes the evaluation of the identified safety threats, understanding how safety threats are occurring and how they can be managed and controlled, and breaks down the safety threat to gain greater understanding of how it is occurring. Finally, all children identified as unsafe will have a determination if safety plan can be developed that controls and manages the identified safety threats in the home. If no safety plan can be developed a safe child consultation will be held to determine out of home care.

Family Team Decision Making (FTDM)

FTDMs are held to make critical decisions regarding the placement of children or youth following an emergent removal from their home, changes in out-of-home placement, and reunification or placement into a permanent home. There may be instances when an FTDM can be held prior to placement if there is not an immediate safety threat such as a child who is in a hospital hold and an FTDM could provide placement options. Permanency planning starts the moment children are placed out of their homes and is discussed during an FTDM meeting. By using this inclusive process, a network of support for the children and adults who care for them is assured.

FTDM meetings follow the shared planning meeting model of engaging the family and others. An FTDM meeting is a facilitated team process which can include birth/adoptive parents, guardians, extended family members, youth (as appropriate), community members, service providers, child welfare staff, legal partners, and/or caregivers. The goal of an FTDM is to build consensus regarding a decision that provides the safest and least-restrictive placement in the best interest of the child. The priorities are to protect children, preserve or reunify families and/or prevent placement disruption. A consensus driven decision-making process does not necessarily imply unanimity; however, allows individuals' ideas and suggestions to be heard and considered during the FTDM meeting.

Child Health and Education Tracking (CHET)

The purpose of CHET is to identify and address the long-term well-being needs of children who are in out-of-home care 30 days or longer. The tracking processes focus on bringing together efforts between DCYF, local Public Health jurisdictions, behavioral health providers, community providers, and local

school districts to improve the overall health and educational well-being of children in out-of-home care.

CHET is designed to identify and organize essential information about the physical health, development, connections, education, and emotional/behavioral health of all children in DCYF's care or custody. A summary is shared with foster parents, relative caregivers, pre-adoptive parents and caseworkers to use in placement decisions, case planning, and service delivery to help children grow and thrive. Health, development, and education tracking continues for as long as there is an open case.

Early Support for Infants and Toddlers (ESIT)

Early intervention services during the first three years can make a big difference in a child's life. DCYF's ESIT program provides services to children birth to age three who have disabilities or developmental delays. Child welfare caseworkers, CWELNs, and CHET Screeners facilitate ESIT referrals for child welfare involved families. Help Me Grow community navigators facilitate ESIT referrals for the POSC community-based pathway. Eligible infants and toddlers and their families are entitled to individualized, quality early intervention services in accordance with the federal Individuals with Disabilities Education Act (IDEA), Part C. Families receive additional services through ESIT including (but not limited to); home visiting, developmental assessments and supports such as through [CHERISH](#), access to specialized medical/therapeutic services and interventions, and transition planning. ESIT programs can also recommend other early learning services such as Early Head Start and provide other service providers, such as childcare, with important information and resource to support day-to-day care of the child outside the home.

Within ESIT, Child Welfare-Substance Exposed Newborns – Infants who've experienced prenatal substance exposure are required to be offered a Plan of Safe Care (POSC). Additionally, ESIT identifies prenatal substance exposure as an automatic qualifier for early intervention services. Washington has two POSC pathways, a voluntary community-based pathway, and a child welfare pathway. Families participating in the community-based pathway are offered a referral to early intervention services. A referral to ESIT is an element of the child welfare pathway POSC, required by policy for newborns who experience withdrawal at birth, and best practice for any newborns who experienced any prenatal substance exposure.

In Washington, referrals to early intervention services are provided through Local Lead Agencies (LLA). Family Resources Coordinators help families access the early intervention services their child may need. They also help families get a free developmental screening and suggest other community resources. If concerns are assessed through the CHET process the information is sent to the LLA.

Within Washington's early intervention system, ESIT provider agencies will require universal training on substance use disorder, local provider infrastructure support to include comprehensive practice guidance for the development of local policy and ongoing statewide training on home visitor safety practices. Funding will also be available for scholarships or tuition reimbursement programs to both recruit high demand disciplines and grow capacity within existing statewide programs. Given that ESIT is an entitlement there should be no waitlist or caps on enrollment so addressing capacity is important. Since DCYF has significantly decreased our out of home placements DCYF will be focusing on caseworkers understanding the need for home visit safety and teaming at the community level.

Child Welfare Continuing Child Care

Childcare is one of the most utilized services in child welfare. Efforts are currently underway to integrate and streamline childcare subsidy across DCYF programs with an anticipated launch date of July 2026. Families who have had open child welfare cases are eligible for 12-months of Working Connections Child Care (WCCC) with no copayment and no income or work requirements. Eligible case types include in-home CPS (investigations and FAR), FVS, and CFWS in-home or reunification. Out-of-home caregivers who are establishing alternate permanent plans such as adoption or guardianship are not eligible for this benefit.

For a family to be eligible the child must be residing with a parent or guardian, child care must have been included as part of the child welfare case plan, and the parent must access the benefit within 6 months of the child welfare case closure.

Caseworkers refer families by completing the child care service referral in FamLink, including documenting parent approval to share information. Early Learning PM and CWELNs across the state provide technical assistance if needed. It is noted to be an incredible stress reliever for so many families to know they have safe and reliable care for 12 months with no cost.

Coordinated Care

Coordinated Care is the statewide managed care health plan running the Apple Health Foster Care program. The Apple Health Core Connections (AHCC) program is specifically designed for: children and youth in out-of-home care (dependencies with DCYF), children and youth receiving adoption support, young adults in extended foster care (18- to 21-year-olds), and young adults 18 to 26 years old who aged out of foster care on or after their 18th birthday.

Foster care centers for excellence around the state are tasked with looking at the populations with the highest needs when implementing their programs. This is a partnership with the state where medical clinics in conjunction with AHCC– work with foster youth to address medical needs. The providers are committed to prioritizing the needs of foster care children and decreasing waitlists. Some are seeing whole families as well as continuing to support the youth during reunification.

Fostering Well-Being Care Coordination Program

The Fostering Well-Being Care Coordination Unit (FWB CCU) is a team of health program specialists, nurses, pediatricians (called Regional Medical Consultants or RMCs) and staff trained in accessing and coordinating medical care. Services are intended to provide caseworkers, caregivers, and others with the information they need to manage the health care needs of children in State or tribal placement and care authority. Children and youth are eligible for services if they are in Washington State or tribal placement and care authority and under age 18 years old (or under 21 years old and participating in the Extended Foster Care Program).

Referrals are received by FWB CCU and are routed to the RMCs as needed or requested. The RMCs continue to be available to assist via phone, email, or in-person. RMCs can be consulted for CPS cases, in relation to the medical factors that impact the case.

Wraparound with Intensive Services (WISe)

WISe is an intensive wraparound service for Medicaid eligible children up to 21 years of age with complex behavioral health needs, including youth in-home and in out-of-home care. Youth are screened to determine if they need this level of intervention or a lesser level of service. Services are provided through Behavioral Health Organizations (BHO) across the state.

Early Head Start (EHS)

HEHS is a comprehensive preschool program serving children birth to two and a half and their families and pregnant women. It is delivered through home visits or in center-based care. EHS includes early childhood education; parent-child attachment support; nutrition services; health screenings and follow-up; family support; and family involvement and leadership opportunities.

In Fall 2024 DCYF will begin testing a referral pathway partnership between the Bellingham child welfare office and a local community-based single-entry referral access for all early learning services in Whatcom County. This included coordination with Child welfare field office, child welfare R3 program staff, regional service array consultant, FAR/FVS PM, EL PM, CWELN Team, and Family and Community Navigation Administrator. Testing referral partnerships in Whatcom County will inform how statewide system integration could be built. Approaching the system integration of child welfare and early learning systems via a statewide connecting entity such as the Help Me Grow system, could further explore accessing connections to statewide benefits, community-based SUD and other behavioral health services, home visiting, and access to basic needs support all through a one entry-point for child welfare involved families. It is anticipated that the development of this referral partnership will provide the most benefit to CPS-FAR cases (required by both statute and policy to receive referrals to early learning services for children under five). It is also anticipated it will function as a triage tool for the CWELN supporting this office to direct more engagement efforts and warm hand-off referrals to the highest need cases (most likely CPS-Investigations and FVS).

Early Childhood Education and Assistance Preschool (ECEAP)

ECEAP is a state funded pre-school program for children three to five years of age. The ECEAP program provides comprehensive family and individual child assessments, support, and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.

ECLIPSE funding has also been expanded to support infant/toddler mental health in ECEAP and other early learning settings as a community program that families can be connected to at initial involvement (courtesy of CWELN or other caseworkers).

Educational Advocacy for Foster Children

The Educational Advocacy Program provides direct advocacy, consultation, information, and referral services for youth in out-of-home care. All youth who are in out-of-home care with educational needs are eligible. Educational Advocacy Coordinators (EACs) are located throughout the state. EACs provide information and referral services designed to help keep foster youth engaged in school and progress toward graduation. Advocates may assist students with accessing education support and special education services, work to keep students in the same school or improve transition when a move occurs, work with school on disciplinary matters to address problems and maintain enrollment, help

with making up high school credits or finding suitable alternative program, and train caregivers, caseworkers, and students on educational rights and responsibilities.

Head Start

Head Start is a federally funded program available to children aged three to five. The program addresses the child's social-emotional and developmental needs and provides family support and community resource referrals.

Service Description

The following services are available throughout the state; however, availability and utilization may differ based on service location.

Child and Youth Safety Services

Children's Advocacy Centers (CAC)

[Children's Advocacy Centers](#) are child-focused, child-friendly facilities where children and their families feel safe to receive the help they need to stop abuse and begin the process of healing. Representatives from many disciplines meet to discuss and make decisions about investigation, treatment, and prosecution of child abuse cases. They also work to prevent further victimization of children. This multidisciplinary team approach brings together professionals and agencies needed to offer comprehensive services: law enforcement, child protective services, prosecution, mental health, the medical community, and advocacy. This comprehensive approach, with follow up services provided by the CAC, ensures that children receive child-focused services in a child-friendly environment.

Combined In-Home Services (CIHS)

Eight services are included within the [CIHS](#) contract, all focused to improve family functioning to promote the child's or adolescent's health, safety, and welfare, allowing children to remain in or return to the family home. All services are delivered in the family home. The use of evidence-based programs (EBPs) includes up to 12 hours of therapist support for non-EBP needs (e.g. housing and identifying and accessing community resources). Services include:

- [Parent-Child Interaction Therapy \(PCIT\)](#): Approximately 12 to 15 sessions, based on parent's progress. Serves families with children ages 2 to 7-years old.
- [The Incredible Years](#): Length of service depends on child's age and can range from 8 to 21 weeks. Serves families with children birth to 12-years old. Parenting skills targeting behavior management and healthy child development. Service is provided either in a peer group setting or in-home.
- [Promoting First Relationships \(PFR\)](#): 10 to 14 weekly sessions, 60 minutes each. Services for families with children birth to 5-years old.
- [Triple P](#): 10 to 14 weekly sessions, 50-90 minutes each. Service available for families with children or youth ages 2 to 16-years old. Services are parent driven, some child involvement in sessions. Multiple parent assessments, guided participation, role plays. The model uses DVD clips, homework, behavior monitoring tools, and a parent handbook.
- [SafeCare](#): 18 to 22 weekly sessions, 60-90 minutes each. Service available for families with children birth to 5-years old. Skill coaching through use of observation, self-assessment and feedback, homework, and role plays.

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- [Functional Family Therapy \(FFT\)](#): 15 to 20 weekly sessions over 3 to 4 months and services for youth 11 to 18-years old. Strengths-based, specific, and individualized interventions focusing on risk and protective factors, and relationships rather than on individual issues. Interventions respect differences, family form, culture, ethnicity, and family. Intervention is family-focused with all family members allied and involved. Therapists are non-judgmental and do not align themselves with individual family members.

Evidence-supported interventions are well-defined practices, programs, services, or policies that have been shown, through rigorous evaluation, to improve outcomes for children and families in comparison to one or more alternatives. When an evidence-supported intervention that was tested in a specific location or under certain conditions is appropriately selected and applied in practice by a child welfare practitioner working with a child, family, or community, it is integrated into evidence-based practice.

- [Family Preservation Services \(FPS\)](#): 90 to 120-day intervention, for children birth to 18-years old. A general therapeutic intervention, focused on improving safety in the home.
- [Crisis Family Intervention \(CFI\)](#): 30-day intervention, for families in conflict with youth 12-years and older, focused on establishing connections with community resources.

Also an EBP, but in a separate contract, is [HomeBuilders - Intensive Family Preservation Services](#), a 4 to 6-week intensive intervention with an average of 80 hours spent on each case. Service is available for families with children and youth aged birth to 18-years old.

Nurse Family Partnerships (NFP)

[NFP](#) works with low-income mothers pregnant with their first child. The goal is to improve pregnancy outcomes, child health and development, and increase family economic self-sufficiency. Women must be enrolled by the time they are 28-weeks pregnant.

Parents as Teachers (PAT)

[PAT](#) serves families with young children by increasing parent knowledge of early childhood development, providing early detection of developmental delays and health issues, preventing child abuse and neglect; and increasing children's school readiness and school success.

PAT promotes positive parent-child verbal interaction, early language and literacy skills, and social and emotional development to strengthen the parent-child bond, increase positive parenting, and prepare children for school readiness. Home visitors match the culture and language of families served.

First Steps

[First Steps](#) is designed to promote healthy birth outcomes, increase access to early prenatal care, and reduce infant morbidity and mortality. It is a voluntary program, and services include prenatal care, delivery, post-pregnancy follow-up, including family planning, dental care for women through 60-days post pregnancy newborns receive one year of full medical coverage.

Parent Child Assistance Program (PCAP)

[PCAP](#) is an evidence-based home visitation case-management model that provides advocacy services to high-risk, substance-abusing pregnant and parenting women and their young children. PCAP helps in accessing and using local resources such as family planning, safe housing, healthcare domestic violence services, parent-skills training, child welfare, childcare, transportation, and legal services. This program

has 15 locations that serve 20 counties. Each location has 14 client slots dedicated to families involved with DCYF.

Safe Babies Safe Moms (SBSM)

SBSM is a comprehensive home visiting program for Medicaid eligible substance abusing pregnant and parenting women with children under the age of three. Services are available in cooperation with other publicly funded services include residential chemical dependency treatment with therapeutic childcare, housing support services, and Targeted Intensive Case Management (TICM) services. SBSM is the TICM service that includes intensive case management, behavioral health related services, child development screening, assessment and referral, and parenting education. Eligible women/children may receive TICM services until the child's third birthday.

Home Visiting

[Home Visiting](#) are state and federally funded programs that provide home-based child and family assessment, support, and community resource referrals.

Positive Indian Parenting

[Positive Indian Parenting](#) helps Indian parents explore the values and attitudes expressed in traditional Indian child-rearing practices and then to apply those values to modern parenting skills and to help parents develop positive and satisfying attitudes, values, and skills that have roots in their cultural heritage. Indian parents, caregivers, and non-Native foster parents of Indian children as referred by DCYF.

Placement Support Services

Behavioral Rehabilitation Services (BRS)

BRS is temporary intensive wraparound support and treatment program for youth with high-level service needs. BRS includes in-home services as well as therapeutic foster and group care for youth who cannot be safely served in regular foster care or kinship placement. Eventually, all BRS facilities will need to meet FFPSA Qualified Residential Treatment Program standards.

Qualified Residential Treatment Program (QRTP)

A QRTP is a specific category of non-foster family home setting, for which public child welfare agencies must meet detailed assessment, case planning, documentation, judicial determinations and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive federal Title IV-E funding for the placement. QRTPs are a subset of licensed group care facilities; they do not wholly replace them.

Child Placing Agency (CPA)

CPA provides out-of-home placement in private agency licensed foster care and necessary supports to support reunification. Services include foster care placement, case management, intensive case management, and parent and sibling visits.

Emergent Placement Services (EPS)

EPS is a short-term, emergent, temporary placement for children who do not have an identified placement resource or are awaiting a placement opening.

Foster Care Support Goods/Services

Foster care support goods/services are concrete goods or services needed to support safe, stable placement, or help maintain placement in out-of-home care. Examples include bedding/furniture, car seats, safety locks. This resource is available to all licensed and unlicensed caregivers throughout the state who are providing care to children placed by DCYF.

In-State Intensive Residential Child Specific

In State Intensive Residential Child Specific are individualized services for youth with service needs beyond what BRS can provide.

Respite Care and Foster Care Child Case Aide Services

Respite care is temporary, planned arrangement for substitute parenting (respite) and services to augment supervision for children with behavioral or developmental needs (case aide). Respite is provided for children placed with DCYF. Case aide services can be provided for any DCYF child or youth.

Special CPA Group Receiving Care

Special CPA group receiving care is short-term, temporary placements for children who need emergency housing care, who have no longer term placement option identified.

Transportation Services

Transportation services are available when they relate to making a placement, during and to support the placement, preventing a placement, or returning a child that is a dependent in this state. Transportation may be authorized when it relates to travel for the child, parents, relatives, permanent planning resources, and care providers. DCYF may reimburse the expenses when the transportation is consistent with the case plan, supports a permanent plan, or directly prevents a foster/group care placement.

Well-being Services

Evaluations and Treatment

Evaluations and treatment are contracted services provided by DCYF when no other evaluation or treatment service are available. DCYF uses professional, psychiatric, and psychological services to assess and address mental health and behavioral needs to support improved safety, stability, and permanency. Evaluation and treatment is available statewide and provided to evaluate and support child well-being towards permanency and improve parental capacity for parents to provide safe care for their children.

Medically Fragile Placement Services

Medically fragile placement services, including placement, for children whose medical needs exceed those provided from an intermittent visiting nurse and who meet the criteria for medically fragile/medically intensive services. This service is for children who need medical care beyond what can be provided in a foster home.

Professional Services

Professional services provide professional level mental health services across a range of topics. Services include sexual deviancy evaluations – adults only, parenting instructions, therapy, developmental assessments, parenting assessments, and domestic violence perpetrator treatment.

Psychiatric Services

Psychiatric services provide evaluation and treatment services by licensed medical doctor (MD) or advanced registered nurse practitioner (ARNP). Services are first attempted to be accessed through community or public mental health.

Psychological Services

Psychological services provide evaluation and treatment services by a licensed Doctor of Philosophy (Ph.D.) or a licensed Doctor of Psychology (Psy.D.). Services are first attempted to be obtained through public mental health.

Sexually Aggressive Youth (SAY) and Physically Assaultive/Aggressive Youth (PAAAY) Services

SAY/PAAAY provides a set of services focused on supporting youth identified as sexually aggressive or physically assaultive/aggressive, treatment interventions designed to reduce or eliminate their sexually aggressive or physically assaultive behavior. Services include evaluations, polygraph, and treatment.

Reunification Services

Drug Testing

Drug testing is arranged for parents when there are concerns that drug use compromises child safety. A variety of testing options are available based on need: urinalysis, hair follicle, oral swabs, and nail bed. This service includes managing collection locations across the state and out-of-state.

Visit Services

Visit services provide visitation between children in out-of-home placement and their parents, as well as visits for siblings placed in separate homes. Services include transportation for children and varying levels of supervision with corresponding levels of documentation.

Education Services

American Indian/Alaskan Native Head Start

American Indian/Alaskan Native Head Start is a federally funded program available to children age three to five. The program addresses the child's social-emotional and developmental needs and provides culturally appropriate family support and community resource referrals.

Early Achievers

Early Achievers gives early learning professionals access to coaching and resources to provide high-quality care and helps parents and caregivers find high-quality child care and early learning programs that fit theirs and their children's needs.

Independent Living Services

Foster Youth Driver Licenses and Insurance (ESHB 1808)

Foster Youth Driver Licenses and Insurance assist foster youth and Extended Foster Care (EFC) youth in the access and completion of driver education courses and provide support for obtaining driver license and automobile insurance coverage.

Stephanie Tubbs Jones Child Welfare Services Program

Services for Children Adopted from Other Countries

DCYF provides services and supports to families of children and youth adopted from other countries that is consistent with those provided to all Washington State families. Examples of agencies that provide these services are: Developmental Disability Administration (DDA), HCA's Behavioral Health and Recovery, and Economic Services Administration's Community Service Division. As with families that adopt from the child welfare system, families with children adopted from other countries have equal access to services provided by DCYF such as FVS, FRS, and CFWS. A family that adopts a child from another country is not eligible for adoption support unless the child meets the requirements outlined in the federal Child Welfare Policy Manual, Washington State Administrative Code, and the Regulatory Codes of Washington.

DCYF continues to expand work with community partners on the development and resources for all Washington families with adopted children. Information on resources is shared with school districts, professional organizations, medical clinics, and public and private agencies that provide medical, behavioral, economic, or mental health services to families residing in Washington State.

Services for Children Under the Age of Five

Families with children under five who experience a child welfare involvement have access to agency contracted evidence-based in-home services, community-based early childhood system services such as [Early Support for Infants and Toddlers \(ESIT\)](#) and [Home Visiting](#) services. Center based family support components include [Early Childhood Intervention Prevention Services \(ECLIPSE\)](#), a service available to children under five who have experienced substantial stress and/or complex trauma. Washington has several other community-based resources for children and families that are available to but underutilized by child welfare involved families. For example, [Strengthening Families Washington](#) and [Strengthening Families Locally](#) provide support and resources to communities promoting protective factors known to help reduce child abuse and neglect.

Services for children under the age of five should be explored and offered for child welfare cases with young children across all programs: CPS Investigations/FAR, Family Voluntary Services, Child and Family Welfare Services, and Adoptions. Child welfare caseworkers should utilize assessment tools such as the Safety Assessment, or Comprehensive Family Evaluation as well as additional tools such as the Parent Child Interaction Scales Assessment for families with children under three, or strengths/needs assessment tools utilized by in-home service providers to identify appropriate services and inform case planning. [Strategy 2.1: Assessment Redesign](#) of the [Plan for Enacting the State's Vision](#) is anticipated to impact families with children under the age of five.

DCYF CHET and Ongoing Mental Health (OMH) Screeners provide screening for children placed in out-of-home care. For children aged 0-5, the CHET report will include a comprehensive developmental screening, a social-emotional screening, an initial trauma screen starting at age 3, and any recommendations for developmental or social-emotional service needs. More information on CHET can be found in the [Child Health and Education Tracking](#) section under [Service Coordination](#).

Child Welfare Early Learning Navigator Program

The Child Welfare Early Learning Navigator (CWELN) program moved from pilot phase towards expanded implementation. Previously funded by Preschool Development Grant Funds, the CWELN program will be sustained through Child Care Development Fund (CCDF). Additionally, the number of CWELNs will more than double in the coming year. CWELNs review intakes for the offices or counties they are assigned to in order to identify families with the highest early learning needs to facilitate referrals to community-based early care and education system resources. CWELNs assist caseworkers with assessing and identifying the most appropriate early learning, early intervention, high-quality child care, home visiting, and/or IECMH service; engaging families and assisting with enrollment; and follow-up with warm hand-offs between families and providers whenever possible.

Early Childhood Courts

There are presently five Early Childhood Courts (ECC) in Washington, with a sixth in development. As per the 2021 legislation, Early Childhood Courts are established at the request of county-run Superior Court Jurisdictions. These courts are active in Spokane, Kitsap, Pierce, Clark, and Thurston counties. Efforts are currently underway to establish a Tribal Early Childhood Court in Clallam County.

The Center for Children and Youth Justice (CCYJ) facilitates a cross-systems Early Childhood Court Statewide Advisory Board, upon which DCYF staff sit as members and are active partners. CCYJ also provides support to superior court sites across the state as they initiate this work, including coordination with the Administrative Office of the Courts (AOC) and accessing technical assistance through Zero to Three to implement the Safe Babies Court Team framework. Each court enters an MOU with DCYF, and DCYF caseworkers carrying cases in baby court are provided additional training in racial equity, bias, IECMH, and early childhood development. Cases on the safe baby court dockets participate in weekly or bi-weekly staffing or hearings with community teams, court staff, attorneys, and caseworkers. Because of this team approach, high level of engagement, and regular hearings with the court, it is anticipated families with children aged 0-3 participating in safe baby court will experience reunification and ongoing stability at faster rates than cases being heard outside safe baby courts.

Infant/Early Childhood Mental Health

Infant/Early Childhood Mental Health (IECMH) and IECMH Consultation (IECMHC) are integral components of DCYF's scope of work in terms of services and resources for families with infants and toddlers across Washington. Participants across DCYF divisions actively engage in an IECMH workgroup to strengthen the agency's work in this area. IECMH interventions are relational and focus on the infant/toddler's relationships with primary caregivers. IECMH approaches can vary from being represented in elements of Home Visiting, EBPs, and assessment tools, to a behavioral health approach such as Child-Parent Psychotherapy for which Mental Health professionals seek out additional training and certification, and consultation for child care providers.

IECMHC is provided to Early Achievers child care provider participants through Child Care Aware of Washington by the Holding [Hope IECMHC Program](#). In addition, [ECLIPSE](#) is a trauma-informed and center-based intervention for families with young children. Any family involved with child welfare and enrolled in Early ECEAP/ECEAP are eligible for this service. Cross-agency collaboration to identify ways to better integrate IECMHC as a preventative tool for child care providers serving children involved with child welfare has continued.

Evidence-Based Services and Service Array Expansion

Child welfare caseworkers access a wide array of EBP services for families with children aged 0-5 related to assess safety concerns and risk/protective factors. Caseworkers identify appropriate services based on assessed need and provider availability. Specific service descriptions can be found in the [Combined In-Home Services](#) section under [Service Descriptions](#).

Intercept serves children of any age (infant to age 18) who have serious emotional and behavioral problems or have experienced trauma, including abuse and/or neglect. Prevention services last four to six months. Family reunification services are six to nine months in duration. A pilot is estimated to begin in July 2024, as required by SHB 2447. It will involve contracting and offering Intercept to two locations, one in Eastern Washington and one in Western Washington. If the pilot is successful, Intercept may be offered statewide but that will require a legislative funding request.

System Integration

DCYF prioritizes system integration across child welfare and early childhood systems. One area of intersection is the POSC work with substance-exposed newborns and [ESIT](#) engagement. Newborns who experienced prenatal substance exposure are automatically eligible for early intervention services through DCYF's ESIT program. ESIT and the POSC program teams are thinking deeply about how to better connect and streamline referrals to ESIT.

Another area DCYF is exploring leveraging the POSC body of work is to strengthen integration across the community and child welfare POSC pathways. For example, as a component of the child welfare POSC, a family may be referred to the POSC community pathway with a warm hand-off prior to child welfare case closure. Finally, there is interest in future testing to use the [Help Me Grow Washington](#) network infrastructure to provide a single-access entry point for child welfare caseworkers, CWELNs, and child welfare CHET workers to make referrals to the vast array of community based early childhood system resources.

DCYF partners across systems with the Health Care Authority, Administrative Office of the Courts, community based IECMH providers, philanthropic organizations, and The Barnard Center for Infant and Early Childhood Mental Health to explore options for expanding provider availability for Child Parent Psychotherapy (CPP). CPP is a relational mental health intervention for parents and children who have experienced trauma. CPP is an approved service in Washington's Family First Prevention Plan and is covered by Medicaid. CPP is a community-based service accessible either through community mental health clinics, or clinicians in private practice. The fact it is not a component of DCYF's contracted EBP service array presents barriers to referrals, and caseworkers are not always aware of the CPP intervention, local availability, and referral processes. Efforts to map CPP providers statewide, as well as exploration to integrate into both Early Childhood Court service array/community teams, and Plan of Safe Care resources will hopefully increase use of this intervention for child welfare involved families.

Community-Based Child Abuse Prevention and Home Visiting Services Account

In addition to the programs and services outlined above, DCYF is the state lead agency for the Community-Based Child Abuse Prevention (CBCAP) Grant, the Maternal Infant and Early Childhood Home Visiting Program (MIECHV) Grant, and a Community Collaborations grant which is funding the Strengthening Families Locally projects. These grants provide additional capacity for community-based child abuse prevention, from community level planning, family support to evidence-based home visiting.

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These programs are managed out of the Family and Community Supports section and primarily focus on prevention of child welfare systems involvement. The CBCAP grant program specifically prohibits programming for tertiary prevention (child welfare systems involvement), focused on building family and community capacity to build protective factors and strengths.

The [Home Visiting programs](#) funded through the Home Visiting Services Account (HVSA), including the MIECHV program and other state funding, supports over 3,000 family slots with nine different home visiting models. The home visiting models engage families in most Washington communities and support families prenatal to the age of 5, depending on the home visiting model.

Efforts to Track and Prevent Child Maltreatment Deaths

Washington State's Critical Incident Case Review unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. If DCYF provided services to the deceased or severely injured child within 12 months of the critical incident, Washington State law requires the convening of a committee of community professionals to review the case history, case practice and policies. State law requires the committees to be comprised of professional experts in disciplines relevant to the dynamics of the case under review. These disciplines, though not required, may include:

- Law enforcement
- Pediatrics
- Child advocacy
- Parent advocacy
- Parent education
- Mental health
- Child development
- Chemical dependency
- Domestic violence
- Indian child welfare
- Infant safe sleep
- Public Health

The purpose of the reviews is to evaluate DCYF's delivery of services to the family, as well as the system response to the identified needs of the family. The evaluation or review of DCYF's services, and community response to concerns about child abuse and neglect issues in a family, helps to identify areas for improvement through education, training, policy, and legislative changes. Final fatality review reports are published [online](#), and a compilation of reports is shared quarterly with the appropriate Washington State legislative committees. The review committees can propose recommendations to DCYF to address policy, practice, or systemic issues identified during the review process. DCYF makes a concerted effort to implement the review recommendations. DCYF quarterly convenes a team of administrators to review recommendations from recent reviews and decides if the recommendation will be implemented or modified and who is responsible for implementation of the recommendation. The decisions of this team are reported to DCYF upper management including the secretary of the agency.

DCYF's statewide plan to reduce child fatalities includes the following:

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- The Critical Incident Review unit provides Lessons Learned training throughout offices in the state. This training is also provided to newly hired social workers at Regional Core Training. This training is tailored to staff in areas such as supervision, intake reporting and licensing. Lessons Learned identifies common errors in practice in child fatality and near fatality cases. Particular attention is paid to risk and safety of infants and children under three years of age.
- The child fatality review process strives to reduce the number of child fatalities by identifying and suggesting possible remedies to issues in policy and practice. The review committees make recommendations from the issues and concerns raised in the reviews.
- DCYF continues working with the National Partnership for Child Safety (NPCS). This is a collaborative sponsored by Casey Family Programs and the University of Kentucky School of Social Work. Given the small number of fatalities and near fatalities which occur within a jurisdiction, it is difficult to conduct a root cause analysis and develop practice change recommendations based on a small number of incidents. The goal of the partnership is to share data across jurisdictions to increase the number of cases reviewed and draw better conclusions to improve practice and prevent fatal and near-fatal events from occurring in the future. DCYF began reporting data gathered from fatality and near fatality reviews into the Partnership's shared data portal (REDCap) in April 2023.
- DCYF continues to work with the NPCS to conduct analysis of fatality and near fatality cases. In a process called System Mapping, DCYF staff and community professionals will identify missed opportunities (gaps in policy or practice or systems issues) by charting the contributing factors to these missed opportunities identified in fatality or near fatality reviews. Identifying the contributing factors will allow for more targeted responses to gaps in practice, policy, or systems issues.

DCYF obtains data on child fatalities from a variety of sources. The following sources are used to gather information related to child maltreatment fatalities and reports this data to the National Child Abuse and Neglect Data System (NCANDS):

- Washington State's SACWIS system (FamLink)
- DCYF's Administrative Incident Reporting System (AIRS)
 - AIRS is a standalone database of information regarding all critical incidents involving DCYF clients and staff, including information on child fatalities
- Coroner's Offices
- Medical Examiner's Offices
- Law Enforcement agencies
- Washington State Department of Health, which maintains vital statistics data, including child deaths

MaryLee Allen Promoting Safe and Stable Families (PSSF)

The below services are available across the state for any family who meets the service criteria and are supported by title IV-B subpart 2 funding.

- Family Preservation Services
 - Include services such as PCIT and FPS.

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- 30% of Title IV-B subpart 2 funding.
- Family Reunification Services
 - Counseling, therapy, or treatment services using Evidence-Based Practices, Promising Practices, or recognized therapeutic techniques.
 - 20% of Title IV-B subpart 2 funding.
- Adoption Promotion Support and Services
 - Includes medical and dental coverage, non-recurring costs up to \$1,500, and counseling services.
 - 20% of Title IV-B subpart 2 funding.
- Family Support Services
 - Contracted providers in communities throughout Washington State that provide parent education and support.
 - 20% of Title IV-B subpart 2 funding.
- Administrative
 - Title IV-B subpart 2 is allocated its share of indirect administrative costs through base 619, some of these costs include: salaries, benefits, goods, and services for Finance and Performance Evaluation Division (FPED), DCYF Information technology (does not include staff working on FamLink) and leases.
 - 10% of Title IV-B subpart 2 funding.

More information on services can be found in [Services](#).

Service Decision-Making Process for Family Support Services

DCYF establishes local and regional contracts and partners with community-based providers to address the needs of the children, youth, and families served by the local area. DCYF seeks to expand the provider network and resources when identified services are not available in a local area so that children, youth, and families can be served in their local communities with culturally relevant services.

Populations at Greatest Risk of Maltreatment

Efforts in Washington continue to target children under five years who are at greatest risk of maltreatment. Child welfare practice supports specific to this population have included policy revisions, training, and a focus in the context of substance use disorder (SUD) and the opioid epidemic.

Families with children five and younger are the largest population served by child welfare in Washington. In CY 2023 intakes identifying children five and younger represented 64% of all screened-in intakes, and 74% of all screened-out intakes. According to the statewide data profile provided by Children’s Bureau, children 5 and younger account for 61% of the entries into foster care; however, they only account for 32% of the state population. This data highlights an opportunity for DCYF’s growing work related to prevention services and FFPSA community pathways to connect families with young children to voluntary community-based resources, beyond the perinatal substance use disorder (SUD-P) pathways.

DCYF is exploring ways in which existing resources can be leveraged, as well as seeking to expand access to community-based resources for child welfare involved families with an aim to improve prevention service delivery and reduce re-referral rates. Increased access includes, but is not limited to:

- Identifying and referring to appropriate community-based services during case planning.
- Reducing referral barriers and increasing referral pathways to community-based services.

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- Strengthening integration of DCYF systems, for example child welfare and ESIT.
- Child welfare practice which supports a warm hand-off to community-based resources at the time of CPS Investigation/FAR or FVS case closure.

Expansion of existing programs such as the Plan of Safe Care (POSC) and SUD-P will grow alongside the Child Welfare Early Learning Navigator expansion to support infants and young children at risk of future maltreatment. These expansion efforts aim to increase access by building on initial successes and more comprehensively integrating Washington’s child welfare and early childhood systems.

The POSC body of work continues to be Washington’s largest project in the Child Abuse Prevention and Treatment Act (CAPTA) State Plan. This includes regular presentations and discussions about implementation progress and challenges with the [CAPTA Citizen Review Panels](#). The panelists provide regular feedback to support implementation and ongoing program improvements. Individuals with lived experience are also centered in decisions regarding development and expansion. For example, [Zero to Three](#) is hosting several listening sessions with individuals who’ve experienced perinatal substance use disorder across Washington. These listening sessions will inform expansion of Washington’s programs supporting families experiencing SUD while pregnant and parenting. Additional efforts to engage partners and communities include but are not limited to:

- Community and provider engagement to inform referral-pathway development.
- POSC Community of Practice for aligned professionals.
- SUD-P Community of Practice for program providers.
- Engaging lived experts at important decision points.
- POSC Online Referral Portal Enhancements – listening sessions with partners and portal users.
- Upcoming child welfare workforce listening sessions to identify barriers to community-based referrals and inform DCYF system-integration efforts.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Washington State’s standards for the content and frequency of case worker visits are documented in [DCYF Policy 4420. Health and Safety Visits with Children and Youth and Monthly Visits with Caregivers and Parents](#).

Monthly Caseworker Visit Grant

The monthly caseworker visit grant is used to improve the quality of monthly caseworker visits with children who are in foster care under the care and custody of DCYF, with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children, as well as activities designed to increase retention, recruitment, and training of caseworkers. DCYF solely spends these funds on CFWS program index, as each area has multiple program indexes that apply; services can mean protective, licensing, home study, FC, interpreting, etc. Determining the portion of each code applied to an actual case visit, and then documenting and tracking that, can be challenging. By using the program index for CFWS Case Workers there is confidence each expense applied to this grant is supporting the improvement of the quality of visits because the funds are supporting the staff who conduct those visits. DCYF resubmits a request for this grant yearly. The intention is to continue utilizing the grant in this way for the next five years.

Practice improvement efforts across the state include regional continuous quality improvement teams conducting qualitative reviews for monthly visits resulting in additional guidance and coaching provided to case workers. This guidance is embedded into the Regional Core Training (RCT) to enhance the quality of contacts between case workers and families during monthly visits.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Agency Administering Chafee

DCYF administers, supervises, and oversees the Title IV-E program and the Chafee Foster Care Program for Successful Transition to Adulthood. The two Chafee funded programs, Independent Living (IL) and Education and Training Vouchers (ETV) are part of an array of services available to youth transitioning from state foster care.

Description of Program Design and Delivery

Washington continues to assess the structure of the Chafee IL program, adolescent policies, and engage youth to better meet their needs. Over the next five years DCYF will continue to work on the [IL and Transition Planning Redesign Project](#) and ensuring that youth voice and choice are centered in the work. Youth with lived experience are compensated for their participation in program planning, implementation, and review. As this work continues, they will have the ability to provide ongoing feedback about IL services and shape the program's future. DCYF will continue to work to determine how to implement performance-based measures in the contract using consistent, accessible, and replicable data. This allows DCYF to create attainable outcomes for providers and help launch youth into successful independence. DCYF continues to improve data collection of services provided to youth to drive practice improvements.

Independent Living Transition Planning Redesign project produced a [report](#) with program recommendations was completed in November 2022. The work to integrate the recommendations has begun and will continue in the foreseeable future.

Youth and Young Adult Voice

Passion to Action (P2A) serves as an advisory group to review current policies, forms, and helps create best practices for staff. They are also involved in developing training and curriculum. The youth participate in community outreach and services to provide youth voice to many of the organizations who partner with IL providers. DCYF financially supports P2A with transportation to meetings, food, stipends to participate in meetings and community events. The IL program manager facilitates meetings every 6 weeks, solicits meeting topics, and provides opportunities for youth participation. DCYF also uses Mockingbird Society and helps them develop their yearly legislative asks so that their ideas are refined and within the agency's ability. The Mockingbird Society identified IL as one of the topics for their leadership summit. They also identified the need for earlier and more frequent transition planning.

Positive Youth Development (PYD)

Washington, across several state agencies and partner organizations, specifically through DCYF programs, support a range of initiatives in PYD. Our work is consistent with the federal [Interagency Working Group on Youth Programs](#) definition to provide prosocial engagement where young people live and learn, in ways that "recognize, utilize, and enhance young people's strengths," promote positive

outcomes by providing opportunities, foster positive relationships, and support youth leadership opportunities. DCYF offers PYD services in its programs and works closely with a coalition of non-profit community-based organizations. This state-level coalition provides PYD direct services in communities and works to improve PYD coordination at the state level. DCYF program examples include IL services and transition planning in child welfare, personal development strategies in both schooling and living situations in juvenile rehabilitation (JR), and equity-focused and other efforts from the Office of Juvenile Justice (OJJ). These child welfare efforts in positive youth development are supported by Chaffee and other federal funds. Efforts in JR and OJJ have their own funding streams.

National Youth in Transition Database (NYTD)

DCYF works collaboratively with local providers to offer technical assistance and training regarding NYTD reporting to ensure compliance with federal requirements. DCYF communicates regularly with local providers to set expectations regarding data collection. Discussions include:

- NYTD elements
- IL monthly NYTD reports
- Monthly IL provider table reports
- Quarterly reports
- Capturing the IL service delivery to youth.

Additional on-going technical assistance that has been provided around NYTD data include:

- Creation of a “What is NYTD” eLearning course for staff.
- Revisions to NYTD flyers for youth and staff.
- Creation of NYTD letters for BRS providers to allow the contracted survey team through Research and Data Analysis (RDA) at Washington State Department of Social and Health Services (DSHS) to speak to youth in their facilities and group homes.
- Utilization of monthly NYTD lists to inform staff of which youth are in the population sample who are contacted by the survey team. The list is used for staff to connect with youth and their caregivers to discuss the importance of participating in taking the survey.

DCYF works with the Research and Data Analysis division (RDA) to roll up NYTD Survey data. Reports are shared with P2A youth to gather their ideas on how to use the data and discuss the themes. The feedback provided helps to reinforce the need for engagement funding for IL providers in the new IL rate model/fee table. The completion of a Casey Life Skills Assessment (CLSA) was recently added to the QA/CQI case review process under 12A. This is the beginning of incorporating and addressing a NYTD service element into regular CQI practices. Once the reviews with the CLSA added occur, a plan for addressing the use of the data and how DCYF will share the data with internal and external system partners will be created.

DCYF can connect client level IL services to the providers and generate reports for NYTD services being provided to youth. Reports are provided monthly to the IL providers for quality assurance and meeting contract obligations. The provider receives a report on the youth who have received a NYTD service from their organization as well as a report on who is assigned to their provider number in FamLink that is reflective of who is receiving services. The information in the reports is based on what the providers input into FamLink. Providers review the reports received against their internal records to ensure youth

services are documented. The information is also shared with system partners, youth, and regional IL program leads.

Plan to Strengthen the Collection of High-Quality Data Through NYTD	
Areas of Improvement	Tasks
Increase Awareness of NYTD	Staff and Caregiver Training
Data Added to 12A. of the Case Review Process	Create a plan for addressing the data and how to share it internally and externally
Ongoing Exploration of Missing Data	identify if we are missing NYTD data points from other youth serving programs
	How to incorporate missing data sources if found

Serving Youth Across the State

All Political Subdivisions in the State Are Served

DCYF recently completed a Request For Applications and has procured new contracts with 4 IL providers. The Tribal IL contracts were not included in the recent procurement and there are contracts with 17 of the 29 tribes within the state to provide support and IL services to eligible youth. The IL procurement required service providers to serve youth in both urban and remote areas within their awarded service catchment areas. This provides all participating youth access to the program, no matter where they live.

DCYF caseworkers refer youth aged 15-years old or older to the IL program and the IL provider must make at least eight attempts to engage the youth within 60 days. Attempts are made on different days and at different times using all available methods of contact to include phone calls, text messages, email, and social media platforms. If the provider is unable to engage the youth the caseworker is notified and asked to assist in contacting the youth.

IL providers recognize that youth engagement relies heavily on establishing relationships that develop trust. Youth prefer to meet one-on-one with providers with frequency to develop a relationship. with IL providers also hold workshops focused on specific skill sets and provide professional guest speakers from the community. IL workers create ways to provide learning experiences in the community for the youth that they serve.

Ensure Continuation to All Political Subdivisions Served by Chafee	
Areas of Improvement	Tasks
Provide Consistent Statewide Services	Create a “menu” of services that are available to all youth no matter where they live
	Youth can choose what services they would like from the “menu” based on their CLSA
Youth Driven Services	Train staff and reinforce the idea that IL is youth driven
Training	Offer ongoing drop in IL Sessions for staff to ask questions and receive training

NYTD Data that Addresses How Services Vary by Region

DCYF does not analyze NYTD Service Data to determine if services vary between regions. DCYF requested the creation of data reports to support this analysis. Once those reports are available the information will be incorporated into evaluating services and variances across the state.

Serving Youth of Various Ages and Stages of Achieving Independence

The IL program serves eligible youth, ages 15 to 23 years old, regardless of where they were dependent or “aged out” of services. Services are youth-driven and based on identified goals. Lived experts who participated in the IL Redesign Project stated that services should be based on developmental stage, not age. They felt that the program should meet youth where they are currently, not where DCYF think they should be. To center youth voice, DCYF continues to have youth drive their plan.

Collaboration with Other Private and Public Agencies

Comprehensive Sexual Health

IL providers partner with Planned Parenthood to provide information to youth on abstinence and sexual health. Some IL providers are trained in the Sexual Health and Adolescent Risk Prevention (SHARP), which teaches sexual health and adolescent risk prevention education that broadens the youth’s knowledge about sexual risk, alcohol use, sexually transmitted infections (STIs), pregnancy prevention, and set long-term goals to use knowledge and skills.

Promoting Wellness and Addressing Mental Health Needs

DCYF partners closely with Coordinated Care of Washington (CCW) regarding the Apple Health Core Connections (AHCC) program. AHCC is the integrated managed care plan through Medicaid that covers children/youth in out-of-home placement, adoption support, extended foster care, alumni of foster care, children/youth reunited with their parents (one-year post dependency), and youth enrolled in Unaccompanied Refugee Minor program (through age 21).

AHCC provides integrated physical and behavioral health care coordination services that are trauma-informed and recovery-focused. AHCC strives to increase access to WISE, behavioral, preventative, and specialist services (including best practices and Evidence Based Practices).

Access to Medicaid for Former Foster Youth

DCYF partners with the Health Care Authority (HCA) on Medicaid and the updated rule of youth being able to move to another state and being eligible for their new states foster care Medicaid program.

LGBTQIA+ Youth/Young Adults

DCYF partners with the community and local providers that provide affirming and accessible services to youth who identify as LGBTQIA+. Some of our partnerships include:

- [Rainbow Center](#) – Education, advocacy, and celebration, Rainbow Center expands resources and safe space for the lesbian, gay, bisexual, transgender, queer, questioning, two-spirit, and allied (LGBTQ2SA) community.
- [Oasis](#) – Serves LGBTQ youth ages 11-24
- [Lavender Rights Project](#) – Elevated the power, autonomy, and leadership of the Black intersex and gender diverse community through intersectional legal and social services.
- [PFLAG](#) – Supports, educates, and advocates for LGBTQ+ people and their loved ones

- [Odyssey Youth Movement](#) – Drop-in center who allows young people additional connections with other youth and they also provide clothing and assistance
- [TriplePoint](#) – Drop-in center for queer youth that provides connections to resources and safe place to just hang out, relax, play games, and/or get creative.
- [The Trevor Project](#) – Provides lifesaving and life-affirming services to LGBTQ youth.
- [The Queer Youth Services](#) – Provides Education, Advocacy, and support for Queer youth, their loved ones and community providers.
- [Stonewall Youth](#) – Youth-led organization that empowers LGBTQIA+ youth to speak out, support each other, educate communities, and work for social justice.
- [Lambert House](#) – Empowers lesbian, gay, bisexual, transgender, and questioning youth through the development of leadership, social, and life skills.
- [Isis House](#) – A ten-bed residential home for LGBTQ+ young people and allies ages 18-21 with an eighteen-month maximum stay. Isis opened in 1998 as the first housing program in Washington State to focus on the unique needs of LGBTQ+ youth.
- [The Northwest Network](#) – Supports queer and trans survivors in reconnecting to their self-determination through advocacy-based counseling and community education.

Housing

The DCYF Youth & Family Housing Program Manager, along with DCYF's six regional housing leads and three regional housing liaisons, works with Public Housing Authorities (PHAs), regional contracted housing supportive services providers for both families and youth, governmental agencies, tribes, and other community partners to offer housing vouchers and other housing supportive services and information to eligible young people and families. This includes training, navigation, case management, and logistical and financial support.

Some of these efforts include the following federally funded programs provided wholly or predominantly by DCYF:

The Child Welfare Housing Assistance Program (CWHP)

This program uses federal Family Unification Program (FUP) and Housing Choice Voucher (HCV) housing vouchers and state-funded housing supportive services to:

- reunify families with a dependent child when housing is a barrier to reunification, and to
- prevent dependencies by housing families where there is an imminent risk of foster care placement.

Services provided to families include housing, orientation, navigation, case management, landlord-tenant communication, connections to employment, health, and behavioral health services, and related services.

Family Unification Program (FUP)

FUP vouchers are available to families where lack of adequate housing is a primary factor in either imminent placement of children in out-of-home care or delay in discharge to the family from out-of-home care. They are available in ten counties. FUP also offers housing vouchers for youth aged 18 through 24 who are aging out of foster care, called a FUP Youth voucher. FUP youth vouchers are

typically a small portion of the overall FUP vouchers. Eligibility is identical to the Foster Youth to Independence program, discussed below.

Public Housing Authorities (PHAs) administer the FUP, in partnership with DCYF regional offices, which are responsible for referring and certifying eligible FUP families and youth to the PHA for the voucher. Once DCYF makes the referral and certification based on their child welfare eligibility, the PHA determines whether the family or youth meets Housing Choice Voucher (HCV) program eligibility requirements and conducts all other processes relating to voucher issuance and administration, including waiting lists if vouchers aren't available. In turn, DCYF agrees to "provide or secure a commitment" for the supportive services necessary to support the clients through the process.

FUP vouchers are currently available through Public Housing Authorities (PHAs) in: Seattle and King County, Port Angeles, Tacoma, Vancouver, Kennewick, Pasco/Franklin County, Snohomish County, Thurston County, and Spokane.

State-level MOU with HOUSERS (PHAs and non-profits with apartments)

DCYF is actively working with PHAs across the state which have not been chosen by HUD to participate in FUP to encourage them to set aside current Housing Choice Vouchers for child-welfare-involved families. DCYF staff work closely with their local housing authorities to monitor voucher utilization rates. Providing housing supportive services through contracts under the CWHP is how DCYF helps PHAs increase their voucher utilization. DCYF also works with housing non-profits that offer apartments and other housing units. In February 2024, DCYF entered a MOU with the Association of Washington Housing Authorities and other non-profit housers to create a statewide "umbrella" MOU that provides a framework for each local Public Housing Authority MOU with DCYF.

Foster Care Housing Program (FCHP)

Through a separate budget proviso, contracted housing supportive services are also offered to young people from ages 18 through 24 years to create successful transitions to independent living and sustainable housing. Both for families and youth, voucher eligibility is determined by checking child welfare status. If a young person is eligible but cannot access a voucher state-funded contractors can still provide housing supportive assistance such as deposits or fees to help a client otherwise become stably housed. Vouchers may be inaccessible because of a lack of availability in their area or because their income is too high to meet PHA voucher criteria.

Foster Youth to Independence (FYI)

The primary vehicle for youth housing mirrors the services provided by the FUP youth voucher, offering navigation, case management, and supportive services that provide skills in money management, job preparation, education, and nutrition and meal preparation. To be able to offer FYI vouchers, DCYF needs to have an MOU in place with each local PHA and each contracted provider of housing supportive services for youth. These contracted providers are also all DCYF contractors for Independent Living Services under the Chafee program.

DCYF has agreements with PHAs and contractors to support FYI/FUP youth in all six regions of the state. FYI/FUP youth vouchers and other housing supports are currently being offered in PHA jurisdictions including the following counties: Yakima, Whatcom, Skagit, Snohomish, King/Seattle, Tacoma/Pierce, Bremerton/Kitsap, Vancouver/Clark, Wahkiakum, Cowlitz, Lewis, Pacific, Thurston, Walla Walla, Spokane. DCYF is creating MOUs with Mason, Benton-Franklin, and Chelan-Douglas counties.

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HUD promotes meaningful youth engagement as a strategy for successful implementation. As part of the program in Seattle-King County, six youth ambassadors have advised the design and delivery of the program, producing outreach materials, and were compensated for their time, efforts, and lived experience.

Adolescent Transitional Living Program (ATLP)

A pilot program serving 6 young people in King County through the YMCA, and 8 young people in Clark County through AKI, offers more developmentally appropriate independent transitional living experience for 16-and 17-year-olds. Service delivery is culturally responsive, LGBTQIA+ affirming, trauma-sensitive and healing-centered. The current programs are offered in two counties via a licensed staffed residential program. DCYF is currently adding 4 more ATLP programs statewide, increasing capacity by 20 beds. DCYF is also exploring models for a master leased apartment and scattered site community setting. The ATLP, referred to as all or part of an “Emerging Adulthood Housing Program, (EAHP)” is mentioned in the D.S. Settlement Agreement.

Responsible Living Skills Program (RLSP)

RLSP offers a placement option for dependent youth who are aged 16-17 years old and are ready to live in a placement that is less restrictive than a foster home. This provides youth with the ability to make more decisions for themselves and practice their independent living skills in a supportive environment.

The Youth and Young Adult Housing Response Team (YYAART)

HB 1905, passed in 2022, created a statewide interagency rapid response team (recently renamed the Young Adult Housing Response Team), to elevate high-priority cases for resolution and systems improvement. DCYF receives all referrals for individual youth and young adults in need of resources intended to help with housing stability. These services center on the youth or young adult, including their strengths and identified goals. Resources identified are aligned with the young person’s stated goals. The program is required to submit a [legislative report](#) on a yearly basis that includes data and recommendations related to the team.

DCYF Juvenile Rehabilitation (JR) Homelessness Prevention Program

This program consists of a headquarters-based program manager and three regional staff members located in eastern, northwest, and southwest Washington. The JR team has created a monitoring system/eligibility flag in JR’s data system for all youth at institutions and community facilities, offers periodic training for staff on identification and referral, and works with each young person from intake or beginning of transition phase to build skill and identify resources. Young people leave JR with a plan and system of ongoing support, provided through a system that staff are creating in communities across the state. This includes rental assistance, case management, and concrete supports. In 2023, the JR team also received \$1.0 million to support contracts for housing supportive services for youth exiting JR programs. The Youth & Family Housing Program Manager joins the JR housing team for their regular meetings, invites them into interagency housing planning with the Office of Homeless Youth, and assists in connecting case managers with other programs as available.

Some efforts include the following programs provided wholly or predominantly by other agencies or organizations:

Independent Youth Housing Program (IYHP)

Administered by the Washington State Department of Commerce's Office of Homeless Youth (OHY), IYHP provides rental assistance and case management services to eligible youth who have aged out of the Washington State foster care system. In 2022, the Legislature passed Senate Bill 5566, which expanded the age range of IYHP, to cover dependency at any age prior to 18, increased its funding, and allows participants who are in EFC to receive housing assistance and EFC Supervised Independent Living placement payments at the same time, which FYI/FUP Youth vouchers do not.

Young Adult Housing Program (YAHP)

Administered by the OHY, YAHP provides rental assistance and case management to 18 to 24-year-olds, who may be dependent, but are not required to be. It is available in Spokane, Benton-Franklin, Walla Walla, King, Pierce, Clark, and Cowlitz counties.

Prevention coordination for youth exiting systems of care

DCYF works closely with OHY and Health Care Authority (HCA) to implement Senate Bill 6560 from 2018, designed to prevent young people from being released from foster care, juvenile rehabilitation, and behavioral health treatment programs into homelessness.

Youth Homelessness Demonstration Program (YHDP)

Washington State is the recipient of several different YHDP grants from the Department of Housing and Urban Development (HUD).

A Way Home Washington (AWHWA) Anchor Community Initiative (ACI)

DCYF collaborates with AWHWA through ACI. ACI is a coordinated effort to prevent and end youth homelessness with a diverse coalition of nonprofit agencies, elected officials, philanthropic efforts, businesses, and community members who are committed to "helping all young people in the state find their way home."

ACI brings all parts of each community to the table to develop a unique plan that covers prevention, long-term housing, treatment services, employment, and educational attainment.

Programs for Disabled Youth

Transition planning includes our partner agencies that work with youth with disabilities who are transitioning out of child welfare and into the adult DDA system or another partnering agency. Home and Community Services (HCS) work in conjunction with child welfare and help to fill gaps of services that DDA is not able to accommodate. DCYF works directly with the Department of Vocational Rehabilitation (DVR) to ensure youth with disabilities have full access to employment. DCYF caseworkers and IL providers submit referrals to the local programs that are provided through DVR.

DCYF partners with the [Center for Independence](#) to help serve youth with disabilities. This program is contracted through the Department of Social and Health Services and provides the following services:

- One-on-one coaching of independent living skills such as finding the right college or training program, support in gaining the skills needed to move out, applying for jobs to bring home a paycheck, figuring out what to do after high school, or working towards a personal goal.
- Peer Support where a group of youth who come together once a month to hang out and do an activity together.

- Individual advocacy where participants are provided with support to advocate for access to services and their employment, housing, and education rights.
- Information and Referral to community resources.

Employment Opportunities/Career Connected Pathways

The Career Connected Pathways Program Manager partners with employers and community members to create opportunities for youth. Some examples of this partnership are paid internships with Labor and Industry (L&I), [Career Connect Washington](#), and [Seattle Jobs Initiative](#).

Private and Public Sector Involvement

DCYF provides statewide mentoring programming through Mentor Washington (MW). MW is a public-private partnership including DCYF and Costco Wholesale as founding organizations. Using the research-based Elements of Effective Practices in Mentoring, MW provides support to over 200 mentoring organizations across Washington. Direct mentoring programming is provided to youth receiving CW and JR services. Mentoring support includes professional development opportunities for youth of color, youth experiencing homelessness, and LGBTQIA+ youth. Peer-to-peer mentoring occurs within the JR institutions and group homes. The agency also has an agreement with Friends of the Children to provide highly trained mentors for 100 youth currently in foster care.

Driver's Assistance Program

Treehouse continues to provide the Driver's Assistance program. They provide support for foster youth, ages 15-21, in navigating the driver's licensing process. The program must process payments for drivers' education courses, permit expenses, license expenses, insurance expenses, and related materials. These payments can be paid directly to a vendor or as reimbursement.

Determining Eligibility for Benefits and Services

Youth are eligible for the IL Program if they meet the following criteria:

- At least 15 years old
- Under the age of 21 years old; and
- In foster care in an open dependency action through DCYF or a tribal child welfare agency for at least 30 days between their 15th and 18th birthday

Once youth meet the eligibility criteria, they remain eligible until their 23rd birthday, regardless of dependency status. Washington State may provide IL Services to youth who are in the care and custody of another state. If the youth is eligible to receive IL services in his or her home state, the youth is eligible for services in Washington. DCYF contacts the IL lead in the child's home state to determine eligibility status.

Cooperation in National Evaluations

DCYF will cooperate in any federal national evaluations of the effects of the programs in achieving the purposes of Chafee.

Education and Training Vouchers (ETV) Program

To be eligible for the ETV program, youth must be enrolled in, or accepted for, a post-secondary degree or certificate program and meet any one of the following criteria:

- Youth aged 15 to 20, currently involved in dependency action in Washington State or tribal court, in the care and custody of DCYF or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care (EFC).
- Youth aged 18 to 20-years old and aged out of state or tribal care. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.
- Youth who were adopted or entered guardianship with a relative on or after their 15th birthday.
- Youth who participated and received ETV funds prior to age 21-years old, may be eligible up to their 26th birthday.

Educational Assistance

The ETV database has a financial aid tab, which shows the student's Cost of Attendance and the amount of financial aid received. Whatever amount is still needed is the unmet need. Students are awarded up to \$5,000 of their unmet need. Once an ETV award is determined, the amount is broken down by quarters or semesters. The student is then emailed a copy of their ETV award letter, asking for confirmation of the award.

Students can send DCYF their actual award letter they received from the Financial Aid office or send it via their student portal. If a student has difficulty in submitting the necessary documentation, ETV staff work directly with the schools to obtain the information. Students sign consent forms, which enables ETV staff to contact college staff directly when needed. ETV staff also schedule virtual appointments when needed and walk students through their student portals to find required information.

There are times when a student's Cost of Attendance or financial aid situation may change during the academic year, necessitating an adjustment to their ETV award. When this does occur, the student and the school are sent a revised ETV award letter.

ETV staff and campus Designated Support Staff (DSS) remain strong partners in assisting ETV participants. DSS work with students in locating and submitting the necessary ETV paperwork which facilitates the utilization of funds. They offer support, student engagement opportunities, and many operate a campus food pantry. Many DSS will reach out to the ETV program with a list of students asking about program participation and eligibility. When appropriate to do so, they work with the student(s) to complete an ETV application. The ETV one-pager was sent to all the DSS who are listed on the Washington Passport Network contact sheet.

Planned ETV Improvement Efforts

Improved access to data

The Office of Superintendent of Public Instruction (OSPI) is working with the Office of Innovation Alignment & Accountability (OIAA) with DCYF to build reports in FamLink specifically for the ETV team. This data will allow ETV staff to identify eligible high school students more quickly and accurately.

Tribal Liaison

The Education Program Administrator, ISC Director, and HR are finalizing paperwork to create an ETV Tribal Liaison position. However, due to the current allocation of ETV funds towards the CCP position, the hiring of the ETV Tribal Liaison is contingent upon securing state funding for the CCP position or receiving an increase in ETV funding. The CCP program manager is actively seeking state funding for the

CCP position to reallocate ETV funds towards the ETV Tribal Liaison position. Alternatively, an increase in ETV funding would also enable the team to proceed with hiring the ETV Tribal Liaison.

The Tribal Liaison will actively build relationships with tribes and tribal child welfare offices to disseminate ETV information, support ETV eligible tribal youth, and attend tribal advisory groups. This position will help with outreach efforts that the ETV team hasn't had capacity to make.

Mentoring

ETV wants to research the feasibility of adding a mentorship component to the ETV program. Communication with the mentoring program administrator and contracted mentoring providers must take place to develop protocols around a referral process, eligibility requirements, confidentiality, and available support for students in each region. DCYF wants to connect with programs around the state for collaborative opportunities to help serve specific student populations. DCYF also wants to build a framework, making intentional efforts to find and establish a process with each organization to have a direct contact for student referrals.

Continue collaboration between the colleges and local DCYF offices

Passport Designated Support Staff are interested in participating in meet-and-greet gatherings with nearby DCYF offices. ETV staff can coordinate introductions to establish connections and initial meetings.

Training for DCYF staff

Most students report that case workers provided them with ETV information. It's important to continue educating DCYF case workers, starting with EFC and staff working with adolescents in the regions. This work is crucial to ensuring that eligible students continue to take advantage of ETV funding.

The ETV team plans to continue collaboration with 17.5 facilitators to participate in youth meetings, informing them about available college financial support and services.

Collaboration with school districts

There is a lack of communication between DCYF and school district staff. ETV information is provided to school district staff. ETV staff receive little communication back. Efforts to improve this include:

- Strategize with the OSPI Foster Care Education team to identify schools with high numbers of students in foster care, including ethnicity to identify minority populations.
- Work with high schools to have applications in their offices (front office, counselors, and liaisons) for students experiencing foster care and know where brochures are located.
- Send a survey to schools to ask whether school staff know about ETV and how many students are eligible.
- Ask to be included in annual school district Foster Care Liaison and Building Point of Contact (BPC) trainings.
- Invite the OSPI Foster Care Education team to an ETV team meeting.

Career Connected Pathways

ETV staff want to enhance the ability to connect youth with services if they don't have post-secondary plans or need help with finding a career after graduation.

Career Connected Pathways (along with ETV) are located within the Prevention, Partnership and Services Division of the Washington State Department of Children, Youth and Families (DCYF). Career Connected Pathways (CCP) has been dependent on ETV funding for a part-time program manager and their goal for this planning cycle is to greatly reduce, if not eliminate, this dependency while concurrently enhancing the collaborative partnership between CCP and ETV in mutually reinforcing ways to maximize youth/young adult outcomes of both programs. The CCP Program Manager also supports the ETV team part-time. Funding will be sought, including writing a concept paper and decision package for submission to the DCYF Secretary for consideration, to reduce financial dependency of CCP on ETV. CCP works with other DCYF divisions to ensure the youth in our care are aware of these resources, including the Juvenile Rehabilitation division sharing information with youth and families during reentry planning.

Career Connected Pathways (CCP) plans to create meaningful and rewarding employment pathways for the young people in the agency's care. Many jobs require training or education beyond high school. Through partnerships, including with Career Connect Washington, CCP will work to ensure the youth furthest from opportunity leave high school having had the chance to explore actual jobs and career pathways and build the skills they will need to pursue those careers. Career connected learning provides students with the chance to develop career awareness, exploration, preparedness, and ultimate career launch. Using these resources, CCP will support youth in achieving their highest potential by helping to connect them to high-wage, in-demand jobs.

Payment process improvement

ETV staff strive to remove barriers for students to receive their funds. We plan to confer with the DCYF Finance department to expedite payments to ETV participants.

Some current barriers we want to address are:

- Students need to have the software available to electronically sign their spending plans or have a printer available to hand sign them.
- Students not notifying ETV staff of address or bank changes, delaying their payments until their information is updated with OFM. As another opportunity for students to notify ETV staff of address or bank changes, we will add prompts to their spending plans.

Chafee Training

The Emerging Adulthood Program Manager provides ongoing training to staff, caregivers, and stakeholders on the following topics: NYTD data entry and review, Youth Rights, CLSA's, How to Create an IL Referral, having difficult conversations with youth, and Positive Youth Development. Training is provided 1:1, in group sessions over a virtual platform, or in-person. Trainings are also provided annually at the [Children's Justice Conference](#).

Consultation with Tribes

The state contracts with tribes within Washington to provide their own IL services to tribal youth. The IL Tribal contract is very broad. The contract provides a structure of what the tribe may provide for youth. Washington does not require specific items but highly suggest teaching on financial assets. Many tribes use funding to support youth IL goals such as driver's education, the purchasing of computers, etc. Some use the funds to support staff who provide IL skills to youth. Each year the state renews the contract and

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allocates Chafee funding to each participating tribe to serve youth as they see fit. Tribes provide quarterly reports that include youth served, activities provided, and expenditures that were incurred for the reporting period. To receive funding for the next year, the tribe must submit quarterly expenditure reports and complete the NYTD requirements.

The following tribes have entered contracts to receive funding and deliver IL skills to the tribe’s eligible youth:

- Confederated Tribes of Chehalis Reservation
- Confederated Tribes of Colville Reservation
- Cowlitz Tribe
- Hoh Tribe
- Kalispel Tribe
- Lower Elwha
- Lummi Nation – have not signed contract yet for SFY24
- Makah Tribe
- Muckleshoot Tribe
- Nooksack Tribe
- Quileute Nation
- Quinault Indian Nation
- Sauk-Suiattle Tribe
- Spokane Tribe of Indians
- Squaxin Island Tribe
- Stillaguamish – have not signed the contract yet for SFY24
- Suquamish Tribe
- Tulalip Tribes
- Upper Skagit Tribe
- Yakama Nation

Tribes interested in receiving information about the programs to be carried out under the Chafee program are notified and provided with information. Outreach includes the Tribal IL Program Manager and Emerging Adulthood Program Manager attending the Tribal Policy Advisory Council (TPAC) meetings to provide information on programs and services for adolescents, in addition to contacting the individual tribes. There is ongoing communication including emails, virtual meetings, phone calls, and in-person visits with tribal child welfare directors regarding IL activities, requirements, eligibility, and trainings.

Efforts to coordinate with tribes include providing a program framework to the tribes of what can be included in providing IL to youth and requesting the tribes to create programs based on their needs and capacity. The tribal IL contract is a template that outlines eligibility, payment structure, federal requirements, and suggested services that are authorized under the contract. The tribal IL program manager reviewed the contract with the tribes and provided updating of the requirements to tribes who requested assistance. Tribes were given ideas on how to operationalize their programs so that the services are rendered to meet the unique needs of each tribal community. Ongoing technical assistance is provided to the tribes regarding FamLink, NYTD data entry, and services.

A large component of receiving Chafee funding is the federal reporting requirements. DCYF must input NYTD service elements directly into FamLink. In Washington, all contracted tribal IL providers are given access and input capabilities to the IL and education pages in FamLink. DCYF offers ongoing training and extensive support to tribal partners. The tribal IL program manager is responsive to tribes when requests are made. Some tribes are not able to maintain FamLink access and have NYTD inputting capabilities in FamLink due to new staff or IT related issues. DCYF provides a hard copy form of the NYTD documentation for tribes to complete as an alternative process. The forms are accompanied by the quarterly reports and input into FamLink by DCYF staff.

Eligibility is uniform throughout the Chafee program, which ensures that benefits and services under the programs are made available to American Indian and Alaska Native (AI/AN) children in the state on the same basis as other children in the state.

Chafee benefits and services are currently available and provided for Indian children and youth. Services are defined by each tribe to meet their unique individual cultural identity and community needs. Tribal youth also have access to services provided from state contracted IL providers. All tribes who requested a contract to provide IL services have received one.

Extended Foster Care (EFC)

Washington State has implemented all five (5) eligibility categories for EFC. To be eligible for EFC, a youth on their 18th birthday must be dependent, and be:

- Enrolled in high school or high school equivalency certification program, or
- Enrolled or intends to enroll in vocational or college program, or
- Participating in activities designed to remove barriers to employment, or
- Employed for 80 hours or more per month, or
- Have a documented medical condition that prevents participation in one of the four prior categories.

Youth participating in EFC are considered non-minor dependents. They can transition between categories throughout their time in EFC. Placement settings vary and can include:

- Supervised Independent Living (SIL) settings such as apartments, shared housing, living in a dorm
- Foster care, and
- Living with relatives.

More than 80% of young adults in EFC are currently living in SIL placements. Non-minor dependents continue to be able to enter and exit the program as needed until the age of 21 through a Voluntary Placement Agreement.

Non-minor dependents receive the same case management services and support as youth under the age of 18 in out-of-home care. Case plans are specific to the needs and level of functioning of the young adult and focus on obtaining the needed skills to successfully transition from care to independent adulthood. Areas of focus typically include:

- Educational goals

- Employment
- Learning independent living skills

IL services and supports play a key role in developing these skills. Non-minor dependents are encouraged to participate in their local IL program, and many become more involved as they get closer to the age of 21. DCYF does not currently have data reports reflecting the number and percentage of youth participating in EFC who are receiving IL services.

[Senate Bill 5908](#) takes effect on June 6, 2024, the bill allows those in EFC to remain in the program without needing to meet the federal eligibility requirements of:

- Enrolled in high school or high school equivalency certification program, or
- Enrolled or intends to enroll in vocational or college program, or
- Participating in activities designed to remove barriers to employment, or
- Employed for 80 hours or more per month, or
- Have a documented medical condition that prevents participation in one of the four prior categories.

To allow those not meeting one of the above eligibility criteria to remain in the program, state-only funds will be used for those remaining in EFC that do not meet an eligibility criterion. DCYF will continue to encourage all in EFC to meet one of the eligibilities criteria and will document who does and does not meet one of the criteria. Bill 5908 also encourages more young adults to enter the program by requiring DCYF to introduce EFC to those dependent and 15 or older, and by allowing those 17.5 and older to sign into EFC prior to age 18 – with the actual entry to EFC occurring on their 18th birthday.

Consultation and Coordination Between States and Tribes

Three presentations regarding the development of the 2025-2029 CFSP were made to the tribes in established meetings hosted by the Office of Tribal Relations (OTR). Participation in a workgroup responsible for developing the Plan to Enact the State’s Vision was requested, with one tribal representative participating.

Government-to-Government Policies and Procedures

Washington State recognizes the unique cultural and legal status of tribal governments. Indian tribes have the authority to, among other things, govern their people and their land; define their tribal membership criteria; create tribal legislation, law enforcement, and court systems; and impose taxes in certain situations. Based on this recognition, the Department of Children, Youth, and Families (DCYF) follows a government-to-government relationship in seeking consultation and participation by representatives of tribal governments in policy development.

10.03 Policy

Part of DCYF’s [Administrative Policy 10.03](#) also outlines regional planning with tribes. The purpose of this policy is to direct the procedures that reflect the government-to-government relationship between Indian tribes and DCYF. When hiring, DCYF invites tribal participation for all positions that may work with

tribes, including reviewing job descriptions, helping develop interview questions, and being part of the panel.

Consultation and Collaboration

In Washington State, DCYF uses the word consultation as a formal process to help the state and tribes agree on policies, laws, or codes that may impact tribes. The Consultation policy is defined in DCYF's [Administrative Policy 10.03](#) and [RCW 43.376](#), which outlines our government-to-government relationships.

Tribes have asked DCYF to use the word collaboration when discussing steps taken to provide information to the tribes outside the formal consultation process. An example of this would be monthly Indian Child Welfare (ICW) Subcommittee meetings when DCYF shares information with tribes, as well as the quarterly Tribal Policy Advisory Committee (TPAC).

Memorandum of Agreement

DCYF offers all tribes an opportunity to enter into a Memorandum of Agreement (MOA) and is in the process of updating the MOA Template in collaboration with the tribes. Once complete, the MOA will outline how DCYF and tribes will work together in all DCYF programs, including Intake, CPS Investigation/FAR, CFWS, and Licensing. The MOA will also include how DCYF can support the tribes when a case is in Tribal Court, or the tribe provides case management to the family.

DCYF has MOAs with 14 tribes and is working to complete MOAs with several others, including one out-of-state tribe that has opened a child welfare office in Washington State. DCYF has hired a deputy legal officer to help review draft MOAs and shorten the approval time.

DCYF maintains a list of tribal contacts for when a new abuse or neglect intake is received. DCYF continues to maintain and update [tribal contact lists](#) for Intake and After Hours.

Expanding OTR Staff Capacity

The ICWA evaluator has drafted a literature review that summarizes and relies on existing evidence that supports the changes to DCYF's ICW Policies and Procedures. The evaluator is also creating a logic model that details specific mechanisms and metrics of these changes to ICW policies and practices that will inform the upcoming evaluation work. This work will help to track and understand child welfare trends in American Indian and Alaska Native (AI/AN) and AI/AN-multi communities and how changes to practices and services may improve these outcomes across time.

Revising ICW Policies and Procedures

The newly revised [ICW Policies and Procedures](#) will go live statewide in July 2024. A comprehensive plan to roll out changes statewide is provided by The Alliance for Child Welfare Excellence and delivered to all child welfare staff and tribal staff. The training will focus on delivery of new policies, forms, FamLink changes, and staff guides due to new processes.

ICW Compliance

Case Reviews

In 2023, OTR hired an ICW Quality Review Manager to oversee the ICW case record review process. One of the first projects was to facilitate an ad hoc workgroup to develop an updated case review tool. The

tool was completed and approved by the ICW Subcommittee in December 2023. The second phase of work is to facilitate a workgroup for designing the accompanying reviewer's manual that will provide clear directions on how the case review tool is to be used. The work began in March 2024, with a projected completion date of May 31, 2024.

Additionally, two Active Efforts Navigators are hired and will support the statewide case record review efforts. The goal is to complete two pilot reviews by the end of 2024. This pilot period will allow any final changes and/or adjustments to be made to the review tool and/or reviewer's guide. The ICW Quality Review Manager will support the case review process, as well as the Active Efforts Navigator positions.

Reviewer training for both tribal partners and DCYF staff is planned for 2025. Next steps will be to begin rolling out initial regional ICW case record reviews in collaboration with tribal partners and regional leadership in 2025.

DCYF and tribes developed action plans based on the 2022 and 2023 Statewide ICW case reviews results to address areas of need. These plans are ongoing and continue to be implemented, including creating ICW flowcharts and tip sheets for caseworkers to reference.

OTR are developing a quality assurance/case review process that will ensure that DCYF adheres to Federal ICWA, State of Washington ICWA, DCYF policies and procedures, and equity matters related to AI/AN people. Additional areas of significant focus will include interpreting DCYF policies and procedures, working to remove barriers to services and resources, consulting and supporting DCYF staff, tribal partners, and various system partners.

Qualified Expert Witnesses

DCYF continues to meet with the tribes to develop and update our 10.03 plans. A new suggested section of these plans is space for the tribe to provide a contact name and number/email for DCYF to use when a Qualified Expert Witness (QEW) is needed. DCYF currently offers QEW training to tribal and state staff.

Strategic Planning

The tribes are invited to participate in the development of DCYF's strategic plan and there are two tribal representative positions on the DCYF Oversight Board. Currently there is only one tribal representative, however DCYF, in partnership with the tribes, is actively recruiting a tribal representative to fill the vacancy on the oversight board.

Planned Activities for the Next Review Period

Local Indian Child Welfare Advisory Committee (LICWAC)

The Regional ICW consultants will provide LICWAC training for DCYF staff and LICWAC members, as identified in the 10.03 plans. LICWAC training is ongoing throughout the state, and one regional consultant also presented at a statewide Court Appointed Special Advocates (CASA) conference.

LICWAC policy was revised several times since LICWAC policy was created, and some LICWAC teams are using outdated policies. DCYF will use listening sessions to bring awareness to all teams of the current policy.

Statewide ICW Case Review

DCYF will work with the tribes to plan a statewide ICW Case Review. This includes providing training on how to use our updated Case Review Tool when reviewing cases. The review will be completed with both DCYF and tribal workers, and the results will be shared with tribes.

Review of Service & Contract Needs

DCYF started scheduling meetings with tribes to discuss service and contract needs. This will start at the regional level with a meeting with all the tribes to assess what services are needed throughout the state.

Cultural Services Landscape Analysis

DCYF contracted with Kauffman & Associates to conduct a Cultural Services Landscape Analysis. This contract will assist DCYF with increasing culturally relevant contracts with tribes. The landscape analysis focuses on understanding the current reality of services provided and how these meet legislative requirements for cultural alignment. The landscape analysis will aid in understanding the strengths, resources, and needs of specified populations of children, youth, and families served by DCYF child welfare services in Washington State, including the following populations:

- American Indians/Alaska Natives (AI/AN)
- Asian American and Native Hawaiian/Pacific Islander (AANHPI)
- Black and African American
- Hispanic and Latino
- Immigrants and refugees
- Non-English primary language/American Sign Language (ASL)/Sign language/limited English proficiency (LEP)/families using interpretive services

There will be three listening sessions available to hear the results of the Cultural Services Landscape Analysis, starting May 2024.

Partnership with the Alliance

The Alliance will continue to coordinate and assist in access to training for tribal staff and caregivers. Additionally, the Alliance has been invited to participate in any ICW case review process. The Alliance also provides Native American Inquiry Request (NAIR) referral training to all regions. The Alliance is also offering Family Team Decision Making (FTDM) and FamLink trainings.

Communication with Tribes

OTR will also provide staff training on the 10.03/Consultation Policy. To ensure tribal staff is aware of all DCYF training opportunities and provided information to enroll and attend, notification will occur at 10.03 meetings, advisory meetings, postings on the Office of Tribal Relations website (currently in process of being updated, and will bring to ICW Subcommittee to ensure the information is meaningful on the Tribal side), and newsletter, as well as direct communication from the Alliance of available training.

The Adoption and Foster Care Analysis and Reporting System (AFCARS)

DCYF will collaborate with the tribes around the implementation of proposed changes to AFCARS at DCYF ICW Subcommittee Meetings. Discussions around the changes have been ongoing, and all changes will be reported to the tribes at the ICW Subcommittee Meetings.

ICW consultants in each region continue to provide technical support, training, and coordination of tribal meetings.

Title IV-E Outreach

DCYF continues to meet with any tribe that would like to discuss IV-E options; we have invited the DCYF IV-E Program Manager to present about IV-E at our monthly ICW Sub-Committee Meetings. DCYF has arranged a meeting between Casey Family Programs, NICWA, Region 5, and our IV-E department to discuss options for getting more tribal IV-E agreements. This meeting was scheduled at the request of the tribes.

When a tribe requests information, the headquarters Title IV-E team arranges to meet the tribe, provides information, and answers questions. There is a PowerPoint presentation used at the initial meetings with tribes that contains information about Title IV-E.

Child Welfare Early Learning Navigator (CWELN)

The CWELN are dedicated to preventing further involvement in the child welfare system by offering early learning support to families during front-end engagement. Securing funding beyond PDG funding has enabled the expansion of the CWELN Program statewide, to include continued funding for a Tribal CWELN position within OTR. Presently, our Tribal CWELN assesses child welfare cases for targeted intervention by confirming information in FamLink and coding case notes as “Active Efforts” if ICWA/Reason to Know applies. These measures aim to uphold tribal sovereignty and ensure accountability in identifying children involved in child welfare whose families identify as AI/AN.

In mid-2024, DCYF will further evaluate the CWELN program to focus on tribal families with children aged birth to five involved in child welfare and their lived experiences. This evaluation seeks to clarify the needs of tribal families, fostering collaboration with the community to understand and disseminate findings for culturally relevant practice and service provision.

Exchange of Federal Reports

The 2025-2029 CFSP and subsequent APSRs will be provided electronically to all tribes and a link to the report will be placed on the DCYF Tribal Relations [internet page](#).

Targeted Plans within the 2025-2029 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

See attached *Foster and Adoptive Parent Diligent Recruitment Plan*.

Health Care Oversight and Coordination Plan

See attached *Health Care Oversight and Coordination Plan*.

Disaster Plan

DCYF is presently updating the agency-level emergency operations and continuity of operations plans. These updated plans will fully address the CFSP requirements for preparedness and recovery activities for child welfare during emergencies or disasters in Washington State. DCYF’s newly established Emergency Management Committee is assisting in the development of detailed plans at the divisional and office-level to assure compliance with all federal, state, and local requirements. DCYF is also

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presently participating in a Council of Juvenile Justice Administrators funded Emergency Management Technical Assistance program that is providing additional guidance for plan development in our juvenile rehabilitation facilities and agency wide.

See attached *Disaster Plan*.

Training Plan

See attached *Training Plan*.

Financial Information

Title IV-B Subpart 1

- Washington State expenditures of Title IV-B subpart 1 funds in federal fiscal year 2005 for childcare, foster care maintenance, and adoption assistance payments was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2024.
- The amount of non-federal funds expended by Washington State for foster care maintenance payments that may be used as match for Title IV-B subpart 1 award in federal fiscal year 2005 was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2024.

Title IV-B Subpart 2

- The 1992 base year amount was \$24.257M.
- The state and local share expenditure amounts for Title IV-B subpart 2 for federal fiscal year 2022 was \$5,045,911 for PSSF (Family Preservation) and \$318,957 for FPCV (Caseworker Visitation).
- Washington State does not plan to revise the use of Title IV-B subpart 2 funds based on the amendment to P.L. 112-34.

Title IV-B Subpart 2 Services: Examples of Key Service Providers	
Family Preservation (30% of grant)	DCYF contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include: <ul style="list-style-type: none"> ▪ Parent Child Interaction Therapy (PCIT) ▪ Intensive Family Preservation Services (IFPS)/ HomeBuilders ▪ Incredible Years ▪ Positive Parenting Program - Triple P
Family Support Services (20% of grant)	DCYF contracts with providers for Parent Education and Support in communities throughout Washington State.
Family Reunification Services (20% of grant)	DCYF contracts with providers for family reunification services throughout Washington State. Key services include: <ul style="list-style-type: none"> ▪ Family Preservation Services ▪ Parent Child Interaction Therapy ▪ Evaluations and Treatment
Adoption Promotion Supports and Services (20% of grant)	Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the neediest and difficult to adopt. Adoption services are provided by adoption caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who

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	negotiate adoption support agreements, and provide case management for about 18,000 children and families.
Administrative (10% of grant)	Title IVB-2 is allocated its share of indirect administrative costs through the approved Public Administration Cost Allocation Plan (PACAP), some of these costs include: salaries, benefits, goods, and services.

Attachments

[Attachment A – Foster and Adoptive Parent Diligent Recruitment Plan](#)

[Attachment B – Health Care Oversight and Coordination Plan](#)

[Attachment C – Disaster Plan](#)

[Attachment D – Title IV-B Assurances](#)

[Attachment E – Chafee Certification](#)

[Attachment F – ETV Certification](#)

[Attachment G – Acronyms and Abbreviations](#)

Attachment A – Foster and Adoptive Parent Diligent Recruitment Plan

Introduction

In partnership with region-based foster care recruiters, child placing agencies and tribal partners, the statewide [Caregiver Retention, Education and Support \(CaRES\) Program](#), [Northwest Resource Associates \(NWRA\)](#), and the [Alliance for Profession Development, Training, and Caregiver Excellence](#) endeavors to strengthen, improve, and diversify recruitment efforts to identify potential kinship, foster and adoptive families. Under DCYFs Policy 5100. Applying as a Foster Parent or Unlicensed Caregiver, DCYF is prohibited from denying any person the opportunity to become a kinship, foster or adoptive parent, on the basis of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability or national origin of the foster or adoptive parent, or the child, involved 42 USC 671a and RCW 49.60.030.

Child & Youth Data and Demographics

As of January 1, 2024, DCYF had 5,270 children and youth placed in out of home care, 57% of whom were placed in kinship care.ⁱ

Regional Breakdown, Children and Youth Placed in Out of Home Care		
DCYF Region	Number of Children/Youth	Regional Percentage
Region 1	965	18%
Region 2	673	13%
Region 3	565	11%
Region 4	840	16%
Region 5	747	14%
Region 6	1263	24%

Data Source: InfoFamlink Kinship versus Non-Kinship Report as of January 1, 2024.

Age of Children and Youth Placed in Out of Home Care		
Age Range	Number of Children/Youth	Percentage of Total
0 to 5 years old	2599	49%
6 to 11 years old	1339	25%
12 to 17 years old	1332	25%

Data Source: InfoFamlink Kinship versus Non-Kinship Report as of 12/31/2023.

Race and Ethnicity of Children and Youth Placed in Out of Home Care		
Race/Ethnicity	Total Children and Youth	Percentage of Total Children and Youth
American Indian/Alaska Native	167	3%
American Indian/Alaska Native Multi-Racial	746	14%
Asian/Pacific Islander	74	1%

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Black	361	7%
Black-Multi-Racial	452	9%
Hispanic	949	18%
Multi-Racial Other	85	2%
Unknown	50	1%
White	2386	45%
<i>Data Source: InfoFamlink Kinship versus Non-Kinship Report as of 12/31/2023.</i>		

Of those placed in out of home care at the beginning of calendar year 2024, approximately 996 children and youth were identified as legally free and in need of permanency.ⁱⁱ

Regional Breakdown of Legally Free Children and Youth		
Region	Total Number of Children/Youth	Regional Percentage
Region 1	184	18%
Region 2	89	9%
Region 3	88	9%
Region 4	233	23%
Region 5	158	16%
Region 6	244	24%
<i>Data Source: InfoFamlink DCYF, OIAA, CW Reporting, Legally Free Children as of 12/31/2023.</i>		

Age of Legally Free Children and Youth		
Age Range	Number of Children/Youth	Percentage of Total
0 to 5 years old	382	38%
6 to 11 years old	246	25%
12 to 17 years old	344	35%
18 and older	24	2%
<i>Data Source: InfoFamlink DCYF, OIAA, CW Reporting, Legally Free Children as of 12/31/2023.</i>		

Race and Ethnicity of Legally Free Children and Youth		
Race/Ethnicity	Total Children and Youth	Percentage of Total Children and Youth
American Indian/Alaska Native	24	2%
American Indian/Alaska Native Multi-Racial	124	12%
Asian/Pacific Islander	13	1%
Black	89	9%

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Black-Multi Racial	85	9%
Hispanic	164	16%
Multi-Racial Other	17	2%
Unknown	*	0%
White	478	48%

Data Source: InfoFamlink DCYF, OIAA, CW Reporting, Legally Free Children as of 12/31/2023.

Caregiver (Kinship, Foster, and Adoptive) Recruitment & Retention

Family Finding Efforts

DCYF continues to strengthen and diversify placement resources available to provide a safe, stable, and nurturing environment for children and youth placed in out-of-home care.

DCYF strives for every child or youth to be placed with kin when removed from their home of origin. Current [laws](#) and [policy](#) require that the court place with a kinship caregiver unless placement into foster care is necessary because no relative can provide for the "basic safety" of the child. In addition to DCYF caseworkers and placement coordinators helping to identify relatives and family connections, DCYF has a unit dedicated to searching for kin. The Relative Search Unit (RSU) is supported by [Public Law 110-351](#), Fostering Connections to Success. This federal law requires that child welfare agencies throughout the United States notify all adult relatives when a child is removed from parental custody.

When a child or youth is removed from their home and enters state care either through a voluntary placement agreement or court intervention, DCYF is required to notify all adult relatives within 30 days.

The statewide RSU is tasked with identifying potential relative support for all children and youth whom DCYF has legal custody regardless of whether the child is placed with a relative, suitable other, or in a foster care placement.

DCYF’s kinship placements have continued to grow, showing promising gains year over year. In the past six years, increasing 11%ⁱⁱⁱ.

Year	Kinship Placements Statewide			% Kin Care
	Kinship	Non-Kinship	Total	
2018	4,120	4,890	9,010	46%
2019	4,126	4,805	8,931	46%
2020	3,764	4,287	8,051	47%
2021	3,528	3,752	7,280	48%
2022	3,313	3,204	6,517	51%
2023	3,373	3,726	6,099	55%
2024	2,996	2,274	5,270	57%

Data Source: InfoFamlink Kinship versus Non-Kinship Report 12/31 of years 2018-2023.

Non-Kinship Foster and Adoptive Family Recruitment

DCYF’s internal foster care recruitment program includes six targeted recruitment specialists (TRS) who develop and implement recruitment campaigns targeting quality, diverse caregivers able to meet the needs of children placed in out-of-home care.

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During recruitment connections, events, and activities, TRS are specifically looking to identify caregivers who are:

- Supportive of siblings staying together.
- Racially and culturally diverse.
- Open and affirming of LGBTQIA+ youth.
- Aware that foster care is temporary.
- Supportive of parents and their path towards reunification.
- Open to care for medically fragile/medically complex children.
- Open to caring for children with extensive emotional, behavioral, and physical needs.

When children and youth cannot be placed with kin, a general foster home is sought for placement. As agency priorities around prevention have shifted, less children and youth are entering out-of-home care and more are being placed in kinship care. With those dynamics, the children and youth in need of foster care tend to be older and/or present with more complex needs. To continue developing a robust placement continuum, DCYF will implement recruitment strategies with a collective focus on the following areas:

- Increase the pool of caregivers for children with extensive emotional, developmental, behavioral, and physical needs.
- Increase caregivers with the skills, ability, and desire to parent adolescent youth 12 and older.

Targeted recruitment "routes the recruitment message directly to the people who are most likely to follow through to become foster or adoptive parents. It focuses on families in targeted communities where homes are needed, as well as on families with specific backgrounds that match the backgrounds and needs of children awaiting homes.^{iv} " Recruitment efforts target potential caregivers who are more likely, based on personal and professional experiences, to meet the unique placement needs of certain children and youth, such as sibling groups, adolescents, or children and youth with complex needs.

Targeted recruitment elements include, but are not limited to:

- Developing and implementing recruitment campaigns specifically targeting families with the skills, ability, and desire to care for children and youth in out-of-home care.
- Using data to identify needs and gaps in resources.
- Establishing relationships, build partnerships, and make connections in communities.
- Recruitment messaging that reflects the needs, values, and principles of DCYF.
- Coordinating and supporting recruitment events and activities throughout diverse communities.
- Engaging and tracking prospective foster parent inquiries.

Because each of Washington's service regions are unique and comprised of different community organizations, tribes, and Child Placing Agency (CPA) partners, the TRS developed region-based plans specifically tailored to growing placement resources for children and youth with complex needs and adolescents (12 and older). The Recruiters will focus on two goals, each with the same identified strategies. The action items supporting each strategy, partnering organizations, and timelines may vary by region, and all outcomes will be tracked and measured for success. The plan went into effect January 1, 2024, and will be reviewed annually.

The Region Recruitment Plan Strategy List details specific to each region, along with data collection and outcomes.

Goal 1	Increase Placement Resources to Care for Adolescents (Ages 12+).
Strategy 1	School outreach with specific messaging towards school staff including, but not limited to, teachers, bus drivers, para-educators, librarians, substitute teachers.
Strategy 2	School outreach with specific messaging towards parent communities with children in middle school, junior high school, and high school levels.
Strategy 3	Specific outreach to faith-based organizations that have programming for youth and parents.
Strategy 4	Specific outreach to youth community organizations (Individuals who have demonstrated a commitment to/interest in/supporting young people outside of their own kids).
Strategy 5	Intentional engagement with prospective foster parents who express an interest in caring for school age and older youth, no matter what motivation they express initially.
Strategy 6	Launch paid advertisements on social media targeting specific groups of people (ex. professions, location, interests) with messaging about adolescent/teen recruitment.
Goal 2	Increase Pool of Caregivers for Children and Youth with Complex Needs (Emotional, Developmental, Behavioral, and Physical).
Strategy 1	Intentionally connect with licensed foster parents who have experience caring for children/youth with complex needs to guide recruitment efforts and practice.
Strategy 2	Develop an internal recruitment campaign to target experienced foster parents to become a therapeutic foster home provider (Licensed with a CPA with a BRS contract).
Strategy 3	Specifically target community agencies (staff and customers, caregivers) who are providing services and support to children and youth with complex needs.
Strategy 4	Intentional engagement/follow up with those who attended a foster parent information session and have 1) expressed an interested in caring for older youth or youth with complex needs, 2) have professional experience that indicates they have experience working with children/youth with complex needs or who have experienced trauma.

Child-Specific Recruitment Strategies

DCYF uses multiple recruitment strategies to support concurrent planning and ensure that children and youth are matched with a foster or kinship caregiver who is ready and willing to provide permanency if reunification does not occur. From child-specific to more general recruitment, strategies include but are not limited to:

[Northwest Adoption Exchange](#) is led by NWRA who provides several recruitment services for children and youth. Services include an external website featuring children and youth in need of permanency, a password protected site for approved caregivers, in-depth youth profiles, and engaging adoptive families statewide. One way in which this is achieved is through the use of In-Depth Profiles (IDP). This recruitment model offers creative storytelling projects, published on a youth’s photo listing

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profile, that feature creative, youth-driven content; empower youth in their own recruitment; and reach and engage more potential adoptive families.

Adoption Consortium is a service that assists caseworkers in identifying adoptive homes for youth in need of permanency. This service also provides potential adoptive families an opportunity to hear about youth in need of a permanent home, ask questions, and present themselves to the caseworkers as a potential match. This one-time per month meeting takes approximately three hours and is an opportunity for the caseworker to present youth for whom they are recruiting.

Wendy’s Wonderful Kids® (WWK) Child-Focused Recruitment Model is an evidence-based, child-focused recruitment model from the Dave Thomas Foundation for Adoption. DCYF has six WWK recruitment specialists, one dedicated to each of the identified regions. Legally free children and youth are referred to the program when there is no permanent placement resource identified. Children and youth referred include older youth, sibling sets, and children and youth with complex emotional, developmental, behavioral, and physical needs. The philosophy of Wendy’s Wonderful Kids (WWK) is that “Unadoptable is Unacceptable.”

Purchase of Service Contracts (POS) are specific funds accessed through the Adoption Program and managed by DCYF’s adoption program manager. Resources are accessible when a child or youth has an identified permanent plan of adoption, and an out-of-state adoptive placement has been identified. The service aims to minimize additional barriers to adoptive placements for legally free children and youth. Support pre-placement (i.e. items necessary to support a successful transition) and post-placement (i.e. in-home services for the family and child/youth, and specialized therapy).

Licensing & Home Studies

Pre-Licensing Support

Having a responsive inquiry and licensing process for prospective foster parents is a key element to success. This is often the first time an individual is interacting with DCYF, so a positive customer service experience makes a difference in whether an individual wants to work with the agency.

DCYF contracts with [NWRA](#) to operate the Statewide Recruitment Information Center (SRIC). The SRIC allows prospective foster, kinship, and adoptive families to submit an inquiry online or call the state’s toll-free recruitment line at 1-888-KIDS-414. Demographic information is captured to include race/ethnicity, age, physical location, interest level, motivation, and source of inquiry.

Inquiry engagement is managed by three different entities:

- Pre-Licensure engagement and support as outlined in the CaRES contract;
- Support received by SRIC team members when calling the hotline;
- Inquiry engagement by the individual TRS.

Once an individual seeks to apply for a foster care license and makes an inquiry to Licensing Division (LD) team, engagement is managed by a designated LD regional contact.

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DCYF's LD uses an online provider portal called the [Washington Caregiver Application Portal](#) (WA CAP). This online application portal is used for both kinship families and prospective foster and adoptive parents and has streamlined the licensing application process, creating a clearer pathway. DCYF continues to see a significant decrease in the number of licensing application for non-kinship caregivers. Barriers to the licensing process for a general foster care applicant continue to be assessed.

Child Placing Agencies

A Child Placing Agency (CPA) is an agency licensed by DCYF to complete home studies and supervise children and youth placed in the care of the families licensed by the agency. These agencies share DCYF's goal to reunify families, and they can assist families when a different permanent plan like adoption is needed. Washington is home to many CPAs, currently licensing 64 across the state who license and certify their own foster homes^{vi}.

CPAs hold contracts with DCYF that outline service expectations. Per the contract, "foster parent recruitment activities shall take into consideration the diversity of the child population the Contractor serves. The contractor shall engage in a variety of activities designed to recruit, train, support, and retain foster parents. The Contractor shall work cooperatively with DCYF on foster parent recruitment activities."

It is the role of the TRS to recruit diverse, quality caregivers no matter which path to licensure they choose. DCYF continues to maintain and provide an active list of CPAs on the DCYF website and provides prospective caregivers with accurate information on CPAs available in their area. At initial inquiry and during pre-service training, individuals are provided information on CPAs in the area and the different tracks available for licensure. In January 2024, DCYF created the [Child Placing Agency & Tribal Child Placing Agency Contact List](#); a specific publication of CPA's serving kinship families.

Support for Linguistic Barriers

DCYF is committed to ensuring meaningful, timely, equitable access to all DCYF programs and services. The Language Access Plan is an ongoing project, reviewed annually or amended as needed using the feedback provided by staff and community members. The plan determines what communicative services are required to serve our community, and how DCYF is going to provide them, ensuring they are linguistically and culturally responsive. DCYF staff have access to resources and material to include interpreter and translation services. Contracted providers are responsible for providing appropriate, accessible, and culturally relevant services to their identified clientele. Limited English Proficiency (LEP) clients (to include caregivers and prospective caregivers) are provided with a certified or otherwise qualified interpreter and translated document. Deaf, deaf-blind, or hard of hearing clients are provided with a certified sign language interpreter if needed. These services are provided at no cost to the individual.

Non-Discriminatory Fee Structure

DCYF provides services to all individuals at no charge. An individual has access to required documents, information sessions, background check, home study assessment, and placement of children and youth with little to no out-of-pocket expense. In July 2023 DCYF's LD transitioned from providing CPR/First Aid Training to prospective foster parents (PFPs) through a contracted provider, to having PFPs pay out of pocket for the training to then be reimbursed once the license has been issued. Kinship caregivers are provided waivers on all non-safety related items, including training. Additionally, concrete goods are accessible to support kin families to meet all minimum licensing

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requirements. Required pre-service training (Caregiver Core Training) is still provided at no cost to families.

Caregivers who are identified as the permanency placement resource for the child or youth placed in their home can become a guardian or adopt that child. Recent [legislation](#) and guidance require caseworkers to discuss guardianship as an alternative to terminating parent rights throughout the life of a case. Reimbursement for legal fees and other expenses towards obtaining guardianship, up to \$2,000.00 per child, may be available through [Guardianship Assistance Program](#) (GAP) if GAP eligible. If adopting an eligible child with “special needs” and they qualify for the adoption support program, DCYF may reimburse up to \$1,500 per child in nonrecurring expenses spent in finalizing the adoption. The amounts must be negotiated prior to the expenditure.

DCYF requires that CPAs disclose all fees associated with their agency upfront to applicants. Per the [Washington Administrative Code 110-147-1680](#), an agency must advise each applicant in writing about agency fees including: (1) All fees and charges associated with the cost of adoption; (2) A description of each fee including in-state, out-of-state and international expenses and fees; (3) All other miscellaneous expenses associated with the adoption process such as: (a) Home study fees; (b) Childcare expenses prior to adoption; (c) Post-placement and post-adoption reports; (d) Third-party fees; (e) Estimated travel and accommodation expenses; and (f) Non-refundable fees.

Staff Training

Refer to Staff and Provider Training Item 26, Item 27, Item 28 for details on training staff to work with diverse communities including cultural, racial, and socio-economic variations.

Caregiver (Kinship, Foster, and Permanency) Retention

DCYF is committed to taking a balanced approach to recruitment and retention that recognizes the importance and vitality of our existing caregivers while supporting new and emerging caregivers.

Researchers have found that retention is as important to agencies as recruitment. Satisfied, experienced foster parents are the foundation of recruitment. There are many ways DCYF captures information about caregivers’ experience.

The Alliance for Child Welfare Excellence holds the statewide Retention and Support Contract and oversee the [Caregiver Retention, Education and Support \(CaRES\) program](#). The contract includes the following key elements: support to all kinship caregivers (regardless of licensing status) and state licensed foster parents at key intervals provided by peer mentors who have lived experience as a caregiver, facilitated support groups both in person or virtual, resource navigation, and access to education.

There are many ways DCYF captures information about caregivers’ experience. This includes, but is not limited to:

- [Annual Caregiver Survey](#) with Kinship and Foster Parents.
- DCYF Constituent Relations.
- Licensing Division Renewal and Closure Data.
- [1624 Foster Parent Consultation Teams](#).
- CaRES Monthly, Quarterly, and Annual report including retention themes to include issues, concerns, and practice improvement recommendations.

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Diligent Recruitment Planning Process

DCYF engaged in an Intensive Workplan with the [Capacity Building Center for States](#) in CY 2023. One element of the workplan was to help DCYF bring an integrated and collaborative approach to Diligent Recruitment (DR), which has traditionally focused on one program and was not inclusive of external voice. DR includes a combination of many key elements, including recruitment and family finding; inquiry response, development and training, licensing, support, retention, data, and voices of those with lived experience.

DCYF, with the support and guidance from the Center for States, held two gatherings to specifically focus on building Washington's DR Plan. One was virtual, and the other was in-person. The DR Collaborative meeting focused on best practices for DR, increasing participants' understanding and awareness of the existing landscape of diligent recruitment-related programs, initiatives, and practices, and provided a foundation for creating a diligent recruitment framework to guide Washington's DR Plan.

Inclusive Collaboration

There was a diverse group of participants to include multiple DCYF programmatic leads for family finding, placement, licensing, adoption, guardianship, CPA representatives, contracted partners (NWA, Mockingbird, Alliance Training and CaRES), tribal liaisons, youth voice, caregiver voice, and parent Voice.

Washington's Diligent Recruitment "Buckets"

To begin understanding and identifying different responsibilities of DR, six groupings were identified. The groups reflect actions impacting the health, safety, and wellbeing of children and youth placed in out-of-home care. Items were not specifically tied to programs within DCFY to show an integration across practice areas and encourage a holistic view of DR.

Family Finding & Placement Decisions Help find kinship (relatives/suitable other) caregivers when children and youth are placed in out-of-home care and prioritize placement with kin.

Recruitment & Onboarding New Caregivers Help to recruit, prepare, and onboard a diverse group of prospective caregivers (kinship, licensed foster, adoptive) for children and youth.

Permanency & Post-Permanency Support Help children and youth in need of permanency be matched with a family interested in being a placement resource. Ensure caregivers providing permanency are supported once the case is closed.

Home Study Assessment & Licensing Process Ensure that children and youth placed in out-of-home care are with safe, stable, and nurturing caregivers who help them maintain cultural connections.

Retention, Training, & Development Help to support, develop, and retain DCYF's caregiver community including both licensed foster and kinship caregivers.

Youth Voice & Lived Experience Ensure the voices of those with lived experience are included in programmatic developments, decisions, and direction whenever possible.

Diligent Recruitment Framework

The DR collaborative sessions were immensely fruitful, informative, and promising. There was active participation and those involved seemed hungry for opportunities to engage, share more, and break down communication and cooperation challenges.

Participants identified the guiding principle, “What experiences do we want for our youth, caregivers, and parents to have in our system?”, as the key driver for DR work. Elements of DR work that rose to the top of the groups reflections included the following concepts:

- Understand and support the landscape of children and youth entering care - it’s changed and become more complex over time.
- Identify our ideal caregivers, i.e. how do we identify them, prepare them, and support them.
- Regional empowerment, and understanding the community supports and needs in the region.
- Current Caregiver and youth CQI processes
 - What are the spaces and places for caregiver, youth, and parent voices to be heard?
 - Focus on retention.
 - What are we doing to collect the data and how are they currently used? How should they be used?
 - Foster parents are our best recruiters.
 - Transparency is needed with both youth and caregivers.
- Identify the external barriers/issues affecting DR (housing crisis, kinship culture, CPA shifting, turnover of staff affects turnover of caregivers)
- Normalize and support caregivers through investigations.

Diligent Recruitment Goals:

DCYF must continue to build on the foundations set in place to build a robust, data-driven, and strategic plan to identify and retain families who reflect the race and ethnicity of children and youth experiencing foster care and can meet their unique needs. DCYF will continue to strengthen collaboration and infuse voices of lived experience in meaningful ways. Strong implementation of DR aides to improve permanency, placement stability, and well-being for children and youth experiencing foster care.

Family Finding & Placement with Kin: Help find kinship (relatives/suitable other) caregivers when children and youth are placed in out-of-home care and prioritize placement with kin.					
Strategy	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Family Finding Efforts	The requirement for conducting a Relative Search is supported by Public Law 110-351, Fostering Connections to Success . When a child or youth is removed from	Current.	2023 data: Letters sent to relatives: 163,220, Relatives interested in placement: 4,475, Relatives interested in providing family support: 4,059, Relatives not able or	Within 30 days from OPD. Every 12 months thereafter, to identify and locate relatives for the purpose of changing	Relative Search Unit, and assigned CFWS or Adoptions caseworker

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	their home and enters state care either through a Voluntary Placement Agreement or court intervention, the Washington State Department of Children, Youth, and Families (DCYF) is required to notify all adult relatives within 30 days.		willing to help at this time: 5,945	placement to a relative and identifying relative supports.	
Engagement with relatives for perspective family connections and placements	Increase the number of FTEs for the Relative Engagement Unit, currently only three FTE's.	New	<p>Increase the number of initial kinship placements when children first enter DCYF care and authority.</p> <p>Increase the number of relative/kin connections for children in DCYF care and authority.</p> <p>Decrease the number of children who are in non-relative placements and relatives are actually available but awaiting engagement from DCYF.</p>	CY 2025-2026	Policy, Implementation, and Change Manager

Recruitment & Onboarding New Caregivers *Help to recruit, prepare, and onboard a diverse group of prospective caregivers (kinship, licensed foster, adoptive) for children and youth.*

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
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Increase PFPs interested in caring for adolescents and child/youth with complex needs.	Implement Regional Recruitment Plans	New	Quarterly Data Review, Data Source SRIC, InfoFamlink, Information Session Registration, Recruitment Tracker	1/1/2024 to 1/1/2025 *Annual review with updates	Recruitment Program Manager, TRS
Ensure responsive inquiry management process for PFP's	Convene a workgroup to include contracted providers (NWAE, CaRES), LD Assessment Staff, and TRS to review process and identify barriers and ways to address them.	New	SRIC, InfoFamlink Customer Journey Mapping with PFP Inquiries	CY 2024	Recruitment PM, TRS, LD Assessment, contracted providers (NWAE, CaRES)
Messaging is aligned and consistent with placement needs	Be the Way Home Campaign to continue, launch Teen Foster the Future Campaign Partner with Adoptions' effort to ensure consistent messaging for legally free youth. Partner with initiatives to include Mockingbird, Professional Treatment Foster Care, BRS to align recruitment messaging.	Current, New	Increase in PFPs for adolescents and youth with complex needs. Internal recruitment with existing licensed foster/kinship caregivers.	CY 2024-2025	Recruitment PM, Adoption PM, PTFC PM, Mockingbird PM

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Permanency: <i>Help children and youth in need of permanency be matched with an approved caregiver and provide support once permanency is achieved.</i>					
Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Wendys wonderful kids	Child focused recruitment	Current	15 matches and 6 adoptions per year	Annual	WWK, Adoptions Administrator and WWK supervisor
Better matching	Create SharePoint/database of families who are interested in children most struggle to find matches (teens, MH, behavioral, medical needs)	New	Create database	CY 2025	Adoption Program Manager
	Develop process to invite kinship providers to be open to other foster children. Collaborate with BRS agencies to determine foster homes who would be willing to provide this level of service	New	Outcomes and measures in development.	CY 2024	Adoption Program Manager (lead) collaborate with LD, recruitment specialists
Expanded recruitment					
Kinship recruitment	Find training and focus on kinship/relative engagement. Update training to include not just how to engage youth but how to engage kinship providers.	New	New training to be put in place for adoption specialized track week held 2 times per year	CY 2025	Adoption Program Manager
Youth engagement	NWAE contract. Increase communication with NWAE and staff	Current	All eligible children on website within 3 days of referral. Monthly consortium. Youth let profiles for	Annual	NWAE, youth, Adoption PM

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			all interested youth. Youth voices in identified homes		
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Post-Permanency Support: <i>Help children and youth in need of permanency be matched with an approved caregiver and provide support once permanency is achieved.</i>					
Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Prepare families to support children & youth once permanency is achieved	Provide pre-permanency trainings & supports, geared at education and capacity building	New	Families demonstrate increased knowledge & capacity to support children & youth post-permanency	Within 2 years	Adoption Support PM, Adoptions PM, Kinship/Guardianship PM
	Provide education on availability of post-permanency supports	Current	Families are prepared & understand available resources, and are able to seek out resources/ask for assistance when needed	Ongoing	Adoption Support PM, Kinship/Guardianship PM
Provide a continuum of supports & services post-permanency to strengthen families, and increase stability	Ongoing communication & education post-adoption	Current	Increase of families reaching out to Adoption Support for assistance	Ongoing	Adoption Support PM
	Provide an array of services: Combined In-Home, Financial support during catastrophic events, Assistance with parental/family counseling, & Funds for identified significant	Current	Increase of families accessing these services	Ongoing	Adoption Support PM

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	needs posing a risk to stability				
	Contract with agencies statewide to support families post-permanency through an array of trauma-informed and culturally responsive services	New	Families demonstrate increased knowledge & capacity to support children & youth post-permanency Reduce children & youth re-entering foster care post-permanency Increase rates of stability post-permanency	Within 3 years	Adoption Support PM

Retention & Training and Development

Help to support, develop, and retain DCYF’s caregiver community including both licensed foster and kinship caregivers.

Goal 1: Retain more foster families beyond the initial three-year licensing period.

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Implement a system-level framework for caregiver partnerships.	Circulate framework with DCYF leadership and partners to grow awareness and request formal adoption of the framework.	Current	DCYF publishes or makes the framework public-facing	CY 2024	Recruitment and Retention Administrator, Retention and Support Program Manager, DCYF leadership
	Assess current system and identify areas of opportunity.	Current	Assessment completed	CY 2024	Retention and Support Program Manager
	Share areas of opportunity with regional	New	Communication with regions	CY 2024	Retention and Support Program Manager

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	teams for follow-up.				
	Establish a Caregiver Partnership Advisory Group to inform, guide, and champion framework implementation.	New	Advisory group meets quarterly and makes meeting notes available	CY 2024	Recruitment and Retention Administrator, Retention and Support Program Manager, DCYF leadership
Goal 2: Promote awareness of the health and longevity of the foster parent community.					
Develop program data measures.	Review existing data sources and identify key measures.	Current	Data sources identified	CY 2024	Recruitment and Retention Administrator and Retention and Support Program Manager
	Review measures with staff and partners to determine the clarity and helpfulness of data points.	Expanded	Meeting held	CY 2024	Retention and Support Program Manager
	Modify based on feedback and develop a communication plan for sharing information.	New	Data measures are reviewed and shared quarterly	CY 2024	Recruitment and Retention Administrator, Retention and Support Program Manager
Goal 3: Provide spaces foster parents and kin to learn, grow, and develop.					
Provide development pathways for non-kin foster parents up to and including	Convene a workgroup to review available trainings.	New	Workgroup held and meeting notes are available	CY 2024	Retention and Support Program Manager and Caregiver Recruitment Program Manager

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BRS-level care.	Determine 2-3 pathways for skill development. For example, training pathway for foster parents who want to care for more teens.	New	Draft of pathways	CY 2024	Workgroup
	Communicate pathways and share with partners.	New	Information is available to caregivers and partners	CY 2024	Retention and Support Program Manager and Caregiver Recruitment Program Manager

Home Study Assessment & Licensing Process

Ensure that children and youth placed in out-of-home care are with safe, stable, and nurturing caregivers who help them maintain cultural connections. Help to prepare and onboard a diverse group of prospective caregivers (kinship, licensed foster, adoptive) available for children and youth placed in out of home care.

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Create kin specific rules for licensing which supports a diverse group of prospective kinship caregivers	Work group drafting new Washington Administrative Code	Current	New WAC's created	4/2025	Kinship standards project
	Community engagement to get input on kin specific rules and home study	New	Engagement with Kin occurs	7/2025	Kinship standards project
	File new Washington Administrative Code	New	N/A	12/2025	Kinship standards project
Create a kin specific home study which	Work group drafting new kin specific home study	New	Determine meeting cadence, meeting minutes	12/2025	Kinship standards project

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supports a diverse group of prospective kinship caregivers	Go live with new home study	New	Product complete and launched	4/2025	Kinship standards project
Prioritize non-kinship licensed foster family applicants who indicate they want to provide care for adolescents and child/youth with complex needs.	Conduct workgroup to identify barriers and solutions for non-kinship applicants; identify and prioritize targeted applicants.	New	Ability to indicate target applications in WA CAP, will be able to track data	Spring 2024	LD Assessment, Foster Care Licensing Senior Administrator

Youth Voice & Lived Experience *Ensure the voices of those with lived experience are included in programmatic developments, decisions, and direction whenever possible.*

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Strengthen DCYF internal infrastructure for identifying, engaging and compensation people with lived experience	Develop a workgroup with programmatic leads to determine current process for capturing lived experience voice. Identify clear and consistent pathways for compensating individuals with lived experience.	New	Workgroup to develop any type of outcome/ measurement available.	CY 2025	Caregiver Recruitment & Retention Administrator to Facilitate

Diligent Recruitment Build a comprehensive approach to recruiting, engaging, developing, and supporting families, whether they are foster, adoptive, or kinship caregivers.

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
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Strengthen internal communication and collaboration within programs that directly impact DR.	Build out a more formal DR leads group, broader DR advisory group.	New	Meeting monthly, meeting notes	Initiate Fall 2024	Caregiver Recruitment & Retention Administrator to organize, DCYF Identified Program Leads
Build a forum to come together/learn from each other regularly, including both internal and external partners.	Every two months DR Discussion Café	New	Discuss emerging needs, trends.	Initiate Spring 2024	Caregiver Recruitment & Retention Administrator to Facilitate and/or delegate

¹ Data Source: InfoFamlink Relative versus Non-Relative Report as of January 1, 2024

¹ Data Source: InfoFamlink Permanency Legally Free Report as of January 1, 2024

¹ Data Source: InfoFamlink, Relative versus Non-Relative January 1, 2018-2024, does not include youth 18 and older.

¹ Annie E. Casey Foundation. (2012). Building Successful Resource Families Practice Guide: A Guide for Public Agencies. Baltimore, MD: Annie E. Casey Foundation

¹ Data Source: <https://www.davethomasfoundation.org/>

¹ Date Source: InfoFamlink Counts of CW Licensed Providers, Non-Foster Home Counts as of January 1, 2024.

Attachment B – Healthcare Oversight and Coordination Plan

Washington State Healthcare Oversight and Coordination Plan

Coordination and Collaboration of Health Care Services Plan

The Department of Children, Youth, and Families (DCYF) Health Care Oversight and Coordination Plan is developed, managed, and implemented in collaboration with state, public and private health and child welfare experts and organizations. Partners with DCYF to provide oversight and coordination of the physical and behavioral health services for children and youth who receive services from DCYF include:

- [Washington State Health Care Authority](#) (HCA) – Washington’s Medicaid state agency
 - [Division of Behavioral Health and Recovery](#)
- [Coordinated Care of Washington, Inc.](#) (CCW)– Medicaid Managed Care plan
 - [Apple Health Core Connections](#) (AHCC)- The dedicated plan for children and youth in out of home care
- [Department of Social and Health Services](#) (DSHS)
 - [Aging and Long-Term Support Administration](#) (AL TSA)
 - [Developmental Disabilities Administration](#) (DDA)
- [Washington State Department of Health](#)
- Community physicians
- [Seattle Children’s Hospital](#)
- [University of Washington](#) (UW)
- Children’s mental health specialists
- [Passion 2 Action](#) (P2A) – Foster youth and alumni advisory board to DCYF

These professionals, individuals and organizations represent a mix of public and private partners. DCYF values the input and guidance from resources who have “lived experience” in the foster care/child welfare (CW) system.

Washington State has programs across multiple departments that provide coordination and oversight of physical and behavioral health care services for children and youth in out-of-home care. The programs are integrated and are supported by agency leadership to prioritize the DCYF population.

Department of Children, Youth, and Families – Division of Partnership, Prevention, and Services (PPS)

PPS has dedicated program managers with responsibility for implementation and maintenance of statewide policy and programs related to the physical and behavioral health of children and youth under DCYF placement and care authority. These program managers also support staff as they help families access health services throughout the life of the case. The program managers coordinate and consult with internal and external system partners to assure that DCYF policy and programs support and improve the well-being outcomes of children served by DCYF. The program managers oversee:

- Screening and assessment
- Cross systems integration
- Mental health
- Physical health
- Substance use disorder

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- Developmental disabilities

The Division also includes three Ongoing Mental Health (OMH) screeners under the Screening and Assessment Program Manager. These staff are specially trained, non-case carrying Social Service Specialists who re-administer behavioral health screening tools for the cohort of children that remain in out-of-home care longer than six months. OMH uses the same age-appropriate, validated screening tools used by the Child Health and Education Tracking (CHET) program when children initially enter care. In addition, OMH staff seek to identify gaps in Early Periodic Screening Diagnosis and Treatment (EPSDT) and dental care needs.

Department of Children, Youth, and Families- Child Health and Education Tracking (CHET)

The CHET Program is a legislated, statewide program with specially trained CW staff. CHET staff do not carry an on-going caseload; their primary responsibility is to create a baseline of well-being information for children when they enter out-of-home placement. CHET screens are completed for all children who remain in care 30 days and longer. CHET identifies and organizes essential information in the following domains:

- [Physical health](#)
- [Developmental](#)
- [Education](#)
- [Emotional/Behavioral](#)
- [Connections](#)

The CHET screener meets face-to-face with the child and caregivers (as appropriate and based on the child's age) to identify age appropriate and positive connections for the child to people, organizations, interests, comfort items, and community supports that should be maintained while the child is in out-of-home care. For infants, this could be a blanket or toy; for older children and youth, this could mean participation in a cultural group or sports activity.

CHET staff create a CHET Screening Report to summarize the results of the screening tools, medical and education records, and interviews with the child, caregiver and parent, if available. The CHET Screening Report is uploaded into FamLink and sent to the child's caregiver within five days of completion. The child's caseworker uses the CHET report in consultation with the child's bio-family, caregivers, and service providers to establish a plan to address the child's urgent and long-term well-being needs. Caseworkers and caregivers are encouraged to share the CHET report with the child's physical and behavioral health care providers. Caseworkers are introduced to the CHET process during Regional Core Training (RCT). There is a full-day in-service training that caseworkers can choose to take regarding the CHET report and the mental health issues caseworkers need to know about to help the children and youth identified in their cases.

The CHET screening report is shared with [Fostering Well-Being](#) (FWB) and AHCC as a tool that identifies the child's initial care coordination needs so they can address physical and behavioral health concerns as quickly as possible.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental or social-emotional concerns are identified on the [Denver Prescreening Developmental Questionnaire](#), [Ages and Stages Questionnaire](#) (ASQ), or Ages and Stages Questionnaires: Social Emotional, second edition (ASQ-SE2), for children under 3-years of age.

Health Care Authority – Foster Care Adoption and Support (FCAS)

The FCAS staff are specialized eligibility staff who initiate, monitor, and maintain Medicaid eligibility for children and youth in foster care, extended foster care (EFC), adoption support, qualifying guardianships and alumni of care; youth who are exiting foster care on their eighteenth birthday and maintain Medicaid eligibility until they turn twenty-six.

The FCAS staff receive electronic notification from FamLink (SACWIS) when a child enters placement, moves, turns 18, or exits care (including adoption and guardianship). This automatic process ensures assignment to the correct Medicaid program and supports continuity of care for access to established and needed services.

The FCAS staff request medical records for children who remain in foster care for over forty-five days based on Medicaid billing data. FCAS staff upload any records they receive into FamLink so the records are available to the child’s caseworker.

Coordinated Care of Washington - Apple Health Core Connections

[AHCC](#) is Washington State’s sole source health plan for all eligible children and youth in foster care, adoption support, qualified guardianships, extended foster care, alumni of foster care and youth enrolled in the unaccompanied refugee minor program. AHCC serves approximately 21,000 children, youth and young adults statewide. AHCC is an integrated, whole person health plan providing a healing centered approach with special attention to social drivers of health for our members.

AHCC completes a health risk screen for all newly enrolled children and youth to determine their level of need. This health screen is repeated at developmental milestones to ensure arising needs are identified and addressed. Once it is determined that a child or youth needs physical and/or behavioral health support the youth are referred to the AHCC team Care Management team for care coordination and ongoing support. AHCC program has registered nurses and licensed behavioral health professionals to provide these care management services.

DSHS – Aging and Long-Term Support Administration: Fostering Well-Being (FWB)

FWB unit was established in 2009 as part of DCYF’s early efforts to implement the [federal Fostering Connections Act of 2008](#). FWB is staffed with the following:

- Unit manager
- Five part-time pediatric Regional Medical Consultants (RMCs)
- Two Registered Nurses
- One Outcome Improvement Specialist
- One Social and Health Program Consultant 2

When [AHCC](#) was implemented in April 2016, [FWB](#) retained wrap-around care coordination responsibilities for children and youth not enrolled in the managed care plan and remain covered by Medicaid as fee-for-service. These include largely tribal and non-citizen dependent children and youth (ages 0 – 17) and youth participating in the EFC program (ages 18-21) that are eligible for the Apple Health fee-for-service program. Tribal children and youth have the option to enroll in the managed care plan for foster children or remain fee-for-service. Non-Citizen children are not eligible for federal Medicaid programs and remain fee-for-service. Washington State uses state funded dollars to support

children who are not eligible for any federal Medicaid programs. Currently the fee-for-service population represents approximately 1,500 children and youth in out-of-home care.

In addition to care coordination, FWB provides:

- Consultation to caseworkers and caregivers from the five part-time RMCs.
- Clinical consultation for DCYF Licensing and Contract monitoring of Behavior Rehabilitation Services (BRS) group homes and Medically Fragile group homes.
- Review of CHET screening reports for identification of medically fragile children per DCYF [Policy 45171. Medically Fragile Children](#) and [WAC 388-107-0001](#).
- Referral of CHET screening reports to AHCC for care coordination for all children and youth enrolled in the Integrated Foster Care managed care plan.
- Coordination of services not covered by AHCC for all dependent children including transportation, dental/orthodontia, and vision hardware.

[HCA](#), AHCC, and FWB are key partners and contributors with DCYF in Washington State's efforts to ensure children in out-of-home care receive appropriate physical and behavioral health care services and supports. All partners coordinate with each other and the child's caseworker and caregiver to identify and address gaps in eligibility and services.

Oversight and Coordination of Health Care

Implement Foster Care Centers of Excellence (COEs) across the state

This initiative is being driven by our partners at [CCW](#) in collaboration and partnership with DCYF and community providers. Children, youth, and families who interface with the public CW system often have unique needs that are not widely understood by the general public. The [Foster Care COEs](#) strive to meet those needs in a variety of ways including, but not limited to:

Meeting DCYF policy requirements that support children and youth throughout the life of a case. One key time is as children are entering out-of-home care: [DCYF Policy 4517. Health Care Services for Children Placed in Out-of-Home Care](#). Children in out-of-home care need to receive age appropriate EPSDT examinations upon initial entry into out-of-home care and based on the current Washington State Medicaid periodicity schedule:

- Within 30 days of out-of-home placement,
- Six examinations during a child's first year,
- Five examinations for children between one and three years of age, and annual examinations for children between 3 and 20 years of age.

Often there is a lack of understanding by the medical community about the specific needs and requirements as it pertains to DCYF Policy 4517. This leads to children and youth having to be seen in an urgent care or emergency room setting, leading to a lack of consistent care and increasing the barriers to holistic medical care.

Foster Care COEs were designed to increase positive health outcomes for children and youth in the CW system. With collaboration between [AHCC](#), DCYF, and community medical providers, the COEs have seen an increase in continuity of care, trauma informed care, and an overall increase in availability for urgent physical, behavioral, and emotional health needs to be met in the child or youth's community.

Foster Care COEs have begun to be implemented across the state, with COEs existing in Regions 1,4,5, and 6. Prioritization is being given to Regions 2 and 3 for ongoing implementation.

Health Needs Monitored and Treated

Prior to, or within 72 hours of a child being placed in an out-of-home placement, DCYF is required to hold a Family Team Decision Meeting (FTDM). During the FTDM, the specific physical and behavioral health needs of each child are discussed and identified.

When the decision is made to place a child in out-of-home placement or a placement change occurs, DCYF caseworkers are required to generate the Child Information and Placement Referral (CIPR) form in FamLink. Caregivers receive the CIPR no later than 72 hours after a placement occurs and must include the physical, behavioral, and education information known about the child at the time of initial placement, or a placement move.

A Shared Planning Meeting (SPM) is held within 60 days of the child entering out-of-home placement. The SPM is used to discuss and address the results of the CHET screening, which includes the EPSDT. SPMs occur throughout the life of the case and include family, caregivers, service providers, and others important to the child and their case. SPMs also consider whether the child is in the most appropriate placement to meet their physical and behavioral health needs, and to identify what services will best meet the child's needs based on the CHET screening results.

DCYF screens children ages 3 through 17-years old for trauma related concerns in the CHET screening process so that caseworkers can link children and youth to appropriate behavioral health services.

- In September 2022, DCYF implemented the Plus 4 trauma related screening questions with the CHET screening process that allows the screener to identify trauma concerns in children starting at age 3. The OMH program had piloted this screening tool and was already using the Plus 4 to screen for trauma.

The OMH program began under a federal grant and in partnership with the [UW](#). The grant ended in 2018 and DCYF established OMH as a sustained program to identify and monitor mental health needs of children and youth in out-of-home placement.

OMH re-screens a cohort of children and youth ages 3 through 17 years old who are in care over six months. OMH uses the same emotional/mental health screening tools that are used in the CHET process:

- [Ages and Stages Questionnaires: Social Emotional, second edition](#)
- [Pediatric Symptoms Checklist-17](#)
- [Screen for Child Anxiety and Related Emotional Disorders trauma tool](#)
- Plus 4 Trauma related screening questions

The screeners assist caseworkers and caregivers by identifying mental health needs and making recommendations for referrals to services and evidence-based treatments. OMH summarizes the screening results and items needing follow-up into a report that is shared with the caregiver and caseworker.

When health and mental health concerns are identified in the CHET screen, the annual EPSDT examination, or the OMH screen, the assigned DCYF worker makes referrals to community or local mental health providers for a comprehensive mental health evaluation.

Caseworkers make referrals to the [FWB program](#) for tribal and undocumented children who are not enrolled in [AHCC](#). Concerns and referrals are documented in FamLink and in the child’s Court Report, which is updated at least every six months and shared with the child’s caregivers.

Training is provided to caseworkers and caregivers regarding their roles in linking children and youth to appropriate services to address specific physical behavioral health needs and how they can support children, youth, and families. Trainings include, but are not limited to:

- [Mental Health: In-Depth Applications for Child Welfare](#) – course topics include referring to mental health services, use of screening tools, characteristics and behavior indicators of developmental and mental health concerns, use of psychotropic medications with children in foster care, case management techniques with mental health service providers, understanding the elements and criteria of Evidence-Based and Promising Practices(EBP), and matching available EBP’s with specific client needs.
- [Behavior Management Tools for Foster Parents and Caregivers](#) - practical tools to help caregivers manage behaviors.
- [Trauma Informed Engagement](#) - applying lessons from trauma studies to child welfare practice for children, youth, and adults.
- [Secondary Trauma: Impact and Solutions](#) – training for DCYF caseworkers and supervisors who do ongoing work in the child welfare system with identification of and responses to secondary trauma.
- [Caregiving for Children with Physically Aggressive Behavior Concerns](#) - 6-hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors.
- [Parenting Teens Part 1 & 2: Introduction and Understanding the Impact of Trauma in Youth in Foster Care & Parenting Youth Who Have Experienced Trauma](#) - developing an understanding of the underlying causes of a youth’s behavior and adapting parenting to the needs of youth requires both a toolbox of techniques and knowledge about the effects of their experiences. The second part in the Parenting Teens series, focuses on tailoring your approach to respect the impact of trauma.

The RMCs are available statewide and are available to answer questions from caseworkers and caregivers regarding trauma related issues, issues related to medical complexities, and other case related questions

Caseworkers use monthly visits with parents, caregivers, and children to:

- Discuss and monitor physical and dental health care needs and treatment plans.
- Provide support and identify services that will meet the child’s well-being needs.
- Ensure the child’s behavioral health care needs are met.
- Ensure the child is in the most appropriate level of care to meet their needs.

Caseworkers are required to update the child’s health, behavioral health, and education status in the Court Report every six months.

CHET Screeners and caseworkers make referrals to the FWB Program when fee-for-service children with unaddressed or uncoordinated health and mental health concerns are identified. The referrals are reviewed to determine which children need follow-up or care coordination services to ensure their health and mental health treatment needs are met.

The FWB program provides consultation and care coordination services for children in out-of-home placement. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited. Once a plan of care is established, FWB staff monitor and update the plan as needed.

FWB nurses and specially trained program staff document and upload important health and mental health information in FamLink to assist the assigned DCYF worker with continued monitoring and follow-up for children/youth in foster care.

DCYF has a contract with the [Harborview Center for Sexual Assault and Traumatic Stress](#) to provide the Foster Care Assessment Program (FCAP). FCAP is a multi-disciplinary evaluation that assesses the needs of referred children who have been in out-of-home care for at least 18 months or more and need permanency planning. Assessment services can include follow-up to assist the DCYF caseworker in implementing a placement plan and to help meet the needs of the child and family.

Contracted services include:

- **Permanency and Planning Consultation:** This service focuses on permanency and linking children and families with the most appropriate services. The consultation service provides structured case staffing, service identification, system navigation and care coordination. Permanency consultation also includes identification of barriers to achieving permanency, potential solutions, and action steps needed to be taken to overcome identified barriers. Approximately forty-five-minute detailed consultation via tele or video conference will produce a one-page summary of recommendations with timeline and referrals to evidence-based treatment as needed.
- **Standard and comprehensive assessments:** These services consist of structured clinical interviews and the administration of standardized measures. A written report is provided to the caseworker with specific recommendations for services and permanency including timelines.

Training to DCYF staff regarding trauma symptoms, mental health diagnoses, evidence-based treatments, and psychotropic medications is provided in person and virtually by [The Alliance for Professional Development, Training and Caregiver](#) (Alliance) via In-Service , RCT and ongoing in-service training opportunities.

FWB staff attend the DCYF Tribal Policy Advisory Committee meetings. Feedback from these meetings is used to ensure tribes are aware of any changes to programs or policies that impact health and mental health care for tribal children served by DCYF and tribes.

CCW, in consultation with DCYF, provides trainings on Adverse Childhood Experiences, Resilience, and Trauma Informed Care for community providers, caregivers, and system partners.

AHCC calls caregivers of all children newly placed into foster care once they have been in placement over 45 days and the child has a completed CHET report. AHCC discusses any need identified in the CHET with the caregiver and can answer questions and concerns about the child's physical and behavioral health care needs. During this phone call, AHCC also completes a health risk screening to assess for broader needs in the household environment.

[DCYF policy 43092: Child Health and Education Tracking \(CHET\)](#) requires CHET screeners to share the screening Report within five days of completion.

Assigned caseworkers must:

- Review and update the child's health records at the time of each placement using FamLink and provide the caregiver with a copy of this information (e.g., Child Information/Placement Referral

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(CIPR) form and Health/Mental Health and Education Summary) per [DCYF Policy 4250. Placement Out-of-Home and Conditions for Return Home.](#)

- Provide the caregiver with all completed assessments within five days of receipt.
- Update the child’s health, mental health, and education status in the Court Report every six months.

Caseworkers and CHET screeners document known medical information into Health/Mental Health page in FamLink. This information is included in the Health/Mental Health and Education Summary that is updated every six months or when there is a placement change.

The FCAS staff at [HCA](#) request the previous two years of medical records for a child who was eligible for Apple Health prior to entering out-of-home placement and is in care longer than 45 days. All records received are uploaded into FamLink for the assigned caseworker to review and use in case planning.

The FWB unit is available to provide care coordination services to fee-for-service children in out-of-home care including those who are medically fragile or complex. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited, as once a plan of care is established services are on an as-needed basis.

FWB nurses and specially trained program staff document medical and mental health information into FamLink about fee-for-service children who receive FWB care coordination services.

HCA developed an access point for physical and behavioral health care providers to view paid claims data in Provider One for dependent children and youth using the ‘Medical Records’ button. Providers can see the most recent two years of claims including prescriptions, hospitalizations, dental, and immunizations for children in out-of-home care. Select DCYF staff also have access to Provider One to help support continuity of care for dependent children and youth.

All [AHCC](#) contracted providers have access to a secure provider portal that reflects billing data and information vital to the coordination of health and behavioral health care services. This helps to avoid over and under immunization, re-trying of medications already attempted, and continuation of treatment protocols to maintain progress of established health goals for the child.

FWB nurses enter immunizations into the Washington State Immunization Information System (WSIIS) when there is new or different information than what is reflected in the registry. Once entered, any medical provider who subscribes to WSIIS can see the child’s immunization history.

The FCAS staff created a form to help tribes identify prior foster youth who may be eligible for Apple Health until their 26th birthday. The form also streamlines the process for tribes and the FCAS staff to reinstate Apple Health eligibility.

Completed CHET reports are sent through FWB to be shared via a managed file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.

AHCC is DCYFs’ primary mechanism to provide a “medical home” for children and youth in out-of-home placement. AHCC assures that newly enrolled children are assigned to a primary health care provider or retain the same provider(s) the child saw prior to entering care.

When the child has an identified primary care provider or medical home, caregivers are encouraged to maintain that relationship and ensure continuity of care. AHCC has a “Continuity of Care” benefit that allows the child to continue to see their established, non-AHCC contracted providers, while AHCC works to establish a contract.

CHET screeners document available information about medical, dental, and mental health providers in FamLink in the health/mental health pages for each child. Identified concerns are noted in the CHET report in the “Items Needing Follow-up” section for the caregiver and caseworker’s reference.

Caseworkers and caregivers jointly develop a Caregiver Support Plan for medically fragile children. The Caregiver Support Plan addresses the training and support needs of the caregiver and outlines a plan for planned and emergency respite care specific to meet the care needs of the medically fragile child.

FCAS staff mail reports that contain Medicaid billing data to caregivers of children ages twelve and younger when a child first enters out-of-home placement. These reports include immunization information from WSIS. This supports continuity of care by helping caregivers identify possible primary care providers or medical home.

Youth who are not residing in their approved placement or who are in a temporary situation remain eligible for AHCC; their eligibility is not closed or suspended. Continued eligibility allows the youth to seek medical treatment or obtain needed prescriptions such as insulin when they are “on the run.”

As part of the Alumni Expansion Project, in the Spring of 2022, HCA moved the Alumni population into the general health plan finder process and population. This subjected the Alumni population to the general Medicaid rules as they were no longer in a protected population inside HCA’s Provider One system. As an unintended consequence, when return mail is received, and if the Alumni cannot be contacted for address verification, their AHCC coverage is terminated based on “whereabouts unknown”. An estimated 10% of Alumni have lost health care coverage since this change occurred. DCYF continues to partner with HCA and AHCC to try and find a solution to this problem. DCYF has asked for HCA to review Medicaid rules related to this issue.

Oversight of Prescription Medications and other Safeguards

DCYF’s policy [4541: Psychotropic Medication Management](#) outlines expectations regarding the role of the DCYF caseworker and obtaining consent from a youth (13 years and older) or parent (for a child 12 years and younger) when psychotropic medications are prescribed. The policy also addresses obtaining authorization from the court, when necessary.

Information about the youth’s rights to informed consent for psychotropic medications is included in the [“Your Rights, Your Life”](#) booklet for youth.

The UW and DCYF developed the “Mental Health: A Critical Aspect to Permanency and Well-Being” curriculum for caseworkers which addresses screening for trauma, mental health needs, psychotropic medications, and evidence-based treatments. This training is currently provided through the [Alliance](#) and a portion of it is embedded in the RCT for new caseworkers.

The [FWB program](#) provides care coordination services for dependent fee-for-service children and youth, which includes the identification of medications that require oversight. Children and youth who have a mental health diagnosis and are prescribed psychotropic medication are eligible to receive care coordination.

- FWB receives a monthly list from the [HCA](#) of fee-for-service children ages 0 – 5 years old who are prescribed a psychotropic medication. FWB monitors and provides care coordination until the child turns six years of age. FWB communicates with the child’s caseworker and caregiver regarding concerns and medication monitoring.

HCA sponsors the Pediatric Mental Health System Partner workgroup to establish and review Washington State’s community thresholds for reasonable prescribing limitations that are applied to the Medicaid population including children and youth in foster care. The workgroup meets “as needed” and is comprised of child psychiatrists, pediatricians, community mental health professionals, client advocates, and other community system partners.

The primary intervention used by HCA for psychotropic medication oversight is a mandatory review from the contracted Second Opinion Network (SON) when community established thresholds are exceeded. The SON is comprised of pediatric psychiatrists on staff at [Seattle Children’s Hospital](#).

A referral to the SON is triggered by algorithms within the Provider One payment system that look at whether there are multiple mental health medications prescribed for a child, the dosage prescribed, and the age of the child, (too much, too many, too young).

SON reviews are triggered for:

- Children receiving two or more atypical antipsychotics (AAPs)
- Children aged five or younger receiving psychotropic medications
- Children receiving five or more psychotropic medications
- High doses of ADHD, AAPs, or antipsychotics. Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the HCA’s Pediatric Mental Health System Partner Workgroup

In addition to the SON, HCA maintains the [Partnership Access Line](#) (PAL) through contract with Seattle Children’s Hospital. PAL is a telephone based pediatric mental health consultation system. PAL employs child psychiatrists and caseworkers affiliated with Seattle Children’s Hospital to deliver these consultation services. The PAL team is available statewide to any primary care provider. Primary health care providers are encouraged to call the PAL toll free number as often as they would like to answer questions regarding diagnostic clarification, medication adjustment, or treatment planning.

FWB RMCs provide consultation to the FWB nurses and caseworkers regarding medications and their side effects.

2023 SON data showed that 377 total referrals were completed. The Foster Care Population accounted for 266, or, 59% of all SON referrals. DCYF, AHCC, and HCA continue to assess current trends that show the foster care population disproportionately prescribed psychotropic medication at a higher rate than the general Medicaid population. Licensing Division (LD) requires that all regional licensors and BRS group care providers receive training about medication documentation and safe storage. The training is also available for other DCYF staff and non-BRS group care staff. Regional licensors review medication storage and logs as part of their bi-annual health and safety review of BRS group care programs.

RCT and In-service Mental Health training from the Alliance includes understanding use and oversight of psychotropic medications and matching behavioral symptoms based on screening results to appropriate evidence-based practices.

DCYF is currently in the process of evaluating current medication management practices across the state in order identify any potential areas of improvement.

The Deputy Chief Medicaid Officer (DCMO) at HCA is assigned to provide consultation for DCYF to ensure CW policy is consistent with Medicaid rules and standards of care. This includes input regarding evidence and research based clinical interventions. The DCMO also helps resolve child specific issues related to Medicaid covered benefits.

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DCYF collaborates with the Developmental Disabilities Administration in order to determine if there is developmental disability present in a child or youth and relies on DDA's WACs and RCWs to guide appropriate identification of youth with disabilities.

DCYF regularly collaborates with Foster Well-Being and Apple Health Core Connections around the identification of Medically Fragile Children. DCYF Policy [45171. Medically Fragile Children](#) guides what qualifies a child as medically fragile. This process was developed as a part of the BRAAM lawsuit that required specific identification of children entering out-of-home care who were also medically fragile.

DCYF recognizes that children and youth involved in Public Child Welfare disproportionately receive diagnoses regarding behavioral health and continues to partner with other cross-system entities in order to decrease this disproportionality

Transition Planning

All youth exiting foster care in Washington State are eligible for Medicaid until their 26th birthday. As required by DCYF policy [43104. The Transition Plan \(for Dependent Youth 17 through 20 Years\)](#), this information is discussed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF worker visits as needed. DCYF continues efforts to invite the AHCC care coordination team to relevant transition planning meetings.

To support youth in their transition out of care and ensure they are knowledgeable about a Durable Power of Attorney for Health Care, DCYF has incorporated the following language into its [Transition Plan for Youth Exiting Care](#) :

The importance of having a Durable Power of Attorney for Health Care, which would designate another person to make health care treatment decisions on my behalf in case I become incapacitated and unable to participate in such decisions and I do not have or want a relative who would otherwise be authorized to make such decisions, including where to find the document and how to execute it.
<http://www.doh.wa.gov/livingwill/registerdocuments.htm>.

This information is addressed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF caseworker visits as needed.

In addition, the Independent Living (IL) and Responsible Living Skills Program contracts include a requirement for providers to discuss the importance of having Durable Power of Attorney for Health Care with all youth exiting care.

Medically Intensive Children's Program

The [Medically Intensive Children's Program](#) provides skilled nursing services to children 17-years-old and younger. These children have complex medical needs that require a registered nurse to provide support. Nursing services may be provided in the family home, foster homes, and in contracted medically intensive children's group and staffed residential homes. This Medicaid program helps to keep families together. It also greatly reduces the cost of in-patient hospital care where these children would be cared for without this program.

Medically Intensive Children's Program Eligibility Requirements:

- 17-years old or younger,

- Have complex medical needs (example, ventilator dependent, tracheostomy care),
- Enrolled in Washington Apple Health (Medicaid), and
- Require at least four hours of continuous skilled nursing care per day.

Wraparound with Intensive Services (WISe) and Behavior Rehabilitation Services (BRS)

In October 2017, DCYF implemented Policy 4542. Wraparound with Intensive Services (WISe). The policy requires DCYF caseworkers to refer and/or verify that a referral for WISe screen is made to an outpatient behavioral health provider for children and youth with complex behavioral health issues whose needs can be met in the community. WISe is designed to provide comprehensive, intensive behavioral health services and supports to Medicaid eligible individuals, up to 21-years-old with complex behavioral health needs and their families. Once a WISe referral is made, information is gathered from the referent, and the Child Adolescent Needs and Strengths (CANS) screen is completed by the CANS-certified screener. The CANS algorithm combined with clinical decision-making determines whether the youth would benefit from WISe. A WISe screen is also required for all youth prior to consideration of any BRS level of services.

If WISe is unavailable or unable to meet the needs of a youth, DCYF may use BRS to support the youth who require intensive services and placement supports. BRS is an intensive wraparound support and treatment program for children and youth with complex behavioral health needs. BRS can be provided in a child's home prior to placement, a foster home, or group home setting. BRS is intended to stabilize children and youth (in-home or out-of-home) and assist them in achieving their permanent plan.

- To be considered for BRS level of services, in addition to the WISe screening, a child or youth must be recommended for BRS level of service in a SPM or FTDM meeting.
- The DCYF caseworker staffs the case with their supervisor and completes a BRS referral packet. This referral is reviewed by the supervisor and the area administrator (AA) for appropriateness. If appropriate, the supervisor and AA sign the referral and the packet is submitted to the regional BRS program manager for review and final approval. The regional BRS program manager will make sure that all less restrictive levels of care were tried and unsuccessful and that they youth needs BRS level of services.
- The BRS program manager works to keep the youth in the lowest level of BRS environments as the child or youth's behaviors and treatment needs allows.
- The DCYF caseworker tracks the progress of each youth and reviews the treatment plan with the Child and Family Team at least on a quarterly basis to ensure that the currently level of care is still necessary. A new WISe screen is done every 6-months and at discharge while a youth is in BRS.
- The regional BRS program manager reviews the child or youth's status every six months with the caseworker and service provider. These reviews include the child or youth's service needs, level of care, expected exit date, and transition plan to a lower level of care or home.
- Children and youth placed in a BRS Qualified Residential Treatment Program (QRTP) must have DCYF and court approval for the placement and:
 - A court review hearing within 60 calendar days of the QRTP placement,
 - A court review at least every six months
 - DCYF deputy secretary approval if placed in a QRTP longer than six months.; and
 - Regional administrator or designee if placed in a QRTP longer than twelve months and every twelve months thereafter.

Children's Long-term In-patient Program (CLIP)

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[CLIP](#) is the most intensive inpatient psychiatric treatment available to Washington State residents, ages 5 to 18-years-old. CLIP is residential psychiatric treatment provided in a secure and highly structured setting that is designed to assess, treat and stabilize youth diagnosed with psychiatric and behavioral disorders. The youth must meet Medical Necessity for CLIP treatment.

CLIP consists of only 84 beds in four facilities across Washington State. The facilities are located in King, Pierce (two), Spokane, and Yakima County.

Individualized treatment is provided using evidenced-based practices designed to increase the youth's skills and adaptive functioning with a focus on reintegration back into a community setting, as quickly as possible.

Children and youth in the placement and care authority of DCYF and who need residential behavioral health treatment are eligible for this service.

CLIP admission process can be divided into two ways, voluntary and involuntary processes:

Voluntary Process

- A Voluntary CLIP application is submitted to the youth's local CLIP Committee or Managed Care Organization to determine whether medical necessity criteria is met, and if CLIP level treatment is appropriate.
- Applicants 13-years-old and older must agree to enter CLIP, unless they are on a 180-day Involuntary Treatment Act (ITA) Court Order.

Involuntary Process

- Under Washington State's [RCW 71.34](#), adolescents aged 13 to 17-years old may be committed for up to 180-days of involuntary inpatient psychiatric treatment, at which time the youth becomes eligible for admission to CLIP.
- Youth are evaluated by a Designated Crisis Responder who determines that ITA criteria is met.
- When a less restrictive alternative is not possible, the youth is placed on an ITA order.
- The adolescent's name is placed on the statewide waiting list as of the day of the 180-day court order.

Admission to a CLIP treatment occurs only if the child meets medical necessity guidelines as determined by the local CLIP Committee, CLIP Administration and the behavioral health providers in charge of the CLIP facility.

Training and Education

The [Alliance](#) addresses identification of trauma symptoms throughout RCT and In-service Mental Health training. These trainings help caseworkers understand the impact of trauma on the child to be considered when making placement decisions.

RCT and In-service Mental Health training modules include information about:

- Dynamics of Abuse and Neglect - resilience and evidence-based practices
- Dynamics of Sexual Abuse— including significant discussion related to trauma, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and working with non-offending parents
- Reunification Decisions & Transition Planning – how trauma impacts children's behavior in care and during transitions home, impact of grief and loss, and impact of transition on minimizing disruption/trauma to child

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- Adolescent Issues – issues in adolescence including suicide and self-harm, internalizing and externalizing behaviors, and how to support youth with a variety of these concerns
- Understanding Use and Oversight of Psychotropic Medications and Matching Behavioral Symptoms Based on Screening Results to Appropriate Evidence Based Practices.
- Supporting Children and Youth in Care –explores the trauma impact including grief and loss of initial placement and subsequent moves. Trainees brainstorm ideas to avoid or minimize these issues and support children when moves are unavoidable.
- Mental Health – In-depth Applications for Child Welfare – focuses on using the results of the CHET and OMH screenings to match children and youth to Evidence Based Practices (EBPs) that are targeted to meet the identified needs.

AHCC provides training opportunities for DCYF licensed and unlicensed caregivers. DCYF staff are also welcome to attend AHCC trainings. Trainings include, but are not limited to:

- Trauma Informed Care (National Child Traumatic Stress Network curriculum)
- Resiliency
- Hope for Healing (Association for Training on Trauma and Attachment curriculum)
- Substance Use, Abuse & Addiction
- Suicide Prevention
- Whole Brained Parenting
- Coping with Holiday Stress
- Adverse Childhood Experiences
- Childhood Development
- Sexual Health in Foster Care- Skill Building for Caregivers

AHCC continually expands their training library and is responsive to requests from DCYF for development of new trainings.

DCYF creates and distributes training material and guides regarding current trends, health concerns, or safety related topics in order to provide staff with up-to-date information.

Activities for 2025 – 2029

HEALTHCARE OVERSIGHT AND COORDINATION PLAN		
PLAN ELEMENT	PLANNED ACTIVITIES	ANNUAL UPDATES
1. Implement Foster Care Centers of Excellence (COE) across the state.	A. In 2025, DCYF will continue to partner with AHCC in order to identify medical providers who can partner with AHCC and DCYF in order to create and implement more COEs	
2. DCYF will promote the Department of Health Teen Health Hub	A. In 2025, DCYF will provide multi-tiered communication regarding the Teen Health Hub. The Teen Health Hub is a resource that houses information on physical, emotional, behavioral, and sexual health for teens.	
3. Increasing education and resources around	A. In 2025, DCYF will partner with DOH and AHCC in order to expand education and resources available.	

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2025-2029 CHILD AND FAMILY SERVICES PLAN

sexual and reproductive health care.		
4. Continuity of health care services for foster care alumni.	<p>A. In 2025, DCYF advocated with the Health Care Authority to change the policy of terminating coverage if a foster care alumni has an unknown address.</p> <p>B. A lack of health care coverage for foster care alumni is another barrier to accessing safe and appropriate health care, which in turn increases their negative outcomes in all life domains.</p>	
5. Oversight of prescription medications.	<p>A. DCYF partnered with AHCC SON</p> <p>B. B. Continue to work with coordinated care to understand the disproportion utilization of psychotropic medication in the foster care population.</p>	
6. SUDP Support	<p>A. Find a pathway to request additional funding for SUDP due to outdated budget models submitted for the original request.</p> <p>B. A. Utilization of funds granted by legislation to provide contracted SUD support to help with staff education, support, and reunification of families impacted by SUD.</p>	
7. Procure and distribute naloxone kits to staff. Train staff on signs of opioid overdose.	<p>A. Request continued funding for Naloxone and Harm reduction kit. Continue to train staff and care givers concerning the danger of fentanyl and the use of naloxone.</p>	
1188 Place Holder		
On-Going development of topic specific guidance for health-related issues.	<p>A. DCYF has created and continues to create topic specific guides on health-related items and distribute them to DCYF staff.</p>	
8. Addressing the lack of providers for contracted services	<p>A. Based on internal and external stakeholder feedback, DCYF HQ Program Staff began requesting an increase in rates comparable to HCA and other DCYF Programs.</p>	
9. Expansion of staff, youth, and family	<p>A. In 2025, DCYF will begin identifying initial and on-going groups of staff for targeted</p>	

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<p>training in order to access AHCC benefits.</p>	<p>training regarding the navigation of AHCC systems and the utilization of available health benefits through Medicaid or Private Insurance.</p>	
<p>10. Expansion of service adaptation to support the whole family throughout the life of the case.</p>	<p>A. DCYF recognized that there are continued barriers to equitable access of services for adults with disabilities. This impacts support available to families impacted with disabilities in the child welfare system.</p> <p>B. Many of parents of children and youth with complex needs have their own functional limitations in meeting the needs of their children. DCYF needs to tailor services provided to parents in a way that supports their unique intellectual, developmental, and physical health needs. This in turn will allow the parents to meet the needs of their child.</p>	

Attachment C – Disaster Plan

Washington State Department of Children, Youth, and Families

EMERGENCY OPERATIONS PLAN

Agency-Level Plan



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: June 30, 2024 | Revised Date: August 28, 2024

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PURPOSE, SCOPE, SITUATIONS, ASSUMPTIONS

Purpose

The *Emergency Operations Plan* describes immediate actions to take in response to an emergency event generally lasting 24 to 72 hours. *Continuity of Operations Plans* provide additional guidance regarding actions to take when the disruption last more than 72 hours. Another significant difference between *Emergency Operations Plan* and the *Continuity of Operations Plan* is; the *Emergency Operations Plan* combines the response actions of all DCYF occupants at a given location while *Continuity of Operations Plan* are specific to the agency wide event.

The purpose of the *Emergency Operations Plan* is to:

- Provide an overview of the Department’s approach to emergency preparedness
- Describe roles and responsibilities
- Identify relevant resources to facilitate staff awareness and preparation for emergency events
- Set forth lines of authority and organizational relationships
- Describe how all actions will be coordinated

The objectives of the DCYF Emergency Operations Plan include:

- Protecting the well-being and safety of DCYF staff
- Recovering from any disruption and returning to routine operations as soon as possible
- Providing staff with tools and information to support preparedness

The Initial DCYF Emergency Operations Plan includes four components:

- The Agency-Level Plan
- Child Care in Disasters and Emergencies Plan
- Children’s Executive Team Continuity Plan
- Department of Early Learning Continuity Plan
- Juvenile Rehabilitation Continuity Plan

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Scope

The scope of the *Emergency Operations Plan* is to:

- Specifies the emergency response procedures for DCYF Executive Leadership
- Describes how DCYF responds to emergency events
- Provides an overarching guidance for all DCYF divisions, programs and field offices

Assumptions

Assumptions for the Agency include:

- Emergency events are associated with natural and human caused hazards such as facility failures, weather conditions, and external threats
- Agency Executive Leadership will exercise their authority to implement this plan
- The Agency has identified key personnel and alternates required for the implementation of this plan
- DCYF programs are able to respond effectively to emergency events using available resources without support from DCYF Emergency Management Services
- Preparation and response to emergency events begins and ends at the local level most directly affected

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CONCEPT OF OPERATIONS

When coordinating the response for emergency events, DCYF will adapt the *right-size* approach of a response sufficient to the size and complexity of a given event.

The primary functions of emergency coordination are:

- **Communication facilitation** – establishing communications among all DCYF Executive team functions, programs and with external partners, as necessary for the response
- **Information collection and evaluation** – collecting, analyzing, and interpreting information from impacted DCYF locations and other sources
- **Coordination** – coordinating the information flow and resources in response to complex emergency event or multiple emergency event occurring simultaneously
- **Priority setting** – ensuring that response systems among all DCYF Executive team functions and locations are interconnected and complementary, making the response more efficient and effective by coordinating all available resources, and making decisions based on established or otherwise agreed policies and procedures
- **Resource coordination** – identifying and acquiring needed resources and allocating existing resources

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DECISION GUIDE FOR EMERGENCY RESPONSE COORDINATION		
	Level 1 Normal or Limited Operations	Level 2 Reduced Operations
Scope of Damage	Localized emergency event limited to a single building	Multiple buildings on the same campus and/or multiple programs within the same building
	Minor damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures	Significant damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures
Client/Staff Impact	No medical response is needed	One or more people are injured and medical response is needed
	Staff are able to get to/from work location	Some staff are unable to get to work location or cannot remain at work location
	Staff absence is < 24 hours	Staff absence > 24 hours and < 72 hours
Recovery and response coordination	Single resource local response is sufficient or response coordination is uncomplicated	Multiple DCYF locations are inoperable for > 24 hours and < 72 hours; response coordination involves multiple DCYF programs
	Return to normal operations is likely to be < 24 hours	Return to normal operations is likely to be > 24 hours and < 72 hours.
	DCYF offices and-residential programs are able to respond to most localized events without support from the Emergency Management Unit	Emergency Management Unit may coordinate the DCYF response when an emergency event does not directly impact Department operation, and/or DCYF clients are affected
	The response begins and ends locally	Central coordination is needed
		Emergency Management Unit may call on DCYF staff to support emergency operations

The *Continuity of Operations Plan* will be activated when recovery to normal operations exceeds 72 hours and is beyond level 2 of the Decision Guide.

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EMERGENCY EVENT COMMUNICATION PROCESS

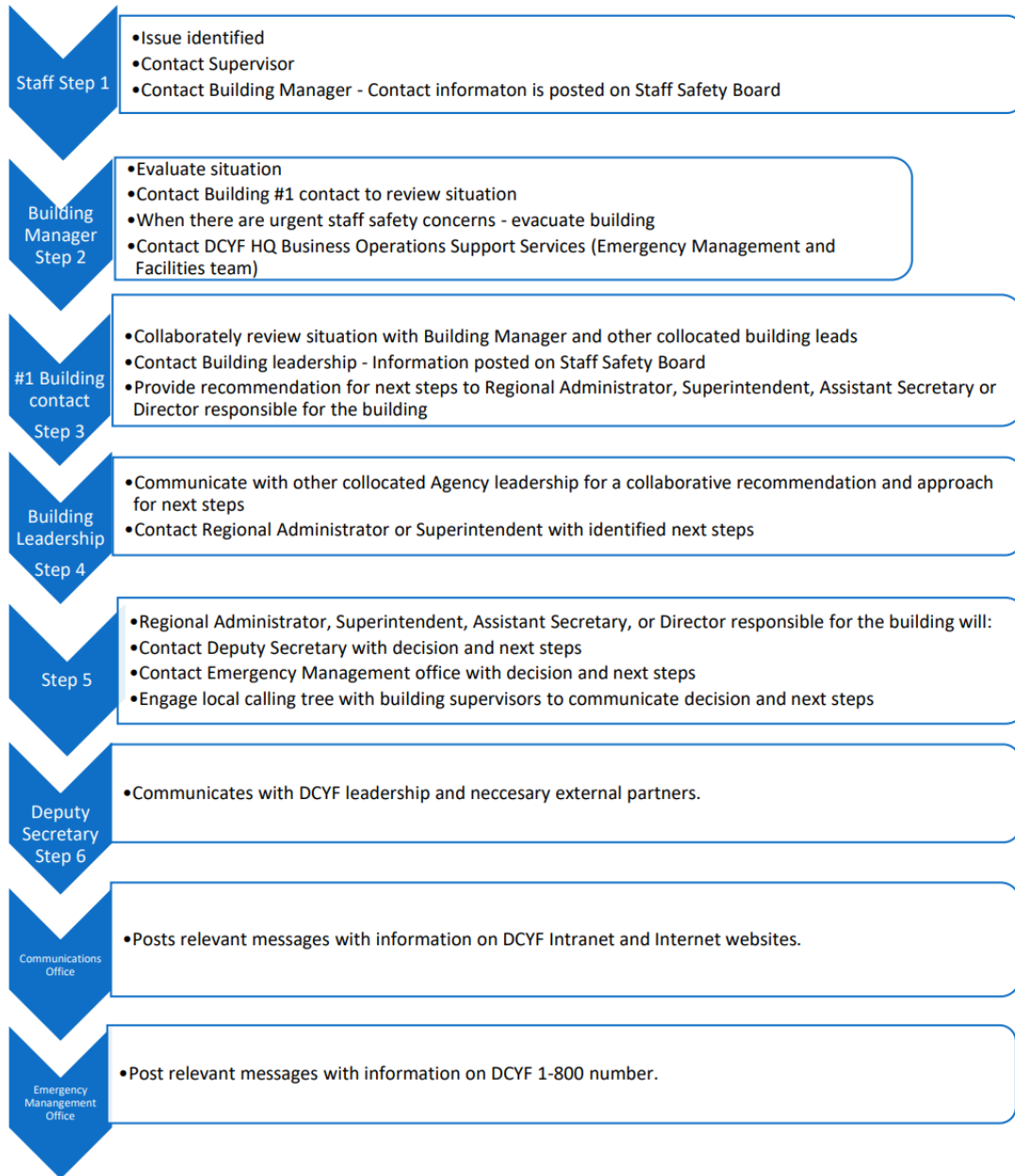
The Emergency Communication Plan provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

A key component of the Emergency Communications Plans is the requirement for supervisors to secure and maintain staff contact lists. Accurate staff list with staff names, phone numbers and emergency contact information is an essential tool for supervisors in an emergency event.

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Emergency Process for all Emergency Building Events



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NOTIFICATION OF EMERGENCIES OR DISASTERS

All Staff

Emergency Alert Notifications are available through a multitude of resources. Individuals can go on-line to various websites to sign up for the Alert Notifications. All DCYF staff are asked to go to the following websites and sign up for their local emergency alert systems, both for their home resident and for their local office.

[Washington State Emergency Management Division website](#)

[National Weather Service Alerts website](#)

Executive Leadership

Notification to the Deputy Secretary and Executive Leadership will include, at a minimum, the following:

- Nature of the emergency event
- Impacts likely to ensue over the next 24-72 hours
- Actions underway
- Actions recommended
- Resource projections
- Schedule for conference calls, briefings, etc.

Department of Enterprise Services

The Department of Enterprise Services is responsible for the overall response coordination for emergencies and disasters on Capitol Campus. The DCYF Emergency Management lead notifies the Department of Enterprise Services Duty Officer and any time the DCYF Emergency Management Unit activates a at Level 1 or Level 2.

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CONTINUITY OF OPERATIONS

As required by [Ch. 38.52 RCW](#) Emergency Management, all state agencies must maintain Continuity of Operations Plans.

DCYF will rely on the continuity plans developed by the DSHS Children’s Executive team; the Department of Early Learning and the Child Care Disasters; and the Juvenile Rehabilitation Executive Team. DCYF will develop a continuity plan tailored to the DCYF organization incorporating all of these plans.

Suspension of Operations

A suspension of operations requires authorization from the Deputy Secretary as outlined in [DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations](#).

The Deputy Secretary may suspend operations when it is determined that public safety, health, or property is jeopardized due to emergency conditions per [WAC 357-31-260](#).

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APPENDIX A – PREPAREDNESS TOOLS

The emergency management resource tools and information listed below help support staff before, during and after an emergency event. They are located at the DCYF intranet, on the Emergency Management webpage.

Emergency Alert System Notifications

The Emergency Alert System (EAS) is the national public warning system that provides the public with critical emergency and disaster alerts. The system is also used by state and local authorities to deliver important information targeted to a specific region.

All DCYF staff are encouraged to visit the [Washington State Emergency Management Division website](#) to sign up for local emergency alerts and notifications.

Additionally, DCYF staff can visit the [National Weather Service website](#) to sign up for emails and short messaging service (SMS) alerts.

Signing up will only take a few minutes and is an important role in emergency preparedness planning.

Emergency Event Communication Process

The [Emergency Event Communication Process](#) provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

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Emergency Closure Policy

[The DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations](#) applies to all DCYF staff and identifies the requirements and general process for:

- Closing a Department of Children, Youth, and Families (DCYF) facility or campus, in whole or in part, due to any natural or human cause emergency or disaster.
- Suspension of operations of any DCYF mission essential function.

Memo on Staff Use of Leave

[The Severe Inclement Weather/Natural Disaster Leave Memorandum](#) is a reminder to how DCYF treats absences from work due to inclement weather for all employees. This guidance helps DCYF be both consistent and responsive to employee needs and operational obligations.

When prior to the beginning of the workday, the employer suspends operations for the day, employees are able to use administrative leave for that day regardless of whether or not they were able to report to work. However, employees who had prescheduled approved leave are still charged with leave since they expressed intent in advance not to report to work based on their personal situation.

When the work location remains operational and the employee is unable to report to work because of their own personal situation related to severe inclement weather or natural disaster, the employee's leave will be charged in the following order:

- Any earned compensatory time or previously accumulated exchange time;
- Any accrued vacation leave;
- Any accrued sick leave, up to a maximum of three (3) days in any calendar year;
- Leave without pay

Employees who report to work due to severe inclement weather or natural disaster will be allowed up to one (1) hour of paid administrative time as long as they report to work at some point during their regular shift.

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Supervisor Phone List Form

The [Supervisor Phone List Form](#) provides contact information for supervisors and staff to stay connected in the event of an emergency. This list includes:

- Supervisor name
- Individual staff names
- Desk phone
- Work cell phone
- Personal cell phone
- Personal other phone

1-800 Staff Cards

All DCYF staff are provided with a Staff Emergency Hotline Card that has instructions on how to stay informed in the event of an emergency. DCYF staff are to follow these simple steps:

1. Contact your supervisor
2. Supervisors contact your staff
3. Regularly check information on the DCYF intranet/internet websites
4. Stay connected with local emergency alert systems- National Weather Services and Washington State Emergency Management Division (www.mil.gov.alerts)
5. Call 1.800.344.8219 for updates

Government Emergency Telecommunications/Wireless Priority Service (GETS/WPS) Cards

[GETS/WPS](#) is a service developed by the Department of Homeland Security to address the national security and emergency preparedness community's requirement for priority calling during congestion on landline and wireless networks.

The purpose of [GETS/ WPS cards](#):

- Increases the probability of completing calls when normal methods fail
- Provides voice transmission
- Provides a single, universal telephone number and a Personal Identification Number (PIN) that allows easy access to the service
- Allows calls to all 50 states and any worldwide destination

DCYF Leadership identifies essential staff who are assigned GETS/WPS cards and are required to perform monthly test calls to maintain familiarity with the GETS/WPS process.

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Leadership Emergency Management Calling Cards

Designated DCYF Leadership are provided with a Leadership Emergency Management Calling Card that establishes the process to follow in the event of an emergency. DCYF Leadership are to follow these simple steps:

1. Determine the scope of event and next steps
2. Contact the Deputy Secretary
3. Contact the Emergency Manager
4. Contact Building Leadership for plan of action

DCYF Building Contact List

The DCYF Statewide Emergency Event Contact List is utilized when a natural or human-made emergency event arises. This important tool helps support DCYF staff within their designated buildings, in the event of an emergency. The list outlines key DCYF staff that will collaborate collectively on an emergency event.

Emergency Leadership Conference Bridge

The Emergency Leadership Conference Bridge is a multi-point, multi-user, out-of-area tool used during an emergency event. The call-in and PIN number remain constant. Designated DCYF Leadership are assigned Emergency Leadership Conference Bridge Calling Cards with the call in information.

Leadership Expectations

The emergency leadership conference bridge is available for the DCYF Emergency Management Unit to activate following an emergency event. The Emergency Management Unit notifies the Executive Leadership Team via phone or email regarding the conference bridge information. The Executive Leadership Team must be prepared to call in at the soonest scheduled time following the event.

The call in schedule is as follows:

- 6:00 a.m. on the calendar day following the emergency event
- 10:00 a.m. on the same day
- 2:00 p.m. on the same day
- Recurring daily call schedule as indicated until notified to stand down

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Emergency Response Coordination Duties

Executive Leadership

The Executive leadership (Directors and Regional Administrators) will designate staff to serve as liaisons representing their area of work in the support of emergencies.

As part of the duties related to emergency response coordination for the Department, the Liaisons are responsible for:

- Timely collection and reporting of information about their respective facility operations, staff status, client status, and other pertinent information
- Transmit information to the Emergency Management Services
- The Emergency Management Administrator will define the method of reporting as needed
- Support these function throughout the duration of the emergency event

Emergency Management Administrator

- Notify Executive Leadership Team and division liaisons
- Activate the Executive Leadership Team Conference Bridge, as necessary
- Brief Deputy Secretary and other members of the Executive Leadership Team, as appropriate
- Empower DCYF managers and key staff to at the local level where the emergency event is happening to direct the response
- happening to direct the response
- Providing timely updates to the DCYF toll-free employee emergency information line

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Procedures Following an Emergency Event

When the emergency event is concluded the Emergency Management Administrator will contact all affect leadership and building representatives to build an After-Event report. The report will contain the following information on the event:

- Start time
- End time
- Affected staff
- Affected clients
- Leadership and Building Liaison actions
- Communications
- 1800 activity
- Follow-up actions needed

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Attachment D – Title IV-B Assurances

Title IV-B, subpart 1 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

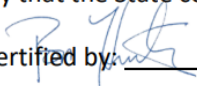
1. The State assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and
 - d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].
2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].
3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to

facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].

4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].
5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].
6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above

assurances. Certified by:  _____

Title: **Secretary**

Agency: WA Department of Children, Youth, and Families

Dated: 6/27/2024

Title IV-B, subpart 2 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances [Section 432(a)(2)(C)(i)].
2. That State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishment of the goals, and on the basis of the final review:
 - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
 - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b) of the Act) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year [Section 432(a)(2)(C)(ii)].
3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, family reunification services, and adoption promotion and support services) of:
 - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
 - b. The populations which the programs will serve; and
 - c. The geographic areas in the State in which the services will be available [Section 432(a)(5)(A)].
4. The State assures that it will perform the annual activities described in section 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State assures that Federal funds provided to the State under this subpart will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this subpart [Section 432(a)(7)(A)].
6. The State will furnish reports to the Secretary, at such times, in such format, and containing such

information as the Secretary may require, that demonstrate the State’s compliance with the prohibition contained in 432(a)(7)(A) of the Act [Section 432(a)(7)(B)].

- 7. The State assures that in administering and conducting service programs under the plan, the safety of the children to be served shall be of paramount concern [Section 432(a)(9)].
- 8. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].
- 9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].
- 10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program [Section 432(a)(4)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: 

Title: **Secretary**

Agency: WA Department of Children, Youth, and Families

Dated: 6/27/2024

Attachment E – Chafee Certification

State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of Washington, I certify that the State has in

effect and is operating a Statewide pursuant to section 477(b) and that the following provisions to effectively implement the Chafee Foster Care Program for Successful Transition to Adulthood are in place:

1. [Check one of the following boxes]:

The State will provide assistance and services to youths who have aged out of foster care, and have not attained 21 years of age [Section 477(b)(3)(A)(i)];

OR

The State will provide assistance and services to youths who have aged out of foster care, and have not attained 23 years of age [Section 477(b)(3)(A)(ii)];

AND:

the State has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;

OR:

the State agency responsible for administering the State plans under titles IV-B and IV-E of the Social Security Act uses State funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E;

2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 21 years of age (or 23 years of age, in the case of a State with a certification under section 477(b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained age 23) [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training including training on youth development to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult [Section 477(b)(3)(D)];
5. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
6. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile

Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

7. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State; and that the State will negotiate in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under subsection (j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriate portion of the State allotment for the cost of such administration, supervision, or oversight [Section 477(b)(3)(G)];
8. The State will ensure that youth participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the youth accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)];
9. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)]; and
10. The State will ensure that a youth participating in the program under this section is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy, or other similar document is recognized under State law, and how to execute such a document if the youth wants to do so [Section 477(b)(3)(K)].



06/28/2024

Date

Attachment F – ETV Certification

**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Program for Successful Transition to Adulthood**

As Chief Executive Officer of the State of Washington, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).



Signature of Chief Executive Officer

06/28/2024

Date

Attachment G - Acronyms and Abbreviations

ACYF	Administration for Children, Youth, and Families
ACI	Anchor Community Initiative
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General’s Office
AHCC	Apple Health Core Connections
AI	Appreciative Inquiry
AI/AN	American Indian and Alaska Native
AIRS	Administrative Incident Reporting System
Alliance	The Alliance for Professional Development, Training and Caregiver Excellence
ANI	Area Needing Improvement
AOC	Administrative Office of the Courts
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
ATLP	Adolescent Transitional Living Program
AWHWA	A Way Home Washington
BASW	Bachelor of Arts in Social Work
BIPOC	Black, Indigenous, Persons of color
BRS	Behavior Rehabilitation Services
CAC	Children’s Advocacy Centers
CANS	Child and Adolescents Needs and Strength
CANS-F	Child and Adolescents Needs and Strength-Family
CAPTA	Child Abuse Prevention and Treatment Act
CaRES	Alliance Caregiver Retention, Education, and Support Program
CASA	Court Appointed Special Advocate
CBCAP	Community-based Child Abuse Prevention
CCP	Career Connected Pathways
CCRT	Central Case Review Team
CCT	Caregiver Core Training
CCW	Coordinated Care of Washington
CCWIS	Comprehensive Child Welfare Information System
CCYJ	Center for Children and Youth Justice
CFE	Comprehensive Family Evaluation
CFI	Crisis Family Intervention
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CIHS	Combined In-Home Services
CIP	Court Improvement Program
CIR	Critical Incident Review
CLIP	Children’s Long-term In-patient Program
CLSA	Casey Life Skills Assessment
COE	Centers of Excellence

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CPA	Child Placing Agency
CPP	Child-Parent Psychotherapy
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CW	DCYF Child Welfare Division
CWELN	Child Welfare Early Learning Navigator
CWHP	Child Welfare Housing Assistance Program
CWTAP	Child Welfare Training and Advancement Program
CWWSP	Child Welfare Workforce Support Program
CY	Calendar Year
DBHR	HCA Division of Behavioral Health and Recovery
DCMO	Deputy Chief Medicaid Officer
DCYF	Washington State Department of Children, Youth and Families
DDA	Washington State Developmental Disabilities Administration
DIRECT	DCYF Inclusive Racial Equity Change Team
DOH	Washington State Department of Health
DSHS	Department of Social and Health Services
DSS	Designated Support Staff
DVR	DSHS Division of Vocational Rehabilitation
EAC	Educational Advocacy Coordinator
EAHP	Emerging Adulthood Housing Programs
EBP	Evidence Based Program
ECEAP	Early Childhood Education and Assistance Program
ECLIPSE	Early Childhood Intervention and Prevention Services program
EFC	Extended Foster Care
EHS	Early Head Start
ELAC	Early Learning Advisory Council
EPS	Emergent Placement Services
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ESIT	Early Support for Infants and Toddlers
ETV	Education and Training Voucher
FAB	Field Advisory Board
FAR	Family Assessment Response
FARFA	Family Assessment Response Family Assessment
FAST	Family Advocacy and Support Tool
FCAP	Foster Care Assessment Program
FCAS	Foster Care Adoption and Support
FFPSA	Family First Prevention Services Act
FFT	Functional Family Therapy
FJCIP	Family and Juvenile Court Improvement Program
FPM	Family Practice Model
FPS	Family Preservation Service
FRS	Family Reconciliation Services
FTDM	Family Team Decision Making

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FUP	Family Unification Program
FVS	Family Voluntary Services
FWB	Fostering Well-Being
FWB-CCU	Fostering Well-Being Care Coordination Unit
FWCC	Family Well-Being Community Collaborative
FYI	Foster Youth to Independence
GAL	Guardian Ad Litem
HCA	Washington State Health Care Authority
HCV	Housing Choice Voucher
HGPL	Harvard Government Performance Lab
HHM	Hub-Home Model
HQ	Headquarters
HR	Human Resources
HUD	U.S. Department of Housing and Urban Development
ICPC	Interstate Compact on the Placement of Children
ICW	Indian Child Welfare
ICWA	Indian Child Welfare Act
IDCC	Innovative Dependency Court Collaborative
IDEA	Individuals with Disabilities Education Act
IECMH	Infant/Early Childhood Mental Health
IECMHC	Infant/Early Childhood Mental Health Consultation
IFF	Initial Face-to-Face
IL	Independent Living
ITA	Involuntary Treatment Act
IYHP	Independent Youth Housing Program
JR	Juvenile Rehabilitation
KEU	Kinship Engagement Unit
LD	Licensing Division
LEP	Limited English Proficiency
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual plus members of the community who identify with a sexual orientation or gender identity not already included within the acronym.
LICWAC	Local Indian Child Welfare Advisory Committee
LOS	Length of Stay
MBF	Mockingbird Family
MCO	Managed Care Organization
MFC	Missing From Care
MI	Motivational Interviewing
MIECHV	Maternal Infant and Early Childhood Home Visiting
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSW	Master of Social Work
MW	Mentor Washington
NAIR	Native American Inquiry Referral/Request

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NCANDS	National Child Abuse and Neglect Data System
NCTSN	National Child Traumatic Stress Network
NEO	New Employee Orientation
NFP	Nurse Family Partnerships
NPCS	National Partnership for Child Safety
NRM	Negotiated Rule Making
NWRA	Northwest Resource Associates
NYTD	National Youth in Transition Database
OHY	Office of Homeless Youth
OIAA	Office of Innovation, Alignment and Accountability
OJJ	Office of Juvenile Justice
OMH	Ongoing Mental Health
OPD	Office of Public Defense
ORESJ	Office of Racial Equity and Social Justice
OSPI	Washington State Office of Superintendent of Public Instruction
OSRI	Onsite Review Instrument
OTR	Office of Tribal Relations
P2A	Passion to Action
P4P	Parents for Parents
PAAY	Physically Assaultive/Aggressive Youth
PAG	Parent Advisory Group
PAL	Partnership Access Line
PAT	Parents as Teachers
PBC	Performance Based Contracting
PCAP	Parent Child Assistance Program
PCIT	Parent Child Interaction Therapy
PEAR	Pro-Equity Anti-Racism
PFD1	Permanency from Day One Grant
PFP	Prospective Foster Parent
PFR	Promoting First Relationships
PHA	Public Housing Authorities
PIC	Pediatric Interim Care
PIP	Program Improvement Plan
POSC	Plan of Safe Care
PPM	Permanency Planning Meeting
PPS	Partnership, Prevention, and Services Division
PTFC	Professional Therapeutic Foster Care
PYD	Positive Youth Development
QA	Quality Assurance
QEW	Qualified Expert Witness
QIC-WD	Quality Improvement Center for Workforce Development
QRTP	Qualified Residential Treatment Program
RAIO	Recognized American Indian Organization
RCT	Regional Core Training

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RCW	Revised Code of Washington
RDA	Research and Data Analysis
RFQQ	Request for Quote and Qualifications
RLSP	Responsible Living Skills Program
RMC	Regional Medical Consultants
SACWIS	Statewide Automated Child Welfare Information System
SAY	Sexually Aggressive Youth
DBSM	Safe Babies-Safe Moms
SCIR	Systems-focused Critical Incident Review
SCOMIS	Superior Court Management Information System
SCT	Supervisor Core Training
SDMRA	Structured Decision Making Assessment
SFY	State Fiscal Year
SICC	State Interagency Coordinating Council
SIL	Supervised Independent Living
SON	Second Opinion Network
SPM	Shared Planning Meeting
SSA	Social Security Administration
SUD	Substance Use Disorder
SUDP	Substance Use Disorder Professional
SUD-P	Perinatal Substance Use Disorder
TANF	Temporary Assistance for Non-Needy Families
TCAP	Tribal Policy Advisory Committee
TF-CBT	Trauma-Focused Cognitive Behavioral Therapy
TICM	Targeted Intensive Case Management
TPR	Termination of Parental Rights
TRS	Targeted Recruitment Specialists
UW	University of Washington
WA CAP	Washington Caregiver Application Portal
WAC	Washington Administrative Code
WCCC	Working Connections Child Care
WDT	Licensing Division Workforce Development Team
WFC	Workforce Core
WISe	Wraparound with Intensive Services
WSCCR	Washington State Center for Court Research
WSIIS	Washington State Immunization Information System
YAHP	Young Adult Housing Program
YHDP	Youth Homelessness Demonstration Program
YYAHT	Youth and Young Adult Housing Response Team

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ⁱ Data Source: InfoFamlink Relative versus Non-Relative Report as of January 1, 2024

ⁱⁱ Data Source: InfoFamlink Permanency Legally Free Report as of January 1, 2024

ⁱⁱⁱ Data Source: InfoFamlink, Relative versus Non-Relative January 1, 2018-2024, does not include youth 18 and older.

^{iv} Annie E. Casey Foundation. (2012). Building Successful Resource Families Practice Guide: A Guide for Public Agencies. Baltimore, MD: Annie E. Casey Foundation

^v Data Source: <https://www.davethomasfoundation.org/>

^{vi} Data Source: InfoFamlink Counts of CW Licensed Providers, Non-Foster Home Counts as of January 1, 2024.