



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
CHILDREN'S ADMINISTRATION  
PO Box 45040 • Olympia WA • 98504-5040

June 30, 2017

Summer Puckett  
Child Welfare Program Specialist  
Children's Bureau, ACF/DHHS Region 10  
701 5<sup>th</sup> Ave, Suite 1600, MS-73  
Seattle, WA 98104

Dear Ms. Puckett:

Washington State is submitting the following documents for your review:

- 2018 Annual Progress and Services Report which include:
  - Targeted Action Plans
  - CAPTA State Plan
  - Foster and Adoptive Parent Diligent Recruitment Plan
  - Health Care Oversight Coordination Plan
  - Disaster Plan: Continuity Plan for Children's Administration
- Signed CFS-101s
- Excel copies of CFS-101s
- Signed Governor's Assurances (Substance Exposed Infants and Justice for Victims of Trafficking Act)

As required, final copies of these documents will be posted to Washington State's website and will be available at <https://www.dshs.wa.gov/ca/publications/reports> no later than July 15, 2017.

If you have questions, please contact Jessica Pierce at (360) 999-0444.

Thank you.

Sincerely,

Jennifer A. Strus, Assistant Secretary  
Children's Administration

Enclosures



# 2018 ANNUAL PROGRESS AND SERVICES REPORT

State of Washington  
Department of Social and Health Services  
Children's Administration

June 30, 2017

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## Section I: General Information

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The 2018 Annual Progress and Services Report (APSR) includes performance and activities for calendar year 2016, unless otherwise noted, and planned activities for calendar year 2017 required to receive Federal allotments for fiscal year 2018 authorized under title IV-B, subparts 1 and 2, section 106 of Child Abuse and Prevent Treatment Act, Chafee Foster Care Independence Program and Education Training Voucher programs. This report also provides an update on the progress made toward accomplishing the goals and objectives outlined in Washington's 2015-2019 Child and Family Services Plan (CFSP). Children's Administration uses the 2018 APSR to highlight areas of strength in practice, as well as, guide strategic planning to target resources for outcome improvement.

### Children's Administration Structure, Vision, Mission, and Values

The Department of Social and Health Services Children's Administration (CA or the Department) is the public child welfare agency for the state of Washington. CA is responsible for developing the Child and Family Services Plan and administering title IV-B and title IV-E programs under the plan. As the public child welfare agency for the state of Washington, our 2,800 staff members, in 49 field offices work with children and families to identify their needs and develop a plan for services that support families and assure the safety and well-being of children. These services are designed to reduce the risk of abuse, to find safe alternatives to out-of-home placement, and to ensure safety and permanency for children in out-of-home care.

#### Headquarters

The Children's Administration headquarters structure includes eight divisions that report to the Department's Assistant Secretary:

- Field Operations
- Executive Staff
- Finance Division
- Program and Policy
- Technology Services
- Indian Child Welfare
- Legislative and External Relations
- Quality Assurance and Continuous Quality Improvement

Field Operations include:

- Three regions providing direct services for children and families
- Division of Licensed Resources
- Central Intake
- Child Fatality and Critical Incident Review Team
- Emergency Management

Executive Staff include:

- Parent and Relative Search
- Background Checks
- Public Disclosure
- Risk Management
- Special Projects
- Constituent Relations

Finance Division include:

- Budget



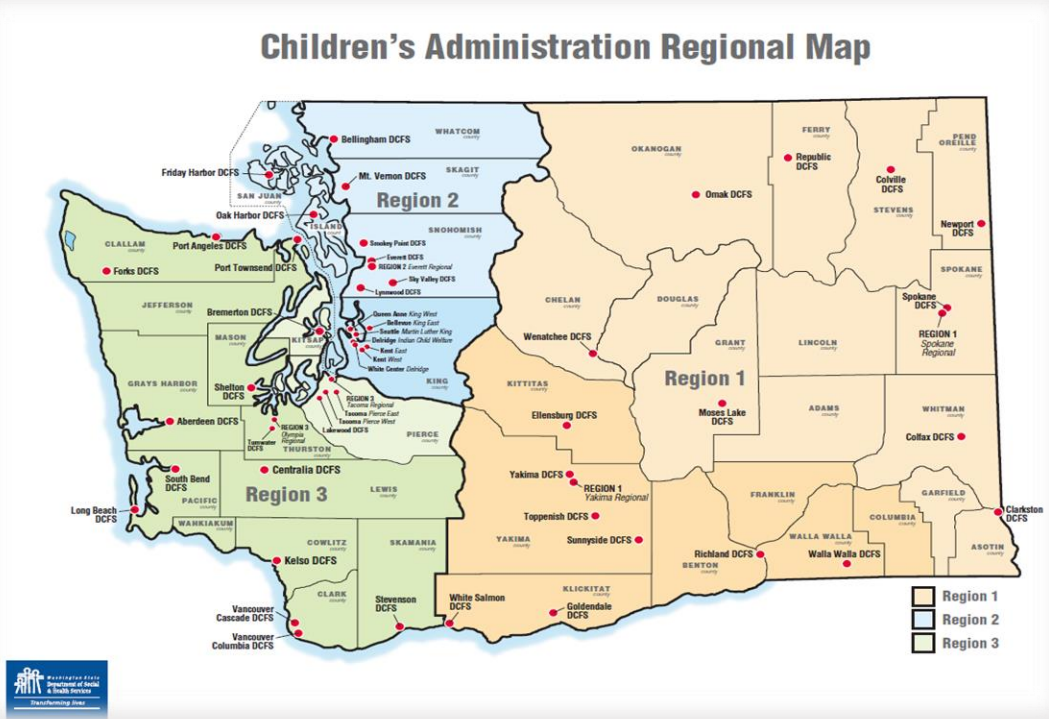
- Contracts
- Finance and Accounting
- Data Unit

Program and Policy include:

- Policy development
- Safety and Permanency program staff
  - Children’s Justice Program
  - Intake/Safety
  - Child Protection Services
  - Child and Family Welfare and Family Voluntary Services
  - Permanency Planning
  - Adoption Services
  - Adoption Support
  - Interstate Compact on Placement of Children
- Well-being program staff
  - Kinship Care
  - Foster Parent Recruitment and Retention
  - Education and Adolescent Services
  - Mental Health Screening and Assessment

### Regional Operations

Washington’s 39 counties are divided into three regions (or six sub regions divided by north and south). This report will primarily refer to sub regions unless otherwise noted. Region 1 North and South are primarily rural areas with some urban areas, while Region 2



North and South includes the county with the state’s largest population and some rural areas. Region 3 North and South is an even mix of urban and rural offices.

Each region provides:

- 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

## Children’s Administration Mission, Vision, and Values

### Mission

To transform lives by acting to protect children and promote healthier families through strong partnerships with the community, providers, and Tribes.

### Vision

An end to Child Abuse and Neglect

### Values

- Collaboration
- Compassion
- Respect

## Acronyms and Abbreviations

AAG	Assistant Attorney General
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General’s Offices
AHCC	Apple Health Core Connections
AOC	Administrative Office of the Courts
APSR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
CA	Children’s Administration
CAPTA	Child Abuse Protection and Treatment Act
CASA	Court Appointed Special Advocates
CATS	Children’s Administration Technological Services
CCRT	Central Case Review Team
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CPS	Child Protective Services
CSEC	Commercially Sexually Exploited Children
CQI	Continuous Quality Improvement
DLR	Division of Licensed Resources
EFC	Extended Foster Care
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ETV	Education and Training Voucher Program
FAB	Field Advisory Board
FAR	Family Assessment Response
FRS	Family Reconciliation Services

FTDM	Family Team Decision Making
FVS	Family Voluntary Services
HQ	Headquarters
ICW	Indian Child Welfare
ICWA	Indian Child Welfare Act
IL	Independent Living
IPAC	Indian Policy Advisory Committee
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
MOU	Memorandum of Understanding
NCANDS	National Child Abuse and Neglect Data System
NAIR	Native American Inquiry Referral
NYTD	National Youth in Transition Database
OMS	Onsite Monitoring System
OPD	Original Placement Date
OSRI	Onsite Review Instrument
QA	Quality Assurance
SACWIS	Statewide Automated Child Welfare Information System
SCARED	Screen for Childhood Anxiety and Related Emotional Disorders
SCOMIS	Superior Court Management and Information System
TPR	Termination of Parental Rights
WISe	Wraparound with Intensive Services
WSRDAC	Washington State Racial Disproportionality Advisory Committee

## Collaboration

Washington has a strong culture and structure of collaborating, coordinating and partnering with a wide variety of internal and external stakeholders, Tribes, courts, and community partners. The Department engages with community partners in a continuous improvement cycle to successfully implement the provisions of 2015-2019 CFSP and 2018 APSR. Through this collaboration, CA is able to assess the needs of children and families, use the input to amend strategies, and monitor progress towards achieving identified outcomes and measures.

To support meaningful collaboration within the Department’s framework, outcome and additional data is shared with staff and external stakeholders. The Department publishes the *Children’s Administration Annual Quality Assurance Report to the Legislature* and the *Monthly Informational Report*. These reports and the Department’s CFSPs and APSRs are available to staff and stakeholders on the Department’s internet site<sup>1</sup>. The Department presents data to staff and external stakeholders during committee, workgroup, and other meetings. For example, the Department has developed a monthly report for use by CA Leadership and program managers that includes results, by office, from the central case review team on the CFSR Round 3 data measures.

Additional areas of collaboration include:

### Strategic Plan

Children’s Administration is committed to keeping children safe while supporting children and families. CA is in the process of revising our strategic plan with an estimated publication date of October 2017. The plan in development focuses on commitment to continual quality improvement and is in alignment with federal performance measures. Development of the plan includes robust communication with external

<sup>1</sup> Children’s Administration Internet site: <https://www.dshs.wa.gov/ca>

partners and their feedback is routinely used to inform changes throughout the administration. Major work includes:

- Strengthening collaborations: establishing more robust and responsive communication with staff, partners such as tribes and courts, and stakeholders;
- Strengthening use of data-driven decisions, including use of the Plan-Do-Check-Act cycle, as well as other forms of routinized accountability; and
- Increased work to promote employee engagement.

### *Citizen Review Panels*

Washington has three (3) Citizen Review Panels statewide whose purpose is to evaluate the extent to which the Department is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act state plan. Feedback from the three Citizen Review Panels are shared with the appropriate HQ program managers (ICW, CPS and Safety/DV/Intake) and the Office Chiefs for the Program and Policy division. In addition, CAs Assistant Secretary attends the Children, Youth and Family Steering Committee meetings and the information obtained is shared with the CA executive team and the CA leadership team. The feedback is utilized to ensure appropriate improvements are implemented for the Department to provide quality and comprehensive services to children and families.

The *Children's Administration Indian Policy Advisory Subcommittee CAPTA Citizen Review Panel* meets monthly in Olympia and utilizes video conferencing for statewide participation. The function of CA Indian Policy Citizen Review Panel is to assure quality and comprehensive service delivery from the Department of Social and Health Services to all American Indians and Alaska Natives in Washington State. The panel is comprised of 29 federally recognized tribes in Washington, the five Recognized American Indian Organizations, and staff from other DSHS Administrations.

The *Children, Youth and Family Services Advisory Committee Citizen Review Panel* examines policies, procedures, and practices of state and local child protection agencies, reviewing specific cases where appropriate, and examining other criteria that are important to ensure the protection of children. The panel meets multiple times throughout the year and has 20 members from stakeholder and community groups including: Office of Public Defense, Treehouse, Washington Association of Prosecuting Attorneys, and Casey Family Programs.

*Children's Administration Region 1 South Citizen Review Panel* serves as a member of the community and advocates for the needs of children and families across the region. This committee reviews and evaluates state and federal performance measures and offers suggestions or provides recommendations to overcome internal or external barriers for families. The panel is facilitated by a CA staff member within the region and includes members from local community groups, such as Yakima Police Department, Kittitas County CASA Program, and Yakima Valley Farmworker's Clinic.

### *Targeted Engagement Initiatives*

Other stakeholder engagement is activated to achieve a specific purpose and may be time-limited. As specific topics and initiatives arise, the Department may require input from a specific group of subject matter experts in the community to participate in focus groups, workgroups, Lean improvement events, and other activities.

In partnership with local courts, a Permanency Summit was held in Region 3 South in Clark and Cowlitz counties. This summit included local stakeholders, discussed data, and identified strategies to achieving timely permanency. An action plan was developed which includes decreasing the length of stay for children in out-of-home care and engaging in successful permanency planning. One barrier to timely permanency in Clark county is the delay in setting a Termination of Parental Rights trial date. As a result of the Permanency Summit, the local court, Attorney General's Office and CA leadership have established a process to set trial dates in a timelier way. Work is underway to hold additional Permanency Summits in other counties around Washington during 2017.



### Continuous Engagement Initiatives

The Department, at the Headquarters and regional level, consults with a large and diverse group of stakeholders through advisory groups, oversight committees, provider meetings, and collaborative groups on the implementation of the CFSP and subsequent APSRs, as well as, many other improvement initiatives. Regularly scheduled meetings are held with specific stakeholder groups including, but not limited to, courts, Tribes, behavioral health representatives, youth and internal staff to assess the needs of children and families and monitor progress towards achieving identified outcomes and measures. Through the input provided by these groups, the Department is able to identify areas for improvement and discuss best practices.

Following are some of the many committees and activities which include stakeholder involvement that is used to update and complete requirements of the CFSP and APSR.

- *Washington State Racial Disproportionality Advisory Committee (WSRDAC)* – This committee includes representatives from around the state and works with CA to integrate awareness of disproportionality in child welfare practices and policies. WSRDAC is regularly updated with data and information and provides advice and consultation. Specific initiatives include input into CA’s practice model training, implementation of the Mandated Reporter Video Brochure focusing on racial disproportionality, enactment of a Washington state Indian Child Welfare Act (ICWA), implementation of anti-racism training (Undoing Institutional Racism) & Diversity Prejudice Reduction Model Training, (formerly Building Bridges) and evaluation of Structured Decision Making Tool. Ongoing initiatives include: recommendations for the use and implementation of a Racial Equity Analysis Tool for CA policy and practices, implementation of Evidence Based Practices and Family Support Services.
- *Indian Policy Advisory Committee (IPAC)* – Members of this committee are delegates appointed through resolution by the 29 federally recognized Tribes in Washington State and by letter for the five (5) Recognized American Indian Organizations. IPAC meets quarterly and has representatives on CA workgroups, advisory committees, and ad hoc committees to represent tribal input and concerns. IPAC children’s sub-committee meets monthly and works closely with CA on issues and policies that affect Indian Child Welfare and programs impacting Indian children and their families.
- *Foster Youth Advisory Board “Passion to Action”* – This board consists of 20 current and former youth statewide who have been recipients of CA services supported by an oversight committee, CA representatives, Casey Family Programs and the College Success Foundation. The youth provide valuable ongoing input to improve CA’s ability to effectively meet the needs of children and adolescents. Feedback from Passion to Action is provided to program and policy manager as new policies and materials are developed. They also provide feedback to community stakeholders who utilize the information to create programs which support children and youth in out-of-home care.
- *Foster Parent Consultation Meeting (1624 Meetings)* – Statewide and regional meetings occur quarterly and were established by legislation in 2007. Foster parents provide input on recruiting foster homes, reducing foster parent turnover rates, providing effective training for foster parents and strengthening services for the protection of children as well as other issues. The committee works cooperatively to address issues including those raised in the foster parent survey conducted each year.
- *Casey Family Programs* – CA and Casey continued their long time collaboration with Casey staff providing technical assistance and funding in many areas of CA’s work. Highlights include efforts to reduce racial disproportionality through training and hosting WSRDAC events, permanency related efforts particularly focused on finding permanent placements for long-term foster children by planning for technical assistance to increase kinship care and subsidized guardianship, improving service support for foster children in education and early childhood development, tribal/state best practices and support for CPS-FAR training.

- *Parents Advisory Committee* – CA continues to meet regularly with this Veteran Parents group, comprised of parents from around the state who have successfully reunified with their children. This parent group has reviewed CA policies and practices and provided advice and insight into CA practices. In addition, veteran parents have met with CA executive leadership about their experiences in the child welfare system and provided feedback about the challenges faced by parents who are served by CA.

Examples of ongoing consultation with employees and external stakeholders over the last year that guided the ongoing implementation of goals outlined in Washington’s CFSP. Additional examples

- Statewide CPS and Intake Leads meeting which is a monthly statewide meeting that focuses on child safety to include ensuring timely responses to all accepted child maltreatment reports.
- CFWS/Permanency Leads monthly meetings that include representatives from all regions, Headquarters and quality assurance. In 2017, this group will be utilized to further develop strategies and efforts influence practice statewide.
- CA collaborated with the Office of the Superintendent of Public Instruction, Treehouse, and Texas Education Agency to develop a resource guide for teachers and caseworkers. The purpose of the *Educator’s Guide To Supporting Students in Foster Care*<sup>2</sup> is to empower education professionals with information, resources, and tools to positively impact the educational experience for students in foster care. While the guide is primarily designed for education professionals, it will also benefit caregivers, child welfare workers, child advocates, and others who work with students to help them achieve success in school and in life.
- Field Advisory Board (FAB) which is a statewide workgroup comprised of field representatives selected by the Regional Administrators and Director of the Division of Licensed Resources. There are between 25 and 30 members on the FAB which includes 80% front line caseworkers and supervisors; the remaining 20% are representatives from Headquarters. The purpose of the FAB is to act as a sounding board and provide feedback to the CA Executive Management Team (EMT) on emerging issues in the field related to statewide child welfare practice and workload. The FAB provides a critical voice on the impact of initiatives, draft policies and practice changes under consideration. CA EMT meets with the FAB quarterly and the ongoing communication between them provides a forum for the exchange of ideas and recommendations that may improve staff recruitment and retention, and quality and effectiveness of practice.
- Specific stakeholder feedback provided by TriWest family survey of FAR clients noted:
  - Parents reported that the FAR caseworker listened to their input when planning for services with more than 70% reporting that their caseworker listened to them “always, or almost always” when considering the need for services, the types of services that would help, and the type of concrete supports needed by the family.
  - More than half (58%) of all parents reported improvement in family dynamics, feelings about their role as a parent, and/or their ability to get support from their community after participating in FAR.
  - Respondents most commonly cited their caseworker’s kindness, knowledge, and/or experience as being the most helpful part of the FAR process. Others cited the helpfulness of financial resources or family services received.
  - The most common suggestions for improvement included having more time with caseworkers, greater access to more resources, and/or longer case length to complete services.

<sup>2</sup> [http://www.treehouseforkids.org/wp-content/uploads/2016/06/Educators-Guide-Final\\_Digital-Version.pdf](http://www.treehouseforkids.org/wp-content/uploads/2016/06/Educators-Guide-Final_Digital-Version.pdf)

Additional committees, activities, and ongoing consultation with employees and external stakeholders can be found under [Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR](#) later in this report.

## Section II: Assessment of Performance

The Department continually assesses performance by reviewing data on safety, permanency, and well-being outcomes, as well as system functioning. Data is gathered through administrative data reports, qualitative case reviews, and interactions with stakeholders. The Department utilizes data and stakeholder feedback included within this report to conduct a self-assessment of statewide practice, services and progress towards achieving identified outcomes and objectives.

This report provides data from a variety of sources, including other reports published by the Department, Child and Family Services Review (CFSR) Data Profiles, internal data reports, and case reviews. Data may be reported by 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* – These data profiles are generated from the state’s AFCARS data files. CA 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 Statewide Data Indicators on safety and permanency.
- *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, 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.
- *Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report* – This report is published by Administrative Office of the Courts (AOC), Washington State Center for Court Research and reflects all of the juvenile dependency and termination cases that were filed in Washington’s courts from January 2000 through December 2016. Court records from the AOC’s Superior Court Management and Information System (SCOMIS) were matched with information from CA’s statewide information system, FamLink. Information represents a subset of matched cases that were documented before January 1, 2017. The complete report can be viewed on the Washington Courts website at: <http://www.courts.wa.gov/subsite/wscrr/docs/DTR2016.pdf>.
- *Central Case Review Team (CCRT)* – This data is generated by reviewing investigation, in-home, and out-of-home care cases utilizing the Online Monitoring System (OMS) for documenting case review results and reviewing cases according to the federal Onsite Review Instrument (OSRI) standards.

There were 23 onsite reviews of 25 offices completed between January 2016 and December 2016. The case sample for each review was designed to be large enough to show practice trends within the office, to include at least one case from each case-carrying worker, and to not over-represent a single program or worker. The sample included randomly selected cases that were open one or more days in the six months prior to the review date. A total of 566 cases were reviewed. Parent interviews occurred on a sample of the cases which remained open beyond CPS. There were a total of 105 parents interviewed by phone who were available and willing to participate in interviews.

The CCRT results do provide information about areas of relative strength and need in the Washington, which helps to identify target areas for further analysis and improvement.

Offices Reviewed by the Central Case Review Team in 2016					
<u>Region 1</u>		<u>Region 2</u>		<u>Region 3</u>	
Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South
Moses Lake	Ellensburg	Bellingham	King East	Pierce East	Centralia
Colfax	Richland	Smokey Point	King South		Kelso

**Offices Reviewed by the Central Case Review Team in 2016**

Region 1		Region 2		Region 3	
Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South
Newport	Walla Walla	Mount Vernon*	King West		Long Beach**
Clarkston		Friday Harbor*			South Bend**
Colville		Lynnwood			Shelton
					Stevenson
					Vancouver – Cascade
					Vancouver – Columbia

*Data Source: Central Case Review Team, 2016 Annual Report; February 2017*

*\*Cases from the Mount Vernon and Friday Harbor offices were reviewed together at one site during the same week.*

*\*\*Cases from the Long Beach and South Bend offices were reviewed together at one site during the same week.*

### Statewide Data Indicators

Statewide data indicators are aggregate measures developed by the Children’s Bureau and are calculated for all states. Along with the measures, they established a national standard for each measure based on the performance of all states. Because laws and populations are different, they also risk-adjusted state’s performance for factors such as the age of children in care that vary between states; therefore, a state’s observed performance may meet the national standard, but their risk-adjusted performance will not meet the standard. Washington identified “federal targets” to account for the risk adjustment, based on the observed performance needed to avoid a federal Program Improvement Plan. Although these measures will not be included in the CFSR performance determination in 2018, we find it useful to use these measures in monitoring. For this report, CA is utilizing the federal target as the performance standard.

The statewide data indicators are calculated by using administrative data available from Washington’s submissions to:

- AFCARS which collects case-level information from state and Tribal Title IV-E agencies on all children in out-of-home care and those who have been adopted with Title IV-E agency involvement. Title IV-E agencies must submit AFCARS data to the Children’s Bureau twice a year.
- NCANDS which collects child-level information from state and Tribal Title IV-E agencies on every child who receives a response from a child protective services agency due to an allegation of abuse or neglect. States voluntarily report this data to the Children’s Bureau. In federal fiscal year 2013, all 50 states, the District of Columbia, and Puerto Rico submitted NCANDS data.

Statewide Data Indicator	National Standard	Federal Target	Observed Performance	Status
Recurrence of Maltreatment	<9.1%	<6.0%	6.7% FFY2015	
Maltreatment in Out-of-Home Care	<8.50 victimizations	<6.80	6.05 victimizations FFY2016	
Placement Stability	<4.12 moves	<3.98 moves	6.21 moves FFY2016	
Permanency in 12-months for Children Entering Out-of-Home Care	>40.5%	>37.9%	29.1% FFY2015	
Permanency in 12-months for Children in Care 12-23 Months	>43.6%	>45.3%	40.5% FFY2016	
Permanency in 12-months for Children in Care 24 Months or More	>30.3%	>36.5%	40.6% FFY2016	

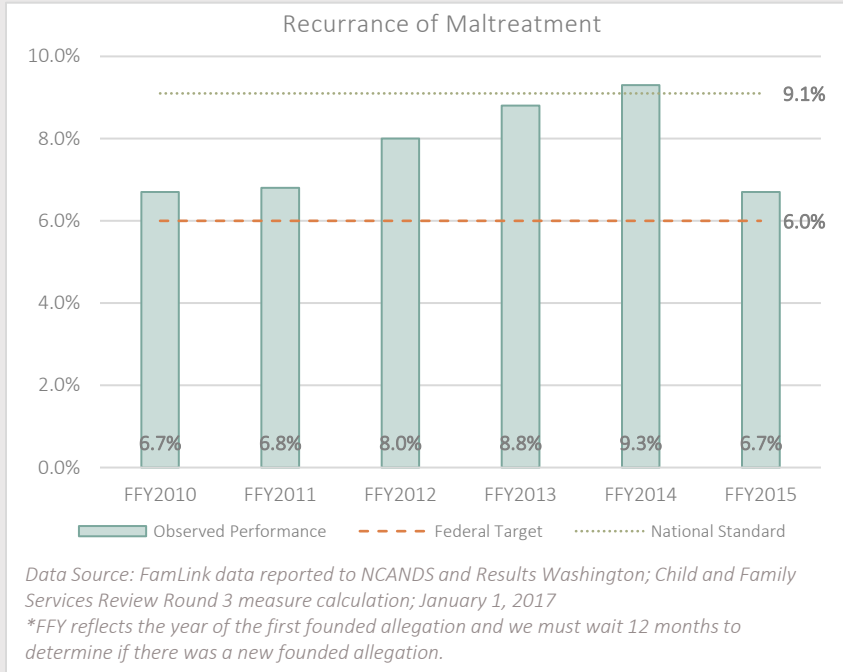


Statewide Data Indicator	National Standard	Federal Target	Observed Performance	Status
Re-entry in 12 Months	<8.3%	< 7.0%	5.1% FFY2014	<span style="color: green;">■</span>

■ Federal Target Achieved     
 ■ Within 5% of Federal Target     
 ■ Federal Target Not Achieved

### Recurrence of Maltreatment

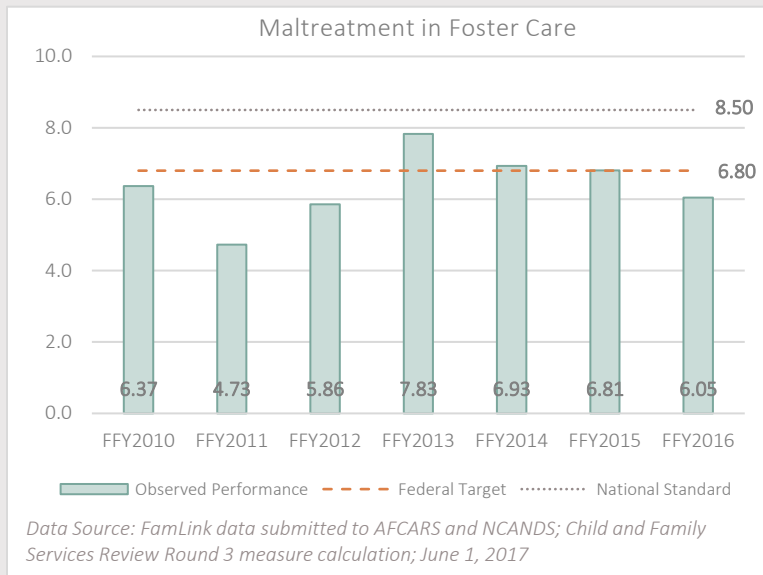
*Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment allegation within 12-months of their initial report?*



This statewide data provides an assessment of whether the agency was successful in preventing subsequent maltreatment for a child if the child is the subject of a substantiated or indicated report of maltreatment. Washington’s observed performance for federal fiscal year 2015\* is 6.7%; which meets the national standard of 9.1% or less.

## Maltreatment in Out-of-Home Care

*Of all children in out-of-home care during a 12-month period, what is the rate of victimization per day of out-of-home care?*



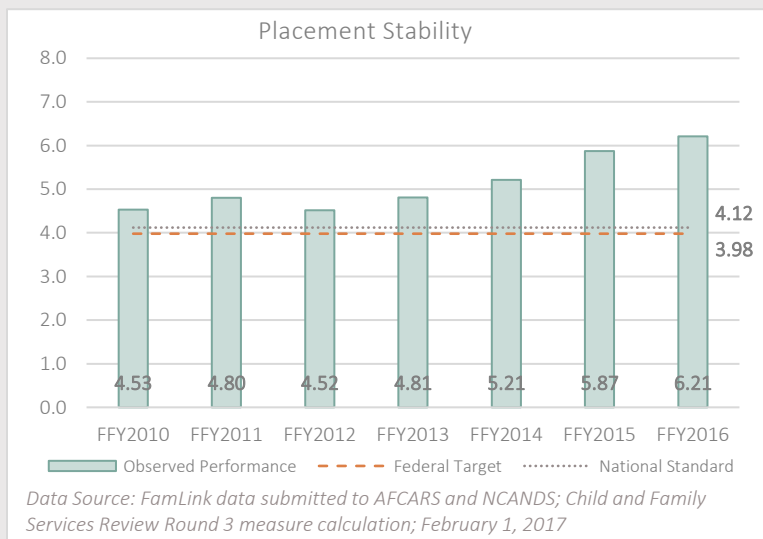
This statewide data indicator measures whether the agency is able to ensure that children do not experience abuse or neglect while in out-of-home care. The statewide data indicator holds states accountable for keeping children safe from harm while under the responsibility of the State, no matter who perpetrates the maltreatment while the child is in care.

Maltreatment in out-of-home care identifies the rate of victimization per 100,000 days in care for all children in out-of-home care during a 12-month period. The federal target is less than

6.80 victimizations and Washington's observed performance for federal fiscal year 2016 is 6.05.

## Placement Stability

*Of all children who enter out-of-home care in a 12-month period, what is the rate of placement moves per day of out-of-home care?*

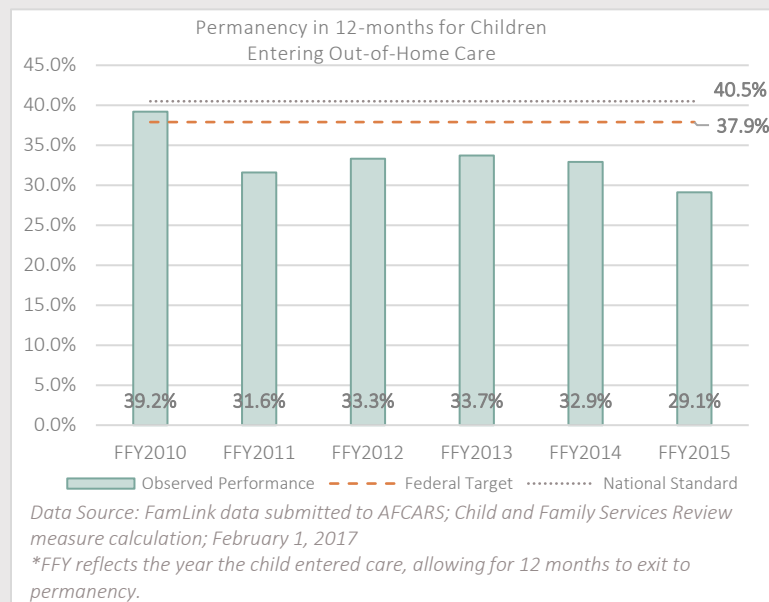


This statewide data indicator measures all children who enter out-of-home care during the federal fiscal year and the rate of placement moves per 1,000 days of out-of-home care. The federal target is 4.12 moves or less per 1,000 care days, based on the observed performance needed to avoid a federal Program Improvement Plan. Washington's observed performance for federal fiscal year 2016 is 6.21 move; which does not meet the national standard. The observed performance for federal fiscal year 2016 has continued to

worsen since federal fiscal year 2012.

### Permanency in 12-months for Children Entering Out-of-Home Care

Of all children who enter out-of-home care in a 12-month period, what percent discharged to permanency within 12-months of entering out-of-home care?

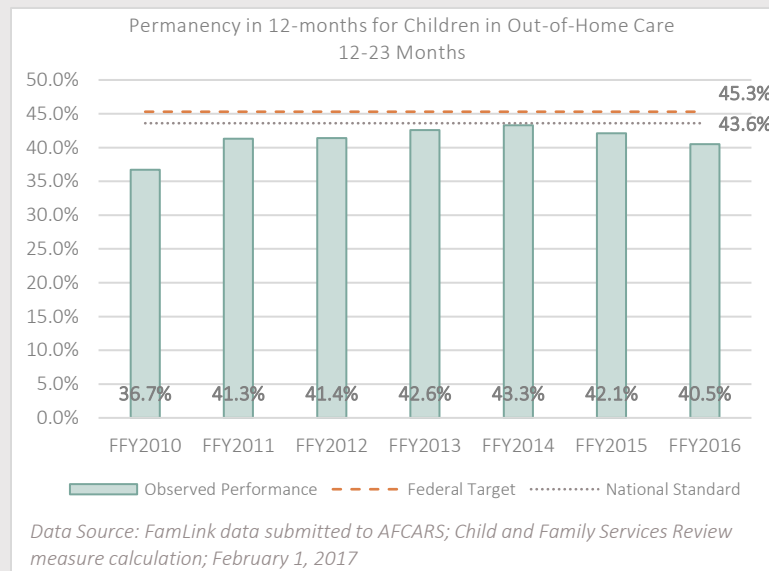


This statewide data indicator provides a focus on the child welfare agency’s responsibility to reunify or place children in safe and permanent homes as soon as possible after removal.

The federal target for this statewide data indicator is at or above 37.9%. Washington’s performance for children who were placed during federal fiscal year 2015 is that 29.1% achieved permanency within 12 months which is below the federal target. CA performance decreased 3.8% from the prior federal fiscal year

### Permanency in 12-months for Children in Care 12-23 Months

Of all children in out-of-home care on the first day of a 12-month period who had been in out-of-home care (in that episode) between 12 and 23 months, what percent discharged from out-of-home care to permanency within 12-months of the first day of the 12-month period?

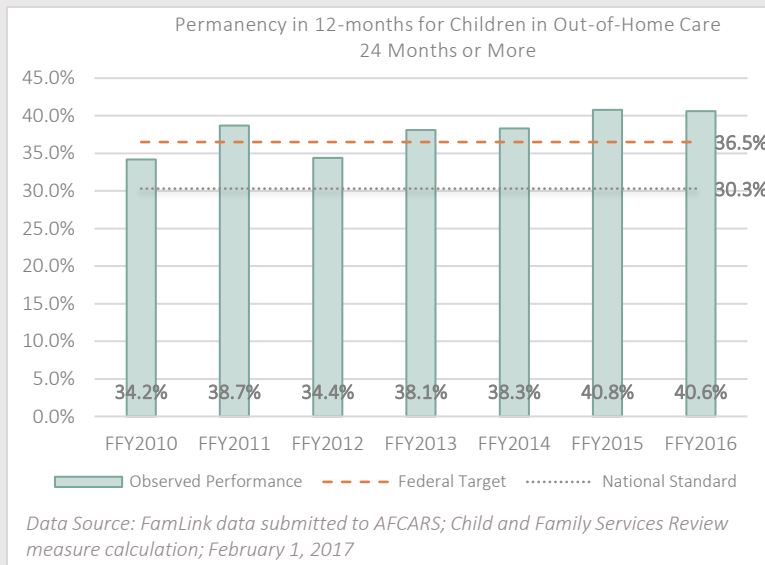


This statewide data indicator provides a focus on the child welfare agency’s responsibility to reunify or place children in safe and permanent homes timely, if not achieved in the first 12-months of out-of-home care.

The federal target for this data indicator is at or above 45.3%. For children in care 12-23 months at the beginning of federal fiscal year 2016, 40.5% achieved permanency by the end of FFY 2016 which is below federal target. CAs performance decreased 1.6% from the prior federal fiscal year.

## Permanency in 12-months for Children in Care 24 Months or More

Of all children in out-of-home care on the first day of a 12-month period, who had been in out-of-home care (in that episode) for 24 months or more, what percent discharged to permanency within 12-months of the first day of the 12-month period?

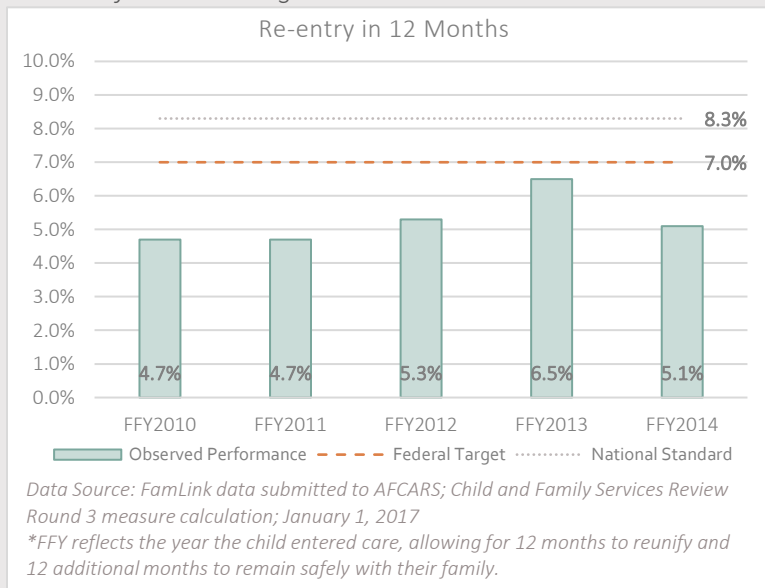


This statewide data indicator monitors the effectiveness of the state child welfare agency in continuing to ensure permanency for children who have been in out-of-home care for longer periods of time.

The federal target for this statewide data indicator is at or above 36.5%. Washington's performance for federal fiscal year 2016 is 40.6%; which is 4% above the federal target.

## Re-entry in 12 Months

Of all children who enter out-of-home care in a 12-month period who discharged within 12-months to reunification, living with a relative(s), or guardianship, what percent re-enter out-of-home care within 12-months of their discharge?



This statewide data indicator for re-entry into out-of-home care within 12-months of discharge enables the Children's Bureau and the Department to monitor the effectiveness of programs and practice that support reunification and other permanency goals for children who exit out-of-home care. The federal target is 7.0% or less of children who exit care re-enter within the 12-months following. Washington's observed performance for federal fiscal year 2014\* is 5.1%; which meets the national standard

## Safety Outcomes

The Department continues to be challenged with staff turnover and retention, which impacts performance on safety, permanency, and well-being outcomes. In 2016, the Department experienced a 21.4% turnover rate<sup>3</sup> statewide in the Social Service Specialist 3 classification, which is an increase of 2.6% from the previous calendar year. Staff turnover and lack of retention means limited experience assessing families. In addition, due to the number of intakes received, supervisors struggle to manage caseworker’s current workload.


The *Monthly Informational Report* identified that for calendar year 2016, CA received nearly 94,000 intakes on behalf of children who may have suffered abuse or neglect. Of those intakes, more than 34,000 were screened-in. More than 20,000 intakes met the criteria for investigation; while close to 13,000 families of children deemed at low to moderately low risk of risk of harm were offered differential response services (FAR). In calendar year 2016, more than 15,000 CPS investigations were completed statewide.




For referrals where the child was at imminent risk of harm, FamLink data identifies 98.3% of children were seen within 24-hours (or an extension was granted per agency policy) statewide in calendar year 2016. When the child is not at risk of imminent harm, caseworkers must visit the child within 72-hours. Statewide, 97.8% of children were seen timely. This data does not account for the length of a delay, which could be minutes, hours, or days.

### Safety Outcomes 1 and 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.

- For each of the two safety outcomes, include the most recently available data demonstrating the state’s performance. Data must include state performance on the two federal safety indicators, relevant case record review data and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state’s performance on the national standards for the safety indicators.

	Federal Target	2016 Performance	Status
<b>Safety Outcome 1: Children are first and foremost protected from abuse and neglect</b>	95%	90%	
Item 1: Timeliness of initiating investigations of reports of child maltreatment	95%	90%	
<b>Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate</b>	95%	76%	
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care	95%	96%	
Item 3: Risk Assessment and Safety Management	95%	76%	

 Federal Target Achieved       Within 5% of Federal Target       Greater than 5% of Federal Target

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

<sup>3</sup> Per data obtained from Human Resource Information System and Children Administration’s SACWIS system.

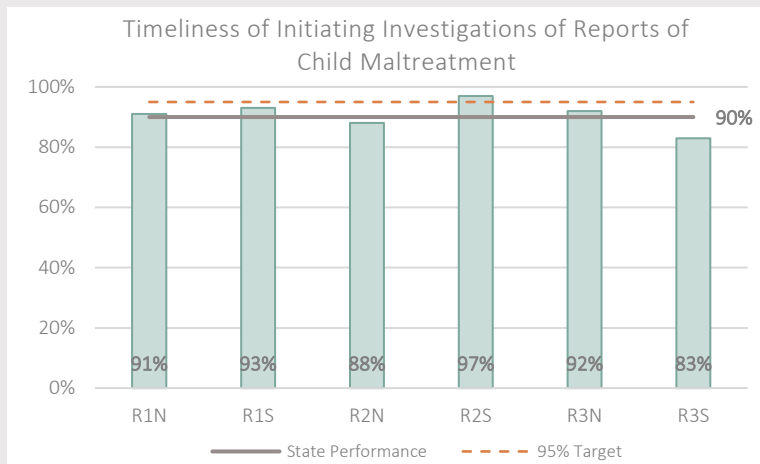


## Safety Outcome 1: Children are first and foremost protected from abuse and neglect

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>91%</b>	<b>93%</b>	<b>88%</b>	<b>97%</b>	<b>92%</b>	<b>83%</b>	<b>90%</b>
<i>Total applicable cases</i>	33	28	34	30	13	54	192
Substantially Achieved cases	30	26	30	29	12	45	172
Partially Achieved cases	-	-	-	-	-	-	-
Not Achieved cases	0	0	4	1	1	9	20

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 1: Timeliness of initiating investigations of reports of child maltreatment



Statewide, a total of 192 cases were determined applicable and reviewed by the CCRT.

Statewide, 90% (172 of 192) of responses to all accepted child maltreatment reports received were initiated and face-to-face contact with the child was made within the state policy timeframes: either 24-hours or 72-hour.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>91%</b>	<b>93%</b>	<b>88%</b>	<b>97%</b>	<b>92%</b>	<b>83%</b>	<b>90%</b>
<i>Total applicable cases</i>	33	28	34	30	13	54	192
Strength cases	30	26	30	29	12	45	172
Area Needing Improvement cases	3	2	4	1	1	9	20

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Assessment of Strength and Concerns - Safety Outcome 1

CA's performance related to safety outcome 1 has been assessed as a strength.

CCRT results identify that the investigation or assessment on reports for maltreatment are initiated within 24-hours or 72-hours in accordance with state timeframes and requirements in 96% (184 of 192) of the cases. The case reviews found that face-to-face contact with the child(ren) who is (are) the victim of the report occurred within the 24-hours or 72-hours timeframe in 77% (147 of 192) of the cases. For the cases where the face-to-face contact did not occur within the required timeframe, 56% (25 of 45) of the cases contained documentation reasons for the delay which were due to circumstances beyond the agency control.

In March 2017, CA submitted revised data on the federal caseworker monthly visits measure for federal fiscal year 2016. Statewide, 95.1% of CA caseworkers visited children every month and 88.2% of visits occurred in the child's home during the federal fiscal year. Both of these meet and exceed the federal target.

In 2016, the headquarters Quality Assurance and Continuous Quality Improvement (QA/CQI) section began meeting semi-annually with QA/CQI staff from each of the three regions to learn additional information regarding strengths and challenges the office and or region may be experiencing on the CFSR items. These meetings are referred to as deep dives. The deep dive process provided regions an

opportunity to share strengths, concerns, staff feedback and promising practices regarding the 18 CFSSR items. Information gathered was summarized and shared with headquarters Program and Policy program managers, as well as the statewide CQI team and CA Leadership.

Through the semi-annual deep dives, *areas of strength* noted by region and statewide include:

- Regional Quality Practice Specialist, CPS Program Managers, and Regional Quality Assurance staff conduct qualitative random reviews of initial face-to-face contact (IFF) with victims of alleged child maltreatment and appropriateness of extensions for IFF contacts. When practice issues are identified, regional staff reach out to supervisors and caseworkers to educate them on policy and ensure quality practice. Significant improvement has been noted across the region in this area and it is believed this is an effective approach for staff. (Region 1)
- Intake staff developed and utilize a laminated version of intake documentation and completion timeframes to ensure that staff are aware of policy timeframes and complete intakes in a timely manner so that caseworkers in the field have sufficient time to respond to alleged victims of child maltreatment. (Region 1)
- Regional Quality Assurance staff conduct monthly reviews of IFF completion and extensions. If practice trends are identified regional Quality Assurance staff reach out to Area Administrators and Supervisors to address any practice issues. (Region 2)
- Regional all staff reminder messages about policy requirements for IFF completion and extensions are sent on a regular basis. (Region 2)
- Regional Quality Practice Specialists get weekly reports for IFF extensions and conduct random reviews. When practice issues are identified they assist staff in the field offices to ensure proper understanding of policy requirements. (Region 3)
- IFFs and extensions are discussed monthly with regional management and the Regional Administrator has sent all staff communications regarding IFF and extension requirements to staff. (Region 3)
- When completion of IFFs has not been documented in FamLink, staff receive an e-mail notification within required timeframes until documentation has been noted. (Statewide)

CCRT results identified areas of improvement statewide related to the intake-assignment process which include:

- Delays as times related to intake completing documentation timely in order to provide the assigned CPS caseworker adequate and sufficient time to complete the IFF timely.
- Date of the alleged maltreatment was entered incorrectly on the intake document which affects timeliness.

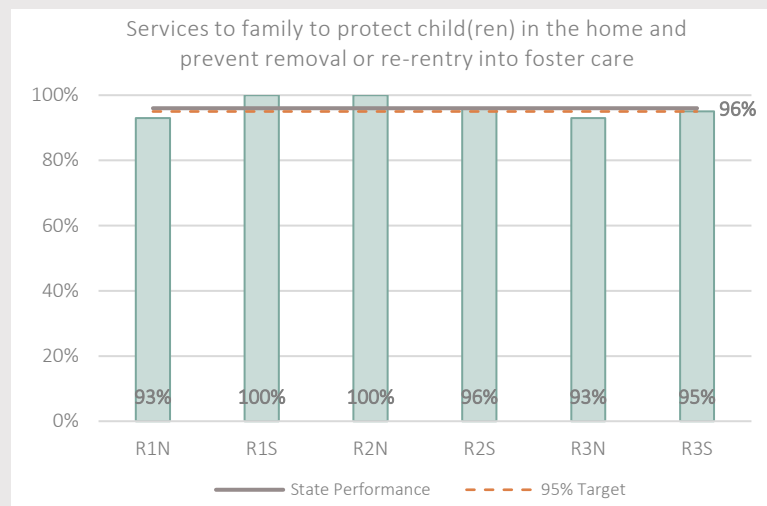
Statewide and regional strategies for improvement can be found in [Section III: Plan for Improvement](#), under the safety outcomes section.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>74%</b>	<b>79%</b>	<b>84%</b>	<b>71%</b>	<b>82%</b>	<b>71%</b>	<b>76%</b>
<i>Total applicable cases</i>	53	43	74	59	28	113	370
Substantially Achieved cases	39	34	62	42	23	80	280
Partially Achieved cases	7	4	7	7	2	21	48
Not Achieved cases	7	5	5	10	3	12	42

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care



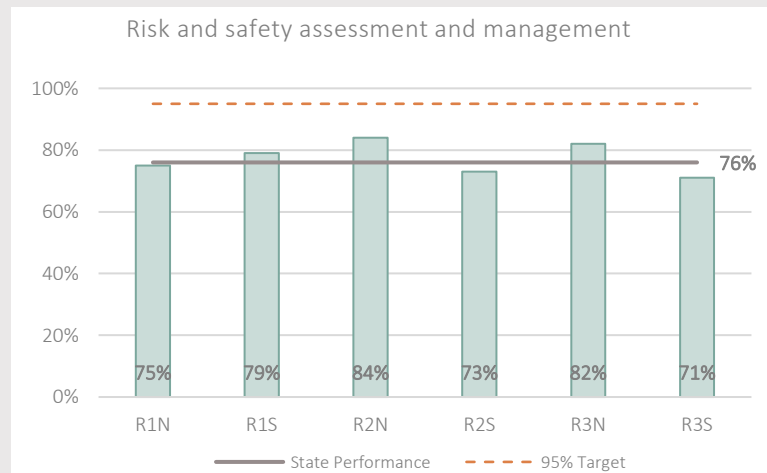
In 2016, a total of 175 cases were determined applicable and reviewed by the CCRT.

Statewide, in 96% (168 of 175) of cases, services were provided to the family to protect children in the home and prevent removal or re-entry into out-of-home care. Improvement was noted in all sub regions and statewide in 2016 after implementing the OSRI .

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>93%</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>93%</b>	<b>95%</b>	<b>96%</b>
<i>Total applicable cases</i>	27	23	32	24	14	55	175
Strength cases	25	23	32	23	13	52	168
Area Needing Improvement cases	2	0	0	1	1	3	7

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

Item 3: Risk Assessment and Safety Management



In 2016, a total of 370 cases were determined applicable and reviewed by the CCRT.

Statewide, in 76% (282 of 370) of cases reviewed, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in out-of-home care .

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>75%</b>	<b>79%</b>	<b>84%</b>	<b>73%</b>	<b>82%</b>	<b>71%</b>	<b>76%</b>
<i>Total applicable cases</i>	53	43	74	59	28	113	370
Strength cases	40	34	62	43	23	80	282
Area Needing Improvement cases	13	9	12	16	5	33	88

*Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017*

## Assessment of Strength and Concerns - Safety Outcome 2

The Department determined that performance related to safety outcome 2 is an area of continued improvement; specifically, the assessment and addressing of risk and safety concerns related to the child(ren).

CCRT results found that the agency made concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into out-of-home care or re-entry into out-of-home care after reunification in 95% (121 of 128) of the cases. Further analysis of these reviews noted that performance for In-home cases was stronger at 98% (63 of 64), while out-of-home care cases were 91% (58 of 64).

According to the *Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report*, Washington's dependency filing rate (per 1,000 children in general population) remained steady in 2016 with a slight decrease of under 1%. In addition, the dependency filing rate has eased slightly from the rates in previous years.

CCRT found that in 90% (54 of 60) of the cases reviewed, removal from the home without providing or arranging for services was necessary to ensure the child's safety. While statewide practice is relatively consistent among the sub regions, a consistent challenge noted across the state is access to services. Offices that serve rural areas (primarily Region 1 North, Region 1 South, and Region 3 South) lack skilled service providers, resource availability and have transportation challenges for families living in remote locations to reach service providers. While offices serving suburban and urban areas (Region 2 North, Region 2 South and Region 3 North) have sufficient resources, waiting times for services and transportation pose challenges.

The CCRT revealed that when the case opened during the period under review, the agency conducted an initial assessment which accurately assessed all risk and safety concerns for the identified child either in out-of-home care and/or any child(ren) remaining in the family home in 84% (148 of 177) of the cases. Unlike provision of services, results determined that an accurate initial assessment was completed in 78% (72 of 92) of in-home cases versus 89% (76 of 85) of out-of-home care cases.

The review findings indicated that the agency conducted an accurate ongoing assessment of risk and safety concerns for the identified child in out-of-home care and/or any child(ren) remaining in the family home in 81% (298 of 370) of the cases. When results were evaluated by case type, 66% (73 of 110) of in-home cases adequately assessed and addressed safety of the children through safety planning, adequate monitoring, active coordination with service providers, regular contact with the family, and reassessing child safety and risk based on new information. For out-of-home care cases, in 87% (225 of 260) of the cases, the identified child remained in care when it was unsafe for the child to return home, there was a plan for safe visitation with family members including supervised and monitored visits when necessary, and there were ongoing assessments of child safety in the child's placement home.

Results highlighted that when safety concerns were present, the agency did not always develop an appropriate safety plan with the family, monitor the plan on an ongoing basis, and update the safety plan as needed. Statewide 69% (45 of 65) of cases reviewed noted safety concerns and an appropriate plan. An appropriate safety plan was developed in 80% (28 of 35) of out-of-home care cases compared to 57% (17 of 30) of in-home cases.

Analysis of office results, found that eight offices statewide achieved 85% or better when assessing and addressing risk and safety concerns for children. While there were a few large offices in this count, the majority were smaller offices across the state. Through the semi-annual deep dives<sup>4</sup>, the following **areas of strength** were noted which led to the stronger performance.

- Completion of the initial comprehensive assessment includes strong documentation regarding safety and risk;
- Regular case consultation with peers and qualified program managers across the state and region;
- Strong understanding of Child Safety Framework;
- Supervisor available to provide clinical direction to staff;
- All household members were assessed related to risk and safety;
- Consistent use of shared planning meetings and Family Team Decision Making meetings;
- Ensuring appropriate supports are in place for children to return home safely;
- Supervisor and caseworkers have strong understanding of policy and how to apply requirements to practice;
- Consistent health and safety visits with children;
- Development and maintenance of good relationships with service providers; and
- Seasoned and experienced caseworkers who focus on provider services to prevent removal.

CA has indicated several systemic **areas for improvement** related to assessing and addressing the risk and safety concerns related to children, including:

- After hours caseworkers and supervisors not provided consistent training and messaging as daytime staff;
- Court may order the return of a child without adequately or appropriately addressing all safety concerns;
- Inconsistency in dissemination of policy updates and practice priorities between offices and sub regions;
- Ensuring sufficient information is gathered and documented;
- Quality of work due to employee turnover, retention, and managing high volume of cases;
- Caseworkers not interviewing children away from the presents of caregivers;
- Caseworkers assessing all children in the home, not just the identified child;
- Continuing to assess risk and safety after the initial contact with the family;
- Caseworkers not assessing other adults in the home; and
- Caseworkers conducting an assessment and planning for domestic violence.

Statewide and regional strategies for improvement can be found in [Section III: Plan for Improvement](#), along with the safety action plan for improvement.

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<sup>4</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.

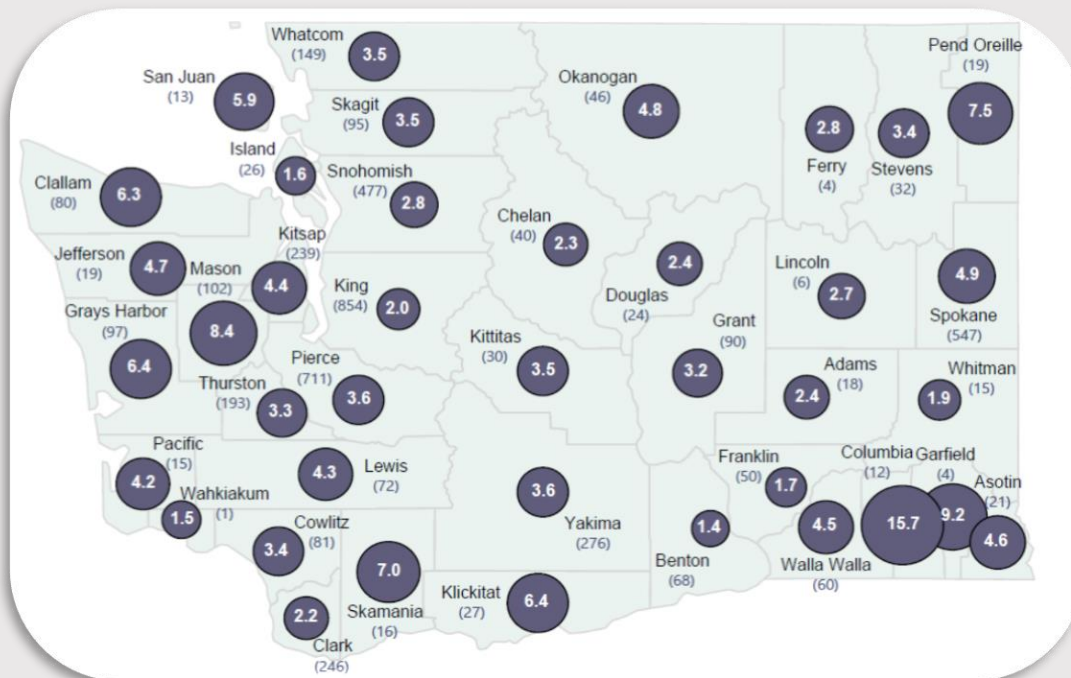


## Permanency Outcomes

CA believes there are a handful of systemic factors which impact the permanency outcomes, including the population increase of children in out-of-home care. The *Monthly Informational Report* indicated 8,815 children were in out-of-home care on December 31, 2016, which is nearly a 6% increase since December 31, 2014. Caseworkers and supervisors have felt the impact of increasing caseloads, as well as working with families with seemingly more complex issues.

Like the safety outcomes, permanency outcomes are affected by caseworker turnover. As caseworkers and supervisors leave the Department, CA loses valuable staff who retain greater knowledge of experience and background. In addition, this leads to a loss of cumulative knowledge and shared learning, factors which support strong permanency planning practice. This is most notably seen in the decreased use of concurrent planning and shared planning meetings.

Statewide, dependency filing rates vary by county. The below map from the *Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report* illustrates a statewide county comparison of dependency filing numbers (in parenthesis) and filing rate (per 1,000 children in general population) for 2015. The larger the circle the higher the filing rate.



Data Source: Administrative Office of the Courts, Washington State Center for Court Research; *Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report*, Page 4; April 2017

## Permanency Outcomes 1 and 2

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

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

	Federal Target	2016 Performance	Status
<b>Permanency Outcome 1: Children have permanency and stability in their living situations</b>	95%	27%	■
Item 4: Stability of out-of-home care placement	95%	73%	■
Item 5: Establishment of an appropriate permanency goal for the child in a timely manner	95%	63%	■
Item 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement	95%	48%	■
<b>Permanency Outcome 2: The continuity of family relationships and connections is preserved</b>	95%	53%	■
Item 7: Placement with siblings	95%	73%	■
Item 8: Visiting with parents and siblings in out-of-home care	95%	59%	■
Item 9: Preserving Connections	95%	81%	■
Item 10: Relative Placements	95%	67%	■
Item 11: Maintaining relationships between the child in out-of-home care and his or her parents	95%	40%	■

■ Federal Target Achieved     
■ Within 5% of Federal Target     
■ Greater than 5% of Federal Target

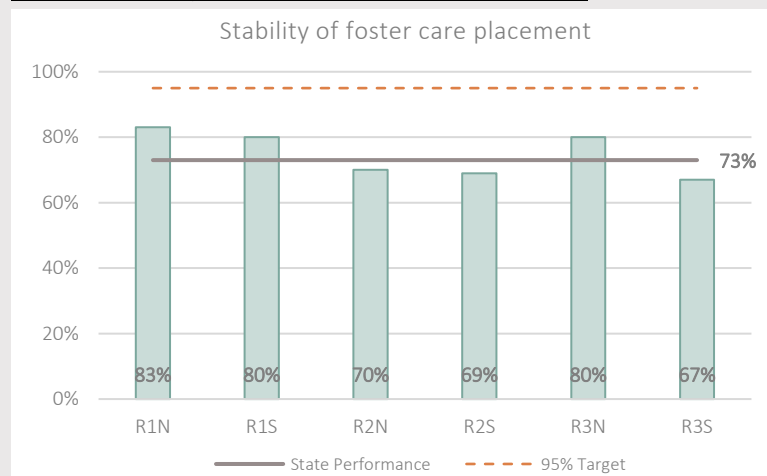
Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Permanency Outcome 1: Children have permanency and stability in their living situations

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>29%</b>	<b>30%</b>	<b>40%</b>	<b>17%</b>	<b>30%</b>	<b>23%</b>	<b>27%</b>
Total applicable cases	35	30	50	42	20	83	260
Substantially Achieved cases	10	9	20	7	6	19	71
Partially Achieved cases	23	20	28	30	12	60	173
Not Achieved cases	2	1	2	5	2	4	16

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

#### Item 4: Stability of Out-of-Home Care Placement



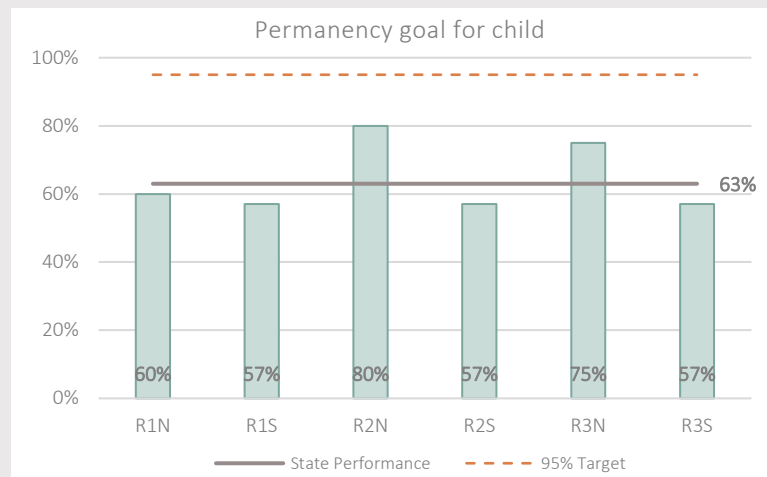
In calendar year 2016, a total of 260 cases were determined applicable and reviewed by the CCRT.

Statewide, in 73% (189 of 260) of cases, children had stability and permanency in their placements. There is variability between sub regions with Region 1 North being the highest with 83% and Region 3 South being the lowest at 67%.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	83%	80%	70%	69%	80%	67%	<b>73%</b>
<i>Total applicable cases</i>	35	30	50	42	20	83	260
Strength cases	29	24	35	29	16	56	189
Area Needing Improvement cases	6	6	15	13	4	27	71

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 5: Permanency Goal for Child



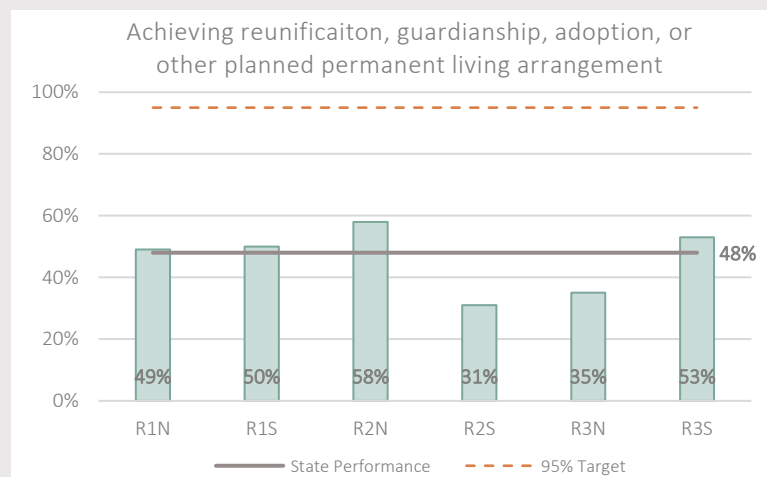
In calendar year 2016, a total of 260 cases were determined applicable and reviewed by the CCRT.

Statewide, in 63% (164 of 260) of cases reviewed, the child's permanency goal was established timely .

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	60%	57%	80%	57%	75%	57%	<b>63%</b>
<i>Total applicable cases</i>	35	30	50	42	20	83	260
Strength cases	21	17	40	24	15	47	164
Area Needing Improvement cases	14	13	10	18	5	36	96

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement



In 2016, a total of 260 cases were determined applicable and reviewed by the CCRT.

Statewide, in 48% (125 of 260) of the cases reviewed, the agency and court made concerted efforts to achieve permanency in a timely manner and identified this as an area for growth and improvement.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	49%	50%	58%	31%	35%	53%	<b>48%</b>

	R1N	R1S	R2N	R2S	R3N	R3S	State
Total applicable cases	35	30	50	42	20	83	260
Strength cases	17	15	29	13	7	44	125
Area Needing Improvement cases	18	15	21	29	13	39	135

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Assessment of Strength and Concerns - Permanency Outcome 1

The Department considers permanency outcome 1 an area for improvement at 27%. In addition, Washington’s observed performance did not meet the national standard for placement stability, permanency in 12-months for children entering out-of-home care, and permanency in 12-months for children in out-of-home care 12 – 23-months. Washington did meet the national standard for permanency in 12-months for children in out-of-home care 24-months or more.

Nearly two thirds of cases, 73% (189 of 260), reviewed by *CCRT* determined the target child maintained stability in their living situation. The results also highlighted that in the majority of cases reviewed, the child’s current or most recent placement was stable at 95% (247 of 260 cases). The average number of placement settings per child for cases reviewed by *CCRT* was 1.8. The range of placement settings for all cases was 1 to 11. When a placement change occurred during the period under review, 41% (45 of 111) of the cases were planned by the agency in an effort to achieve the child’s case goal or to meet the needs of the child.

Placement stability by sub region found that Region 1 North had the highest percentage of cases rated as a strength. However, when the percentages of the individual offices were evaluated, Moses Lake was at 100% and Colville was at 88% versus both Colfax and Clarkston at 60%. When evaluating the difference in performance through the semi-annual deep dives<sup>5</sup>, neither Moses Lake nor Colville noted a lack of foster homes or placement resources as a challenge; whereas, Colfax and Clarkston both identified the lack of foster homes or placement resources in the immediate area as an issue. Lack of placement resources is a theme in offices that have a lower percentage of placement stability. In certain areas of Washington, the limited number of available foster homes impacts the caseworker’s ability to ensure the best match for the child is found to support placement stability.

In calendar year 2016, Region 3 South had the lowest percentage of placement stability based on *CCRT* results; however, the lower percentage can be misleading. The deep dives found the in many of the cases, caregiver support was provided to maintain stability, however documentation explaining the need to move a child was absent. Should documentation improve, the percentage of children identified in stable placements may look similar to other well performing sub regions. Region 3 is addressing improvement of caseworker documentation by focusing on educating area administrators on ensuring adequate documentation during regional management meetings. Area administrators can then train supervisors who can ensure caseworkers receive the necessary training and support.

Placement stability in Region 2 South was also low at 69%. The semi-annual deep dives showed that there was a lack of foster homes for children with high behavioral needs. When placements were unavailable for children with high behavior needs, it has been necessary to utilize short-term hotel stays. The use of hotels requires at least one caseworker to stay with the child overnight and that instability often escalates the child’s behaviors. The escalated behavior may lead to the child running from out-of-home care and increases the difficulty of finding an appropriate placement. In an effort to provide some level of stability for these children or youth, while CA looked for a more permanent solution, a specialized contract was created for emergency placements. Under this contract 16 beds are available where these children can be placed for up to 15 days. In addition, Region 2 South, the Seattle metropolitan area, has had a great

<sup>5</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.

deal of worker turnover in the last year. This has likely contributed to the lower placement stability, as there are a tremendous amount of new caseworkers who are still learning the job.

CA supports early concurrent planning and the permanent placement of children by minimizing placement moves for children in out-of-home care, partnering with parents and caregivers to support timely permanency, and shared decision making. CA has been actively focused on increasing the number of foster homes, support to caregivers and education to all caregivers in order to address the issue of lack of foster homes or placement resources. Adequate placement resources allow CA to match children with homes that are more likely to provide stability and be a good match to the child's needs. One of the strategies has been to increase appropriate kinship placement as early as possible after the child's OPD. Data suggests children are more likely to be stable when placed with kin. In an effort to accomplish this a relative search is automatically completed when a child enters care. In 2016 51% of children were placed in kinship care. This was an increase from 46% in 2015.

Washington's *CCRT* found that the Department established appropriate permanency goals for the child in a timely manner in 77% (200 of 260) of the cases. Furthermore, the established permanency goal for the child was appropriate to the child's needs for permanency and circumstances of the case. At the time of the review, the child's permanency goal was:

- Reunification (139 cases)
- Adoption (103 cases)
- Guardianship (18 cases)
- Another planned permanent living arrangement (9 cases)

When the child was in out-of-home care at least 15 of the most recent 22 months, or met other Adoption and Safety Families Act (ASFA) criteria, a TPR petition was filed in a timely manner or a compelling reason not to file was documented in 60% (70 of 116) of the cases. Performance in the sub regions varies by 23%; with Region 1 South, Region 2 South and Region 3 South achieving 57% and Region 2 North at a high of 80%. Region 2 North and Region 3 North are the closest to achieving the federal target. While Region 3 North performance was 75%, the significance of the performance is difficult to determine as there was only one office sampled in 2016 versus three or more offices reviewed in other sub regions. It is also notable, that there does not seem to be a correlation between compliance rate and office size, location or resource density.

Statewide there seems to be more consistent practice around timely identification of initial permanency planning goals. The regions report greater awareness of ASFA timelines and analysis of cases reviewed indicate that the child's initial permanency planning goals are being established early in the life of a case. Timely filing of termination of parental rights (TPR) or documentation of compelling reasons not to file for TPR is a challenge for CA.

Once a TPR referral is accepted and filed, there are challenges getting an initial trial date. Specifically, certain courts in Region 1 North and South have been impacted because the criminal and dependency dockets compete for hearing dates, with criminal hearings taking priority.

In approximately half of the children reviewed by *CCRT*, the child's permanency goal was achieved within the established timeframe. Statewide performance by permanency goal was:

- Reunification was the primary plan and was achieved within 12-months of entering care in 56% (78 of 139) of the cases reviewed.
- Adoption as the primary plan was achieved within 24-months of entering care in 42% (43 of 103) of the cases.
- Guardianship was achieved in 18-months of entering out-of-home care in 22% (4 of 18) of the cases.

- When the primary plan for the child was another planned permanent living arrangement (or long-term out-of-home care), concerted efforts were made to place the child in a living arrangement that can be considered permanent until discharge from out-of-home care in 44% (4 of 9) of the cases.

For the nine cases reviewed, in which the identified permanent plan was long-term foster care, OSRI data indicates areas for growth in documentation and ongoing case planning. CA does not consider long-term foster or relative care a permanent plan. In response to the Preventing Sex Trafficking and Strengthening Families Act, the Department’s permanency planning policy was updated to limit the use of long-term foster and relative care to youth ages 16 years and older. Long-term foster care is only considered when it’s been determined through the shared planning decision making process that other permanent plans are not in the best interest of a child. This decision must be reviewed at each court hearing.

CA partners with Washington State Center for Court Research and utilizes their data which is matched from FamLink with court data from SCOMIS. This data provides monthly and/or quarterly data counts on fact-findings, review hearings, permanency hearings, type of permanency achieved, and termination of parental rights by county. The Washington State Legislature has set a goal of achieving permanency for children in out-of-home care within 15-months of entering care. In calendar year 2016, a review of the total number of FamLink placement exits was matched with Washington Court data to identify the reason for the child’s exit

from out-of-home care and his or her length of stay by months. This data indicated that more than half of the reunifications in calendar year 2016 were completed within 15-months of entering out-of-home care. Reunifications accounted for 85% of the placement exits for children in out-of-home care less than 15-months.

Exits by Length of Stay Calendar Year 2016	Less than 15 months	15 – 24 months	More than 24 months	Grand Total
	Percent / Count	Percent / Count	Percent / Count	Percent / Count
Reunifications	85%	56%	31%	<b>53%</b>
	1,010	563	574	2,147
Adoptions	4%	34%	52%	<b>33%</b>
	50	346	948	1,344
Guardianships	5%	7%	10%	<b>8%</b>
	64	75	190	329
Age of Majority/ Emancipation	2%	1%	5%	<b>4%</b>
	28	18	107	153
Deceased	1%	1%	1%	<b>1%</b>
	6	1	3	10
Transfer of Custody	3%	1%	1%	<b>1%</b>
	35	4	7	46
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
	1,193	1,007	1,829	4,029

*Data Source: SCOMIS Washington Courts Database and FamLink data match; March 31, 2017*

According to FamLink, adoptions in calendar year 2016 decreased by 8% from the previous calendar year based on the below chart; however, the number of finalized adoptions continues to increase since 2012 with the implementation of the unified home study. The unified home study simplified the adoption home study process in Washington state.

Of the 1,356 adoptions in 2016, 34% were completed by Region 1; 27% were completed by Region 2; and 39% were completed by Region 3.

CA faces many issues which impact the Department’s ability to meet the federal requirement for adoption within 24 months. Based on feedback from the three regional Adoption Area Administrators, the following statewide barriers impacted the completion of adoptions in calendar year 2016:

Calendar Year 2016 Completed Adoptions - Month/Year Comparison	2012	2013	2014	2015	2016
January	6	23	34	56	61
February	32	52	99	84	90
March	50	80	106	117	100
April	62	92	98	96	108
May	72	139	119	106	95
June	90	114	131	157	135
July	67	83	86	132	99
August	70	109	86	125	148
September	66*	112	99	104	81
October	89*	109	116	113	107
November	204*	212	237	235	164
December	239*	191	153	150	168
<b>Total</b>	<b>1,044</b>	<b>1,316</b>	<b>1,364</b>	<b>1,475</b>	<b>1,356</b>

*Data source: Children’s Administration, infoFamLink PQR 359 Legal Result Adoption Finalization; April 2017*  
*\*Total represents finalized adoptions after statewide implementation of Unified Home Study*

- Appeals of orders terminating parental rights
- Caregivers who struggle with caring for children who have experienced trauma based on physical and medical neglect.
- An increase in the number of relatives opting to complete a guardianship over adoption.
- ICW cases in which the tribes are not allowing an adoption to proceed.
- Attorneys now being assigned to every child legally free over six months has increased the workload of adoption workers. The attorneys request discovery on each case which requires redaction and disclosure of a file that can take days to complete.
- Caseworker turnover.
- Cases are transferred into adoption units when they have denied home studies. The denial is not addressed until the case resides in the adoption unit and it becomes a contested adoption.
- Cases are being transferred into adoption units where permanency planning staffings have not taken place and children are not in stable or appropriate placements. As a part of this, the needs of the caregivers and children are not being assessed and the adoption units must then address them before an adoption can be finalized.
- Delayed case transfers between CFWS and Adoptions, which directly impacts finalization.
- A significant amount of time between filing of a termination of parental rights petition and termination hearing.

In addition to statewide barriers, the three regional Adoption Area Administrators noted the following regional specific issues which impacted the timely completion of adoptions:

- Region 2, and to a lesser degree Regions 1 and 3, are experiencing a shortage of available homes for adoption. There has also been a decrease in the number of available adoptive homes for sibling sets.
- The Region 2 Adoption Area Administrator attributes the decrease in finalization of adoptions in the region to fewer resources and placements for youth, which results in children being placed in ill-equipped homes, from which they disrupt. The workers must then manage the crisis rather than focus on permanency.
- Cases are transferred into adoption units without completed home study referrals or Tribal inquiries. (Region 2 and Region 3)



- Staff vacancies occurred in adoption units in July 2016 but were not filled until October 2016. (Region 2)
- Some adoption units now retain legally free youth who are in the extended foster care program and are no longer able to be adopted through CA. Adoption workers are focused on maintaining these children rather than completing adoptions for them. (Region 2)
- Children or youth who are in Behavioral Rehabilitation Services (BRS) group care with severe behavioral and/or mental health issues and are legally free are transferred into adoption units which impacts the focus of the adoption caseworker. Instead of focusing on facilitating adoptions of children in adoptive homes, the adoptions caseworkers are reacting to the significant issues of these youth who are not stable and may run from placements. (Region 2 and some parts of Region 3)
- There has been an increase from prior years in the number of children entering out-of-home care who appear to have significant behavioral, mental health and medical issues. This may be correlated to a rise in opiate use in the state. (Region 3)

Legally free data from FamLink is reviewed monthly to identify barriers to adoption completion and timely permanency. As of December 31, 2016, 1,572 children/youth were legally free statewide: Region 1 had 280, Region 2 had 1,293 and Region 3 had 286 children/youth. Over

half of the 1,572 children were adopted within 6 months. Thirty-five percent of those children had been legally free for over one year (558 children). The below table displays a breakdown by age group of children legally free for over one year.

Children/Youth Legally Free More than One Year As of December 31, 2016	Age Group			Total
	Age 0-5	Age 6-11	Age 12-17	
Region 1	29	60	107	<b>196</b>
Region 2	37	61	98	<b>196</b>
Region 3	23	48	95	<b>166</b>
<b>Total</b>	<b>89</b>	<b>169</b>	<b>300</b>	<b>558</b>

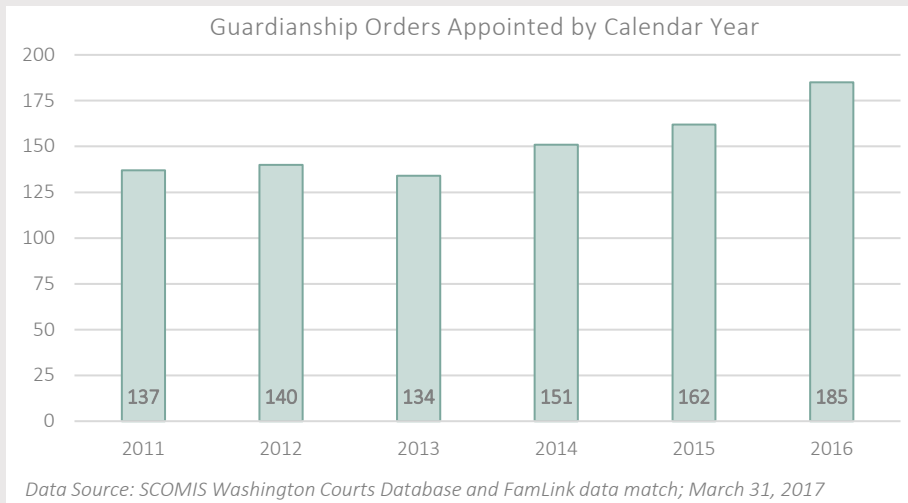
*Data source: Children's Administration, FamLink PQR 360; April 2017*

In 2010, Washington State eliminated Dependency Guardianships and initiated Title 13 Guardianships under RCW 13.31. Dependency Guardianships established a legal guardian for a child while the Department maintained the underlying dependency. Title 13 Guardianships establish a legal guardian for a child and require dismissal of the dependency. The Relative Guardianship Assistance Program (R-GAP) was initiated under Title 13 Guardianships to eliminate barriers to permanency with relatives. The R-GAP program provides a subsidy to qualified relatives who become guardians of children in dependent care and have been licensed for a minimum of six (6) months.

At this time, CA is unable to validate statewide guardianship, non-parental custody agreements and reunification data due to inconsistencies in how case closures are documented in FamLink. Currently, the drop down selections provide more options to caseworkers than needed or appropriate which leads to confusion and documentation errors. The inconsistencies impact data in the following ways:

- Invalid legal results due to caseworker inputting errors.
- Unreliable numbers for exit from care reasons, which impacts reunification data.
- Case closure reasons entered vary from actual reasons for case closure.

CA currently relies on data from Washington State Center for Court Research to gather guardianship and reunification information. Based on Washington Court data, in calendar year 2016, 185 Title 13 Guardianships were established in juvenile court. This is a 12% increase from the previous calendar year when 162 Title 13 Guardianships were established.



CA is able to provide data on Title 13 Guardianships receiving R-GAP subsidies by tracking payment codes. There are currently 266 Title 13 Guardianships with an R-GAP subsidy in Washington State, an increase from the 198 that were open in 2015. Three of those are for children over age 18. Title 13 Guardianships with subsidy are limited in

Washington state because subsidy is only available to relative caregivers who meet the definition of relative as defined in RCW 74.15.020(2)(a) or who are defined by tribal code and custom as a relative for Indian children. There is no state funding of R-GAP subsidies. Based on payment data, there are 178 Dependency Guardianships established prior to 2010. Seventeen (17) of these are out-of-state Dependency Guardianships.

In 2017, CA will be creating a policy specific to non-parental custody agreements as the use of these agreements as a permanency option has been increasing. The policy will provide caseworkers information on effective and correct use of non-parental custody agreements when used as a permanent plan. Non-parental custody agreements require a waiver of exclusive jurisdiction to be filed in juvenile court as the agreements are established in Superior court. Non-parental custody agreements require the petitioning party to pay for legal fees, while guardianships, which are established in Juvenile court, do not have legal fees.

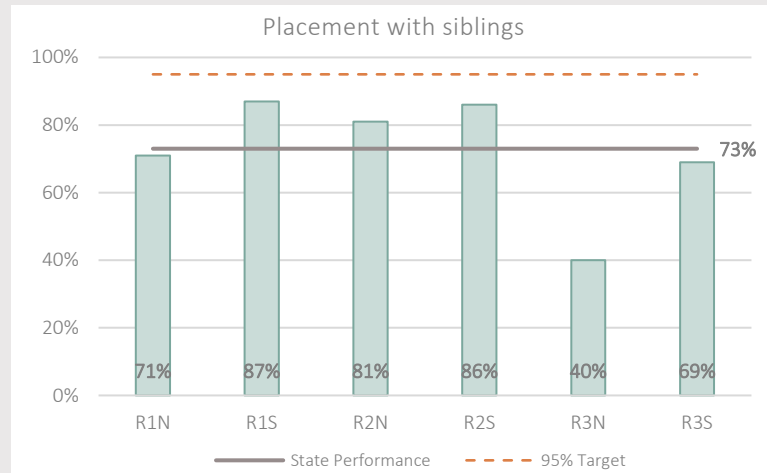
State and regional strategies for improvement can be found in [Section III: Plan for Improvement](#), under the permanency outcomes section.

## Permanency Outcome 2: The continuity of family relationships and connections is preserved

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>51%</b>	<b>67%</b>	<b>60%</b>	<b>33%</b>	<b>40%</b>	<b>58%</b>	<b>53%</b>
Total applicable cases	35	30	50	42	20	83	260
Substantially Achieved cases	18	20	30	14	8	48	138
Partially Achieved cases	17	9	18	26	8	30	108
Not Achieved cases	0	1	2	2	4	5	14

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 7: Placement with Siblings



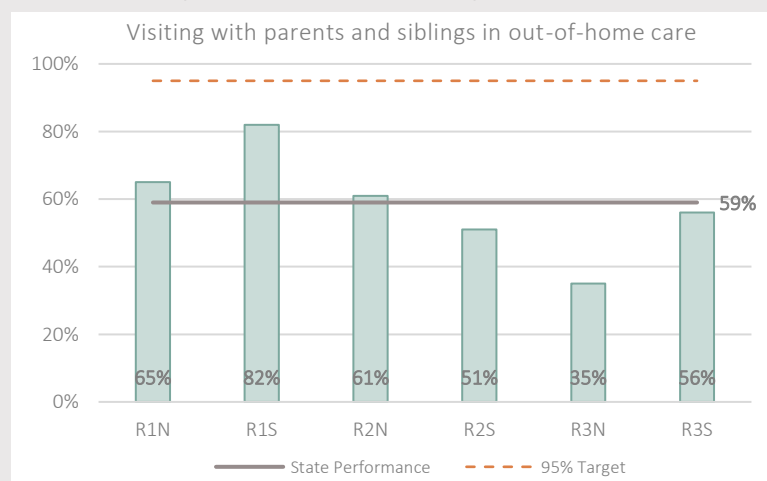
In calendar year 2016, a total of 109 cases were determined applicable and reviewed by the CCRT.

Statewide, 73% (80 of 109) of children reviewed were placed with siblings or when not placed together, concerted effort made and a valid reason existed for why they were separated.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>71%</b>	<b>87%</b>	<b>81%</b>	<b>86%</b>	<b>40%</b>	<b>69%</b>	<b>73%</b>
Total applicable cases	14	15	21	14	10	35	109
Strength cases	10	13	17	12	4	24	80
Area Needing Improvement cases	4	2	4	2	6	11	29

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 8: Visiting with Parents and Siblings in Out-of-Home Care



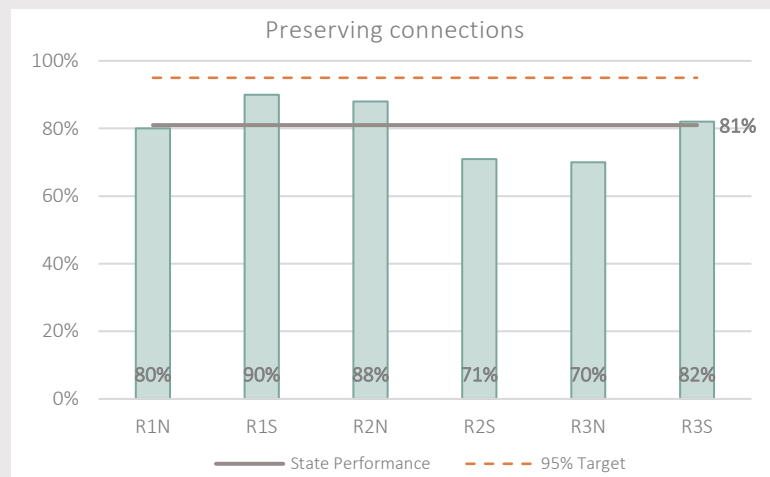
In 2016, a total of 234 cases were determined applicable and reviewed by the CCRT.

Statewide, in 59% (138 of 234) of cases reviewed, the agency made concerted efforts to ensure visitation between a child in out-of-home care and his or her mother, father, and siblings were of sufficient frequency and quality.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>65%</b>	<b>82%</b>	<b>61%</b>	<b>51%</b>	<b>35%</b>	<b>56%</b>	<b>59%</b>
<i>Total applicable cases</i>	34	28	41	39	17	75	234
Strength cases	22	23	25	20	6	42	138
Area Needing Improvement cases	12	5	16	19	11	33	96

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 9: Preserving Connections



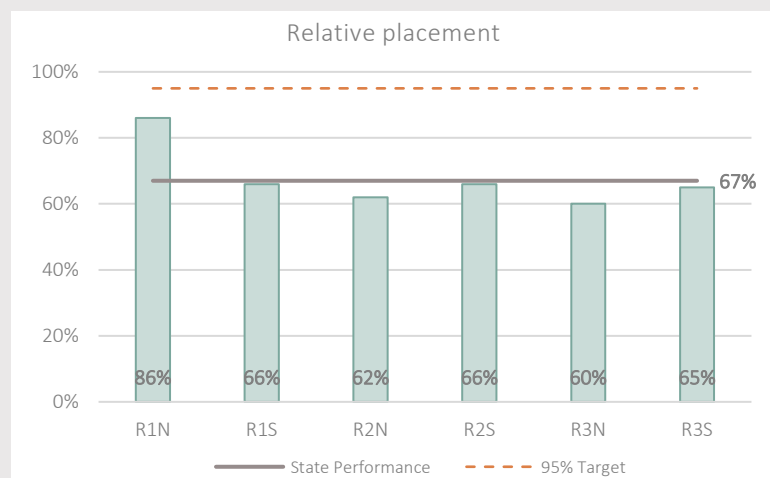
In calendar year 2016, a total of 259 cases were determined applicable and reviewed by the CCRT.

Statewide, in 81% (210 of 259) of cases, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>80%</b>	<b>90%</b>	<b>88%</b>	<b>71%</b>	<b>70%</b>	<b>82%</b>	<b>81%</b>
<i>Total applicable cases</i>	35	30	50	42	20	82	259
Strength cases	28	27	44	30	14	67	210
Area Needing Improvement cases	7	3	6	12	6	15	49

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 10: Relative Placement



In calendar year 2016, a total of 257 cases were determined applicable and reviewed by the CCRT.

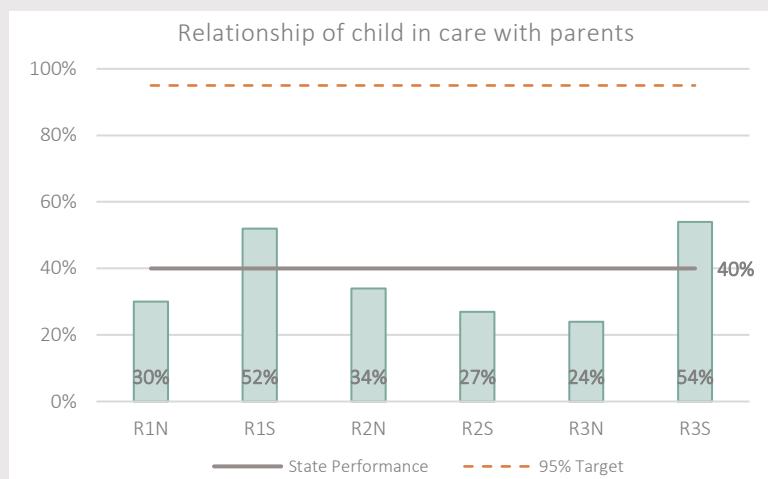
Statewide, in 67% (172 of 257) of cases, concerted efforts were made to place the child with relatives when appropriate.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>86%</b>	<b>66%</b>	<b>62%</b>	<b>66%</b>	<b>60%</b>	<b>65%</b>	<b>67%</b>
<i>Total applicable cases</i>	35	29	50	41	20	82	257

Strength cases	30	19	31	27	12	53	172
Area Needing Improvement cases	5	10	19	14	8	29	85

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 11: Relationship of Child in Care with Parents



In calendar year 2016, a total of 224 cases were determined applicable and reviewed by the CCRT.

Statewide, in 40% (90 of 224) of cases reviewed, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in out-of-home care and his or her mother and father.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>30%</b>	<b>52%</b>	<b>34%</b>	<b>27%</b>	<b>24%</b>	<b>54%</b>	<b>40%</b>
Total applicable cases	33	27	38	37	17	72	224
Strength cases	10	14	13	10	4	39	90
Area Needing Improvement cases	23	13	25	27	13	33	134

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Assessment of Strength and Concerns - Permanency Outcome 2

CA's performance related to permanency outcome 2 has been assessed as an area of continued improvement. Statewide practice is strong for sibling placement, visits with parents, preserving connections, and placement with relatives. Additional improvement is needed for visits with siblings and to maintain relationships between the child and parents.

CCRT data found that in 50% (55 of 109) of the cases reviewed, the identified child was placed with siblings who also were in out-of-home care. When siblings were not placed together, in 46% (25 of 54) of the cases, a valid reason was located for the child's separation from the siblings.

Sibling placement data shows a significant amount of variability between sub regions with Region 1 South being the highest at 87% and Region 3 North being the lowest at 40%. The significance of this disparity is difficult to determine as Region 3 North only had one office sampled versus other sub regions which had at least 3 offices sampled in calendar year 2016. The next lowest percentage was Region 3 South at 69%, with 7 offices sampled.

The semi-annual deep dive<sup>6</sup> in Region 2, which had the highest percentage of siblings placed together, revealed that not only were concerted efforts being made to place siblings together at initial placement, but throughout the life of the case. Once behaviors, or other identified reasons for separation have been minimized or resolved, caseworkers are focusing on placing children together who had previously been separated. Region 2 is the most urban area of Washington and has a higher number of services available

<sup>6</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.

to address children’s behavior. Region 2 is also very focused on placing children with relatives and this in turn positively affects placement with siblings; sibling placement is higher when children are placed in relative or suitable other homes.

In sub regions that have a lower percentage of placement with siblings, it was consistently noted that a lack of suitable foster homes, especially for large sibling groups, impacted performance. Region 3 has the lowest percentage of placement with siblings and has resumed work to review cases where siblings are placed separately at the time of initial placement. By restarting this work, the hope is to educate caseworkers and remind them of the importance of keeping siblings together, whenever possible.

Research on improving outcomes for siblings in foster care notes that *“These empirical and theoretical studies imply that interventions targeted at reducing sibling conflict and enhancing sibling relationship quality may reduce youth problem behaviors and mitigate challenges in the home for foster youth (e.g., coercive foster parent-child interactions). When youth are placed into care, the sibling relationship is frequently the most viable ongoing relationship; and the development and maintenance of a positive sibling relationship may serve as a source of resilience when other familial resources are unavailable (Feinberg et al, 2012; Kramer, 2010).”*<sup>7</sup>

Child visitation with parents and siblings in out-of-home care was found to be sufficient to maintain or promote the continuity of the relationship in 59% of the cases reviewed by CCRT. Concerted efforts were made to ensure the frequency of visitation with the mother in 72% (147 of 203) of the cases and the quality of visitation in 87% (154 of 177) of the cases was sufficient. The frequency of visits with the father was sufficient in 70% (102 of 146) of the cases and visitation quality was sufficient to maintain or promote the continuity of the relationship in 81% (96 of 118) of the cases reviewed. Additional work is needed to ensure concerted efforts are made to ensure the frequency of sibling visits is sufficient. In calendar year 2016, CCRT noted that in 61% (31 of 51) of the cases reviewed, visit frequency was sufficient. For the sibling visits that did occur, in 78% (32 of 41) of cases, the quality of visitation between the sibling(s) was sufficient to maintain or promote the continuity of their relationship.

A statewide theme regarding parent-child and sibling visits pertains to the availability and quality of documentation and data. One major challenge is the lack of documentation regarding sibling visits. The limited documentation may not include visit frequency, visit duration and rationale as to why visitation is supervised, monitored or unsupervised.

Currently there is not a uniform method of data entry in FamLink to allow for extracting quantitative and qualitative data. Visits can be supervised or facilitated by a visit contractor or the child’s caregiver. When visits are conducted by a contractor, the visit report is most likely uploaded into FamLink in the file upload section. For visits conducted by caregivers or kinship providers, details are captured during monthly health and safety visits and documented in a case note in FamLink. Likewise, these visits may not get documented at all or the quality of the documentation might not be sufficient.

An additional challenge for kinship providers is around the initial steps taken to explain expectations and needed actions around visits. Across the state, staff report that relatives frequently do not understand their role or the expectations of them during visits.

In Region 2 North, staff and families face challenges with initiating visits. In Region 1 North, staff report some challenges in partnering with their regional network contract manager. In reviewing case review data, it appears that the offices within smaller communities either reflect performance norms of the region at large, or they have stronger performance. The regions report that this may be because some of the smaller, more isolated communities are more organized out of necessity. Having fewer resources, the community has pulled together to find other supports. Observations of Region 1 South, as well as

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<sup>7</sup> Intervening to Improve Outcomes for Siblings in Foster Care: Conceptual, Substantive, and Methodological Dimensions of a Prevention Science Framework; Bowen McBeath, Corresponding author; Portland State University School of Social Work & Oregon Social Learning Center, PO Box 751, Portland, OR 97207; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3951129/>

self-reports, indicate that the offices and communities have come up with more creative ways of managing visit plans and rely on relatives and people known to the family to support visitation.

The Department's performance regarding concerted efforts to maintain important connections the child had prior to his or her placement was a strength in 83% (215 of 259) of the cases reviewed. Important connections could include maintaining the child in the same school the child attended prior to placement in out-of-home care, connections with siblings who are not in out-of-home care, connections with extended family members, and maintaining the child's connection to the neighborhood, community, faith, language, Tribe, and/or friends.

In 71% (17 of 24) of the cases where the child was a member of or eligible for membership in a federally recognized Indian Tribe, the Tribe was provided with timely notification of its right to intervene in state court proceedings seeking involuntary foster care placement or termination of parental rights. *CCRT* found that when the child was a member of, or eligible for membership in a federally recognized Indian Tribe, he or she was placed in out-of-home care in accordance with the placement preferences of the Indian Child Welfare Act or concerted efforts were made to place in accordance with placement preferences in 100% of all cases.

*CCRT* data indicates that Region 2 has stronger performance around Tribal membership inquiries and Tribal notification. Prior to the statewide centralized Native American Inquiry Referral (NAIR) and Relative Search unit, Region 2 North utilized the centralized process to complete Indian ancestry and relative searches. In discussions with NAIR staff, caseworkers have become accustomed to working with and drawing on the expertise of the centralized unit which could have a positive impact on performance. While Region 1 and Region 3 performance was lower in 2016, the NAIR unit noted over the last year the Region 3 ICW Program Consultant has been partnering with them to improve regional results. Since partnering, the consistency of referrals submitted by caseworkers in Region 3 has increased.

Since centralization of the Tribal membership inquiry, CA has seen some systemic improvements to the process of identifying if a child is a member or eligible for members with a federally recognized tribe. Additionally, centralization of this process helps drive consistent policy and practice statewide. Examples of improved consistency include:

- Tribal membership inquiries are completed and documented the same way and Ancestry charts include appropriate family history which results in a more accurate search.
- Results of the search are returned to caseworker timely, when the referral is submitted timely to the NAIR unit.

CA continues to improve the process for contacting the identified tribes to determine membership or eligibility for membership. The NAIR unit sends two inquiries to an identified out-of-state federally recognized tribe(s) and three inquires to Washington state federally recognized tribes. If CA does not receive a response from the tribe(s), the assigned caseworker will continue to attempt to contact the tribe(s) to determine membership. CA continues to emphasize the importance of asking inquiring with families about Tribal membership or eligibility for membership at every opportunity. Caseworkers are required by policy to complete the Indian Identity Request (DSHS 09-761) at the initial visit, and to routinely inquire with parents and relatives, as well, during shared planning meetings.

Case review found that in 43% (111 of 257) of the cases reviewed, the child's current or most recent placement was with a relative. Of those placements with a relative, 95% (106 of 111) were stable and appropriate for the child's needs.

Sub region performance varies by 26%. Region 1 North performance was 86%, while the other regions' performance ranged between 60% to 66%.

Statewide, several **areas for improvement** were noted regarding relative placement, including:

- follow-up with relatives once they have been identified through the relative search process; and



- initiating relative search at key points in the case, such as when paternity is established, when a permanent plan changes, when a child is not placed with a relative, and after a placement disruption.

In addition to case review results, the percent of children in out-of-home care placed with relatives or kin (licensed and unlicensed) are shared with CA Leadership through the *Monthly Informational Report*. The *Monthly Informational Report* is a point in time percentage as of the last day of the reporting period and counts court-ordered unlicensed placements as a relative/kin placement. As of December 31, 2016, 46% of children in out-of-home care were placed with relatives or kin (licensed and unlicensed) statewide.

CA continues to believe that much of the increase in relative placement statewide is due to the emphasis on identifying and supporting kinship placements. This focus, in addition to prioritizing home studies for relatives, has positively impacted the rate of placement with kin. The rate of growth in kinship placement has also highlighted that consistent searches and follow-through in locating relatives throughout the life of a case is an area of improvement.

Calendar year 2016 CCRT results confirmed that concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out-of-home care and his or her mother and father is an area where improvement is needed. While caseworkers understand the importance of parental relationships, concerted efforts were made with the mother in 47% (93 of 198) of cases reviewed and 39% (56 of 143) of the cases with the father.

The regional semi-annual deep dives<sup>8</sup> highlighted state and regional **promising practices** regarding ongoing parent engagement, including:

- Relative supported visits with the grandparent mentoring the parent;
- Parent attending soccer games and co-parenting with foster parent;
- Parents attending haircuts, church, outings, meals at foster parents' home, major family events;
- Involving parent in Powwow events

Case review results and the deep dives identified challenges in providing equal opportunities for mothers and fathers to promote, support, and maintain positive relationships with the child in out-of-home care. Only one-third of cases reviewed in Region 1 and Region 3 were rated as a strength, leaving room for growth and improvement. Reviewed cases also highlight that it is difficult to engage a parent that is disengaged, absent or incarcerated, which impacts the child's relationship with his or her parent.

When it is safe and appropriate, invitations for mothers and fathers to participate in the child's activities such as medical appointments, educational activities, and extracurricular activities, is essential. CA policy and procedure emphasize the need to place children in close proximity to their parents and the importance of ongoing contact and involvement with the child. The caseworkers discuss ways and opportunities to engage in normalizing activities with parents, child, youth, and caregivers during shared planning meetings and monthly visits. The importance of including parents in additional activities is also included as part of training and practice materials provided to caseworkers and caregivers.

State and regional strategies for improvement can be found in [Section III: Plan for Improvement](#), under the permanency outcomes section.

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<sup>8</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.

## Well-Being Outcomes











Engagement with both mothers and fathers continues to be a critical area for improvement. When caseworkers are not having regular contact and engaging parents, it is challenging to assess the needs and provide appropriate services. This is demonstrated by the Department’s low performance in the assessment and provision of services offered to parents and caseworker visits with parents.




CA collaborates with medical providers and other public health experts to develop and implement services and supports that meet the needs of individual children. Coordinated Care of Washington (CCW) is the contractor for the single managed care health organization which serves children in out-of-home care in Washington state; this health plan is called Apple Health Core Connections (AHCC). The goal of AHCC is to improve coordination, access, availability, and oversight of services and treatment provided to children and youth to address physical and behavioral health care needs. Upon enrollment in the plan, AHCC assigns all children to a primary care provider and provides care coordination for children with ongoing medical needs.

### Well-Being Outcomes 1, 2 and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state’s performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2 and 3.

	Federal Target	2016 Performance	Status
<b>Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs</b>	<b>95%</b>	<b>32%</b>	
Item 12: Needs and services of child, parents and foster parents	95%	54%	
Item 13: Child and family involvement in case planning	95%	50%	
Item 14: Caseworker visits with child	95%	57%	
Item 15: Caseworker visits with parents	95%	26%	
<b>Well-Being Outcome 2: Children receive appropriate services to meet their educational needs</b>	<b>95%</b>	<b>89%</b>	
Item 16: Educational needs of the child	95%	89%	
<b>Well-Being Outcome 3: Children receive adequate service to meet their physical and mental health needs</b>	<b>95%</b>	<b>43%</b>	
Item 17: Physical health of the child	95%	43%	
Item 18: Mental/behavioral health of the child	95%	67%	

 Federal Target Achieved     
  Within 5% of Federal Target     
  Greater than 5% of Federal Target

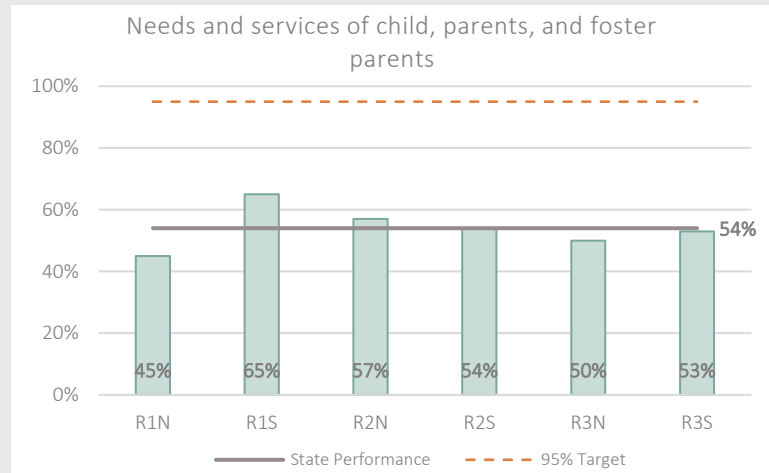
Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

## Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>26%</b>	<b>42%</b>	<b>34%</b>	<b>27%</b>	<b>25%</b>	<b>35%</b>	<b>32%</b>
Total applicable cases	53	43	74	59	28	113	370
Substantially Achieved cases	14	18	25	16	7	39	119
Partially Achieved cases	30	22	38	29	16	57	192
Not Achieved cases	9	3	11	14	5	17	59

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 12: Needs and Services of Child, Parents, and Foster Parents



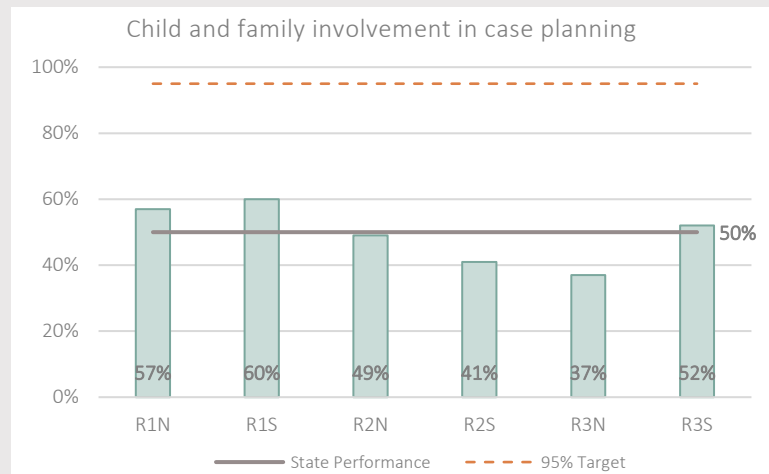
In calendar year 2016, a total of 370 cases were determined applicable and reviewed by the CCRT.

Statewide, in 54% (200 of 370) of the cases, needs and services were assessed and provided for the child, parents and caregiver.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>45%</b>	<b>65%</b>	<b>57%</b>	<b>54%</b>	<b>50%</b>	<b>53%</b>	<b>54%</b>
Total applicable cases	53	43	74	59	28	113	370
Strength cases	24	28	42	32	14	60	200
Area Needing Improvement cases	29	15	32	27	14	53	170

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 13: Child and Family Involvement in Case Planning



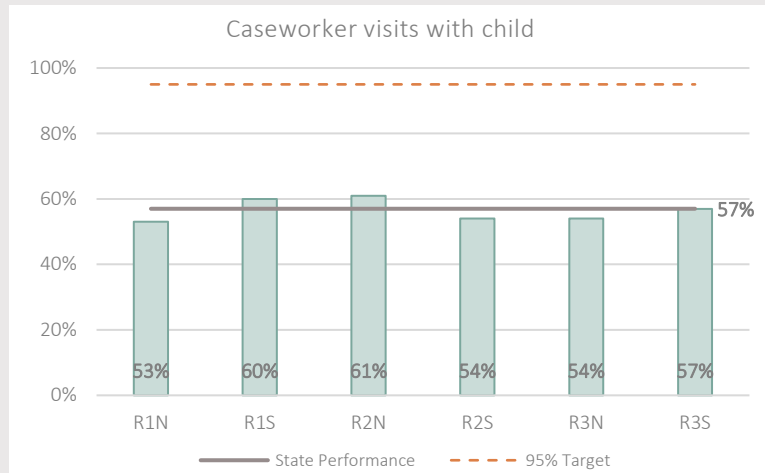
In calendar year 2016, a total of 367 cases were determined applicable and reviewed by the CCRT.

Statewide, in 50% (185 of 367) of cases, concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>57%</b>	<b>60%</b>	<b>49%</b>	<b>41%</b>	<b>37%</b>	<b>52%</b>	<b>50%</b>
<i>Total applicable cases</i>	53	43	73	58	27	113	367
Strength cases	30	26	36	24	10	59	185
Area Needing Improvement cases	23	17	37	34	17	54	182

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

**Item 14: Caseworker Visits with Child**



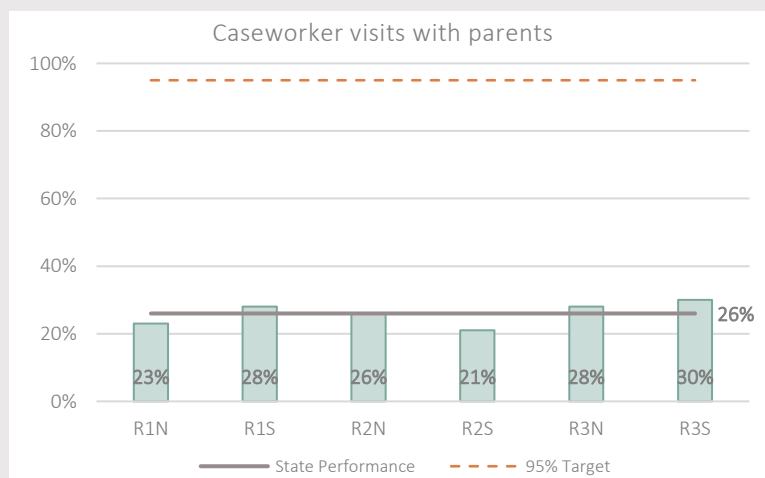
In calendar year 2016, a total of 370 cases were determined applicable and reviewed by the CCRT.

Statewide, in 57% (210 of 370) of the cases, the frequency and quality of caseworker visits with the child were sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>53%</b>	<b>60%</b>	<b>61%</b>	<b>54%</b>	<b>54%</b>	<b>57%</b>	<b>57%</b>
<i>Total applicable cases</i>	53	43	74	59	28	113	370
Strength cases	28	26	45	32	15	64	210
Area Needing Improvement cases	25	17	29	27	13	49	160

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

**Item 15: Caseworker Visits with Parents**



In calendar year 2016, a total of 347 cases were determined applicable and reviewed by the CCRT.

Statewide, in 26% (91 of 347) of the cases reviewed, the frequency and quality of visits between caseworkers and the mothers and fathers was sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>23%</b>	<b>28%</b>	<b>26%</b>	<b>21%</b>	<b>28%</b>	<b>30%</b>	<b>26%</b>
<i>Total applicable cases</i>	53	40	68	56	25	105	347

Strength cases	12	11	18	12	7	31	91
Area Needing Improvement cases	41	29	50	44	18	74	256

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Assessment of Strength and Concerns - Well-Being Outcome 1

CA's performance on well-being outcome 1: families have enhanced capacity to provide for their children's needs, is identified as an area of continued improvement.

CCRT results for calendar year 2016 demonstrates that the majority of children and the foster parent, relative, or kinship caregiver receive appropriate needs assessment and services. The department conducted a formal or informal initial and/or ongoing comprehensive assessment which accurately assessed the children's social/emotional development needs in 96% (355 of 370) of the cases reviewed. In 84% (76 of 90) of the cases where needs were identified, appropriate services were provided to meet the children's identified social/emotional development needs.

During the regional semi-annual deep dives<sup>9</sup>, Region 1 North identified a lack of services as a major barrier, which is due to the rural area of the region and their limited ability to obtain and access necessary services.

Needs and Services to Children	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>91%</b>	<b>100%</b>	<b>92%</b>	<b>88%</b>	<b>100%</b>	<b>93%</b>	<b>93%</b>
<i>Total applicable cases</i>	53	43	74	59	28	113	370
Strength cases	48	43	68	52	28	105	344
Area Needing Improvement cases	5	0	6	7	0	8	26

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

Case review results indicate performance is stronger with mothers than fathers. In 83% (279 of 336) of the cases, a formal or informal initial and/or ongoing comprehensive assessment was conducted which accurately assessed the mother's needs and in 83% (256 of 308) of the reviewed cases, appropriate services were provided to address the mother's identified needs. In comparison, the father had a formal or informal initial and/or ongoing comprehensive assessment of needs in 68% (207 of 304) of the cases. When the father had identified needs, appropriate services were provided in 80% (179 of 223) of the cases.

Needs assessment and services to parents is an area where great improvement is needed. CA policy states that parents need to be visited once a month face-to-face and the needs of the parents are to be assessed and services provided.

- Several challenges or barriers which impact performance in this area were noted during the regional semi-annual deep dives.
- Caseworkers are not documenting or insufficiently documenting their visits with parents during the month.
- Caseworkers were unaware that mailing monthly service letters to the parent, in particular for hard to find or reach parents, did not meet the practice standards for this measure.
- Efforts to locate a missing parent, which is often the father, could not be located. When fathers were located and contacted by the caseworker, their needs were not fully assessed.

<sup>9</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.

Needs and Services to Parents	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>51%</b>	<b>64%</b>	<b>58%</b>	<b>54%</b>	<b>46%</b>	<b>54%</b>	<b>55%</b>
Total applicable cases	53	42	69	56	26	106	352
Strength cases	27	27	40	30	12	57	193
Area Needing Improvement cases	26	15	29	26	14	49	159

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

Needs of the foster or pre-adoptive parents were adequately assessed on an ongoing basis to ensure their capacity to provide appropriate care and supervision to the child in their home was a strength in 96% (244 of 253) of the cases. When a need was identified, 97% (97 of 100) of foster or pre-adoptive parents were provided with appropriate services to address identified needs to provide appropriate care and supervision of the child in their care.

Needs and Services to Foster Parents	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>97%</b>	<b>97%</b>	<b>98%</b>	<b>88%</b>	<b>100%</b>	<b>95%</b>	<b>95%</b>
Total applicable cases	35	30	48	40	20	80	253
Strength cases	34	29	47	35	20	76	241
Area Needing Improvement cases	1	1	1	5	0	4	12

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

Half of the cases reviewed by the CCRT noted concerted efforts were made to actively involve the child, mother, and father in the case planning process. CA continues to be more involved with mothers than with fathers.

In 76% (158 of 208) of the cases reviewed, concerted efforts were made to actively involve the child in the case planning process. The involvement was through consultation with the child regarding his or her goals and services, the plan was explained in terms the child could understand, and the child was included in periodic case planning meetings. Mothers were actively involved in case planning by identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan in 71% (232 of 329) of the cases reviewed. Only 54% (148 of 274) of the cases reviewed found concerted efforts were made to actively involve the father in the case planning process. The father's involvement included identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan.

Engaging parents in the development of the family's case plan supports improved child safety and achievement of timely permanency. As with other measures, identification, and location of parents is a critical first step. Likewise, child and youth involvement in case planning offers opportunities for youth development, critical thinking and buy-in. During monthly visits with the parents and child, caseworkers focus on a number of topics, one being case planning. Broadly, the case review data connected to this item demonstrates inconsistencies in practice. Based on information gathered from caseworkers and supervisors during regional semi-annual deep dives<sup>10</sup>, the Department struggles to consistently locate and involve parents and provide children and youth meaningful opportunities to participate in their own case plan. Specific hurdles occur when the parent is perceived to be disengaged.

Caseworkers appear to be involving youth in case planning more consistently. Documentation indicates that youth are participating in Shared Planning meetings and are discussing permanency, well-being and

<sup>10</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.

safety with their caseworker. While staff appear to engage older youth, some caseworkers are unsure how to involve younger children (as developmentally appropriate) in their case planning.

Frequent and quality visits with children is recognized as critical to assessing child safety, well-being and supporting permanency. The case review results found that in calendar year 2016, the frequency of visits between the caseworker and child was a strength in 88% (326 of 370) of the cases reviewed. The quality of the caseworker visits with the child only met practice standards in 62% (228 of 368) of cases. Improvement in practice and documentation can increase the quality when the visit includes an individual, private conversation with the verbal child each month.

In order to provide support in the tracking and completion of monthly health and safety visits, CA utilizes two additional data reports to regularly monitor performance related to monthly caseworker visits with children. While these reports do not address the quality of visits, the reports do allow CA to ensure the frequency of visits is sufficient to ensure the safety, permanency and well-being of the child.

One of the reports is the infoFamLink monthly health and safety visits report which is utilized by supervisors, Area Administrators and Regional Quality Assurance staff. This report is accessible to all CA staff with access to FamLink and can be run at any time. Proper documentation in FamLink populates this report, as well as, weekly case management emails which are sent to caseworkers, supervisors and Area Administrators. The email includes the names of children who have not had a documented caseworker visit during the current month.

The second report CA utilizes to monitor frequency of monthly caseworker visits with children, mirrors the current federal monthly caseworker visit measure and looks at performance for the current federal fiscal year. The report is generated monthly and provided to CA Leadership, including Regional Administrators, Deputy Regional Administrators, and Executive Leadership staff. By monitoring performance on a monthly basis, it allows CA to ensure the frequency of caseworker visits with children continues to meet the federal target of 95%; which is reported annually in December.

Case review data reveals that visits and contact with mothers is higher than with fathers. Of the cases reviewed by the CCRT, 44% (146 of 329) had the appropriate frequency of in-person visits between the mother and caseworker to sufficiently address issues pertaining to the safety, permanency, well-being of the child and promote achievement of case goals. The quality of visits that occurred was determined to be sufficient in 79% (240 of 304) of the cases.

The frequency of in-person visits between the father and caseworker was found to be sufficient in only 31% (84 of 272) of the cases reviewed to address issues pertaining to the safety, permanency, well-being of the child and promote achievement of case goals. For visits that did occur, the quality was sufficient in 77% (172 of 224) of the cases.

There is some variability between sub regions, with Region 2 South at 21% up to Region 3 South at 30%. This is an area that needs significant improvement statewide.

Despite policy and the work being completed around father engagement, monthly visits with mothers and fathers continues to be an area in need of great improvement, which has a large impact on other items. During the semi-annual regional deep dives<sup>11</sup>, the areas that were identified as **barriers** included:

- incarcerated parents;
- parents that avoid contact with the Department;
- public defenders discouraging contact between the parent and caseworker;
- parents residing out of the area;

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<sup>11</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.



- accurate documentation of visits and efforts to locate parents; and
- workload.

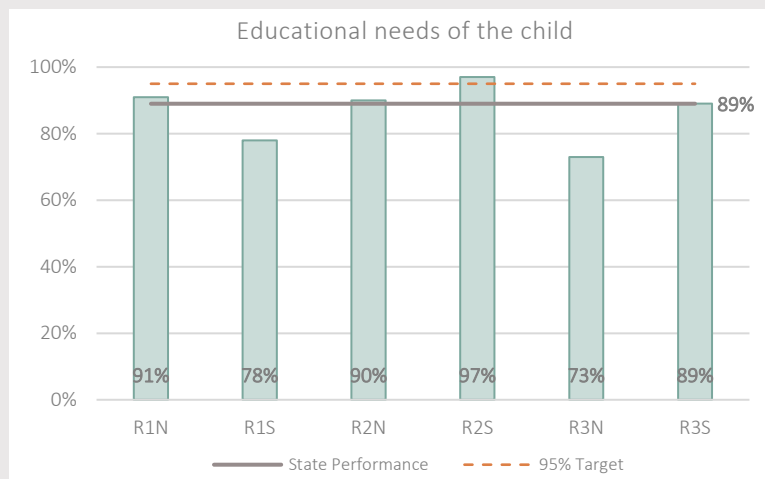
State and regional strategies for improvement can be found in [Section III: Plan for Improvement](#), under the well-being outcomes section.

## Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>91%</b>	<b>78%</b>	<b>90%</b>	<b>97%</b>	<b>73%</b>	<b>89%</b>	<b>89%</b>
Total applicable cases	34	23	39	37	15	73	221
Substantially Achieved cases	31	18	35	36	11	65	196
Partially Achieved cases	2	3	1	1	4	3	14
Not Achieved cases	1	2	3	0	0	5	11

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 16: Educational Needs of the Child



In 2016, a total of 221 cases were determined applicable and reviewed by the CCRT.

Statewide, in 89% (196 of 221) of the cases reviewed it was determined that the agency made concerted efforts to assess the child's educational needs, and the identified needs were appropriately addressed.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>91%</b>	<b>78%</b>	<b>90%</b>	<b>97%</b>	<b>73%</b>	<b>89%</b>	<b>89%</b>
Total applicable cases	34	23	39	37	15	73	221
Strength cases	31	18	35	36	11	65	196
Area Needing Improvement cases	3	5	4	1	4	8	25

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

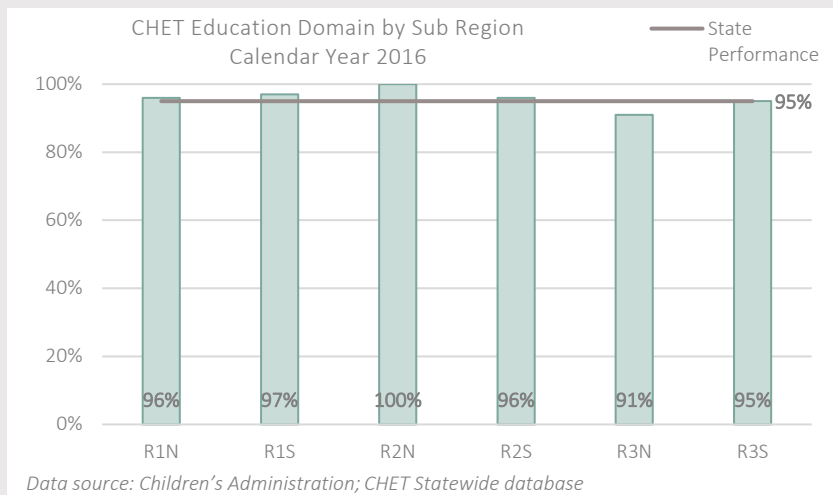
### Assessment of Strength and Concerns - Well-Being Outcome 2

The Department is performing well in this area and considers statewide performance a strength. CCRT results rated 94% (208 of 221) of the cases reviewed as a strength regarding concerted efforts to accurately assess the child's educational needs. When a need was identified, 85% (102 of 120) of the cases reviewed identified concerted efforts were made to address the child's education needs through appropriate services.

Each region continues to monitor and discuss practices to strengthen educational needs of children.

**Areas of strength** noted include:

- Region 1 North and Region 2 South have historically been high achievers in the number of education related trainings provided to caseworkers; involvement in community workgroups; and utilization of



resources supporting education. King and Spokane Counties school districts have a higher population of students and resources. Regional Education Leads for King and Spokane Counties are active in community workgroups to increase early learning engagement children for birth to 5 years old. They are also active in the success of children grades K-12 and post-secondary enrollment for children in out-

of-home care. The Education Leads in these regions are the most seasoned and have strong ties to their communities, provide coordination for graduation events, education summits, and are strong mentors for caseworkers.

- Region 2 North showed a decrease in performance from 2015. To address this concern, a second regional lead was appointed toward the end of 2016. With the addition of another education lead to provide outreach and training for caseworkers, it is anticipated that performance will improve.
- Region 3 North had a compliance rate of 73% for calendar year 2016 compared to 87% in calendar year 2015. The region experienced a high rate of staff turnover which impacted communication to staff about the documentation requirements. Staff in this region report school districts, foster parents and community providers are engaged in education planning.

CA utilizes additional sources of information that demonstrate whether the child's educational needs are being addressed upon initial entry into out-of-home care. The Child Health and Education Tracking (CHET) program is responsible for identifying each child's long-term needs at initial out-of-home placement by evaluating his or her well-being. A complete CHET screening includes five domains:

- Physical Health
- Developmental
- Education
- Emotional/Behavioral
- Connections

CHET performance, statewide and sub region, is based on the completion of a CHET screening within 30 days of entry into out-of-home care, which includes the education domain. Differences in calendar year 2016 performance between sub regions range from 91% in Region 3 North to 100% in Region 2 North. Performance differences are likely attributed to:

- difficulties accessing and receiving educational records during school breaks and longer holidays such as winter break,
- regional differences in school district procedures in fulfilling the request for educational records, or
- difficulties accessing records for children who have moved frequently either prior to or after entering out of home care.

The creation of Foster Care Liaison positions within the Office of Superintendent of Public Instruction across the state has increased accessibility to educational records during the CHET screening process. The CHET worker forwards any identified education needs or recommendations for follow-up to the caseworker and caregiver.

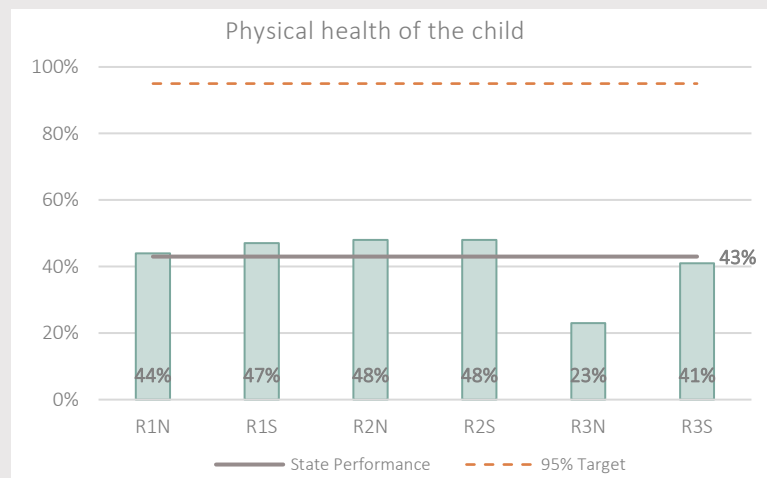
State and regional strategies for improvement can be found in [Section III: Plan for Improvement](#), under the well-being outcomes section.

## Well-Being Outcome 3: Children receive adequate service to meet their physical and mental health needs

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>39%</b>	<b>46%</b>	<b>46%</b>	<b>50%</b>	<b>25%</b>	<b>41%</b>	<b>43%</b>
Total applicable cases	46	35	67	56	24	107	335
Substantially Achieved cases	18	16	31	28	6	44	143
Partially Achieved cases	10	7	11	6	7	26	67
Not Achieved cases	18	12	25	22	11	37	125

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Item 17: Physical Health of the Child



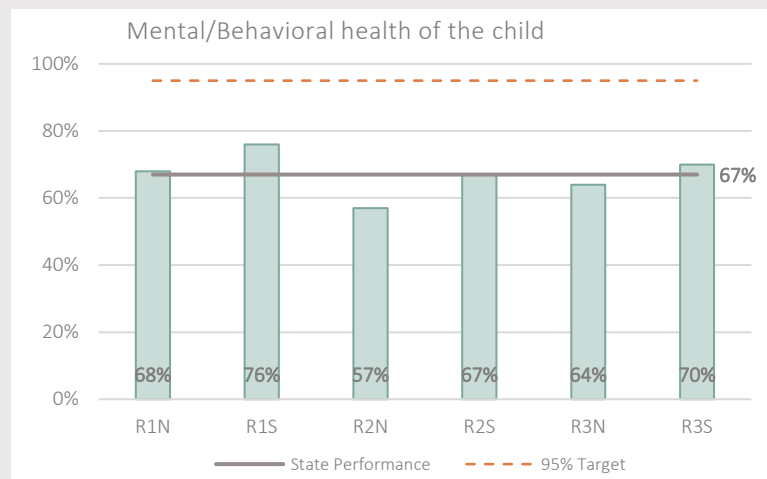
In calendar year 2016, a total of 300 cases were determined applicable and reviewed by the CCRT.

Statewide, 43% (130 of 300) of cases determined the agency addressed the physical health needs of the children, including dental health needs.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>44%</b>	<b>47%</b>	<b>48%</b>	<b>48%</b>	<b>23%</b>	<b>41%</b>	<b>43%</b>
Total applicable cases	41	32	61	50	22	94	300
Strength cases	18	15	29	24	5	39	130
Area Needing Improvement cases	23	17	32	26	17	55	170

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

## Item 18: Mental/Behavioral Health of the Child



In calendar year 2016, a total of 189 cases were determined applicable and reviewed by the CCRT.

Statewide, 67% (127 of 189) of cases reviewed the agency addressed the mental/behavioral health needs of the child.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>68%</b>	<b>76%</b>	<b>57%</b>	<b>67%</b>	<b>64%</b>	<b>70%</b>	<b>67%</b>
Total applicable cases	22	21	37	24	14	80	189
Strength cases	15	16	21	16	9	50	127
Area Needing Improvement cases	7	5	16	8	5	30	62

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

### Assessment of Strength and Concerns - Well-Being Outcome 3

Statewide performance related to well-being outcome 3 is an area in need of continued improvement. Case reviewers found that in 70% (209 of 300) of the reviewed cases, the child's physical health care needs were accurately assessed. This assessment included ensuring the child received ongoing periodic preventive physical health screenings. Appropriate services were provided to the child to address all identified physical health needs in 70% (129 of 183) of the cases. The physical health needs assessment included ensuring the child received annual well-child examinations.

For children in out-of-home care who require medication for physical health needs, 79% (63 of 80) received appropriate oversight of his or her prescription medications.

Case reviewers noted that accurate assessment of dental health and provision of appropriate services requires improvement. Just over half of the cases reviewed, 52% (129 of 248), found the dental health care needs of the children were accurately assessed and appropriate services were provided to the children to address identified dental needs in 48% (101 of 211) of the cases reviewed.

Continued efforts are needed to support accurate documentation of the child's ongoing medical care. Caseworkers talking with caregivers regularly, thoroughly documenting results of medical exams, and updating the status of recommendations made by health care providers will support improved outcomes in this area. The case review results and semi-annual regional deep dives<sup>12</sup> identified strengths including:

- Caseworkers take children to initial and follow-up appointments; and
- Caseworkers report checking with caregiver's monthly about the child's medical and dental.

Challenges and areas requiring improvement include:

- Clarifying documentation requirements to identify the child's physical, dental, and behavioral health needs, including documentation when no needs are identified.

<sup>12</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.

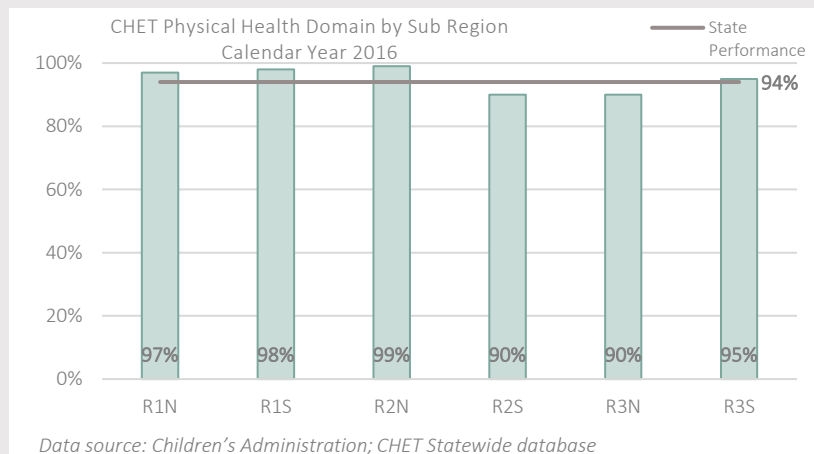
- Documenting the dates of appointments and names of providers.
- Provide additional information to staff and caregivers about the availability of Medicaid transportation to assist in getting to medical appointments.

CA utilizes additional sources of information that demonstrate whether the child’s medical needs are being addressed.

Medicaid billing and encounter data identifies medical and dental appointments the child attended. These medical and dental appointments may not be documented in FamLink. A review of billing records can provide verification that the child received physical and behavioral health care services, an annual EPSDT, and dental services. Medicaid billing data also assures accuracy of when appointments occurred and which provider the child visited.

Every child that enters and remains in out-of-home care for 30 days or more receives a CHET<sup>13</sup> screen which includes the assessment of physical health. Results from the assessment are used to develop an appropriate case plan and assist in placement decisions for the child.

The physical health domain includes an initial EPSDT exam and results are documented in the completed CHET report. Statewide in calendar year 2016, 94% of children had a completed physical health domain within 30 days of out-of-home placement. Completion rates for the physical health domain (within 30 days of out-of-home placement) across the sub regions range from 99% in Region 2 North to 90% in Region 2 South and Region 3 North.



Completion of the CHET physical health domain is impacted by difficulties in timely completion of the initial EPSDT exam and delays in CA receiving requested medical records. For screenings not completed within 30 days, the majority of screenings were finalized between 31 to 60 days; following the receipt of records and initial exam. Statewide in fiscal year 2016, 99% of physical health domains were completed

within 60 days of entering out-of-home placement.

Statewide, 84% (158 of 189) of the cases reviewed by CCRT included an accurate initial and ongoing assessment of the child’s mental/behavioral health needs to inform case planning decisions. When mental/behavioral health needs were identified, 75% (127 of 170) of the cases reviewed were provided appropriate services.

Through the semi-annual regional deep dives<sup>14</sup>, regions and offices evaluated their performance and identified identifying strength and areas of improvement. Statewide and regional **strengths** include:

- Caseworkers ability to follow-up on CHET recommendations, provide mental health services on-site in schools, and improved access to community Wraparound with Intensive Services (WISe). (Region 1)
- Screenings and assessments to identify the mental health needs of children and youth are consistently completed. (Region 2)

<sup>13</sup> The Child Health and Education Tracking (CHET) program is responsible for identifying each child’s long-term needs at initial out-of-home placement by evaluating his or her well-being. A complete CHET screening includes five domains: Physical Health; Developmental; Education; Emotional/Behavioral; and Connections.

<sup>14</sup> Deep Dives are a process where headquarters and regional CQI staff review findings for OSRI items 1-18 as well as review staff feedback on their understanding of the root cause and staff/community needs to address the ANI and to celebrate the strengths. Information gathered is summarized and shared with Policy and Practice program managers and the statewide CQI team.

- Accurate assessments were completed and identified mental health needs for the child and youth. (Region 3)

**Areas needing improvement** identified by the regions include:

- The more rural areas of the region struggle with providing transportation for children and youth to access mental health services outside their immediate area. (Region 1)
- Documentation is lacking regarding the follow-up and outcome of mental/behavioral health services the child received and the oversight of prescription medication. (Region 2)
- Documentation is lacking regarding the follow-up and outcome of mental/behavioral health services the child may have received. (Region 3)

The case review results indicated that 76% (25 of 33) of out-of-home care cases received appropriate oversight of prescription medications related to the child or youth’s mental/behavioral health issues. CA partners with the Washington State Health Care Authority and AHCC to provide oversight of prescription medications for children and youth in out-of-home care.

The Washington State Health Care Authorities ProviderOne Medicaid payment system has built in alerts to automatically trigger a second opinion by a child psychiatrist contracted through Seattle Children’s Hospital. The automatically triggered alerts include:

- Children ages 0-5 years old, who are prescribed any medication to treat ADHD.
- More than one atypical antipsychotic prescribed for a child of any age.
- More than four mental health medications prescribed for a child of any age.
- Prescribing of sedative-hypnotics to a child of any age.
- Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the Health Care Authority’s Pediatric Mental Health Stakeholder Workgroup.

In addition, a secondary review of children who are prescribed psychotropic medications is completed through the AHCC Psychotropic Medication Utilization Review (PMUR) process. Children are referred to PMUR when they are prescribed a psychotropic medication and information suggests<sup>15</sup> the need for an additional review of the child or youth’s clinical status. The PMUR is a retrospective review of medications prescribed to the child or youth to ensure the appropriate dosage is administered and evaluate whether the child is connected to appropriate therapeutic non-medication mental/behavioral health interventions.

Additional information regarding how the agency addresses the physical and mental/behavioral health needs of children in out-of-home care can be found in the [Health Care Oversight and Coordination Plan](#).

In order to achieve targeted well-being outcomes, it is important to consider the Washington state mental/behavioral system as a whole, recognizing that CA operates within a larger system to enhance families’ capacity to provide for the child’s mental/behavioral health needs and ensure children receive adequate services.

Over the last year, CA has meet with many workgroups that focus on identifying and addressing barriers to accessing behavioral health services for children and families. There are consistent themes across all of the workgroups in both the identified challenges and potential solutions for meeting behavioral health needs of children and youth in Washington including children and youth in foster care. Challenges can be divided into three main categories:

- System Capacity - shortage of mental health providers at all levels;
- Lack of culturally and linguistically appropriate services and assessments;

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<sup>15</sup> Specific details on when an additional review is suggested can be found in CA’s Health Care Oversight and Coordination Plan.

- Cross systems collaboration- lack of collaboration across health care, mental health, behavioral health, education, and other child serving agencies and systems.

Recommendations identified by the workgroups include:

- Develop or identify culturally, developmentally, and linguistically appropriate screening tools and assessments, and diagnostic approaches used consistently to establish eligibility for services;
- Increase the number of providers who will serve children and families on Medicaid (all children in child welfare system are Medicaid eligible) by allocating sufficient funding to increase state Medicaid rates to achieve equity with Medicare rates;
- Fund workforce development efforts such as tuition loan repayment and scholarship programs targeted for social workers, child psychiatrists, therapists, and clinicians working for providers that serve a high percentage of children, youth and families on Medicaid;
- Increase availability of school based behavioral health services;
- Increase provider network adequacy and promote continuity of care in multiple care settings;
- Increase access to developmental screening, behavioral health screening, and depression screenings;
- Reduce redundant and duplicative paperwork to allow workers to provide quality direct service.
- CA contracted services
  - Provided to children and families who are receiving services through an open case with CA
  - Accessing Medicaid-funded mental health services as the first choice for treatment
  - CA funded services used only when all other resources have been exhausted

To achieve these goals, there must be an understanding about the specific needs of children and youth in CA care, the availability of and need for additional resources throughout the state, the ability/capacity of all providers to meet the needs of children and families, and the CA-provider relationship and cross-systems collaboration. CA caseworker turnover and workload impact teaming with caregivers, providers, agencies, and systems. Other factors that impact this item:

- Limited resources within local mental health agencies affect access to behavioral health services,
- Increase in caseworker turnover impacts case carrying workloads,
- Caseworkers must find time to document activities accurately and timely.

The DSHS Division of Behavioral Health and Recovery is implementing a new service statewide for youth with serious mental and behavioral health needs. Wraparound with Intensive Services (WISe) is designed to provide comprehensive behavioral health services and support to Medicaid eligible individuals, up to 21 years of age through the publically funded mental health system. The goal of the program is for eligible youth to live and thrive in their homes, schools, and communities reducing the need for out-of-home placement. WISe uses an array of intensive mental health services that can include coordinated supports from multiple systems, including CA. Roll-out of the program has been staged by Behavioral Health Organizations and is currently available throughout the state. Between July 1, 2015 and March 31, 2016, 777 children and youth served by CA were screened and received services in the new intensive mental health program.

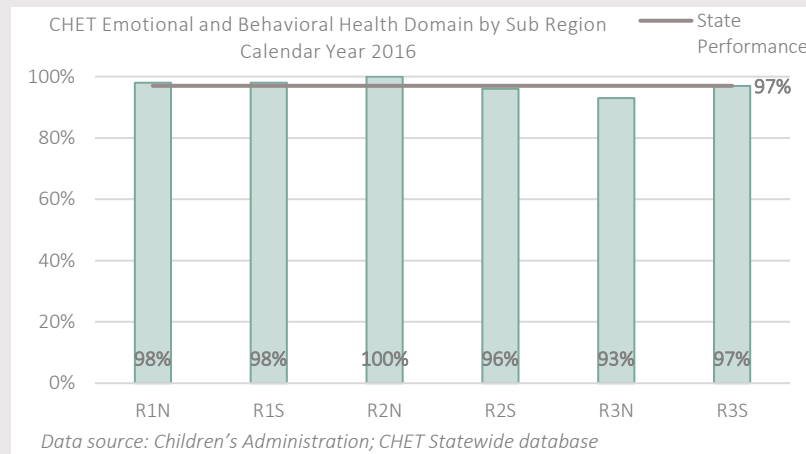
CA utilizes additional sources of information that demonstrate whether the child’s emotional and behavioral health needs are being addressed.



Every child that enters and remains in out-of-home care for 30 days or more receives a CHET<sup>16</sup> screen which includes an assessment of emotional and behavioral health needs. Results from the assessment are used to develop an appropriate case plan and assist in placement decisions for the child.

The regional differences in the percentage of completed mental/behavioral health domain assessed and documented within 30 days, are likely attributed to: the number of CHET Emotional/Behavioral Domains that are not required due to a child or youth already receiving mental health services or being hospitalized.

The percentage of children whose emotional and behavioral health needs were assessed within 30 days of entering out-of-home care statewide in calendar year 2016 is 97%. Completion rates for the emotional and behavioral health domain within 30 days of entering out-of-home care across the sub regions range from 100% in Region 2 North to 93% in Region 3 North.



Utilizing the Creating Connections (ACF - Children's Bureau) grant, CA continues to collaborate with the University of Washington, DSHS Division of Behavioral Health and Recovery, Health Care Authority, and the Harborview Center for Sexual Assault and Traumatic Stress. The grant has supported the continued delivery of training to CA caseworkers and community mental health professionals titled *Mental Health: In-Depth*

**Applications for Child Welfare.** This skill-based training increases participant's knowledge and ability to identify, address, and refer a child or youth to address his or her mental/behavioral health needs. In calendar year 2016, approximately 450 CA caseworkers, both newly hired and existing staff, completed training.

The grant continues to support the Ongoing Mental Health (OMH) Screening program. OMH screeners telephonically re-administer three mental health screening tools for children ages 3-17 years old who received a CHET screen and who remain in out-of-home care for at least 6 months. The OMH screening uses the same tools initially administered in the CHET emotional/behavioral assessment. The screening includes the following tools:

- Ages & Stages Questionnaires: Social Emotional (ASQ:SE) for children 3 years to 65 months,
- Screen for Child Anxiety Related Emotional Disorders (SCARED) for children and youth 7 – 17 years,
- Pediatric Symptom Checklist -17 (PSC-17) for children and youth 66 months - 17 years.

In calendar year 2016, the OMH screeners completed 1,594 re-screens for children and youth who remained in care at least 6 months. Since the program began in 2014, a total of 3,208 children and youth have been re-screened.

In June 2016, three PTSD symptom related questions from the Child Behavioral Health Screener (CBHR) developed by the Oklahoma Trauma Assessment & Service Center Collaborative (OK-TASCC), were introduced as a pilot into the OMH program. The pilot is called *Plus 3* and is administered to all children and youth in the OMH target population. The *Plus 3* pilot will be used to determine if the questions are a viable alternative to the SCARED; accomplishing symptom identification while reducing the overall number of screening tools used in the CHET and OMH programs. The University of Washington (UW) is

<sup>16</sup> The Child Health and Education Tracking (CHET) program is responsible for identifying each child's long-term needs at initial out-of-home placement by evaluating his or her well-being. A complete CHET screening includes five domains: Physical Health; Developmental; Education; Emotional/Behavioral; and Connections.

evaluating the use of *Plus 3* for all OMH children and youth, including those ages 3-7 years old who are currently not able to be screened with the SCARED. Data analysis for efficacy is still underway, however, if validated, the *Plus 3* questions could replace the SCARED for both the CHET and OMH programs. The *Plus 3* would offer a more comprehensive trauma screening by expanding the age of children and youth screened for trauma from 7–17 years old, to all children and youth ages 3-17 years old.

State and regional strategies for improvement can be found in [Section III: Plan for Improvement](#), under the well-being outcomes section.

## Assessment of Systemic Factors

### A. Statewide Information System

#### Item 19: Statewide Information System

*How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the:*

- *status (whether the child is in out-of-home care),*
- *demographic characteristics (child's date of birth, sex, race, and ethnicity),*
- *location (physical address of placement), and*
- *goals for the placement (identification of permanency goals [reunification, adoption, guardianship, other planned permanent living arrangement])*

*of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care?*

The Department's statewide information system, FamLink is functioning to ensure that, at a minimum, the state can readily identify the child specific information described in CFSR item 19. FamLink is available to all CA staff statewide and is fully operational at all times, with the exception of brief maintenance and operations down time, which are scheduled during slow operation hours and coordinated with after hours and centralized intake to ensure backup operations are in place while the system is down. This application supports consistent casework and business practices statewide to assure that information is available to all caseworkers statewide and that children and their families will receive the same level of quality services in every community in Washington.

FamLink is our system of record and is used currently for all case management services and data, supporting approximately 2,800 CA employees. In addition to CA staff, over 1,400 external partners and/or stakeholders have access to FamLink, some with input capability; others with view only access based on identified business needs. These external entities include:

- Tribes
- Independent Living Services Providers
- Office of the Children and Family Services Ombudsman
- Child Support
- Attorney General's Office
- Community Services
- Foster Care Med Team
- Foster Care Trainers and Recruitment

The FamLink database is the source for Washington's Adoption and Foster Care Analysis Reporting System (AFCARS) extracts, which includes data specific to location, status, goals and demographic characteristics of every child in out-of-home care.

The Department just completed its 2017A submission and had no elements with error rates above 10%, which meets the "exceeds standards" threshold. Throughout the year, Washington runs regular data checks and quality reports using the AFCARS data elements. Data is monitored and the reports are sent to the Regional QA/CQI Leads who work with field staff to complete or correct data entry and data integrity issues. Data elements specific to Item 19 from the recent submission demonstrate Washington's ongoing commitment to accurate data collection.

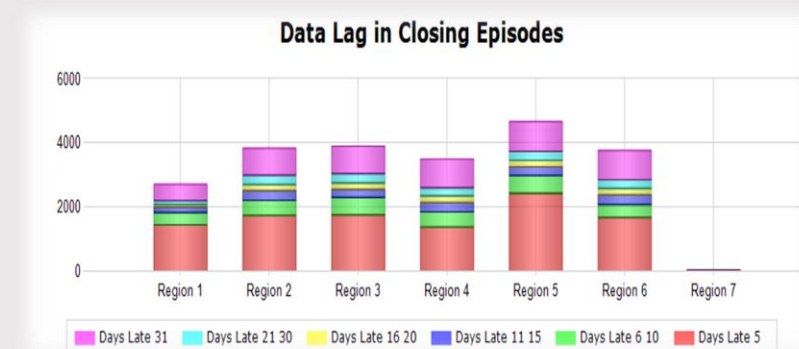
2017A AFCARS Submission Data Elements	
FC-06 Date of Birth:	0 missing records
FC-07 Sex:	0 missing records
FC-08 Race:	159 missing records (1.13% failing)
FC-09 Hispanic Origin:	383 missing records (2.71% failing)
FC-18 First Removal Date:	0 missing records

FC-20 Last Discharge Date:	0 missing records, 54 errors (.41% failing)
FC-21 Latest Removal:	0 missing records, 58 errors (.41% failing)
FC-22 Removal Transaction Date:	0 missing records, 13 errors (.09% failing)
FC-41 Current Placement:	2 missing records (.01% failing)
FC-42 Out of State:	108 missing records (.77% failing)
FC-43 Most Recent Goal:	430 missing records (3.28% failing)
FC-56 Date of Discharge from Foster Care:	0 missing records, 18 errors (.13% failing)
FC-57 Foster Care Discharge Transaction Date:	0 missing records, 18 errors (.13% failing)
FC-22 Removal Transaction Date:	85 total errors (.60% failing)
FC-57 Foster Care Discharge Transaction Date:	206 total errors (6.82% failing)

Data Source: AFCARS 2017A Submission; June 2017

## Timeliness Errors

Washington is within the acceptable threshold for timeliness errors under AFCARS timelines; however, CA policy requires entry of placement information within 3 calendar days. CA Policy 154062 states “All children for whom CA has responsibility through a court order, protective custody, or Voluntary Placement Agreement (VPA) must have their whereabouts documented within 3 calendar days. Requirements for Timeliness of Data Entry-Children, upon initial removal from their parent or guardian's physical custody, must have their placement documented within 3 calendar days of placement. All other placement changes must be documented within 3 calendar days of the change or the SSPS deadline, whichever comes first.”



Data source: Children's Administration; infoFamLink Length of Time in Closing Placement Events with an End Date between 1/1/2016 and 1/1/2017; May 11, 2017

CA is aware of the lag in data entry in FamLink and continues to work toward improvements. Utilizing the infoFamLink *Data Lag in Closing Episodes* report, data entry is an area for improvement specifically related to the location of children who have been in out-of-home care. This report was developed for use by all

field staff, supervisors, area and regional administrators, and executive staff. The purpose is to identify organizational groups where the entry of closing episodes is chronically late. Timely data entry is critical because late data entry may lead to overpayments, cause late payments to providers, and means that the system of record (FamLink) has less accurate information regarding the current placement settings for children in out-of-home care.

In addition to the above infoFamLink report, the Quality Assurance Team developed ad hoc queries over the last year to look at placement entry timeframes on initial removals and placement changes since the inception of FamLink.

While CA continues to lag in timely documenting out-of-home placements per policy, continuous improvements have been made since the inception of FamLink in 2009. For initial removals, the average days for entry in 2009 was 25 days which has reduced to 9 days in 2016. For placement changes, the entry timeframe improved from 30 average days in 2009, to an average of 13 days in 2016. Data reported for 2017 is based on a partial year of data.

Year	Placement Entry Timeframes	
	Initial Removals	Placement Move Events
	Average Days to Entry	
2009	25	30
2010	17	15
2011	19	15
2012	13	15
2013	12	15
2014	12	14
2015	11	14
2016	9	13
2017	6	8

Documenting a placement in FamLink is done through the creation of a service, similar to any other service in the system (paid or unpaid), which has created a number of unique challenges. If the child is placed in a paid placement setting, entry of the placement in FamLink, creates the payment authorization as part of the placement documentation. You cannot currently document a placement in FamLink outside of the creation of a service. Placement resources must first be created as service providers with a provider record in FamLink, prior to creating a placement service documenting the placement location of the child.

As reported in last year's APSR, a lean workgroup was convened and completed a value stream mapping event to identify issues in the current state of the placement process and reduce documentation errors and over payments. As a result of that work, a manual Placement Entry Tool was created and a statewide practice change was implemented which now requires caseworkers to complete the form in Word that is emailed to the regions fiduciary team, who now enters the placement into FamLink system. When a child is placed in a paid placement setting, this entry initiates the payment. While the new placement entry process addresses placement related issues from a fiscal perspective, it is unclear what effect this new process will have on timely documentation of placements, placement changes, and placement closures.

CA is currently eliciting business requirements toward development of a mobile placement application that will allow caseworkers to document the location of a child's placement from the field or office via the iPhone app. The placement app will utilize Application Program Interface (API) to communicate with FamLink, documenting the placement in near "real-time" and initiate a placement referral to the fiduciary to create a placement service, removing the need for the newly created manual Placement Entry form and simplifying the documentation of a placement for the caseworker. This will work in conjunction with the recently released foster parent mobile app, OurKids, that provides foster parents information from the FamLink database on children placed in their home. The information displayed in OurKids, related to a child in the foster parent's care, is contingent on the child being in a documented placement with that foster parent or caregiver. Timely documentation of the child's placement location remains a high priority for CA.

### Demographic Characteristics

Demographics are collected in FamLink on the person management page. Not only are these demographics reported in federal reporting (e.g. AFCARS, NYTD), they are key components in defining logic for all other reporting that looks at age, gender, and disproportionality. These same demographics are also utilized in online logic within FamLink for functionality to include areas such as:

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

The new AFCARS rules modify race/ethnicity to align with NYTD values for race/ethnicity. This was already an area that Washington had identified as needing to be addressed in our SACWIS compliance plan. Specifically, how Washington documents ethnicity information. We have identified this as an area to request technical assistance and plan to modify race and ethnicity under the Comprehensive Child Welfare Information System.

To date, Washington has not included race and ethnicity in any targeted reviews, however it is an area that we should look at in our AFCARS QA reviews and incorporate in to other case reviews as well to identify missing and/or inaccurate information.

### Status and Placement Goal

Accurate documentation of a child's status and placement goal are important factors in identifying out-of-home populations, case planning, and permanency planning. Documenting a child's status in the care and custody of the state is necessary for IV-E eligibility, legal actions/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 placement goal, both of which populate to the case plan and court report.

Another area of focus for AFCARS data is completing quality assurance reviews which look at the documentation of the permanency plan and ensuring a permanent plan is documented within the first 60 days of a child's placement in out-of-home care. While we are well within the federal allowable error rate, this is an area that CA can continue to focus on for improvement by reducing the number of missing records/goals.

## B. Case Review System

### Item 20: Written Case Plan

- *How well does Washington's case review system do to make sure that each child has a written case plan that is developed with input from the child's parent(s) and that the plan addresses such things as:*
- *description of the child's placement,*
- *the child's health and education records, and*
- *services that the child, family, and foster family need?*

Case plans are part of the Comprehensive Family Evaluation (CFE) which is required to be completed within 60 days of a child's removal and are updated at a minimum of every 6 months. The CFE captures key information on individuals and the family in FamLink and is used to prepopulate the court report. The court requires reports to be submitted at a minimum of every 6 months in order to proceed with the review and permanency hearings. Without the court report, hearings cannot occur. Because of this requirement, caseworkers are forced to complete the court report timely.

CA does not have accurate FamLink data regarding the percentage of cases with a case plan developed or updated within required timeframes. FamLink does provide the ability to capture the launch or creation date a CFE, but the CFE does not require approval in order to generate the court report; as a result, very few CFEs are approved timely in FamLink. Over the next year, the Department is working to update our statewide information system to FamLink Pro. With FamLink Pro in place, the first priority is a new court report that will track the completion date of case plans/court reports.

CA policy requires development and updates of case plans involve mothers, fathers, and children. The family's involvement can be captured through individual meetings using the following shared planning meeting processes:

- Family Team Decision Making (FTDM) meetings
- Dependency case conferences
- Permanency Planning staffing
- 17.5 Transitional staffing

Case plans are also developed jointly during the caseworker's monthly contact with the parents. CA policy requires caseworkers meet monthly, face-to-face with parents, unless an exception exists. These monthly visits provide an ideal opportunity for caseworkers and parents to jointly develop the case plan. The conversation includes discussing the court process, the needs of the child, the progress the parents have made, and any barriers that need to be addressed. Caseworkers utilize the information discussed to develop and update the case plan. Court reports contain each child's case plan and are distributed to all parties, including mothers and fathers. This process assures that the required information is captured and available for assessment, planning and to inform the court of the progress and CA's plan.

Processes currently available do not allow for consistent tracking of a parent's involvement in the development of the case plan outside of documentation included in the narrative. When FamLink Pro is available, enhancements to the shared planning meeting form will assist in the tracking of participants at shared planning meetings. The Department is currently exploring a way to track the parent's involvement in case planning in FamLink Pro.

As part of the *CCRT* case review process, the Department conducts parent interviews on a sample of cases that remained open beyond CPS. In calendar year 2016, there were a total of 105 parents interviewed: 68 mothers and 37 fathers. The interviews included ten standardized questions used to gather information from the parent's perspective. For each of the questions, parents were asked additional questions to gather background information and to ensure he or she understood the intent of the question. Case reviewer's attempts to interview parents in all cases and were completed with parents who were available and willing to participate by phone.



Based on available data, the Department has identified involvement of parents and children in the development of case plans as an area needing improvement. The following are CCRT results related to written case plans.

- Based on case review results, 71% (232 of 329) of cases reviewed noted concerted efforts were made to actively involve the mother in the case planning process. Results indicated that mothers with children in out-of-home care participated in case planning in 84% (112 of 133) cases reviewed compared to 61% (46 of 75) of mother’s who had an in-home case.
- In 54% (148 of 274) of the cases reviewed, concerted efforts were made to actively involve the father in the case planning process. Unlike mothers, 59% (49 of 83) of fathers were involved in case plan development on in-home cases; while 52% (99 of 191) of fathers with a child in out-of-home care were involved in case planning.

- Results from the parent interviews differ significantly from the case review findings. Statewide, 54% (34 of 63) of mothers responded they were involved in the development of the case plan. This is a difference of 17% and while the questions are

The parent and the worker developed the case plan together	Region 1	Region 2	Region 3	State
<b>Mother’s</b>	<b>55%</b>	<b>53%</b>	<b>55%</b>	<b>54%</b>
<i>Total applicable cases</i>	22	19	22	63
“YES” response	12	10	12	34
“NO” response	10	9	10	29
	Region 1	Region 2	Region 3	State
<b>Father’s</b>	<b>40%</b>	<b>58%</b>	<b>50%</b>	<b>48%</b>
<i>Total applicable cases</i>	15	12	6	33
“YES” response	6	7	3	16
“NO” response	9	5	3	17

*Data Source: Children’s Administration, CAPERS; 2016 Annual Case Review Results; February 2, 2017*

not the same, interview responses are based on mother’s perspective. Statewide, 48% (16 of 33) of fathers reported they developed the case plan together with the caseworker. Results from father interviews were similar to CCRT findings, with a difference of 6%.

- Statewide, 71% (41 of 58) of mother’s reported during parent interviews they felt like their input was valued; whereas only 47% (14 of 30) father’s reported their input was valued. This is a significant difference of 24%. While progress has been made in

If the parent attended any meetings in the last year, their input was valued	Region 1	Region 2	Region 3	State
<b>Mother’s</b>	<b>68%</b>	<b>75%</b>	<b>70%</b>	<b>71%</b>
<i>Total applicable cases</i>	19	16	23	58
“YES” response	13	12	16	41
“NO” response	6	4	7	17
	Region 1	Region 2	Region 3	State
<b>Father’s</b>	<b>46%</b>	<b>44%</b>	<b>50%</b>	<b>47%</b>
<i>Total applicable cases</i>	13	9	8	30
“YES” response	6	4	4	14
“NO” response	7	5	4	15

*Data Source: Children’s Administration, CAPERS; 2016 Annual Case Review Results; February 2, 2017*

involving father’s in case planning, there is still significant work needed to ensure that father’s feel like they are valued through the process.

The Department is committed to continually improving practice and services to achieve positive outcomes for all children and families served. CA facilitated a workshop at the Statewide CASA

Convention in October 2016 and obtained information from CASA workers around the state regarding their perspective of the parent's involvement in the case plan process. The following input was provided:

- Court reports are not written with the parent's perspectives
- Parents have opportunities at FTDMs (consider collaboration)
- Barriers to involvement include:
  - Parents understanding
  - Caseworkers being overwhelmed
  - Parent/Family Advocacy (attorney not present)
  - Parents not coherent or an inability to be cognitively involved

The Office of Public Defense was also contacted and provided the following input:

- A barrier is that some caseworkers do not have the higher skill level necessary to talk with parents about development of their case plan and engagement.
- Development of case plans with parents is occurring more than documented.
- Caseworkers have high caseloads and have time constraints.
- Development of case plans with parents has gotten better due to the use shared planning meetings, such as FTDMs.

## Item 21: Periodic Reviews

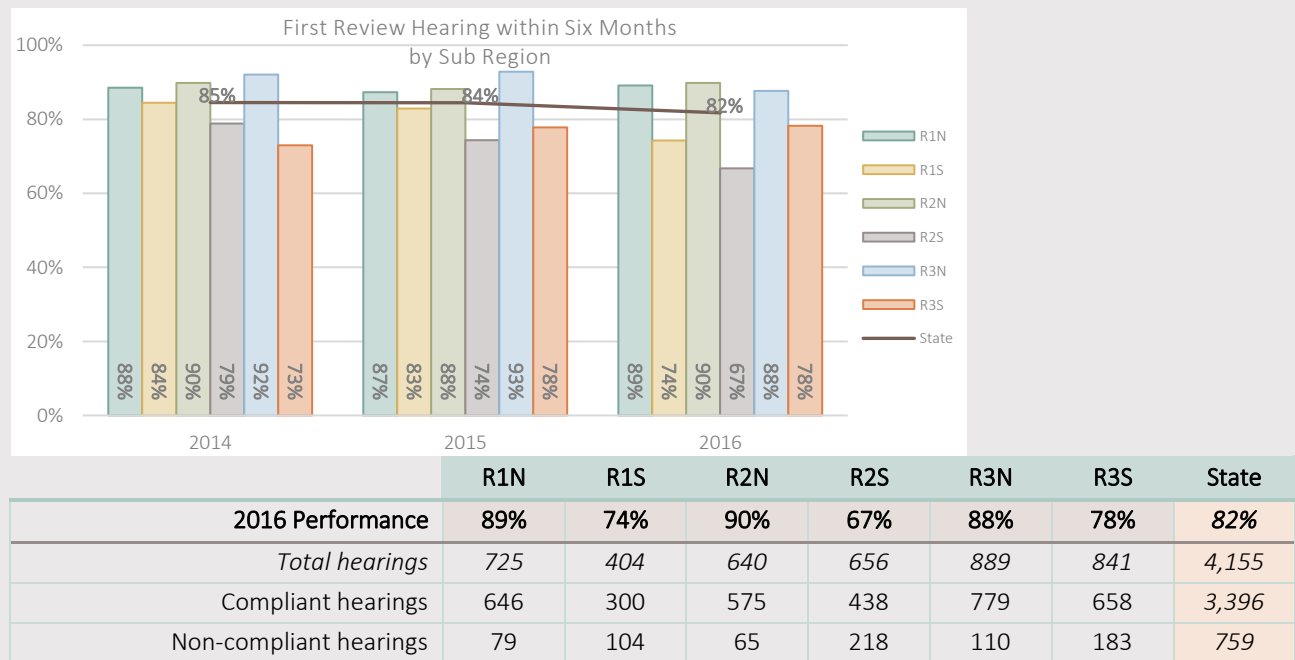
How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Washington state law and CA policy requires that every dependent child’s case be reviewed by the juvenile court no less frequently than once every six months and is a strength.

In Washington, review hearings, initial permanency hearings, permanency hearings and administrative reviews all meet the requirements of periodic review hearings and therefore are counted as such. The purpose of these hearings is to assess the progress of the parties and determine whether court supervision should continue. This assessment, also required by CA 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.

CA utilizes data compiled by The Administrative Office of the Courts (AOC) to monitor timeliness standards by county jurisdiction for periodic reviews. The Family and Juvenile Court Improvement Plan (FJCIP) coordinates court effort to strategically implement principles of the Unified Family Court which were adopted as best practices by the Board for Judicial Administration in 2005. CA receives updated interactive dependency reports from AOC monthly. The *Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report* reports statewide, 82% (3,396 of 4,155) of first dependency review hearings were held within six months in calendar year 2016. This is a 2% drop from the previous reporting period and is the lowest compliance rate over the last four reporting years. The only sub region to see an increase from the previous reporting period was Region 2 North which saw a 2% increase. Statewide median days to the first review hearing within six months also increased in 2016 to 146 days; up from 142 days in 2015.

This data includes continuance counts and is shared with court partners on a monthly basis at the county jurisdiction level to inform local court practices and improvements. There is ongoing work between Administrative Office of the Courts and CA to ensure accuracy of data.



Data Source: Administrative Office of the Courts; Interactive Dependency Report; March 17, 2017

Additional data from AOC identifies statewide performance for all review hearings, not just the first review hearing, held within six months. In calendar year 2016, 91% (7,658 of 8,428) of all hearings were held within six months.

The Court Improvement Training Academy (CITA), sited at the University of Washington School of Law, provides training for the courts and child welfare community. CITA has supported Tables of Ten (multidisciplinary groups of 10 individuals from a given county interested in improving the local child welfare system) in several counties across Washington. These Tables bring together child welfare professionals and key stakeholders to reach solutions that improve outcomes for families. Many of the Tables of Ten continue to use this format to improve case resolution timeframes and develop local initiatives to improve the local child welfare legal systems. This effort, in addition to other factors, contributed to a slight increase in 2015 from 89% to 90% of periodic reviews occurring every 6 months. However, in 2016 this decreased back to 89%.

Despite the joint effort of CA and external stakeholders, statewide there has been a slight decrease in the percentage of first review hearings within 6 months and the frequency of periodic reviews every 6 months; however, this decrease is not true for all regions. For example, Region 1 North and Region 2 North saw an increase of 2% for the first review hearing being held within 6 months. Performance in Region 3 South also remained stable since the previous reporting period.

In contrast, the first review hearings within six months decreased in Region 1 South by 9% in calendar year 2016; from 83% to 74%. This decrease was primarily from two counties, Franklin and Klickitat. The median days to the first review hearing in Franklin County increased from 133 days in 2015 to 197 days in 2016. The median days in Klickitat county from increased 60 days from 2015 to 263 days. The sub region reported caseworker turnover impacted the increase in median days. It is also important to note, that in more rural counties with limited judicial resources, hearings may get continued due to criminal matters taking precedence.

Region 2 South (King County) decreased from 74% to 67%; which is a 7% decrease from the previous reporting period. The sub region reported delays caused by court congestion, turnover within the Attorney General's Office and high CA staff turnover impacted performance. Since court reports are required for review hearings, when there is a high caseworker turnover, there can be a delay in the completion or quality of the court report which then required the hearing to be continued. This delay impacts the court congestion. Turnover within the Attorney General's Office can have this same affect.

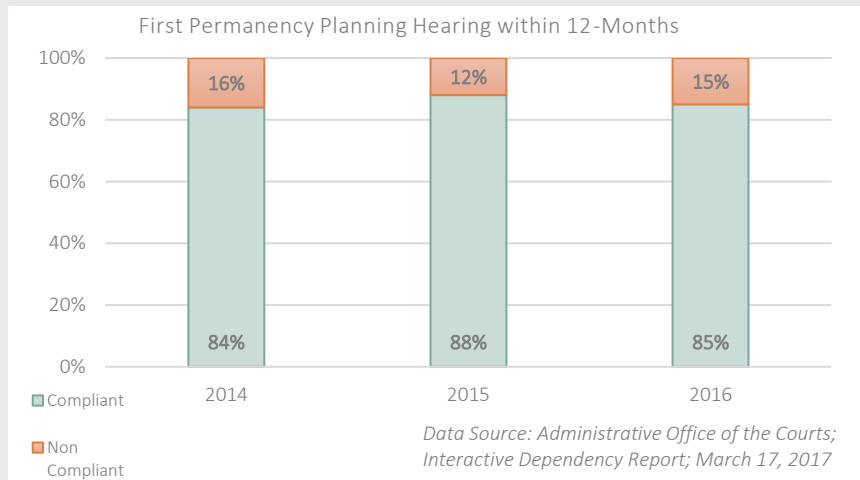
## Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered out-of-home care and no less frequently than every 12 months thereafter?

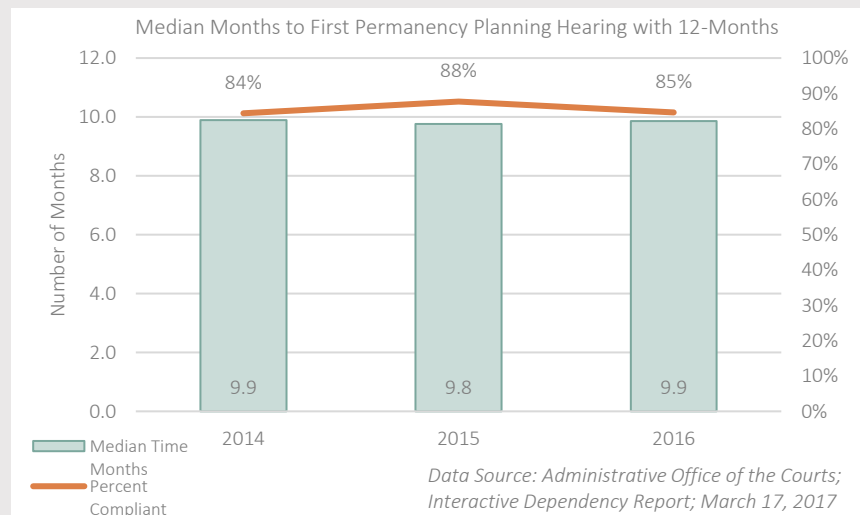
Washington state law and CA policy requires permanency hearings for every dependent child must occur no later than twelve months from the date the child entered out-of-home care and no less frequently than every twelve months thereafter. In addition, permanency planning hearings must occur following 90 days of service delivery after disposition if parents have failed to make progress or engage in services to resolve the issues that brought the child into out-of-home care.

CA utilizes data compiled by AOC to monitor timeliness standards by county jurisdiction for permanency hearings. The *Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report* reports:

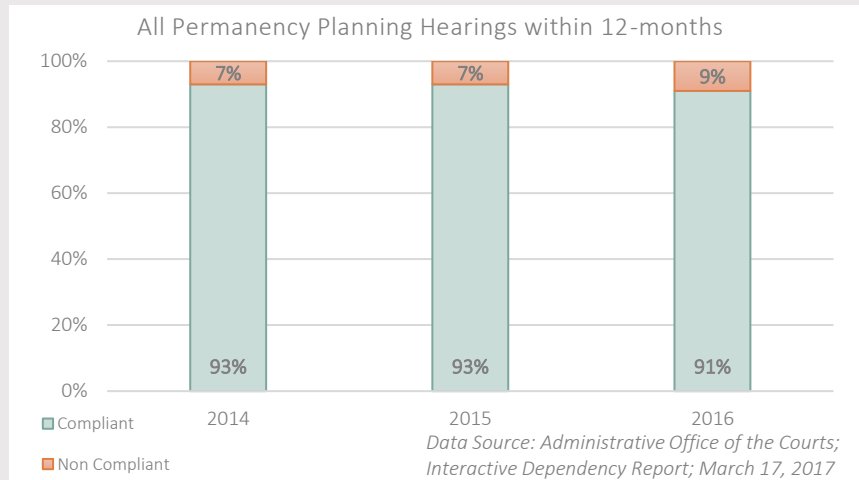
- Statewide in 2016, the first permanency planning hearing was held within 12 months of placement for 85% (3,123 of 3,693) children in out-of-home care. This is a 3% decrease from the previous reporting period.



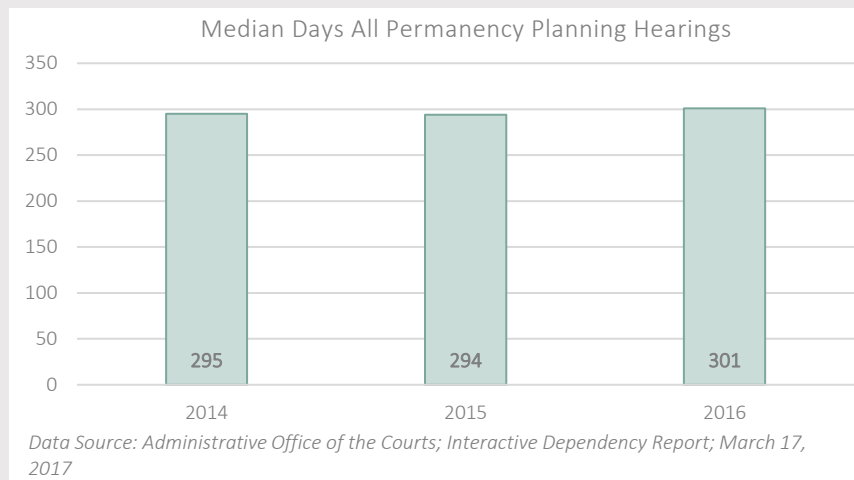
- In 2016, the median number of months to the first permanency planning hearing was 9.9 months; which has remained stable since 2012.



- Statewide in 2016, 91% (8,817 of 9,712) of all dependency permanency planning hearings were held within 12 months for children in out-of-home care. This is a 2% drop from 2015.



- For all permanency planning hearings in 2016, the median number of days increased to 301 days.



Court records from AOC SCOMIS were matched with information from CA’s statewide information system, FamLink. The margin of error within this data is ≤6%.

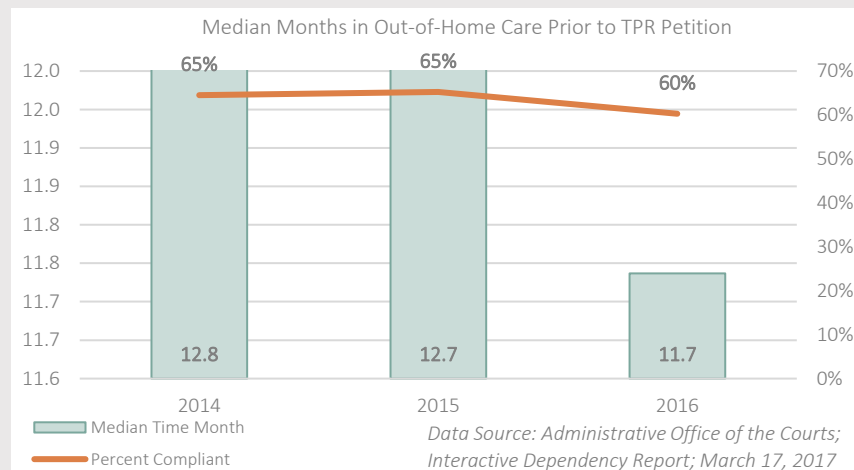
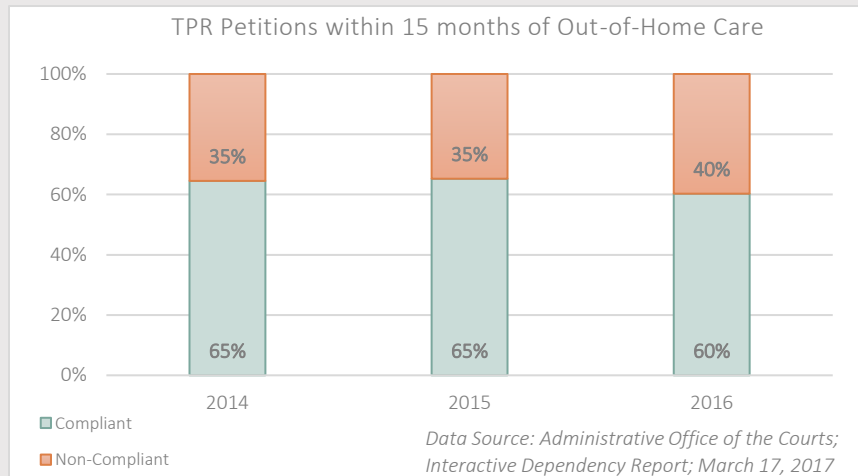
### Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

CA policy requires a referral for termination of parental rights to be made if a child has been in out-of-home care for 12 of the last 19 months is an area for improvement. This process supports the required filings under the Adoption and Safe Families Act (ASFA), which is to file a TPR if the child has been in care during 15 of the last 22 months.

CA utilizes data compiled by AOC which follows ASFA requirements. The *Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report* includes the percent of children with a TPR petition filed within 15 months of entering out-of-home care.

Statewide, 60% (1,184 of 1,962) of TPR petitions were filed timely for children within 15 months of out-of-home care. This is a decrease from the previous reporting period and is the lowest in the last five years.



In 2016, the median number of months spent in out-of-home care prior to the filing of a TPR petition was 11.7 months. This is a decrease in the median months from 2015 which was 12.7 months.

The CCRT results identified in 60% (70 of 116) of the cases reviewed statewide, when the child was in out-of-home care at least 15 of the most recent 22 months, or met other ASFA criteria, a TPR petition was filed in a timely manner or a compelling reason not to file was documented.

The filing of a TPR petition is complex and involves multiple parties including, CA staff and legal system partners. Timely filing and documentation of compelling reasons not to file continues to be an area for practice improvement and it is anticipated there will be improvement as CA focuses on improving the quality and quantity of shared planning meetings, increased training on permanency and concurrent planning and CQI activities with court partners.

Regional strategies to improve permanency outcomes has included hiring of staff to focus on permanency planning and related outcomes.

- Program managers have been hired to focus on permanency and related practices. (Region 1)



- Quality Practice Specialists, Quality Assurance team and adoptions staff are utilized to support permanency planning. Collectively, these staff support and provide education to caseworkers about efforts, such as termination petitions and identifying compelling reasons not to file, that support permanency planning. (Region 2)
- Two Quality Practice Specialists have been hired throughout the region, in addition, to one staff member in each of the large offices (Permanency Outcome Facilitator). These positions are helping to identify internal barriers to achieving timely permanency and are working in partnership with the caseworker to achieve reunification, guardianship, and terminations timely. (Region 3)

In 2015, CA created a Permanency CQI Team made up of key external stakeholders to help identify practice improvements to support:

- timely filing of TPR petitions or identification of compelling reasons;
- identify contributing factors to racial disparities;
- maintain cross-agency perspective on permanency and permanency improvements; and
- develop a CQI action plan.

One barrier identified by the team was high staff turnover which impacts timely permanency and increased the lengths of stay in out-of-home care. To assist in addressing identified permanency barriers and to foster a cross system, partnership approach to permanency, Permanency Summits were held. These summits invite Judges, CA staff, CASA/GAL, Office of Public Defense, Parent Allies, and former Foster Care Youth Advocates from the identified areas. In 2016, the first Permanency Summit occurred in Cowlitz and Clark County (Region 3 South) and provided a greater opportunity, at a local jurisdictional level, to address barriers to meeting court timelines and develop strategies to improve performance. A second Permanency Summit is planned in Grant County (Region 1 South) for May 2017 and a third Summit is being planned for Benton and Franklin Counties (Region 1 South) in early fall 2017.

CA continues to maintain an open dialogue with AOC, the Attorney General’s Office and Office of Public Defense to discuss and troubleshoot challenges around termination petitions. A primary point of discussion has included the number of termination appeals and the difference in filing practices of TPR petitions between offices and regions throughout the state. In some offices, caseworkers put together large termination “packets”, whereas in other offices caseworkers write termination petitions and legal documents that are then provided to the AAG’s office.

As policies and staff trainings are updated, CA continues to identify improvements that will support timely filings and permanency for children in out-of-home care.

## Item 24: Notice of Hearings and Reviews to Caregivers

*How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in out-of-home care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?*

The main challenge to accurately tracking notification to caregivers of hearings includes the lack of documentation in FamLink. While the system does allow for tracking, the location of the data point is not intuitive to staff, so the check box is very rarely marked. As a result, CA does not have quantitative data that reflects statewide practice.

During the 2016 legislative session, Engrossed Substitute House Bill 2591 (ESHB 2591) was passed which requires the department to provide notification of all upcoming dependency hearings to foster parents, pre-adoptive parents and relative caregivers regarding foster children in their care; in addition, providers are provided notice of upcoming hearings at the time of placement when appropriate. Notification of hearings is also provided to other parties, such as parents. The bill requires the court to:

- make written findings regarding whether foster parents were notified of dependency court hearings,
- indicate whether the court received a caregiver’s report, and
- indicate whether the court provided the foster parent, pre-adoptive parents or relative caregivers an opportunity to be heard.

Over the past year, CA policy was updated and caseworkers were provided training in July and October 2016 regarding the changes. The importance and expectation of notification to caregivers was communicated through frequently asked questions posted on CA’s foster parent webpage. The *Caregiver Connection*, a monthly newsletter for caregivers, reminded caregivers to inquire about upcoming court hearings during monthly health and safety visits. The newsletter is distributed by mail and email to over 8,000 people. The process to sign up is simple and can be completed on the foster parent webpage.

As part of the practice expectation, the Health and Safety Visits with Children and Monthly Visits with Caregivers and Parents policy, caseworkers are to discuss case activities, including hearings, and permanency plans with the caregiver. CA policy also dictates that caregivers are given the opportunity to be heard by the court, in addition to the hearing date. Caregivers can utilize the “Caregiver Report to the Court” form which is provided by the caseworker. Upon completion, the caregiver is asked to return the form to the caseworker or the child’s Guardian ad Litem to be filed with the court. The court can then review the caregiver’s feedback. Unfortunately, these forms are not often returned by the caregiver even though they are regularly sent out.

The AOC was also charged with including this data in their annual report. This is expected to increase the number of caregivers who are notified of hearings, as caseworkers are being asked by the court if the caregiver was notified of the hearing. This new requirement will also provide a way for caregiver notification to documented within the court order and tracked for reporting purposes. AOC completed some changes to forms used

Caregiver Notice of Hearings June 9, 2016-December 31, 2016			
	Adequate and Timely Notice Provided	Adequate and Timely Notice Not Provided	Total
Chelan County Superior Court	143	0	143
Mason County Superior Court	129	0	129
Pierce County Superior Court	728	8	736
Skagit County Superior Court	63	1	64
Snohomish County Superior Court	419	10	429
Stevens County Superior Court	42	0	42
Thurston County Superior Court	1	0	1
Walla Walla County Superior Court	84	2	86
<b>Grand total</b>	<b>1,609</b>	<b>21</b>	<b>1,630</b>

*Data Source: Administrative Office of the Courts, Washington State Center for Court Research; Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report, Page 22; April 2017*

for dependency hearings to allow for the tracking of adequate and timely notification to the caregiver.

The *Dependent Children in Washington State: Case Timeliness and Outcomes 2016 Annual Report* includes limited data. The available data covers from June 9, 2016 through December 31, 2016. The report includes results from eight Washington state counties and identifies the number of caregivers who were provided adequate timely notice. AOC is planning to provide training regarding the revised forms in an effort to improve future data collection.

Although the department currently has limited quantitative data regarding caregiver's notification of hearings, CA contracts with the Research and Data Analysis Division of the Department of Social and Health Services to conduct a survey of foster parents in Washington.

One of the survey questions "*What could CA or your social worker do better to support you?*", often produced comments from foster parents that they were not being informed of court hearings. This qualitative data, through the foster parent survey, is limited as it only addressed foster parents and not kinship caregivers. These kinship caregivers are not as likely to receive the foster parent newsletter (although they are not precluded from being) or list serve as kinship caregivers often do not go through foster parent training to hear about these resources. CA is unable to draw kinship caregivers out of a database through our current computer system. This limits the kinship caregiver's awareness of the right to be heard at court or that they need to ask for court dates if these are not provided. However, kinship caregivers are arguably more likely to know about court dates than foster parents as they are more likely to have a relationship with one of the parents or other supportive relatives. A Kinship Program Manager was hired in 2016 to develop ways in which to specifically address the support and training for kinships caregivers.

During a workshop facilitated by CA staff at the Statewide CASA Convention in October 2016, CASA workers from around the state shared their experience of caregivers receiving notice of hearings and being heard at court hearings. The following input was provided:

- Foster parents don't receive notification in advance of the court hearing, they receive last minute notice or are provided notice by the CASA's.
- Foster parents may not feel welcome at court hearings.
- Foster parents are uneducated about the court process.
- Availability of the "Caregiver Report to the Court" is dependent upon the county and the caseworker.
- Foster parents who work outside the home can't make it to hearings.
- There are foster parents who don't want contact with bio-parents.

Some of this information indicates that the issue with foster parents not participating in court hearings may be due to other barriers than notification; however anecdotal information seems to indicate a need for improvement in notifications of court hearings. The notification of court hearings should be consistent, either through providing the court report or through other forms of communication, such as in person conversations, by phone or by email. To address this barrier, the issue of caregiver notification has been a topic at the monthly CFWS/Permanency Leads meetings. The notification policy and a monthly newsletter has been distributed by the regional permanency leads that gives directions on how to print a confidential court report specifically for caregivers.

Caregiver notification is also a topic at 1624 meetings, which are statewide quarterly meetings that include CA staff, foster parents, and the Foster Parent Association of Washington State (FPAWS). Various issues regarding communication between the caseworker and the foster parent are addressed and the issue of caregiver's receiving notification of hearings comes up regularly.

## C. Quality Assurance System

### Item 25: Quality Assurance System

*How well is the quality assurance system functioning statewide to ensure that it is:*

- (1) operating in the jurisdictions where the services included in the CFSP are provided,*
- (2) has standards to evaluate the quality of services (including standards to ensure that children in out-of-home care are provided quality services that protect their health and safety),*
- (3) identifies strengths and needs of the service delivery system,*
- (4) provides relevant reports, and*
- (5) evaluates implemented program improvement measures?*

### System Functioning

Children’s Administration has a well-functioning quality assurance (QA) and continuous quality improvement (CQI) system statewide and is operating in all areas across the state. Each region has a QA/CQI team that works closely with regional staff, regional management, and the HQ QA/CQI section, as well as other divisions to make improvements statewide.

1. Washington’s QA/CQI system is operating in the jurisdictions where the services included in the CFSP and subsequent APSRs is provided.

Washington’s QA and CQI processes are operating across the state in the 3 regions and sub-regions. The HQ QA/CQI section consists of one central case review team (one supervisor and five staff), three QA/CQI managers, an administrative support staff, and the statewide QA/CQI Administrator.

Each regional QA/CQI team, like the HQ QA/CQI section, regional teams gather and analyze data for a variety of sources. The regional teams work with their local field offices, analyze qualitative and quantitative data, and develop and carry out improvement strategies identified in their Regional Improvement Plans. This practice is consistent statewide.

CA’s Central Case Review team is fully operational around the state and is currently active in all 3 regions and sub-regions. In calendar year 2016, the central case review team reviewed 566 cases statewide from 24 field offices. Results from case reviews are utilized by local offices to develop plans and strategies to implement practice improvement strategies. Practice improvements related to child safety have the highest priority. CA’s QA/CQI staff participate with the regional QA/CQI team to conduct a deep dive of the data and complete a root cause analysis regarding areas needing improvement. In 2016, the case review team began utilizing the Online Monitoring System (OMS) and reviewed cases according to the federal Onsite Review Instrument (OSRI) standards. In 2017, the Central Case Review team began integrating key case participant interviews into the review process. The key case participants include, but are not limited to, interviews of the mother, father, caseworker, and caregiver. Interviews of the child will be integrated as the process is improved.

2. Washington’s QA/CQI system has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their safety and health.

Washington’s practice and service standards are defined through federal law, state, law, and CA policy and procedures. Practice standards are evident in our policy, procedures, and licensing standards. Timelines for service delivery are identified in the policies and procedures as well. Additionally, as mentioned in item 1 above, Children’s Administration has been using the OMS system to evaluate the quality of services.

This past year, the regions updated their CQI process to focus more on the qualitative data identified by the OSRI. Additionally, regions changed their improvement approach from focusing only at the office level improvement plans to also including regional improvement plans, using the results from the case review in each region to determine their strengths and areas needing improvement. By looking at improvement from a regional level they were able to identify regional patterns and used the data to develop region wide strategies for improvement. This practice is consistent statewide.

Additionally, each region in partnership with HQ QA/CQI staff, adopted a deep dive approach to data. The regional QA/CQI leads met with each office that had a case review during the identified period and went over each items case review results to discuss strengths and areas needing improvement identified during the case review process through utilization of the Onsite Review Instrument. Data from the case review and the office deep dive discussions is used to inform regional improvement plans. The regional leads meet semi-annual with the HQ QA/CQI team to share the information. Results from the regional deep dives are also shared with the HQ program managers to inform policy and learning opportunities for program staff. This process occurred twice in 2016 and continues in 2017.

As part of each sub-regions QA approach, a review of identified core metrics is used in addition to the OSRI tool. Each month, regional QA specialists run core metric reports on statewide and regional areas of focus and work with regional management in the sub-regions to address challenges. These core metrics include process measures to ensure adherence to policy related to timely face-to-face contacts and health and safety visits with children. The stability and improvement in measures such as timely investigations and health and safety visits over the past several years can be partially attributed to the regular monitoring of the process data at the sub-region and office levels. While the quantitative review is a regular part of feedback to evaluate service delivery for regional management, from the Regional Administrator to the supervisor level, the shift to an increased focus on the quality of service delivery began in late 2015 and more so in 2016 with the adoption of the OSRI.

3. Washington system regularly identifies strengths and needs of the service delivery system through our QA/CQI processes including the analysis of data, feedback surveys, workgroup meetings, Lean and other process improvement activities, and other stakeholder feedback. The following are ways CA identifies strengths and improvement areas in our delivery of services.
  - *Case Review:* As mentioned previously, Washington began using the OSRI in 2016 and through that tool is able to identify the strengths and needs of the system looking specifically at the service delivery and case practice by assessing the 7 Outcomes (18 Items) in the tool. In addition to the Centralized Case Review process, regional leads in two of the three regions used the tool to conduct ad hoc reviews in other offices not identified for case reviews during the year. In 2017, the third region has begun to use ad hoc reviews.
  - *Deep Dives:* The deep dives are a prime example of an analytical approach to data review. The OSRI allows the user to run reports which provide detail on the areas of strength and concern. Through this approach, the regions and HQ partnered to look at the patterns and trends across the regions and across the state.
  - *CFSR Data Profile:* The CFSR Data Profile CA receives from the Children’s Bureau is an example of a report used which identifies areas of strength and challenges in our system.
  - *Core Metrics:* As previously discussed, core metrics is another example of how data is used to identify strengths and needs. Statewide and regional specific core metrics are provided monthly to inform regional administrators and the CA leadership team.
  - *Office of the Administration of the Courts:* Children’s Administration partners with court personnel, judicial representatives, defense attorneys, and other legal representatives in a monthly external Permanency CQI team. The team reviews data from CA as well as current data and annual reports from the [Office of the Administration of the Courts](#). Through this team, strengths and needs are identified and an action plan is developed to address service delivery and system challenges using this data. (see Permanency section)
  - *Employee Turnover:* Children’s Administration has faced a growing employee retention problem and utilizes data from Human Resources that shows employee turnover, including the exits and whether or not workers are leaving for other state agencies or leaving state service altogether. CA is using exit interviews to further analyze the reasons workers are leaving.

- *Feedback Surveys:*
  - Employee Engagement Survey
  - Foster Parent Satisfaction Survey
  - Customer Feedback Survey
  - Internal

Feedback surveys are another method CA uses to assess strengths and needs of services. The Employee Satisfaction Survey is done every two years. In 2016, the CA Extended Leadership team met on three occasions to discuss and develop action plans on employee retention, as well as the Employee Engagement Survey. Although retention and employee engagement are not directly measured in the CFSR, having a competent and engaged workforce is directly related to the quality of services and impacts many areas of the child welfare system.

Others surveys such as the Foster Parent satisfaction, Customer Feedback survey and other internal surveys are a good example of ways CA measures strengths and needs of the system.

- *Children’s Administration Leadership Meetings:* The Children’s Administration Leadership Team is comprised of Regional Administrators (three [3] statewide), Regional Deputy Administrators (nine [9] statewide), Division of Licensed Resources Administrator (one [1] statewide), Division of Licensed Resources Deputy Administrator (two [2] statewide) Office Chiefs of Program and Policy (two [2] statewide), and the CA executive management team (eight [8] statewide). This team meets monthly for 1.5 days to discuss global issues to the agency which includes discussion of quantitative and qualitative data.
- *Extended Management Meetings:* In 2016, CA started holding Extended Management Meetings three (3) times a year. This is a great opportunity for regional leadership to share their questions and concerns with some of the executive management team, including our Assistant Secretary. The agenda is developed to empower regional management participation and includes the review of data and discusses areas of strength and challenges. The main areas of focus in 2016 were:
  - March 2016: Employee Retention and challenges with Human Resources
  - June 2016: Employee Engagement Survey Results; discussion and action planning
  - October 2016: Organizational Trust and Leadership

In addition to these areas of focus, every meeting includes a Question and Answer (Q&A) opportunity for staff to have open discussion with the Assistant Secretary.

- *Supervisor Conference:* In 2016, all CA supervisors were invited to participate in a two-day supervisor’s conference. One popular attraction during the conference is the Wish Bowl. During the conference, a bowl is set out with cards for anyone to write a “wish” for the agency. Wishes are collected and grouped by topic and read at the end of the conference. Wishes may include resource needs, IT assistance, updates on current events within CA, or other supports for field staff and supervisors. This seemingly simple way of gaining feedback was well received and attendees submitted nearly one hundred wishes, which were compiled and assigned to HQ division directors to manage and address. This list is periodically reviewed at CA executive team meetings to ensure feedback from the field continues to move forward.
- *Workgroups and Committees:* As identified in the [collaboration](#) section and [item 31](#) of the 2018 APSR, CA partners with both internal and external stakeholders through many avenues including workgroups and committees. These include, but are not limited to the following: Field Advisory Board (FAB), Permanency Leads, Intake Leads, Contracted Services Leads, CQI committees (local and statewide), statewide foster parent committees, Children’s Advisory Board, Superior Court Judges, and Critical Incident and Fatality Review teams. Each of these teams use data to inform discussions and identify recommendations for practice improvement.



- *Individual Performance Evaluation Plans:* The Department of Social and Health Services implemented a new system of performance reviews for all agencies. Performance reviews are directly related to identified expectations for each employee and for Children’s Administration. Frontline workers are measured on the services they provide to children and families. Strengths and needs of individual workers are identified annually to support the work CA does in transforming lives by providing a quality service delivery system. In 2016, 86.5% or 1,610 of the assigned supervisors completed their performance evaluations on time.

*Strengths:* Overall, Children’s Administration has a functioning quality assurance system that uses data in a variety of capacities and uses improvement plans to identify actions to improve the system. CA also noticed, through a consistent focus on using the federal items as a framework for our feedback with staff, there has been a better understanding of the federal requirements. Additionally, internal and external stakeholders are involved across the department in a variety of ways including partnering on workgroups, committees and providing feedback to the department.

*Challenges:* CA uses an abundance of data in our assessments and analysis. While this is a strength, an abundance of data could also be a challenge, as too much data can be overwhelming and it can be difficult to identify areas of focus. Additionally, CA can do a better job of getting the voice of the families in a meaningful way. While CA collects feedback from families and parents at Family Team Decision Making meetings and through a customer feedback survey administered by the DSHS Research Data Administration, CA needs to identify a better system of obtaining feedback from older children and families involved with the Department to make system improvements. CA can also improve the gathering of feedback, by establishing a consistent way the information is captured which closes the loop and shares on any changes made as a result of the feedback from both families and external committees.

4. As part of the CQI process, Children’s Administration provides relevant reports to both internal and external stakeholders. The following are examples of relevant reports shared to ensure the functioning of the state’s system.

- *Monthly case review reports:* On a regular basis, a rolling 12-month report is provided to the Children’s Administration Leadership team and is posted on CA’s intranet site for staff. This report includes results from the central case reviews (OSRI) and shows office, regional and statewide performance on each item, as well as, the seven (7) outcomes. This report is used as a point of discussion on a regular basis at the Children’s Administration leadership team meetings.

In addition, regional QA/CQI leads use this information to guide the deep dive discussions with local offices and regional management. Prior to each deep dive, a detailed report is provided to the regional leads showing their strengths and areas needing improvement (ANI) from the case reviews in their area. A detailed strengths and ANI report is also developed and provided to the HQ program managers at a minimum of twice yearly for their areas of responsibilities. This detailed report is used to dive into the data to better understand regional and statewide trends and patterns and make necessary adjustments to training, supervision, current strategies and/or policy guidance.

- *Core metric reports:* As previously discussed, core metrics is another example of relevant data used by regional QA/CQI leads to inform internal and external stakeholders.
- *Monthly Informational Report:* The Children’s Administration Data unit produces a monthly informational report which is provided to Regional Administrators on a regular basis. At a minimum, this report details the following information:
  - Number of CPS intakes requiring face-to-face response
  - Number of children residing in out-of-home care
  - Number of licensed foster homes



- Number of children who exited in out-of-home care
- Percent of children placed with relatives
- Median length of stay for children in out-of-home care greater than 60 days
- Average caseloads
- *Permanency Profile Report*: CA, in partnership with Casey Family Programs and the Office of the Administration of the Courts, is working with an aim at increasing permanency for children in out-of-home care across Washington. Following an examination of permanency data for children in Washington’s child welfare system by an external CQI team, Permanency Summits were developed. The team identified counties across the state with the longest length of stay and the first summit was held in one of the lower performing areas. In 2016, the first permanency summit took place in Vancouver, Washington with a focus on Cowlitz and Clark counties. Part of the review was aimed at permanency data for that area, as well as information from the central case reviews. This data was used throughout the day to help inform action planning and strategy development aimed at reducing children’s length of stay in out-of-home care in these counties.
- *Monthly supervisory reviews*: Supervisors meet monthly with each caseworker to complete a qualitative review and provide clinical direction on all cases assigned to the caseworker. CA has standardized tools developed for CPS, DLR CPS, CFWS, and FVS supervisors to gather consistent information during these reviews. Depending on the identified program are, the monthly reviews include, but are not limited to:
  - Caseload management
  - Safety
  - Investigation
  - Placement considerations
  - Family and community connections
  - Assessment and case planning
  - Well-being of the child(ren)
  - Permanency
  - Adolescent activities
  - Special needs for the child
  - Case closure

Monthly supervisor reviews are documented in FamLink through case notes or the integrated review tool. Regional QA/CQI leads are able to generate a monthly report to monitor trends regarding the completion of these reviews and results are distributed to regional management.

*Strengths*: CAs strength related to the provision and use of relevant reports can be directly connected to the OSRI. Use of the OSRI tool, has allowed CA to better identify strengths and areas needing improvement in our system. Because the Department is using the seven (7) outcomes to better frame our work, the language is becoming part of CA culture and with the shared language, we can better communicate our findings at both the management level and the front line level, allowing more visibility and understanding of our data, as well as, an understanding of our performance and underlying issues. The increased use of reports with the level of detail at the case level allows us to better identify strategies.

*Challenges*: Because the child welfare system is extremely complex, CA cannot focus on just one report. CA utilizes data from multiple sources and the more data you offer, the more complicated understanding the data can be. To mitigate this risk, the QA/CQI team is partnering with the Children’s Administration Data unit, Program and Policy, the Office of the Administration of the Courts, and regions to identify a standardized data that allows the user to customize the report based

on the audience. For example, when Region 1 has a stakeholder meeting, they can develop a report that is specific to their region but allows for consistent reporting statewide

5. As part of the Department's CQI process, ongoing evaluation of implemented program improvement measure to improve practice and service delivery for children and families is conducted.

In early 2016, the HQ QA/CQI team, in partnership with the statewide CQI committee, reviewed statewide case review data to assess how well CA is doing in the 18 federal practice items and seven (7) outcomes. Through a process of assessment and discussion, the committee identified a several areas to focus on in 2016. Three of these areas were Well-Being Outcome 2: item 16, and Well-Being Outcome 3: items 17 and 18. Throughout 2016 and continuing into 2017, CA initiated the statewide *Health and Safety Campaign* in partnership with regional CQI leads. Each month focused on one of the identified areas of focus, either item 16, 17, or 18. The campaign utilized memos, tip sheets, hands-on assistance at the office level, and a specific campaign intranet site to share necessary details for caseworkers to gather and discuss with children and caregivers during monthly health and safety visits on each item. The campaign also included what level of detail is required to be documented in FamLink on each item. Following the first four months of the campaign, a large group of HQ program managers and regional QA/CQI staff came together to assess the effectiveness of the campaign through a targeted review of case notes for a specified time period. While the results from the targeted review were not conclusive, upon further discussion it was decided to continue with the campaign into 2017 by cycling through the identified items each month.

In addition to the example above, ongoing evaluation continues to occur at the regional level through case review results, targeted reviews, and ad hoc reviews. As the campaign has continued, documentation regarding children's education, health and mental health have improved. Regions continue to conduct random evaluations of case notes to ensure proper documentation of these federal items.

Another example of ways to evaluate program improvement includes the deep dives. By looking at data, as well as the story behind the data, it is possible to determine if a particular activity is effective. In the upcoming review period, CA will continue the deep dive process as they are now seen as an integral part of the CQI system in Washington. Further, the HQ QA/CQI team will continue to work with the regions to assess and evaluate their improvement strategies through case review, targeted case note reviews, ad-hoc reviews, hands-on training and technical assistance.

*Strengths:* Overall, CA has made significant improvement in this area over the last year. Evaluation of program improvement measures is focused on both statewide and regional strategies. The main strength is the development of strategies which focus on a specific item, rather than broad sweeping strategies, and the use of a consistent tool to evaluate progress. Due to this deliberate and focused approach, CA has seen an increase in the familiarity with the 18 federal items and 7 federal outcomes.

*Challenges:* While CA utilizes a consistent tool to evaluate progress of implemented strategies, the results are not always documented on the tool. Because information is collected in various ways for other activities, such as deep dives, results regarding progress are captured in many places. This can lead to duplicate efforts of documentation and work. CA is continuing to streamline the documentation process to minimize the duplication of efforts.

## D. Staff and Provider Training

### Item 26: Initial Staff Training

*How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?*

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, out-of-home care services, adoption services, and independent living services pursuant to the state's CFSP.*

### Status of Regional Core Training (RCT)

Efforts between The Alliance for Child Welfare Excellence (Alliance), contracted to provide RCT, and CA to collaborate on a redesigned RCT stalled in Fall 2016 after failure to agree on curriculum, design, and training methods. The challenges to resolve the disagreement were elevated to the Governor's Office in late Spring 2016 and a member of the Governor's team assisted in mediating the differences. Three meetings were held with the goal of discussing and resolving differences related to the 2016 Annual Plan, the 2017 Annual Plan, and RCT. Meeting attendees included the Dean of University of Washington School of Social Work along with three of her staff and the Assistant Secretary for CA and three of her staff.

CA submits draft annual plans, or contracts, to the Alliance for review and signature. Annual plans include proposed budgets and reimbursement to the Alliance for training services. Historically, these plans have lacked detail with regard to RCT, provision of ongoing training, attendance, development of objectives, curriculum, design, and method of training. The 2016 Annual Plan was signed in July 2016. While some agreements were reached with regard to communication and timeliness of responses, the 2017 Annual Plan remains with the University of Washington and is unsigned.

The Alliance submitted three RCT redesign proposals to CA in July 2016, September 2016, and October 2016. It should be noted that, since late 2015, conversations with the Alliance about RCT consistently focus on increasing content on practice and skills and decreasing academic and theoretical content.

The first proposal, in July 2016, closely resembled less formal redesign proposals discussed in meetings between CA and the Alliance which began in late 2015. In August 2016, CA provided detailed feedback in on the proposed redesign including:

- The redesign contained few of the content areas and recommendations generated from a January 2016 Lean event on RCT redesign.
- CA requests that the redesign contain increased content on practice and skills, with less academic and theoretical content.
- CA requested that federal and state governance, and policy be embedded into sessions rather than a stand-alone session.
- The redesign proposal contained an over-reliance on eLearnings. CA did not agree that certain topic areas were appropriate for eLearning, for example: impacts of parent mental health, chemical dependency, and domestic violence on child safety, infant safety, federal and state governance and policy.
- Repetition of topics in eLearnings and classroom rather than one classroom session. An example was content on the Indian Child Welfare Act (ICWA) which the Alliance proposed as an eLearning followed several weeks later with a classroom session. CA requested that ICWA be trained in the classroom with focus on federal and state law, policy, guest speakers, case examples, etc.
- No content on trauma-informed engagement as requested by CA
- Incorporation of data with content on demographic of families served by CA, disproportionality, poverty, etc.

In September 2016, CA responded to the second redesign proposal which was an improvement over the first proposal. CA feedback on the second proposal was similar to the feedback provided on the July 2016 proposal and again included a request for content on practice and skills, with a shift away from academic and theoretical content. Additional feedback included:

- Decrease of eLearnings, disagreement on use of eLearnings for certain topics, volume of content for eLearning, i.e.) ICWA, infant safety, the caseworker’s role in child welfare.
- The addition of simulations to eLearning and confusion about how the simulations are incorporated into eLearning. CA requested shadowing experiences for caseworkers rather than simulations.
- CA requested additional use of content experts to assist with curriculum development and as guest speakers.
- Retention of the Mandatory Reporter video in the redesign.

In October 2016, the Alliance presented a third redesign proposal. The proposal incorporated some of the requested feedback although continued with an academic and theoretical approach, use of eLearnings on topics CA had requested be taught in the classroom, lack of response to specific requests about content and method of training. Because CA had responded with sufficient detail to the first two proposals and a third response would only be repetitive, CA did not respond and the issue was elevated to DSHS leadership and the Governor’s Office.

During this period, the Alliance continued with the Interim RCT format for initial staff training.

Because of the rapid changes to technology and reporting requirements to the federal government, CA will begin FamLink training in July 2017.

#### Supplemental Initial Staff Training

As a result of continuing concerns about Interim RCT and the lack of field readiness for newly-graduated participants, regions have developed training to supplement Interim RCT content. This initial staff training is providing the practice and skills training requested of the Alliance by CA and includes Safety Boot Camp and Permanency from Day One. The regional trainings include practical training on completing assessments, case planning, service delivery, working families and family support networks, use of the Shared Planning Model to engage families in case planning, placement decisions, safety planning, permanency planning, etc. Regional trainings also include a focus on working with local stakeholders, tribes, and other agency partners.

#### Interim RCT Attendance Provided by the Alliance

Interim RCT begins on the first day of employment and all newly hired caseworkers are required to attend. Cohorts begin in each of the three regions on the 1<sup>st</sup> and 16<sup>th</sup> of each month to align with hiring and start dates. Compliance and timeliness is tracked through an online Learning Management System (LMS). CA began requesting attendance data in early 2016 and began receiving attendance data in June 2016. The data below shows the total number of staff enrolled in RCT for each cohort in the months of July 2016 to March 2017.

Fiscal Year 2017	Region 1	Region 2	Region 3	State Total
	Cohort One/Two	Cohort One/Two	Cohort One/Two	Cohort One/Two
July	0/1	14/5	5/3	32
August	0/3	8/9	7/4	31
September	5/6	7/8	3/6	35
October	4/6	10/12	4/3	39
November	2/4	6/4	4/5	25
December	0/3	7/12	5/0	27
January	3/3	11/10	9/7	43
February	3/5	12/7	7/13	47
March	0/5	10/8	5/13	41

Data source: *The Alliance for Child Welfare Excellence from LMS; April 2017*

The following data is the number of staff who completed RCT in each of the prior years. One-hundred percent (100%) of new caseworkers complete RCT prior to assuming full caseload responsibilities.

2014 Statewide	2015 Statewide	2016 Statewide
100% ( 202 )	100% ( 213 )	100% ( 306 )

Data source: *The Alliance for Child Welfare Excellence from LMS*

### Satisfaction Data on Interim RCT

The Alliance began distributing Quarterly Workforce and Caregiver Training Delivery Reports in July 2016. Some of the quarterly reports include satisfaction data from a sample of interim RCT participants, however the Alliance reports do not explain how this data was collected and the percentage of respondents. The satisfaction data demonstrates mixed results. RCT participants had an overall favorable response to the quality of the trainer, time spent on FamLink instruction and shadowing and observation that occurred in the field; however, respondents reported they needed additional time to practice specific tasks related to different points in a case from beginning to end. The Alliance has not collaborated with CA to develop a satisfactory method for collecting data on the quality of interim RCT. Because interim RCT is temporary, the development on an ongoing process to evaluate the redesigned RCT will occur once the redesign is launched.

### Role of Quality Practice Specialist (QPS)

During the last two years, DCFS has created QPS positions in each region. QPS managers are experienced staff with expertise in child safety permanency and well-being as well as knowledgeable on practical skills and how to complete required tasks in each program. QPS managers provide support, coaching and training to new caseworkers and supervisors as well as experienced staff who require additional coaching and training. During the last year, QPS have provided new caseworkers with additional program specific training in their initial program area and provide one on one and small group coaching. The training provided by QPS is developed at the regional level and therefore differs from region to region based on the needs of the region. QPS managers provide a critical role to supplement training and support staff while new caseworkers attend interim RCT.

### Progress toward RCT Redesign

In July 2016, an internal workgroup, the CA Training Committee, convened to review proposals submitted by the Alliance and to provide the Alliance with additional detail of the content areas to include in RCT and recommendations on components of design. The Training Committee is comprised of caseworkers, supervisors and program managers representing all regions, headquarters and all program areas.

The Alliance has submitted several RCT redesign proposals to CA, however the proposals have not included all of the content elements and components of design recommended by CA. There remains an over-reliance on e-learnings on topics that should be introduced in classroom curriculum and an overly theoretical approach. CA insists on a regional approach to minimize travel for new caseworkers and the Alliance proposals include a statewide cohort for one third of the classroom sessions.

### Plan for Ongoing Quality Improvement

The plan to evaluate the effectiveness of the RCT redesign will include ongoing participant feedback surveys to inform needed adjustments. After the redesigned RCT is launched, CA will develop an electronic survey of recent graduates and their corresponding supervisor. Surveys will occur six months after graduation from RCT to allow graduates an opportunity to become familiar with their job responsibilities and allow for perspective on what elements in RCT were helpful to them and what areas are needed or could be improved. Results from participant feedback surveys will be routinely captured and provided to CA in semi-annual reports which will guide ongoing RCT quality improvement activities.

### Contracted Staff

Washington does not utilize contracted providers to perform case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state's CFSP.

## Item 27: Ongoing Staff Training

*How well does Washington’s staff and provider training system work so that the workers conducting Child Protective Services investigations, or those providing family preservation and support services, out-of-home care and adoption services, or independent living services receive ongoing training to give them the knowledge and skills they need to do their work? How well does the training system work for their supervisors?*

*How well do the staff and provider training system work so that the front line and supervisory staff of the contracting agencies – or the staff in child placement agencies the state uses to place children – receive ongoing training that addresses the skills and knowledge that they need to provide contracted services?*

### Ongoing Training

The Alliance for Child Welfare Excellence (Alliance) offers ongoing or “in-service” and “e-learning” training to caseworkers, supervisors and area administrators to provide in-depth knowledge and skills instruction on key topic areas. In-service training is offered in the classroom and via e-learning on topics that lend themselves to an e-learning format. Classroom in-service training is provided by the Alliance staff and contracted trainers. Classroom training is delivered consistently across the state on over 45 training topics on an agreed schedule.

The Alliance trainers deliver classroom training on 33 topics. Examples include:

- Domestic Violence and Child Welfare
- Monthly Visits with Children, Parents and Caregivers
- Identifying and Supporting Commercially Sexually Exploited Children
- Infant Safety and Care

The Alliance contracts with experts who deliver classroom training on 12 topics. Examples include:

- Worker Safety and De-escalation Techniques
- Secondary Trauma
- Racial Microaggression
- Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth
- Pregnant and Parenting Youth
- Reunification

There are over 26 e-learning available. Examples include:

- Extended Foster Care
- Creating a Service Referral
- Interstate Compact and Placement of Children's Administration (ICPC)
- Youth Missing from Care

There are two internal workgroups who have provided input on staff training over the last year: The CA Field Advisory Board (FAB) and the CA Training Committee. Both workgroups are comprised of caseworkers, supervisors, and program managers representing all regions and headquarters, and program areas. The workgroups have focused on ways to improve training, as well as, identifying future training needs.

The FAB Quarterly Meeting Summary Reports are posted on the homepage of CAs intranet site so CA staff can see the training priorities and recommendations made by the FAB. Field staff are encouraged to contact their local FAB representative to provide additional input and feedback. An external workgroup, the Training Evaluation Committee, comprised of the Alliance, Partners for Our Children and CA, meets quarterly to discuss evaluation of current training.



The FAB and the CA Training Committee find that ongoing training on some topics is too academic and theoretical, and more suited to new staff rather than a more experienced worker, the expected audience for more advanced training. There are additional concerns that training curriculum is reflective of outdated policies and practice. To address this challenge, CA has spent the last year completing a comprehensive review of in-service training curriculum. The review is conducted by CA subject matter experts. The curriculum review has led to updates and requests for training on additional topics not currently available. CA and the Alliance agreed that all new training requests would be made through the CA training program manager. The curriculum review indicated that that this protocol was not being followed.

### Training Under Development

Requests for new training and updates for the last year have included the following:

Training Topic	Status
Creating and Monitoring your Native American Inquiry Request (NAIR)	Developed: e-learning format
Creating and Monitoring you Relative Search Request	Developed: e-learning format
Indian Child Welfare (ICW)	Developed: classroom by contracted provider
Impacts of Substance Abuse on Child Safety and Harm Reduction Planning	Developed: classroom by contracted provider
Decision to Place	Developed: classroom by contracted provider
Critical Thinking	Developed: classroom by contacted provider
Understanding Neglect	Developed: classroom by contracted provider
Reunification	Developed: classroom by contracted provider
Assessing Adults in the Home	Updated
After Hours Core Training	Requested
Permanency Planning	Requested
CPS In-service	Requested
FVS in-service	Requested
Making the Most of Shared Planning Meeting: Engaging Families and Community Partners	Requested
Supporting Kinship Placements	Requested
Adolescent Training	Requested
Right Response: De-escalation and Worker Safety	Requested
Trauma Informed Engagement	Requested
Advanced Safety Framework	Requested
Infant Safety and Care	Requested

*Data source: Children’s Administration*

### Technology Training

Regional feedback has consistently identified the need for additional FamLink and technology training; however, attendance in FamLink Labs delivered by the Alliance is consistently low statewide. During the last year, caseworkers were provided cell phones and tablets to increase their mobility and work more efficiently. Cell phone applications were developed so caseworkers in the field could easily access case information and document their work. This resulted in additional technology training needs. In order to address the rapidly changing technological challenge, all technology training will transition from the Alliance and be delivered by Children’s Administration Technology Services (CATS) beginning in the next fiscal year.

### Delivery and Attendance

During the last APSR reporting period, CA requested greater detail in delivery and attendance of all training. Specifically, the number of sessions, the name of the trainer, the name and number of CA staff

who attended. The delivery and attendance of staff training is now tracked in two ways: Regional Monthly Tracking Reports and Quarterly Workforce and Caregiver Training Delivery Reports which the Alliance began distributing in July 2016. The quarterly reports include data on trainings delivered each quarter and the names of staff who attended. Challenges with data integrity include inconsistencies between the two reporting methods and time between quarterly reports. CA requested more detail in the data on the number of sessions vs. the number of hours offered. Further collaboration on reporting methods continues between CA and the Alliance.

Alliance Training Data September 2016 through February 2017		
Training Type	Delivery Number of Sessions Offered	Participants (Attendance)
Classroom in-service	99	1,376
e-learnings	---	324
Coaching sessions	---	354
FamLink	41	100

*Data source: The Alliance for Child Welfare Excellence*

The data indicated poor attendance for some trainings. The first step toward answering the question why some trainings were not being attended was developing a consistent method of announcing upcoming trainings which included easy registration. During the last year, all ongoing training is marketed and advertised the same way statewide and includes a link to register. This enables CA and the Alliance to conduct a review and analysis of training that is not well attended and why. The decision to transition FamLink training back to CA was in part informed by the low rate of attendance and, in conducting some in-house analysis, CA found that new staff were going to peers within CA for hands-on training.

An analysis of the e-learning data shows that e-learnings that are short (20 to 30 minutes) and focused on a specific skill are likely to be utilized for learning. Examples of e-learnings that staff complete with regularity are the Interstate Compact for the Placement of Children (ICPC), Creating and Monitoring your Native American Inquiry Request (NAIR) and the Limited English Proficiency (LEP). E-learnings longer than 30 minutes, cover broad categories or are not instructional or skills-based are being reviewed, updated or eliminated.

### Training Policy

The DSHS Human Resources Department has developed new guidelines on required training for new employees. The CA training policy will be updated this coming fiscal year and will be in alignment with the DSHS guidelines.

CA will be developing a Staff Training and Professional Development Plan which will include required first, second, and third year training for field caseworkers and all CA staff. This plan will be developed once a proposal has been accepted by CA leadership and requested training is available. While there will be requirements for all CA staff, there will be specific learning and development plans for each caseworker along with a mechanism to track training completion. Currently supervisors are responsible for tracking training compliance with policy.

Current CA training policy:

Mandatory Training First Year of Hire	Status
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Program specific training:	
<ul style="list-style-type: none"> <li>▪ Intake</li> <li>▪ CPS Investigation</li> <li>▪ CPS Family Assessment Response (FAR)</li> <li>▪ Child Abuse Interviewing (mandatory for CPS prior to interviewing children who are allegedly physical or sexually abused)</li> <li>▪ Division of Licensed Resources(DLR)/CPS</li> <li>▪ Family Voluntary Services (FVS)</li> <li>▪ Family Reconciliation Services (FRS)</li> <li>▪ Child and Family Welfare Services (CFWS)</li> <li>▪ ICPC</li> <li>▪ Adoption</li> <li>▪ Licensing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Intake (available)</li> <li>▪ CPS Investigation (not available)</li> <li>▪ CPS/FAR (available)</li> <li>▪ Child Abuse Interviewing (available)</li>   <li>▪ DLR/CPS (available)</li> <li>▪ FVS (not available)</li> <li>▪ FRS (not available)</li> <li>▪ CFWS (available)</li> <li>▪ ICPC (available)</li> <li>▪ Adoption (available)</li> <li>▪ Licensing (available)</li> </ul>
Indian Child Welfare (ICW)	Available
Basics of Substance Abuse	Not available
Permanency Planning	Not available
Engagement and partnerships with Caregivers	Available
<ul style="list-style-type: none"> <li>▪ Child Development</li> <li>▪ Child Well-Being: Education, Health</li> <li>▪ Adolescence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child Development (available)</li> <li>▪ Child Well-Being: Education, Health (not available)</li> <li>▪ Adolescence (not available)</li> </ul>
Risk and Safety Assessment	Available but needs updating
Racial Disproportionality and Disparity	Not available
Worker Safety	Available
<b>Mandatory Training Second Year of Hire</b>	<b>Status</b>
Mental Health and Child Abuse and Neglect	Not available
Domestic Violence and Child Abuse and Neglect	Available
Diversity – Building Bridges	Available: Building Bridges has been replaced by Developing Cross Cultural Communication Skills: Racial Microaggressions
Indian Child Welfare Cross Cultural Skills	Available
Advanced Substance Abuse and Child Abuse and Neglect	Available
Collaboration /Customer service	Not Available

### Indian Child Welfare (ICW) Training

ICW training remains mandatory for all caseworkers. The two day ICW training was redesigned this year. The Alliance contracted with the National Indian Child Welfare Association (NICWA) who, in collaboration with the Indian Policy Advisory Committee (IPAC) and CA, developed a curriculum that includes laws, policy and practical application of skills and knowledge. ICW training is delivered consistently throughout the state and has been well attended.

### Supervisor Core Training (SCT)

Supervisor Core Training is Washington State’s foundational training designed to prepare newly-hired supervisors with the basic knowledge, skills, and understanding to enhance and grow their careers in public child welfare. SCT consists of classroom instruction and e-learning. There are seven (7) in-person classroom instruction days that occur over a three (3) month period of time.

SCT is organized into the following four components:

- Administrative Supervision
- Educational Supervision
- Clinical Supervision

- Supportive Supervision

The following chart includes knowledge and skills in SCT that are included in each component:

Administrative	Supportive	Educational	Clinical
Hiring	Ensuring a diverse workforce is respected	Updating staff on policy changes	Leading case staffings
Assigning cases	Talking with staff about cultural humility and competence	Providing constructive feedback	Monthly case consultation
Leadership and management	Building a team	Understanding how staff learn/ adult learning models	Providing case-specific consultation
Documenting employee performance	Staff retention activities	Providing information on practice skills	Reviewing cases for case closure to ensure safety
Coordination with community partners and Tribes	Supporting staff through critical incidents	Orienting new employees and coordination with RCT	Monitoring cases for compliance with ICWA and ASFA
Reporting on unit data	Making adjustments for staff's personal lives while maintaining excellent work		Decision Making
Conflict management	Identifying and responding to secondary trauma		Overview of Torts by AAG
Managing complaints			

SCT was launched in FY 2015 and is delivered three times per year. Based on participant feedback from initial cohorts, SCT curriculum was updated in 2016.

The following chart includes the number of supervisors who have attended SCT:

2015 Statewide	2016 Statewide	2017 Statewide
44	51	37 <sup>17</sup>

*Data source: The Alliance for Child Welfare Excellence*

POC, in collaboration with the Alliance, designed a qualitative evaluation of SCT. The evaluation was conducted through phone interviews with supervisors after they had opportunities to implement new skills and knowledge from SCT. The interviews were scheduled three months following SCT completion. Two cohorts of SCT were included in the sample, one held in the summer of 2015 and another in the spring of 2016. On the last day of SCT, Alliance coaches recruited supervisors to volunteer to be contacted three months later for a phone interview by POC. There were 18 supervisors who volunteered for the study. POC evaluators contacted the volunteers via e-mail three months following SCT to schedule a phone interview. Seven supervisors agreed to participate and completed a phone interview.

The supervisor sample was representative of the CA regions with the following distribution: Region 1, n=2; Region 2, n=2; Region 3, n=3. The CA program affiliations of this sample included: CFWS, n=3; CPS Investigations, n=2; Adoptions, n=2; CPS-FAR, n=1; Intake, n=1. Two supervisors had dual program assignments.

<sup>17</sup> As of this date two cohorts have been completed and the third cohort is scheduled in May, June and July 2017.

Supervisor Core Training Evaluation Response Rates				
SCT Cohort	# of Participants	# of Volunteers	Interviews Completed	Response Rate
September 2015	21	11	3	14%
May 2016	17	7	4	24%
<b>Total</b>	<b>38</b>	<b>18</b>	<b>7</b>	<b>18%</b>

*Data source: Partners for Our Children*

The evaluation interview included eight questions on the following four main content areas:

- What sessions, topics or modules of SCT had the most impact on your work?
- What were the supports and barriers that you experienced when trying to implement your learnings on the job?
- Have you observed any improved outcomes due to your training?
- What are other suggestions you would have to improve SCT?

The SCT evaluation identified the following key themes:

- Understanding Human Resources policies procedures and strategies for managing personnel issues are top priorities.
- Opportunities for networking and peer support was helpful.
- Area Administrators and other supervisors provide important supports.
- Office culture, personnel management and high caseloads are common barriers.
- Supervisors are unsure how to measure their own performance.

Supervisors cited that the sessions that had the most impact on their work focused on personnel issues and human resources. A number of supervisors indicated the following sessions were the most helpful:

- Human Resources.
- Conflict Management.
- Supervisor as Performance Monitor.
- Supervisor as Leader.
- Education Supervision.

Supervisors provided various ways that SCT could be improved including the following:

- Prior to training, conduct a brief assessment to get a better understanding of what skills participants are hoping to focus on.
- More emphasis on the transition from peer to supervisor.
- More opportunities for networking and getting support from peers.
- More focus on HR, managing personnel issues and understanding what is allowable under the union contract. Responses indicated that dealing with conflict was much harder to do in “real life” versus the training. This suggests that additional opportunities to practice skills within SCT or in follow up training could be beneficial.
- Not just focusing so heavily on CFWS and CPS, and expand content to Adoption and other programs.
- Focus on client-centered values that should lead conversations between the supervisor and caseworker.
- Continue having more refresher courses after the training.

- Find ways to condense the training. One participant indicated it was difficult to have the training several days for several months.

### Area Administrators Core Training (AACT)

AACT was launched in FY 2016 after a workgroup was convened to explore leadership training for area administrators. AACT is delivered by a nationally recognized expert on leadership. AACT consists of six days of classroom training that occurs two days a week over three consecutive months.

AACT is organized into the following six areas of leadership:

- Foundations for managers in child welfare.
- Effective relationships as a manager.
- Strategies for effective organizational communication.
- Growing and sustaining effective internal and external teams.
- Essentials for resource management.
- Strategic thinking and planning tools for the manager.

CA employs 40 area administrators (AA) statewide. The following chart includes the number of participants who have attended AACT. In fiscal year 2017, the majority of participants were area administrators, with three Tribal participants from the Chehalis and the Puyallup Tribes.

2016 Statewide	2017 Statewide
15	19 <sup>18</sup>

*Data source: The Alliance for Child Welfare Excellence*

POC worked with the Alliance to conduct an evaluation of AACT. The evaluation included two data sources: online surveys and a focus group of participants.

The purpose of the evaluation was to gather information to further strengthen AACT by addressing the following questions:

- What they found to be the most valuable learning from the training?
- What could support their ongoing transfer of learning?
- What ways could the training have been improved?

The evaluation identified the most valuable learning as the following:

- Aspects of team building, building internal and external teams, and different communication styles and stages of change.
- Networking and opportunities to learn from other AAs with varying levels of experience.
- The training content was beneficial and the trainer was very engaging and skilled at presenting topics and learning exercises.

Participants were asked ways the training could be improved which included the following:

- Because the training was held in Seattle, some participants faced lengthy travel and logistical inconveniences. Participants indicated that other locations around the state would be easier and more convenient.

### Contracted Staff

Washington does not utilize contracted providers to perform case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services and independent living services pursuant to the state’s CFSP.

<sup>18</sup> One cohort of AACT occurred in August September and October and a second cohort is in process (March, May and June 2017.)

## Item 28: Foster and Adoptive Parent Training

*How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?*

### Caregiver Pre-Service Training

Foster parent pre-service training is provided statewide and includes three main components: foster parent orientation, Caregiver Core Training, and First Aid/CPR training.

#### *Foster Parent Orientation*

Orientation is available either in-person or online and is part of the foundational training required in order to become a licensed foster parent. The in-person orientation is provided by DLR Licensors within the local area, provides the opportunity to ask questions of a licensor, as well as, meet other potential foster parents. The licensing process and necessary forms are covered during the orientation. The online orientation allows the potential foster parent to view the same materials available through the in-person experience, however lacks the opportunity for questions. Verification of orientation is made via the in-person sign sheet or provision of a certificate of completion with the licensing application.

#### *First Aid/CPR Training*

The minimum licensing requirements requires all licensed caregivers to obtain First Aid/CPR training, well as Blood-Borne Pathogens training. This training is provided through a statewide contract. Completion of First Aid/CPR training is confirmed by submission of written documentation by the caregiver that is maintained in the hard file, entered on the File Checklist maintained by the DLR Licensor, and required before a license is issued.

#### *Caregiver Core Training (CCT)*

Caregiver Core Training is a competency-based training available to all potential foster parents, relative caregivers and suitable other caregivers. This 24-hour training is mandatory in order to become a caregiver licensed directly by the department and was developed after a review of other foster parent pre-service training nationally. The review determined there was no pre-service training program in use that was evidence-based regarding outcomes. The DLR administrator and other field staff collaborated with the Alliance for Child Welfare Excellence to develop the current required curriculum. Private child-placing agencies are allowed by statute to use or develop their own pre-service training curriculum, if it includes the content areas contained in the statute. However, most child-placing agencies are either training to the department's curriculum, or sending foster parents to CCT.

CCT is divided into eight sessions, each three hours long. The curriculum is designed to help the caregiver understand how the system works, his or her role as a team member, how to effectively work with birth families in order to best support the child, how caregiving may impact their own family, child development and the impact of trauma, attachment, how to incorporate and honor a child's culture into the family, and more. The sessions include the voices of former foster youth, current caregivers and birth parents who have been involved with the system, available to the class through different panels. Mid-way through CCT, participants have the opportunity to complete a field experience which provides him or her with more awareness of the experience of children in foster care or the role of a caregiver of a child in foster care. This experience may involve networking with other families, additional training, foster parent events, support groups, etc. Completion of all eight training sessions is tracked through a training passport, which is maintained and verified by each instructor. At the conclusion of CCT, confirmation of successful completion of CCT is provided to the family's licensor and maintained in the FamLink system.

The Department is currently not able to draw a correlation between CCT attendance and the annual rate of licensing revocations and founded findings, as the number of revocations and founded findings for



foster homes is relatively low, and CCT is required for all department-licensed families. in the CCT curriculum.

For all foster parent licensing applications, the DLR Licensor utilizes a checklist as a quality assurance tool to confirm that the training requirements have been completed. Private child-placing agencies also attest to the completion of appropriate pre-service training completion.

The Alliance currently utilizes a satisfaction survey to determine the effectiveness of training provided. In fiscal year 2017 (July 2016 to June 2017), there were 181 completed cycles of CCT in the state. Evaluations are provided and were completed by 68.4% of CCT attendees in fiscal year 2017. Participants provided satisfaction rating, using a 5-point Likert scale. Attendees are asked to rate their knowledge prior to and following the training. Attendees rated pre-training knowledge at 3.2, and post-training knowledge at 4.6 on the 5-point scale. 99.9 percent of participants rated their knowledge after training as acceptable, good or excellent. Participants were also asked to rate whether the training was relevant to their role (rating of 4.7) and easy to apply (rating of 4.5).

### Caregiver In-Service Training

Once licensed, foster families are required to complete additional training hours known as Caregiver In-Service Training. Licenses are issued for a three-year period. In the first licensing period, 36 hours of in-service training are required. In the second licensing period, foster parents are required to complete 30 hours of in-service training and in the third and all subsequent licensing periods, 24 hours of in-service training is required. During the first two licensing periods, the foster family must select at least one training from each of the core competency category (Understanding and Working within the Child Welfare System, Child and Family Management and Caregiver Self-Awareness and Development) and one training must be focused on cultural issues. At initial licensure and at each subsequent renewal, the licensor has a conversation with the family during the licensing process to assist with identification of desired relevant upcoming training, in order to assist the family with their training plan. In-service training requirements are the same for Department-licensed and child-placing agency licensed homes, though child-placing agencies may have increased training requirements for specific programs.

Adherence to these in-service training requirements is tracked and monitored by the foster parent providing the DLR Licensor a certificate of completion and/or trainer confirmation, depending on the class. When a caregiver doesn't complete the required training hours, a compliance plan is developed with the family, providing them an additional six months to complete the required training hours. In fiscal year 2017 (July 2016 to June 2017), 552 caregiver in service classes were offered by the Alliance, representing 2,166 hours of training hours. Evaluations are provided and were completed by 598 (38%) of caregiver in-service attendees in fiscal year 2017. Participants provided satisfaction rating, using a 5-point Likert scale. Attendees are asked to rate their knowledge prior to and following the training. Attendees rated pre-training knowledge at 3.1, and post-training knowledge at 4.5 on the 5-point scale. 100 percent of participants rated their knowledge after training as acceptable, good or excellent. Participants were also asked to rate whether the training was relevant to their role (rating of 4.7) and easy to apply (rating of 4.6), and whether they were motivated to continue learning in future trainings (rating of 4.7). In addition, private child-placing agencies offer additional training to their licensed families.

CA contracts with the DSHS Research and Data Analysis unit under the Services and Enterprise Support Administration. This survey includes a random sample of foster parents who had a child placed in their home within five (5) months of the interview date. The survey includes questions about the foster parents training experience (both pre-service and in-service, depending on licensing date) and whether the training provided is adequate to prepare them for their role as a licensed foster parent. For the 2016 foster parent survey, 1,350<sup>19</sup> foster parents were contacted for the survey and asked about their training

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<sup>19</sup> Foster parents may choose not to respond to all questions asked in the Foster Parent Survey. Because of this, the number of foster parents who responded to individual questions, may differ from the total number of foster parents interviewed.

experiences. Foster parents are asked to consider all training completed in the last three years, and identify how adequate the training prepared them to care for the basic needs of foster children placed in their home. Eighty-seven percent (1,157 of 1,330) noted the training was more than or somewhat adequate. Foster parents were also provided opportunities to make comments about the training, including suggestions for improvement. The survey found that although increased access to training through the internet is appreciated, and difficulties remain with access to in-person training due to schedules, locations, travel costs, and need for child care. Feedback identified the need for increased training options and flexibility in training choices. Foster parents also noted the interaction with trainers and other participants through in-person training is greatly valued. All feedback and comments are provided to the Alliance for Child Welfare Excellence, who is contracted to provide the pre- and in-service caregiver trainings. The Alliance reviews the feedback in order to modify the array, schedules and approaches for foster parent training.

### Group Care Staff Training

The Washington Administrative Code related to licensing regulations for group care facilities require a specific number of hours (16) of pre-service training for staff and volunteers, including a list of content areas that training usually will include (depending upon the particular facility and the population served). These content areas are selected based on the knowledge and skills necessary for the group care staff to provide quality care to children in out-of-home care. Annually, a minimum of 24 hours of in-service training is required for staff and volunteers of group care facilities which includes suggested content areas specific to the program. In 2016, there were 153 group care facilities that were actively licensed. Documentation of completed training must be kept by the facility. During license renewals or comprehensive reviews, personnel files are audited by DLR Licensors to determine whether the program is meeting the minimum licensing requirements related to training. DLR recently reviewed compliance for both pre-service and in-service training requirements for all licensed group care programs statewide. These data were pulled from the most recent renewal or the most recent comprehensive review for the facility. Thirty (30) facilities were reviewed for either a renewal or comprehensive review during the year. Of the 227 individual staff files reviewed, 83% were compliant for the pre-service training requirements. Of the staff requiring in-service training, 75% were compliant for in-service training. Seven (7) facilities entered into compliance agreements regarding staff training, all of these compliance agreements have now been completed. Because of concerns that facilities were out of compliance with staff training requirements, a new requirement was added for twice-yearly health and safety reviews of all BRS facilities. Policy was changed in the spring of 2017 that mandated a review of staff training records at each health and safety review. DLR expects increased compliance of the training requirements for group care facilities because of this policy change. DLR management has also made staff training and compliance with requirements a focus of supervisory meetings, and have added regional licensor meetings to increase consistency and improve practice.

## E. Service Array and Resource Development

### Item 29: Array of Services

*How well is the system working to ensure that the following types of services are available and accessible to children and families served by Children’s Administration in all places in Washington State?*

- Services to assess the strengths and needs of children and families and help identify what services they need;
- Services that help families and children create a home that is safe;
- Services that help children stay safely with their families whenever possible; and
- Services that help children in out-of-home care either go back to their families, be adopted or under a guardianship; or some other planned permanent living arrangement.

The information below is focused on services provided to children and families that are not directly addressed in other parts of this report.

CA engaged in a statewide effort to gather feedback from stakeholders on the four identified questions regarding service array in Washington. In April 2016, work started on assessing the current functioning of the array of services. Regional and headquarters staff were utilized to gather feedback from internal staff, governmental entities, Tribes, and community partners. Below is a partial list of the people, organization, and entities where feedback was gathered:

- Office of Public Defenders
- Indian Policy Advisory Committee (IPAC)
- CA caseworkers and staff
- Family Juvenile Court Improvement
- Parent Allies
- Foster Parents
- WA Association of Children and Families
- DSHS, Division of Behavioral Health and Recovery
- Local Courts
- Passion to Action (youth advisory board)

This stakeholder effort did not include service effectiveness research CA had anticipated would be available. CA, in partnership with DSHS Research and Data Analysis (RDA), continues to work to understand the impact of service provision on outcomes for children and families. The work with RDA continues and CA anticipates future rounds of information gathering will include the results of this research.

The OSRI items that speak to services were reviewed for impact to the service array. Specific detail for items 1-18 are assessed and addressed in those areas of the APSR. According to the *Central Case Review Annual Report for 2016*, services provided to families to protect their children were provided in over 95% of the sampled cases (Item 2). Neither Item 6 or 8 provided any information to assess or address CA’s services array.

In reviewing the stakeholder feedback and data, there were clear themes that were statewide. Some of the themes included:

- Help for families in accessing housing.
- Consistency in how CA services and resources are made available to families.
- Increased service providers.
- Timely access to services.

There were concerns raised that were specific to rural parts of the state, those included:

- Counties without any service coverage (e.g. Ferry County) or very limited (e.g. Clallam).
- Access to transportation to needed for parents to participation in required services.

The list of recommendations will next be compiled and evaluated for overlap with current efforts or initiatives. From there two lists will be created, items to be:

1. Joined with existing efforts or initiatives.
2. Sent to CA leadership to select and authorize specific recommendations for improvement.
  - a. CA will return to the same groups approached in gathering feedback to develop suggestions on how to achieve improvements
  - b. Options for improvement will return to CA leadership for implementation approval.

### Item 30: Individualizing Services

*How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?*

- *Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.*
- *Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.*

The information below is focused on services provided to children and families that are not directly addressed in other parts of this report.

Children's Administration utilized the stakeholder process identified in Item 29, CA also assessed how services are individualized. CA also utilized data from the OSRI and The Family Preservations Services (FPS) QA audit to understand how well services are individualized.

The OSRI items that speak to services were reviewed for impact to the service array. Specific detail for items 1-18 are assessed and addressed in those areas of the APSR. According to the Central Case Review Annual report for 2016, the OSRI summary outcome narrative for Item 12, which talks to the individualization of services, the low percentages appeared to be for reasons other than lack of available services. This was also true for items 16, 17 and 18.

The FPS audit indicated that many agencies need support in helping their staff in delivering culturally relevant services. This need was reflected in the stakeholder feedback CA received.

In the stakeholder feedback and data reviewed there were clear themes that were state wide. Some of the themes included:

- Services that integrate the families cultural into the work and reports about the family.
- Services that are able to support parents with developmental or learning disabilities.
- Delivery of services in the native language of the parents.

The list of recommendations will next be compiled and evaluated for overlap with current efforts or initiatives. From there two lists will be created, items to be:

1. Joined with existing efforts or initiatives.
2. Sent to CA leadership to select and authorize specific recommendations for improvement.
  - a. CA will return to the same groups approached in gathering feedback to develop suggestions on how to achieve improvements
  - b. Options for improvement will return to CA leadership for implementation approval.

## F. Agency Responsiveness to the Community

### Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

*How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with:*

- Tribal representatives,
- Consumers,
- Service providers,
- Foster care providers,
- Juvenile court, and
- Other public and private child- and family-serving agencies

*And includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?*

The Department engages with internal and external stakeholders, Tribes, courts, and community partners in a continuous improvement cycle to successfully implement the provisions of 2015-2019 CFSP and related APSRs. CA also works with the regional service networks administering mental health services, community-based service providers, and community networks to provide quality services to meet the unique needs of families. Purposeful engagement occurs through the continuous improvement cycle which includes defining the problem, assessing the problem, planning strategies for improvement, implementing improvement strategies, and monitoring results.

Stakeholder input is obtained throughout the year during program or committee meetings, inter-agency executive committee meetings, and other advisory groups at the state and local level. These include, but are not limited to, the following:

- *Alliance for Child Welfare Excellence* – The Alliance unites the resources of five organizations committed to improving child welfare in Washington State. This collaboration is comprised of three higher-education institutions—University of Washington, University of Washington Tacoma and Eastern Washington University—as well as the state's Children's Administration and Partners for Our Children, a policy and analysis group. CA contracts with the Alliance to provide initial and ongoing caseworker training and pre- and post-service training for licensed foster parents.
- *Child Fatality and Near Fatality Review Committees* – When a child who has been served by DSHS CA and a child death or near death occurs, review teams are convened who include community representatives, as well as, CA specialists who have not worked with the family. The review team carefully examines the Department's practice, policies, and relationships with service providers and community professionals. Results from the review, along with consultation with Tribal partners, the Office of the Ombuds, advisory groups and federal reviews, are used to improve our practice. Final reports are published on the [internet](#) and recommendations are shared quarterly for consideration for implementation.
- *Children's Justice Interdisciplinary Task Force (CJITF)* – The CJITF was created pursuant to the Children Abuse Prevention and Treatment Act (CAPTA) and operates under Children's Administration. Members of the task force include law enforcement, judges, attorneys, child advocates, CASA, health and mental health professionals, parent groups and child protective agency staff. The role of the task force is to review and evaluate handling of cases of child abuse and neglect and suspect cases of child maltreatment fatalities. Recommend policy, training and funding that reduces additional trauma to child victims and victims' families. The task force also plans and participates the annual Children's Justice Conference.
- *Contracted Service Providers* – CA contracts with various service providers to deliver services to children and families involved with DSHS CA. [Section IV](#) of the 2018 APSR includes additional information regarding contracted services.

- *Foster Parents Association of Washington (FPAWS)* – The Foster Parents Association of Washington State is a non-profit corporation chartered in 1973 providing support and services to foster families throughout the State of Washington. Our Association has evolved over the years to develop direct support for adoptive, foster and kinship parents as well as initiating legislative action for the betterment of foster and adoptive families.
- *Kinship Care Oversight Committee* – This oversight committee was formed in 2003 to provide guidance in identifying, supporting, and strengthening kinship care families. The oversight committee is comprised of three public administrations including Children’s Administration, Economic Services Administration, and Aging & Long-Term Support Administration. Participation in the committee provides an opportunity to hear directly from kinship caregivers about areas of strength as well as areas for improvement. It also supports coordination between formal and informal kinship services and resources to improve access for caregivers.
- *Office of Family and Children’s Ombuds (OFCO)* – The Family and Children's Ombuds investigates complaints in Washington state about agency actions or inaction that involve any child at risk of abuse, neglect, or other harm and/or a child or parent involved with child protection or child welfare services. OFCO intervenes in cases in which have been determined that an agency's action or inaction is unauthorized or unreasonable. In addition to addressing complaints, OFCO works to identify system-wide issues and recommend appropriate changes in public reports to the Governor, the Legislature and agency officials.
- *Office of Public Defense (OPD)* – OPD was established by the Legislature in 1996 and is an independent agency of the judicial branch. The Parents Representation Program is administered by OPD and contracts with attorneys to represent indigent parents, custodians and legal guardians involved in child dependency and termination of parental rights proceedings. The program operates in 31<sup>20</sup> of Washington's 39 counties and key elements of the program include: caseload limits and professional attorney standards; access to expert services and independent social workers; OPD oversight; and ongoing training and support.
- *OPD Court Improvement Advisory Committee* – OPDs Advisory Committee includes members appointed by the Chief Justice of the Washington State Supreme Court, the Governor, the Court of Appeals, the Washington State Association of Counties, the Association of Washington Cities, and the Washington State Bar Association, in addition to two Senators and two Representatives selected from each of the two largest caucuses by the President of the Senate and Speaker of the House of Representatives, respectively. OPDs Director is appointed by the Washington State Supreme Court.
- *Partners for Our Children (POC)* – Supported by the UW’s School of Social Work, POC focuses on discovering innovative social work solutions to improve outcomes for vulnerable children and families. As part of the Alliance, POC integrates research and evaluation components to help guide curriculum development and pinpoint the effectiveness of training in delivering positive outcomes. This unique approach allows current research results and best practice information to be communicated consistently and effectively to child welfare staff throughout the state.
- *Private Child Placing Agencies* – CA has developed contracts with private agencies to help meet the growing demand of homes for the children in out-of-home care. The Department maintains licensing requirements for both state and private agency foster homes. Private agencies often specialize in certain types of children, provide case managers and offer other services to foster children and foster parents.

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<sup>20</sup> Parents Representation Program operates in the following Washington counties: Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Ferry, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Klickitat, Kitsap, Kittitas, Mason, Pacific, Pend Oreille, Pierce, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Whatcom, Whitman, and Yakima.



- *State Interagency Coordinating Council (SICC)-Birth-to-Three* – The mission of the SICC is to coordinate and foster development of a comprehensive statewide system of accessible local early intervention services for children birth to age 3-years old who have disabilities or are at risk for developing disabilities and their families, and to coordinate transition into programs these children ages 3- to 6-year-olds. In order to carry out this mission, SICC advises and assists the Department of Early Learning (DEL) and other state agencies on the broad range of early intervention policy and coordination issues. SICC leaders and advocates for early intervention services.
- *Supreme Court Commission on Children in Foster Care* – The mission is to provide all children in foster care with safe, permanent families in which their physical, emotional, intellectual, and social needs are met. The commission goal is to improve collaboration between the courts, child welfare partners and the education system to achieve the mission. DSHS CA Assistant Secretary serves as the co-chair of this commission.
- *Superior Court Judges Association Family and Juvenile Law Committee* – This committee is comprised of Judges and Commissions from various county courts in Washington State. They provide leadership and advocacy to assure the family and juvenile court system that is responsive, accessible and accountable. The committee reviews and recommends changes to family and juvenile substantive and procedural law and leads the Court Improvement Program (CIP) Steering Committee which oversees federal grant funding for improvements to dependency courts.
- *Washington Association of Children & Families (WACF)* - WACF is a growing association of large and small providers working toward a safer, happier future for the kids and families in Washington. Together, we promote safety, permanency and well-being for children and families who are involved or at risk of involvement with the child welfare system.
- *Washington Federation of State Employees/American Federation of State, County and Municipal Employees (WFSE/AFSCME)* – WFSE/AFSCME Council 28 is the union who represents Washington State employees employed by state agencies, state colleges and universities, and public service workers. CA represented employees includes the Social Service Specialists job classification (caseworkers).
- *Washington State Coalition Against Domestic Violence (WSCADV)* – The coalition is a non-profit, statewide network of 64 member programs that serve victims of domestic violence in rural, urban and Indian Country communities of Washington, plus 119 individual and organizational associates. The mission of WSCADV is to end domestic violence through advocacy by improving how communities respond to domestic violence and through social change by create intolerance for abuse.
- *Washington State Court Appointed Special Advocates (CASA)* – CASAs ensure all dependent children in Washington State who need court appointed special advocates have one available by promoting, supporting, and developing programs in Washington. Washington State CASA supports local programs through training, networking and awareness, and capacity building support.
- *Washington State Parent Ally Committee (WSPAC)* – The WSPAC is an association of parent allies who have successfully navigated the child welfare system and who collaborate to improve outcomes for families entering system. The WSPAC brings the parent voice into the development of child welfare policy and practice; promotes improved and equitable outcomes for all children and parents; and advocates for parent leadership in the direct service, training and public awareness activities that strengthen and support those families. We do this by networking, training and developing parent ally leaders, and educating policy-makers about issues of relevance to families in the child welfare system. Parent Ally members are empowered to use their voices to create change in the systems that support families and also within their own lives.

In addition to consultation during the year with the above groups, stakeholder input is gathered through ongoing and targeted consultation and collaboration with employees and stakeholders. Examples of include:

- CA developed the Field Advisory Board (FAB) which is a statewide workgroup comprised of field representatives selected by the Regional Administrators and Director of the Division of Licensed Resources. There are between 25 and 30 members on the FAB which includes 80% front line caseworkers and supervisors; the remaining 20% are representatives from Headquarters. The purpose of the FAB is to act as a sounding board and provide feedback to the CA Executive Management Team (EMT) on emerging issues in the field related to statewide child welfare practice and workload. The FAB provides a critical voice on the impact of initiatives, draft policies and practice changes under consideration. The ongoing communication between the EMT and the FAB provides a forum for the exchange of ideas and recommendations that may improve staff recruitment and retention, and quality and effectiveness of practice.
- The Department attended the King County Special Assault Network and the King County Domestic Violence Best Practice Group to discuss strengths, promising practices and areas needing improvement related to timeliness of investigations.
- CA staff meet with regional Law Enforcement jurisdictions to discuss Memorandums of Understanding and the Departments response timeframes for allegations of abuse and neglect.
- Multidisciplinary Team Meetings were held in each office catchment area to discuss strengths, promising practices and areas needing improvement related to timeliness of investigations. These meetings were included representatives from the prosecutor's office, area law enforcement agencies, victim advocates, mental and medical health providers.
- HQ Safety program manager facilitates the monthly statewide CPS and Intake Leads meeting who includes representatives from each region with a focus on improving safety outcomes. Regional leads share information with caseworkers regarding best practices and areas for improvement via e-mail, all staff meetings, regional management meetings, individual consultations with staff, and office training.
- CA Family Voluntary Services workgroup reviewed and updated the FVS policy and CPS investigation policy to clarify practices and procedures for service delivery to cases determined to be moderately high and high risk of maltreatment.
- The CA FAR Steering Committee was consulted regarding strengths and areas needing improvement related to provision of services to the family to protect children in the removal home.
- Development and distribution of a Permanency Leads monthly newsletter that is distributed throughout the regions by regional permanency and CFWS leads. The newsletter focuses on practice tips and strategies, including placement stability.
- CA is updating the Permanency Planning training to improve the focus on identification of permanency plans, concurrent planning, timelines, and strengthening the use of best interest considerations in case planning.
- An external stakeholders Permanency CQI Team meets monthly to help identify practice improvement to support timely filing of TPR petitions or identification of compelling reasons; identify contributing factors to racial disparities; maintain cross-agency perspective on permanency and permanency improvements; and develop a CQI action plan. Members of the team is made up of court partners, including: Children's Administration, Judges, Administrative Office of the Courts, AAG, Office of Public Defense, Children's Representation Program, CASA, Tribes and Casey Family Programs.
- The HQ Health Program Manager participates in the quarterly Regional Medical Consultants (RMC) meeting who discusses issues and topics relevant to foster care and accessing appropriate health care services. In 2016, quarterly meetings focused on the implementation of AHCC and identifying areas of

impact to the healthcare provider community to reduce barriers experienced by caseworkers and caregivers in the transition from fee for service to managed care. There six part-time practicing physicians who are employed by the DSHS, and are available to CA caseworkers by phone and in-person meetings to the regional offices.

- A core group of staff from Coordinated Care of WA, Health Care Authority, Fostering Well-Being, and CA meet monthly to strategize and address issues with implementation of the AHCC managed care plan.
- Statewide CHET Supervisors meet monthly throughout the year by conference call, video conference, and in-person. While these meetings are specific to the operation of the CHET program, the CHET screen is key to the development of an initial case plan that addresses the well-being of the child when he or she first enters foster care. The CHET supervisor meetings were an important arena to gather feedback on the impact to staff and caregivers regarding the implementation of AHCC.
- CA collaborates with medical providers and other public health experts to develop and implement services and supports that meet the needs of individual children. CCW is the contractor for the single managed care health organization to service children in the Washington foster care system; this health plan is called AHCC. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care services and treatment provided to children and youth in out-of-home care. AHCC assigns all children to a primary care provider upon enrollment in the plan. AHCC also provides care coordination for children with ongoing medical needs.
- CA convenes and participates in a variety of workgroups that focus on identifying and addressing barriers to accessing behavioral health services for children and families. Some of the workgroups include: Children’s Mental Health Workgroup, Washington State Behavioral Health Advisory Council, Washington System of Care: Statewide Family Youth and System Partner Round Tables, Children’s Administration Psychological Services Advisory Team, Children’s Multi-System Acute Resource Solutions Team, ACF Creating Connections Core Team and Behavioral Health Full Integration workgroup.

These workgroups have a diverse membership including, but not limited to: Washington State Senate, Washington House of Representatives, Department of Early Learning, DSHS Behavioral Health Administration, Health Care Authority, Department of Health, Office of the Governor, Office of Superintendent of Public Instruction, tribal council representative, Behavioral Health Organization, behavioral health community providers, foster parents, youth, and alumni of care, CA management, supervisors, and caseworkers.

- CA has supported legislation to help address systemic issues regarding the child welfare system and provision of health and behavioral health services for children in foster care. Legislation includes the Washington Blue Ribbon Commission on the Delivery of Services to Children and Families (Executive Order 16-03), Children’s Mental Health Workgroup (E2SHB 2439), and Integrated managed health and behavioral health services for foster children (SHB 1879).
- CA supported Washington state legislation, SB 5241, which was signed by the Governor on April 17, 2017. This bill requires school districts to consolidate credits or grant partial credit for unresolved or incomplete coursework due to transfers while in foster care placement. Legislation will be coupled with funding support for educational advocacy and expansion of a program aimed at improving graduation rates for youth in out-of-home care.
- CA is working with Office of Superintendent of Public Instruction to negotiate a bi-directional data share agreement with a goal of having it signed by June 30, 2017. The data CA provides to OSPI will help schools identify youth in out-of-home care and improve educational services and supports. The data OSPI provides will populate FamLink with the child’s individual education information. Having education information readily available for caseworkers all for better identification of a child’s

education needs. The information will also increase caseworker's ability to act promptly in supporting a child's education need and make appropriate referrals for education services.

- At the beginning of the 2016-17 school year, Treehouse, a subcontractor of OSPI, expanded their Graduation Success Program. The program serves middle and high school youth in foster care in all King County school districts and Spokane and Tacoma School District. CA has a data share agreement with OSPI to help facilitate Treehouse's direct outreach to engage eligible youth. The renewal of this school year's data share agreement was delayed, so the program did not completely utilize until mid-2016-17 school year.
- The Treehouse contract includes training caseworkers on education laws and systems process. With an increased understanding of the education process and additional education supports for middle and high school youth, it is anticipated that caseworkers will increase documentation of education activities within FamLink. This collaboration with Treehouse is part of the strategy to help CA increase performance 6% to achieve the federal target of 95% in the next year.
- As required by the federal Every Student Succeeds Act, OSPI has identified Foster Care Liaisons, in each school district. CA is working collaboratively with OSPI regarding training and communication strategies to strengthen work at the office/regional level between the district liaisons and caseworkers.
- The Alliance offers coaching sessions to individual caseworkers that focus on a child's safety, permanency, and well-being. Assistance includes adherence to CA policy and federal requirements.
- In April 2016, CA and Generations United presented a session at the annual Children's Justice Conference in Bellevue, WA. The presentation included national and Washington state data regarding kin, benefits and challenges to kinship care and supports for CA kinship caregivers.
- In October 2016, Washington, along with representatives from 7 other states and the District of Columbia participated in the Kin First National convening in Washington, D.C. This event, hosted by Generations United, the American Bar Association, and Child Focus provided an opportunity to share CA's successes and learn about other promising practices and policies for supporting kin.
- In November 2016, CA added a Kinship Care Program Manager position to strengthen policy, procedure and practice in working with kin. Efforts currently in process include:
  - Streamlining relative search and placement policy
  - Updating publications for kin including a guide to the child welfare system and a brochure regarding the dependency court process
  - Establishing a CA Kinship Advisory Committee
  - Improving access to concrete goods to support kin in the home study process
  - Developing communication strategies so kin are aware of available training opportunities and resources
- CA facilitated several workshops at the Statewide CASA Conference in May 2016. Workshop topics included ETV services, Permanency Consideration, and an overview of CFSR outcomes related to safety, permanency, and well-being.
- Washington State has reached out to the Capacity Building Center for States in regard to technical assistance around CFSR preparation. The Center for States Library was also used as a resource to gather information regarding other states' work with children who run from out-of-home care.
- Casey Family Programs provided financial assistance, consultation and professional guidance regarding strategies to CA to improve permanency outcomes for youth in out-of-home care

[Section I](#), [Section II](#) and [Section III](#) includes additional information regarding the Department's efforts to collaborate with stakeholders and implement provisions of 2015-2019 CFSP and related APSRs.

## Item 32: Coordination of CFSP Services with Other Federal Programs

*How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?*

The Department's statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs is functioning well. 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 title II (SSA) of the Social Security Act in accordance with all appropriate provisions of federal law. Examples of this coordination include:

- Title IV-E eligibility and Temporary Assistance to Needy Families (TANF) child-only eligibility for children placed with relatives is coordinated with DSHS Economic Services Administration. When a child is removed from a parent receiving TANF benefits, CA coordinates concurrent benefits with ESA to continue the parent's eligibility for 180 days of ongoing TANF benefits when the permanency plan is reunification. The concurrent benefits form must be completed within 7 days of placement in out-of-home care by the caseworker and is emailed to ESA for processing. If it appears the child will remain in care for more than 180 days, the CA caseworker can request an extension of these benefits. When a child is placed with a relative, he or she can apply for a child-only TANF grant directly from ESA.
- The Division of Child Support Services assists the Department in locating missing parents and is sometimes able to provide documentation of paternity. Also, if child support payments for being made for a child in out-of-home care, an electronic alert is sent to DCS with notification of the placement. Child support payments are then routed to Children's Administration until the child returns home.
- The state supports tribes in their delivery of child welfare services through IV-E agreements. Three tribes Quinault, Makah (not active) and Lummi currently have pass through IV-E agreements with CA. Washington State was the first in the nation to have a federally recognized tribe (Port Gamble S'Klallam) apply and receive approval for direct Title IV-E funds for foster care, adoption assistance and guardianship assistance. Other tribes who have expressed a strong interest and are known to be working with the federal government on direct IV-E agreements are Colville Confederated Tribes, Muckleshoot Tribe and Lummi Nation.
- CA has an approved inter-governmental agreement with the Administrative Office of the Courts (AOC) that allows for collaboration and sharing of data. An interface between the AOC's SCOMIS are matched with FamLink to allow for data to be gathered on juvenile dependency and termination cases filed in Washington's courts.

AOC actively participates and collaborates with CA on various workgroups and trainings. AOC was a key participant in the review, revisions, and development of tools to improve the quality of parent child visits. Membership on the CA statewide permanency CQI team includes representatives from AOC to improve permanency outcomes. They also partnered with CA to hold permanency summits in specific counties around Washington and supported the 2016 Indian Child Welfare Summit which was attended by tribal caseworkers, tribal judges and attorneys, as well as, CA caseworkers.

- The Department is implementing, in coordination with the Behavioral Health Administration, has implemented a statewide service for youth with serious mental and behavioral health needs. Wraparound with Intensive Services (WISe) is designed to provide comprehensive behavioral health services and support to Medicaid eligible individuals, up to 21 years of age through the publically funded mental health system. The goal of the program is for eligible youth to live and thrive in their homes, schools, and communities reducing the need for out-of-home placement. WISe uses an array of intensive mental health services that can include coordinated supports from multiple systems,

including CA. Roll-out of the program has been staged by Behavioral Health Organizations and is currently available throughout the state. Between July 1, 2015 and March 31, 2016, 777 children and youth served by CA were screened and received services in the new intensive mental health program.

As of January 2017, WISE implementation has been completed in 30 of the 39 Washington counties including: Asotin, Benton, Chelan, Clark, Cowlitz, Douglas, Franklin, Garfield, Grays Harbor, Island, Jefferson, King, Kittitas, Kitsap, Klickitat, Lewis, Mason, Pacific, Pierce, Skagit, Skamania, Snohomish, Spokane, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima.

- CA obtains information from federal and state databases through approved data-sharing agreements. The Department uses data from ACES (determines eligibility, issuing of benefits, management support, and sharing of data between agencies), SEMS (DSHS Division of Child Support), UTAB (Unemployment Tax and Benefit system), Department of Health Vital Statistics, eJAS (Basic Food and Employment System), Client Registry (facilitate client care and case coordination across all DSHS client services and programs), VIPS (vehicle registration database), and Federal Bureau of Prisons Inmate Locator for dependency, placement, adoption and case management purposes.
- Ongoing joint DSHS meetings between Economic Services Administration (ESA), RA, CA and Aging and Long-Term Support Administration (AL TSA) to more fully collaborate across administrations, work on systemic level issues such as policy and practice that cross administrations and impact one another. For example:
  - Joint staffings across administrations to ensure cross system linkages.
  - Participate in System of Care efforts to increase coordination of mental health services for children and youth in foster care.
  - Work with Health Care Authority on the Fostering Well-Being Program to build medical provider capacity to provide EPSDT exams for foster children and coordinate services for children who are medically fragile or have special needs.
  - Partner with the Health Care Authority to develop RFP and contract with a single Managed Care Organization to serve children and youth in foster care and adoption support programs.
  - The Fostering Well-being Program transferred to the AL TSA where they implemented many activities around EPSDT/Well-child exams for foster children. Current activities include a focus on Medically Fragile children who come into care and their care coordination needs.
- An Intra Agency Agreement between CA and JJRA was revised and jointly signed which is designed to enhance discharge planning for youth. The MOU provides clarification of roles and responsibilities, including:
  - Clearly identify who has lead responsibility;
  - Begin discharge planning at entry to JJRA facilities and county detentions; and
  - Create opportunities for joint involvement in shared planning meetings and family contact efforts.
- In 2015, The Washington State Homeless Youth Act (HYPP Act, SSB 5404) created the new Office of Homeless Youth Prevention Programs (OHYPP) within the Department of Commerce. The contracts for management, oversight, guidance and direction of the CRC, Street Youth and HOPE Centers were transferred from CA to OHYPP as of July 1, 2016. In 2016, new legislation increased the amount of program funding for beds and services that are linked to homeless students, further expanding the resources available for all homeless youth. Youth are referred to community providers for housing needs. Many of Washington State's IL providers are also recipients of federal grants for transitional housing.
- CA collaborates through a MOU with the Economic Services Administration and statewide Housing Authorities to promote housing stability among families and young adults served by both of the DSHS



agencies. This collaboration continues to combine resources for families and young adults aging out of foster care who meet the criteria for the Family Unification Program as specified by the US Housing and Urban Development Administration. The MOU commits the agencies to combine efforts in providing housing assistance through a variety of programs including: Housing Choice Vouchers (Section 8); Family Unification Program vouchers; Moving to Work Program participation; and transitional housing assistance.

- In April 2016, use of FUP vouchers through the Seattle Housing Authority in King County (the most populated urban area in Washington State) was the first to reach 100%. Of the 21 counties involved in the MOU, all utilization is above 90%. Some of the smaller rural counties such as Walla Walla, Franklin, and Benton, do not have more vouchers available and have not received additional vouchers from the federal government. Utilization of the vouchers is highly dependent on housing, and there is limited housing available in King, Pierce and Clark counties. Therefore, although we have a high rate of voucher delivery, there continues to be a lack of affordable housing for youth and families
- CA collaborates with DSHS Economic Services Administration, the Department of Commerce and contracted providers by participating in task forces, and committees that promote ending youth homelessness including: The Youth Advocates Ending Homelessness program, YMCA Young Adult Services King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness, The Foster Teens to College Program, The Statewide Advisory Council on Homelessness and the Interagency Council on Homelessness. In 2015, WA State enacted the Washington State Homeless Youth Act (HYPP Act, SSB 5404) to match the efforts of the federal Runaway and Homeless Youth Act and created the Office of Homeless Youth Prevention and Protection Programs in the state of Washington. CA works closely and with the new Office in making sure all runaway and homeless youth in the child welfare system are receiving the necessary support and services they need, and providing the Office with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington State.



## G. Foster and Adoptive Parent Licensing, Recruitment and Retention

### Item 33: Standards Applied Equally

*How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?*

The Children’s Administration Division of Licensed Resources (DLR) ensures state standards are applied equally to all foster family homes and child care institutions through the use of standardized materials, standardized processes, consensus-building within DLR, as well as CQI activities.

Only fully licensed foster homes and child care institutions are claimed by the State for federal fund reimbursement. Standards are applied equally to all licensed homes and facilities. Placements in approved, unlicensed relative homes are important to maintain family connections but IV-E and IV-B funding is not claimed for these homes unless the relative completes the licensing process. Unlicensed relative placements are required to have a home inspection, complete the home study, and pass a background check that includes FBI fingerprints and, if applicable, an out-of-state child abuse and neglect check. The home study referral process was modified approximately two-years ago, in order to initiate the home study assessment for unlicensed relative/kinship caregivers earlier. This home study referral is now initiated as early as the FTDM. Relative/kinship caregivers are asked to submit a home study application within the first thirty days of placement.

The last IV-E Federal Review for Washington was conducted in January 2014. The Children’s Bureau of the Administration for Children and Families noted in their final report that *“The Washington State Division of Licensed Resources has a strong licensing process that ensures the safety of children. This review found no concerns and no cases in error due to a licensing issue.”*

Washington currently has 31 IV-E Specialists and six (6) Federal Funding Supervisors statewide. The role of the IV-E Specialist is to ensure that paid placements for which CA is claiming IV-E reimbursement, are fully licensed and in accordance with the full licensing standards. Paid placements include family foster homes, and variety of group care facilities. IV-E Specialists also verify that if child care is required, the child care is necessary to maintain the foster parent(s) employment. This allows CA to claim IV-E reimbursement on child care payments.

Within 60 days of a child’s initial placement into out-of-home care, the IV-E Specialist will conduct a review to determination the child’s eligibility for funding. The review verifies that the paid out-of-home placement is fully licensed, and assesses the income/resources of the child’s removal home to determine AFDC financial need and deprivation factors required for IV-E eligibility. The majority of initial IV-E determinations are completed within 30 days of the child’s initial placement into out-of-home care.

Children determined to be IV-E eligible, have a review every 6-months to verify ongoing eligibility. The out-of-home paid placement is also reviewed at this time. If the IV-E Specialist receives an automated email indicating the child’s placement has changed, the case may be reviewed earlier. Notification of placement is especially important when a child moves from a licensed out-of-home placement to an unlicensed placement to ensure IV-E funds are appropriately ended.

If the initial determination identifies that a child is ineligible for IV-E funding, the IV-E Specialist will not review that child’s case for the duration of that out-of-home care placement episode. Eligibility is reevaluated each time a child enters or re-enters out-of-home care.

This statute ensures that standards for families applying to become a family foster home are applied equally.

## Foster Parent Licensing

Washington State general licensing standards for families submitting an initial application requires the following for each individual 18 years of age and older residing in the home: background check conducted by DSHS Background Check Central Unit, which includes a FamLink check for child

abuse and neglect, an FBI fingerprint-based background check from the national crime identification database, and a Washington State Patrol criminal background check. For persons who have lived outside of Washington State in the preceding five years, an out-of-state child abuse and neglect history check from all other states where the individual lived during that time is also required. For household members age 16 through 17, a Washington State Patrol criminal background check is required. Additional general licensing requirements include: an approved home study/family home inspection, CPR training, First Aid training, HIV/AIDS training, and completion of orientation and caregiver core training.

DLR 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 DLR Assessment section. This Assessment worker provides support to the family throughout the licensing process as well as post-licensure. The Assessment section has 47.5 FTEs primarily assigned foster home licensures, and 45.5 FTEs primarily assigned unlicensed relative and adoption home studies. These staff are supervised by 15 supervisors.

When a family reapplies for renewal of their license, a social service specialist from the DLR Safety and Monitoring Section is assigned to complete the renewal. The DLR Safety and Monitoring section is comprised of workers who complete DLR CPS investigations and licensing investigations in licensed care facilities. They also complete health and safety reviews and renewals. The Safety and Monitoring staff serve as a secondary check and balance system on the placement resource at time of renewal, health and safety monitoring and investigations. This allows a fresh perspective on the family in order to determine that they continue to meet all licensing requirements. There are 18 Safety and Monitoring workers, supervised by 3 supervisors.

The following table identifies the number of licensures for the previous three years for both private agency and department homes combined.

Calendar Year	2014	2015	2016
Number of licensed homes (end of calendar year)	4,705	4,660	4,883
Number of first new licenses issued (in calendar year)	1,214	1,266	1,229
Number of renewal licenses issued (in calendar year)	594	594	515

*Data Source: FamLink Report "Count of CA Licensed Providers by Location and Type"*

Since 2011, the completion of home studies has been centralized under DLR and allows for completion of a single unified home study that evaluates the family's ability to be both a foster family as well as a permanent resource. The unified home study ensures consistent application of assessment standards across the state for both general foster family or specific child homes. The DLR unified home study process allows for rapid placement of a child with a person known to them, either relative or a suitable other person, while supporting consistent standards for child safety and well-being.

Washington Administrative Code establishes minimal licensing standards for all licensed foster homes. Prior to a license being issued, 100% of home studies are reviewed and approved by the DLR licensing supervisors. All families being licensed by DLR or certified by a private agency, experience a standard

CA DLR Licensed and Approved Homes (as of December 31, 2016)		
2014	2015	2016
4,705	4,660	4,883

*Data Source: Children's Administration infoFamLink; May 2017*

licensing process established by CA. This standard licensing process includes interviews, written narrative, and reference checks, including contact with minor and adult children of the applicant.

All new DLR home study staff attend a week long specialized home study training offered once a year, using curriculum developed and standardized by DLR. On a space available basis, private agency and tribal staff are invited to attend the same training; most training classes are comprised of a significant number of private agency/tribal staff. The training ensures home study staff from both state and private agencies, receive a consistent message regarding best practice on the process to complete the home study and the application of licensing standards statewide. Additional information about ongoing staff training can be found under item 27.

Application and assessment materials maintained and utilized by DLR are consistent statewide. A file checklist is used by 100% of all home study licensors to ensure that licensing standards are applied equally to all family foster homes, including relative homes, going through the licensing process. The checklist identifies all licensing requirements based on rules, regulations, federal law and guidelines. The checklist is used to confirm that the application form, background information and collection of additional information is complete. The home study licensor remains in contact with the applicant through the entire process and works closely with the family to ensure the application does not have any missing or invalid information. When the checklist and all application materials are complete, the home study licensor finalizes the written home study using the standard template. All of these materials are forwarded to the DLR licensing supervisor who must review and approve 100% of all files prior to the foster family's approval for licensure. This approval must be completed, with a signature on the license itself, and an approval in FamLink before a family can receive placement and payment. The FamLink system will not allow a family to have a license finalized, or payment made to a family prior to receiving supervisory approval in the FamLink system. This review ensures standards are being applied equally across the region. Homes that do not meet standards are denied a license (new applications) or their license is revoked (existing licenses). In 2016, 21 families were denied, and 17 families were revoked that were licensed directly with the department. Although private agency foster homes were also denied or revoked, we do not have reporting capability at this time, and are working on these management reports. The Division of Licensed Resources implemented strategies to improve timeliness of licensure. With an increased number of applications received, timeliness of application to licensure in 2015 was 149.33 days. These strategies appeared to be successful in moving the needle; in 2016, the average number of days decreased to 131.95. The department seeks to complete 80% of licensures in 120 days or less.

### Child Care Institutions

Application and assessment materials maintained by DLR are consistent statewide through the utilization of a standardized application packet and facility checklists that identifies all licensing requirements based on rules, regulations, and federal law and guidelines. DLR has developed standardized checklists for each type of group care facility, depending upon the specific license being issued (Group home, crisis residential, etc.).

There are six supervisors statewide, one in each sub region, who oversee 20 regional licensors who regulate group care facilities in each sub region. Supervisors review all checklists and application materials prior to licensure approval or denial which ensures standards are being applied equally across the region. All checklists and application materials are maintained in a hard copy file for each agency and are available for review at any time to verify any questions or disputes about the licensing or relicensing process.

In order for a facility to become licensed, the applicant agency must submit an application and work with the regional licensor to develop all other program, policy and supplemental materials. Every group care facility must pass a fire inspection and Department of Health inspection, with the exception of staffed residential homes licensed for five or fewer. In addition, each applicant must provide evidence of financial stability and that staff will receive proper screening and training to safely and adequately perform their

jobs. After the licensor has reviewed the application and all supplemental materials to verify full compliance, all group care applications are reviewed and approved by a single supervisor in each sub region to verify the agency is in compliance. Group care facility licenses must be signed by the supervisor, and approval by the supervisor made in FamLink before the FamLink database will allow a placement or payment to the facility.

All group care facilities contracted for Behavioral Rehabilitation Services (BRS) receive a biannual health and safety monitoring visit from the regional licensor, as well as a comprehensive program review midway through their three-year licensing period. The comprehensive review includes a standard review tool used statewide. The review team consists of, at a minimum, representatives from Division of Licensed Resources, Division of Children and Family Services, contracts, and Behavioral Rehabilitation Services. The team may also include other agencies as appropriate (Developmental Disabilities Administration, Fostering Well-Being nursing staff, etc.). In 2016, nineteen comprehensive reviews were completed. Of those nineteen, twelve were completed at group care facilities with 67% (8) issued a compliance agreement. The remaining 7 comprehensive reviews were completed at Child Placing Agencies (CPA) with 57% (4) issued a compliance agreement.

Any deficiencies found are managed through compliance agreements. The compliance agreements note the specific WAC violations, the requested remediation, and required completion date. The regional licensors monitor the compliance agreement until all the issues identified have been remediated.

In the summer of 2016, DLR developed a QA process in which final reports and compliance agreements for the comprehensive reviews are reviewed and the data is collected at HQ. The data is reviewed for trends and practice improvements. Trends are analyzed and help inform future policy changes and practice directives on a statewide level. Issues related to individual facilities or agencies that did not reflect problems with statewide practice were addressed at the regional level.

One identified issue concerned medication management. There were consistent documentation errors, and to a lesser degree, medication storage issues. To remedy the identified medication issues, DLR first began working with Fostering Well-Being nurses to create a medication management training for licensing and group care staff. Work began on this training in October of 2016 and became available to both DLR regional licensors and private agency staff on April 3, 2017. The completion of this training is now required for all DLR regional licensing staff and will be required for all BRS contracted providers in the next BRS contract. The training is also available for other CA staff and non-BRS group care staff. Regional licensors are also now required to review medication storage and logs as part of both of their bi-annual health and safety review. This new requirement will be added to the regional licensing policies and procedures during the next policy revision in 2017.

The second statewide issue resulting in policy change is staff training. It was determined that some group care and private agency staff were not receiving the required sixteen hours of training prior to having unsupervised contact with children or the annual twenty-four hours of in-service training. DLR regional licensors are now sending out emails quarterly to the agencies with links to available trainings. Regional licensors are also required to review staff training hours during one of their bi-annual health and safety reviews, and this is being added to DLR policy.

The third statewide issue identified is related to the site inspection. There were issues with the fire drills not being conducted and other structural hazards or broken items in the facility. Regional licensors are now required to complete a site inspection during both of their bi-annual health and safety reviews, which is a requirement being added to DLR policy.

In order to establish greater practice consistency statewide, DLR began bi-annual statewide regional licensing meetings. The first meeting was held on September 29, 2016. These meetings include all regional licensors and regional licensing supervisors statewide and are held during the months of September and March. The meetings focus on current licensing practice, updated policies and

procedures, remediation of issues found during the comprehensive reviews, investigations, or other visits to the agencies.

### Renewal of Foster Family Home License

Licensed caregivers are required to be relicensed every three years. At time of renewal, the licensed caregivers must submit a new application and background checks for all household members age 16 and above. The relicensing process includes a home inspection, renewal assessment, updated background checks, and verification of completion of required in-service training. The licensor also collaborates with the family to develop an individualized training plan for the next licensing period to ensure the caregivers training needs are met.

### Renewal of Child Care Institutions

Group care facilities also have a three-year licensing period. At time of renewal the facility must submit a completed application with all required supplemental materials. The application and materials are again reviewed by the regional licensor to verify compliance with licensing requirements. In addition, a regional licensor visits the facility to review a random sample of personnel and client files. The number and types of files reviewed are based on the size of the agency, the number of children being served, and information from prior reviews. In order to ensure consistency of adherence to all licensing requirements, agency and file reviews are conducted with checklists created by DLR based on the requirements in Administrative Code. In addition to the file reviews, the licensor visits all licensed group care facilities to conduct a full inspection of the physical facility and various required logs and records. Compliance agreements are developed for any deficiencies, and these agreements are monitored by the licensor and required to be completed prior to the approval of the renewed license. To complete the licensing renewal, the licensor compiles all checklists and required information, and provides this to the regional licensing supervisor for review and approval before a renewed license will be issued. The licensing supervisor reviews 100% of renewal applications for accuracy and compliance with all requirements by the applicant, thereby ensuring compliance with licensing standards.

### Quality Assurance

In 2012, DLR initiated an annual internal quality assurance review of provider home studies to improve the quality and consistency of home study assessments completed throughout the state, promoting accountability and improved outcomes for children and families.

The provider home study review is conducted annually through a random sample of provider files selected from the total population of home studies completed by DLR during the six-month period under review. Teams of three DLR staff review the provider file independently, rating on a standardized tool. Staff do not review providers for whom they have had responsibility for assessment. Questions on the tool relate to adequate exploration of the applicant(s) ability to provide care or specific issues arising on the application, proper completion of required background checks, etc. After individual scoring, the three team members meet to reach consensus on each item.

The provider home study review tool is comprised of 15 questions which:

- Evaluate the caseworkers practice by measuring compliance with key elements of Children’s Administration policy;
- Identify and analyze practice trends, both strengths and areas needing improvement;
- Make recommendations based on the results of the review in an effort to improve practice; and
- Monitor progress with action plans based on the review results.

Each question is rated individually and performance is reported on all 15 questions. The provider home study review occurred in July 2016 and the period under review was October 1, 2015 through March 31, 2016. The provider home study review evaluated 80 approved home studies, which accounted for 7% of home studies approved during the period under review.

**DLR Provider Home Study Review**  
**PUR: October 1, 2015 through March 31, 2016**

	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Approved Home Studies Completed	265	125	203	176	131	243	1,143
Approved Home Studies Reviewed	18	9	14	12	10	17	80
Percentage of Home Studies Reviewed	6%	7%	7%	7%	8%	7%	7%

*Data Source: Children's Administration, DLR Provider Home Study Review Results; March 2017*

The following questions are from the provider home study review and are relevant to item 33.

***Were background checks completed for all persons age 16 and older listed as household members on the Family Home Study Application AND referenced in the home study?***

	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	82% (15)	100% (9)	93% (13)	83% (10)	60% (6)	88% (15)	85% (68)
Non-compliant	18% (3)	0% (0)	7% (1)	17% (2)	40% (4)	12% (2)	15% (12)

*Data Source: Children's Administration, DLR Provider Home Study Review Results; March 2017*

Home studies were rated as non-compliant when:

- Not all individuals ages 16 and over were listed on the Family Home Study Application or referenced in the home study as a member of the household had the required background checks; or
- The required documentation could not be found in either the file or FamLink.

Region 3 North developed three strategies for improvement focusing on the completion of background checks for all household members 16 years of age and older.

***Were administrative approvals or waivers obtained for background checks as required per the Overview of Approval Process for Crimes and Negative Actions?***

	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	100% (3)	100% (3)	100% (6)	100% (2)	75% (3)	100% (6)	96% (23)
Non-compliant	0% (0)	0% (0)	0% (0)	17% (0)	25% (1)	0% (0)	4% (1)

*Data Source: Children's Administration, DLR Provider Home Study Review Results; March 2017*

The one home study rated non-compliant was due to administrative approval or waiver not being obtained as required.

Region 3 North developed two strategies for improvement which focus on ensuring the appropriate level of approval has been obtained for administrative approvals or waivers for background checks.

***When the applicant(s) identified adult children, did all adult children of the applicant(s) provide a reference? If not, were diligent efforts (at least two attempts) to contact those children documented?***

	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	60% (6)	100% (4)	88% (7)	60% (3)	100% (4)	100% (17)	83% (33)
Non-compliant	40% (4)	0% (0)	12% (1)	40% (4)	0% (0)	0% (0)	17% (17)



	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
	(4)	(4)	(1)	(2)	(0)	(0)	(7)

Data Source: Children's Administration, DLR Provider Home Study Review Results; March 2017

Seven home studies was determined non-compliant because not all adult children provided a reference and no documentation of diligent efforts existed when a reference was not obtained.

Region 1 North developed three strategies for improvement which focus on reinforcing the requirement to contact all adult children or ensure diligent attempts are properly documented.

Region 2 South developed two strategies for improvement which includes the supervisor verifying all adult children have been interviewed during monthly case staffings and home study reviews prior to approval.

**Were each of the requirements met on either the Foster Home Inspection Checklist or the Household Safety Inspection for unlicensed placements?**

	Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	Statewide
Compliant	72% (13)	89% (8)	100% (14)	75% (9)	80% (8)	76% (13)	81% (65)
Non-compliant	28% (5)	11% (1)	0% (0)	25% (3)	20% (2)	26% (4)	19% (15)

Data Source: Children's Administration, DLR Provider Home Study Review Results; March 2017

- The 15 home studies rated as non-compliant were due to:
- The incorrect home inspection checklist being completed;
- No checklist completed; or
- At least one of the individual check boxes on the checklist were not completed

Region 1 North developed three strategies for improvement. Region 2 South developed two strategies for improvement and Region 3 South developed four strategies for improvement. These strategies focus on ensuring the correct checklist was utilized and completed in full for either the licensed or unlicensed inspection.

Ratings on each question are rolled up for each region. Compliance is achieved on a particular question, when the region achieves compliance at 80-100% for that question. When performance is below 80% due to the failure of more than one case, an action plan with strategies for improvement is developed and monitored by the region. Results of the provider home study review are shared with the DLR management team, who in turn, meet with regional staff to discuss results and develop strategies for improvement. Regions with an action plan, report progress on each of the strategies for improvement quarterly or until their action plan is completed. The updates are reviewed by the DLR administrator and deputy administrators. All action plans are completed for the 2016 provider home study review.

**Stakeholder Feedback**

There are various manners in which stakeholder feedback is solicited.

Foster parent representatives bring forward issues related to Children's Administration, including licensing regulations and consistency of practice to a quarterly foster parent consultation workgroup. Meetings are held quarterly in every region, and foster parents at that meeting then identify two issues to bring forward to a statewide meeting with CA management.

Community providers also have a feedback loop regarding licensing standards. There is a quarterly meeting with the Washington Association for Children and Families, in which private child-placing agencies and group care providers present issues related to consistency of practice. Issues addressed in the last year have included issues regarding the consistency of background check processes, families



transitioning between agencies and interpretation of licensing regulations. Issues presented by this group are reinforced with ongoing meetings with staff, in order to ensure application of standards are applied equitably across the state.

Amendments or new administrative codes can be requested by foster parents, DSHS agency staff, group care facilities, and child placing agencies. Gathering feedback from both internal and external stakeholders is a crucial part in the process, and is focused on clarity of the rules to minimize differences in interpretation and maximize application of consistent standards.

DLR proposed amendments to 34 WACs in 2016. Every WAC change is an opportunity to respond to feedback from the provider community related to potential inconsistency of confusion as to interpretation of standards. The proposed amendments were shared and feedback was requested through:

- Presentation at three Indian Policy Advisory Committee (IPAC) meetings.
- Presentation of at the Foster Parent 1624 Statewide Consultation meeting.
- Email survey sent to the 231 child placing agencies or group care facilities, all DLR staff, and both internal and external stakeholders.
- Email survey sent to over 9,400 foster parents or external stakeholders through the CA foster parent listserv distribution list.
- Public hearing held for gathering of comments and feedback. This hearing is held in Olympia, but written comments may be submitted in lieu of attendance.

Feedback was received on five of the proposed WAC changes and the feedback was incorporated into the permanent WAC when appropriate.

### Item 34: Requirements for Criminal Background Checks

*How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

Washington considers the requirements of criminal background checks to be a strength. The Department must adhere to the federal standards found in the Adoption and Safe Families Act of 1997 when reviewing an individual's criminal, negative action, and child welfare history prior to contracting with, licensing of, placing a child in, or authorizing any individual to have unsupervised access to children. State law and department policy require CA to assess an individual's character, competence and suitability prior to authorizing an individual to have unsupervised access to a child. This assessment must determine if placement is in a child's best interest and review the criminal and negative action histories as they relate to child safety, permanency or well-being. CA staff must not contract with, license, place a child, or authorize unsupervised access to a child if:

- an individual has a permanent disqualifying crime;
- an individual has a five year disqualifying crime and it has been less than five years from date of conviction; or
- an individual has a crime or negative action that may relate directly to child safety, permanency or well-being.

Background checks are required for all caregivers and household members over the age of 16 years old. In calendar year 2016, CA completed 49,710 background checks. FBI fingerprints are required for individuals over 18 years of age and are required to be complete prior to a child being placed in their care. CA staff are able to access the National Crime Information Center database in emergent situations when there is not sufficient time to complete the national fingerprint-based background check prior to placement with relatives or suitable others. Background checks completed for unlicensed caregivers can be used by DLR in the licensing or adoption process if the child remains in the home and the caregiver chooses to become licensed or adopt the child.

The FBI Criminal Justice Information Services (CJIS) policy prohibits the dissemination of criminal history record information (CHRI) to anyone outside of CA and to anyone within CA who is not certified to access CHRI.

CA may conduct an internal administrative review of crimes or negative actions that are not disqualifying or relate directly to child safety, permanency or well-being. The Department currently does not have the number of administrative reviews completed in 2016. Prior to December 2016, the reviews were completed by local offices and were not tracked. Beginning July 2017, when the court orders placement, CA will conduct an administrative review on all persons who are not a parent and the individual has a history of criminal or negative action. The review will determine if the history relates to child safety, permanency, or well-being and will not pass an individual with an ASFA crime. CA staff must notify the court of any issues that relate directly to child safety, permanency, or well-being revealed in a criminal, child welfare history check, or through a character, suitability, and competence assessment.

In July 2016, CA consolidated the background checks processes to a centralized unit to comply with CJIS requirements. This unit processes all background checks for the purposes of adoption, contracting, licensure, placement and unsupervised access to a child. In November 2016, CA created a standardized process for reviewing and tracking administrative approvals. A centralized, CJIS certified administrative review unit completes these administrative reviews. Reviews for character, competence and suitability may include criminal history, child abuse and neglect history from Washington and other states and negative actions. The background checks and administrative review units make a determination of fitness of the individual for which the purpose of the background check was requested. Information regarding background check reviews and decisions are documented in FamLink under each applicant's person

management page. The background check unit tracks all background check requests, administrative reviews and outcomes.

Centralizing all background check processes, including administrative reviews, creates statewide consistency in the completion of background checks throughout all CA programs. Regional staff participate regularly in bi-monthly background check video conferences and background check staff routinely provide training to new staff, programs and offices upon request.

CA is also in the process of modifying FamLink to ensure all placements have completed the required background checks.

After the implementation of the Unified Home Study, DLR initiated a QA review process. Sixty home study records are identified during a six-month period under review from the total number of home studies (licensed and unlicensed) completed. This sample is randomized and stratified as to geographic regions. Three DLR staff not involved in any of the home studies, review the home studies selected based on a standard set of questions. After each individual score, the three-person team reaches consensus on overall scoring on each item.

One of the questions used in the QA review is the following: *“Were background checks completed for all persons’ age 16 and older listed as household member on the Family Home Study Application and referenced in the home study?”*. The teams are all provided technical guidance that background checks for youth age 16 and 17 years of age must include a FamLink records check and a background check conducted by the department. Adults age 18 and older must have these checks, as well as an FBI fingerprint check and an out-of-state child abuse registry check if the person has lived outside the state in the preceding five years. During the 2016 review, this item was rated at 85% statewide. The QA review also assesses whether administrative approvals for criminal history were properly processed according to policy. Compliance in 2016 was 96%.

### Item 35: Diligent Recruitment of Foster and Adoptive Homes

*How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

CA has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children which need a foster and adoptive home. In addition, Washington's statewide diligent recruitment plan is fully operational. The Department utilizes two foster parent recruitment and retention providers; Eastern Washington University's (EWU) Fostering WA program who services Region 1 and Olive Crest's Fostering Together program serves Regions 2 and 3. Recruitment activities completed by these contractors include general recruitment, targeted recruitment, child-specific recruitment and collaboration with community, faith-based organizations and local business. The recruitment and retention contractors are regionally located to better align with local communities and based on the needs identified by the procurement development workgroup.

CA's recruitment efforts focus on foster and adoptive families who:

- Reflect the ethnic and racial diversity of children in care.
- Are committed to the safety and well-being of children placed in their care.
- Celebrate and respond to each child's unique characteristics.
- Care for children of all age, gender, sexual orientation, sibling groups and children with special developmental, behavioral or medical needs.

Fostering Together and Fostering WA continue to recruit for diverse families to meet the unique needs of children who enter the foster care system in Washington. Priority populations in our recruitment efforts to address the needs of racially and ethnically diverse children are: Native American, African American and Hispanic families. Other specific populations identified for recruitment efforts are:

- sibling groups,
- youth ages 13 and older,
- young adults in extended foster care,
- children ages 0-3 years,
- children with more intensive supervision needs,
- medically fragile children, and
- LGBTQ children and youth

Examples of recruitment activities include:

- CA, Olive Crest, and EWU provide ongoing recruitment efforts supported by the State Recruitment Information Center (SRIC). The SRIC tracks prospective foster and adoptive families from the point of inquiry through completion of the foster care license. These contracts utilize current or former foster parents as recruiters. Olive Crest Liaisons and EWU Resource Peer Mentors (RPM) work with potential foster families and provide support for caregivers to complete the required pre-service training, licensure requirements, and assistance understanding and navigating the child welfare system.
- Olive Crest continued to forge recruitment partnerships with tribal, Hispanic, African American, and LGBTQ community partners and stakeholders. New partnerships have been developed with the Union Gospel Mission, School Districts, community business and churches. Existing partnerships have been strengthened through continued partnerships with Hispanic newspaper, radio, faith, and business leaders. Olive Crest continues to utilize its African American, Hispanic, Native American, Sibling groups and LGBTQ recruitment videos effectively in ongoing recruitment.
- EWU has established a strong online presence and growing caregiver participation on their [website](#), as well as several private Facebook pages to support foster parents and relative caregivers. An

additional Facebook page serves families interested in applying to become a foster parent. Online Facebook ads targeting specific recruitment efforts continue to reach specific populations in identified communities across Region 1.

- The partnership developed between CA and the Office of Deaf and Hard of Hearing (ODHH) continues to offer consultation and resources to benefit families and children across Washington. Deaf and ASL proficient families submit applications and tell their friends about the need in response to the recruitment presentation. Another recruitment evening is planned in eastern Washington this next year. Deaf/ASL proficient foster parents connect on line via Olive Crest’s Deaf/ASL Facebook page. The partnership with the ODHH has built an improved working relationship between the two agencies. CA submitted information to ODHH’s newsletter and ODHH has shared information on communication and language needs for children in the child welfare system.

The number of newly licensed foster parents has shown small increases, yet retention of existing foster parents continues to be a challenge. While the number of licensed homes decreased in 2016, the number of inquiries has increased over the last year. This may indicate the systemic challenges of moving families from inquiry to licensure. The process requires coordination of

Calendar Year 2016 Newly Licensed Foster Homes by Racial and Ethnic Background (Unduplicated Count)	
Multi Race Ethnicity	Number of Children
Asian	42
American Indian/Alaskan Native	55
Black	76
Hispanic	111
Native Hawaiian/Other Pacific Islander	21
White/Caucasian	963
Declined/Refused to disclose race/could not disclose due to abandonment	5
<b>Total</b>	<b>1,273</b>

*Data Source: FamLink Children’s Administration; Count of providers with new foster home licenses (provider had no prior license or there had been a break in service) issued during calendar year 2016. All licensed Foster Home types are included. Providers can be counted in more than category; April 2017*

efforts between DCFS, DLR, the Alliance, the State Recruitment and Information Center (SRIC), and the recruitment and retention contractors. In the past, CA required a quarterly diversity report from the contractors detailing efforts to recruit homes that mirrored the population of children in care. The impact of targeted recruitment efforts is not typically seen for three or more months given the amount of time it takes to get licensed and the difficulty in pinpointing which effort led the family to decide to become licensed. CA is exploring if restoring this requirement will assist in collection of data to reflect efforts.

CA also contracts with Northwest Resource Associates who operates the Department’s SRIC. The SRIC allows prospective foster and adoptive families to submit an inquiry online or call the state’s toll-free recruitment line at 1-888-KIDS-414. The prospective foster and adoptive families contact information is automatically entered into the SRIC, with no additional work required by the contractor. Inquiries from prospective foster and adoptive families remain strong with increases in some regional areas. SRIC works well to track families through the inquiry and application process when properly entered.

In 2017, CA identified contact points that do not generate an automated entry into SRIC; rather, they require notification to the recruitment contractor to initiate follow-up. Potential foster and adoptive parents are not entered into SRIC when:

1. an individualized inquiry is made directly to a CA staff member;
2. completion of the DLR online orientation; or
3. direct contact with DLR Licensing staff.

These system “holes” leave prospective foster and adoptive families without important connections and support needed to navigate the foster parent training and licensing process; which leads to the loss of prospective foster and adoptive families.

In February 2017, a lean problem solving event was convened to identify barriers and develop action steps to assist with foster parent recruitment and supporting prospective foster and adoptive parents through the training and licensing process. Participants included CA staff, DLR licensing staff, Recruitment, Development and Support Leads, the Alliance for Child Welfare Excellence, and representatives from Fostering WA and Fostering Together. Current caregivers were invited participate but were unable to attend due to scheduling conflicts. CA was able to gather direct feedback regarding successes and challenges through the process were obtained prior to the event and shared with participants. During this event, an action plan was developed that identified barriers and action steps to improve the process. Workgroups for individual action steps were created from attendees with a target completion date of 90 days following the event. Below is the list of identified barriers and action steps developed.

Identified Barrier	Action Step
Communication with all parties (DLR, regional program managers, the Alliance, and recruitment and retention contractors) is not consistent and allows for misunderstandings and gaps in info sharing.	Create ongoing group membership with regional support, team members who are knowledgeable of the system and work to establish open lines of communication that are streamlined and predictable; information distributed to all key parties.
Return envelopes provided in application packets are not large enough to hold all materials.	DLR to distribute the correct size to support inclusion of all application materials.
Prospective Foster Parents need consistent process/response to know their application has been received.	DLR will update and ensure a 7 day response letter is sent to prospective Foster Parents.
Names and licensure dates of newly licensed foster parents are not provided to recruitment and retention contractors for follow up.	DLR will create a monthly report for recruitment and retention contractors that includes names by region and local office of newly licensed families.  Additional report will provide names of prospective Foster Parents who submit application and/or withdraw from the application process.
Current names and dates of prospective Foster Parents and current training status is not provided by the Alliance to the recruitment and retention contractors (Confidentiality issue between contractors).	Alliance is now providing a monthly report to CA statewide recruitment and retention program manager who shares the report with the recruitment and retention contractors.
Lack of ability to track prospective Foster Parents who completes DLR’s on-line orientation; recruitment and retention contractors can’t track and support prospective Foster Parents.  Online Orientation also is difficult to follow, links need to be updated and resources for help need to be on same page.	Online orientation will be updated to request contact info for each prospective Foster Parents who completes. The SRIC I-Frame will be embedded in the on-line Orientation to allow easy access for prospective Foster Parents.  Online Orientation page will be updated to make page more user friendly
Create follow-up for walk-ins and call-ins to DLR that must be manually entered in SRIC.	DLR staff will be informed on how to share info with recruitment and retention contractors on prospective Foster Parents who make direct contact with DLR staff.

Identified Barrier	Action Step
DLR's application process can be confusing and prospective Foster Parents may not be aware of all requirements.	Develop a road map for prospective Foster Parents that outlines the process.
Model Olive Crest's successful Liaison prospective Foster Parents application support held at Caregiver Core Training in Vancouver.	Pilot project launched at 6 sites to model successful Liaison support; track applicants who use the support.
The Alliance's web registration page is confusing for prospective Foster Parents. It requires the creation of a profile and is combined with social work staff user registration.	Create separate registration pages for caregivers and professional staff. Streamline caregiver user profile.
The Alliance's training schedule is cumbersome; Caregiver Core Training and caregiver in-service are mixed together by date.	Alliance will streamline published schedules; separating Caregiver Core Training and in-service trainings.
No data exists on prospective Foster Parents who visit on CA's foster parent website.	Submit request for monthly user report to webmaster on view to CA's foster parent pages.

The SRIC question regarding racial and ethnicity background was changed from "not specified" to "prefer not to disclose". In calendar year 2016, 33% of families indicated they "prefer not to disclose" their racial and ethnic backgrounds in SRIC. With this change, CA now has baseline data that that can be used and compared to placement data to determine if recruitment efforts are being focused on families who reflect the diversity and unique needs of children coming into out-of-home care. Because families can report more than one ethnicity, the totals in the chart below will be higher than the total number of families reported in SRIC for calendar year 2016.

Calendar Year 2016 Race/Ethnicity for Prospective Foster Families									
	Out of State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Spanish Speakers	Grand Total
African American		20	14	40	112	148	53		387
Asian/Pacific Islander		13	5	45	76	61	33		233
Caucasian	1	534	349	610	525	670	816		3,505
Latino/Hispanic		68	149	68	93	70	70	15	533
Middle Eastern		4	2	3	7	8	3		27
Native American		37	6	24	37	30	48		182
Prefer Not to Disclose		536	331	452	403	373	372		2,467
<b>Grand Total</b>	<b>1</b>	<b>1,212</b>	<b>856</b>	<b>1,242</b>	<b>1,253</b>	<b>1,360</b>	<b>1,395</b>	<b>15</b>	<b>7,334</b>

Data Source: SRIC database; April 2017

The goal is to have at least one home available for each child or sibling set coming into out-of-home care that would represent their racial and ethnic background, in addition to being able to meet other needs. The following charts illustrate how CA did not meet that goal over the last calendar year.

Calendar Year 2016 Duplicated Count of Children Placed by Initial Placement Foster Home	
Race/Ethnicity	Foster Home/Receiving Home
Asian/Pacific Islander	63
Black	216
Hispanic	450
Multiracial - Black	209
Multiracial - Native American	246



Calendar Year 2016 Duplicated Count of Children Placed by Initial Placement Foster Home	
Race/Ethnicity	Foster Home/Receiving Home
Multiracial - Other	62
Native American	128
Unknown	52
White/Caucasian	1,318
<b>Grand Total</b>	<b>2,744</b>

*Data Source: Children's Administration, FamLink Data Warehouse; DCFS Youth <18  
Removed during calendar year 2016 by Race/Ethnicity; April 2017*

In partnership with the above contractors, the Department coordinates with many groups and organizations improve recruitment outcomes and continuously strengthen, improve, and diversify recruitment of potential foster and adoptive families. Some of these groups and organizations include CA's Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence, and Washington's many CPAs and Tribes. Each region and many local offices have also developed Recruitment, Development and Support (RDS) teams to assist in this work. These teams bring together a variety of agencies and individuals committed to diverse caregiver recruitment and support.

Over the past year, CA's RDS teams have increased to approximately 30 statewide. Teams have worked to broaden their membership to include representatives from community partners such as CPAs, faith based groups, foster alumni, different racial/ethnic groups, tribes, LGBTQ, business leaders, foster and adoptive parents, placement staff, recruitment and retention contractors, and Quality Assurance – Continuous Quality Improvement staff.

Building diversified and inclusive recruitment teams has improved recruitment opportunities within local areas. Recruitment and retention contractors have active participation in these teams and receive data at quarterly team meetings. The teams use child removal and placement data in concert with DLR foster home data. This allows individual teams to identify local child removal and placement trends, existing and available placement resources, and the need for additional foster homes that can meet the ethnic and racial diversity of children placed in out-of-home care.

Data from DLR and local child removals allows each team to develop their priority recruitment efforts. RDS teams brainstorm possible recruitment efforts and activities that may bring positive outcomes aimed at the recruitment priorities. Teams request monthly follow-up on the contractor's recruitment efforts. Successes are celebrated; strategies are developed when challenges and barriers are encountered. Data is updated and reviewed quarterly to allow for adjustments to recruitment, as needed. The HQ Recruitment and Retention program manager continues to work with the regions on focusing their RDS teams, setting goals, using data (removals, placements, and foster home licensing) and developing a CQI process.

Current RDS team efforts include:

- Region 1 North: The Wenatchee team has built a strong partnership with the local community in hosting foster parent recruitment events. The team identified recruitment goals for one quarter, which included the need for two Hispanic, bilingual foster homes. Recruitment messaging was timed with CA's scheduled Spanish radio recruitment program. The message about the need for these families was shared broadly in the community and several families came forward. Their need has been filled.
- Region 1 South: has started RDS teams in the Toppenish and Sunnyside offices. These offices serve a high Hispanic and Native American population. RDS team facilitators are bi-lingual which encourages greater participation from the bi-lingual community.

- Region 2 North and South: have begun a partnership with the Union Gospel Mission through the Foster Support Faith Alliance. Small, local churches with racially diverse and nontraditional congregations have developed a mission to help support children in out-of-home placement, foster care recruitment and the local caseworkers who serve Washington’s child welfare system.
- Region 3 North: An LGBTQ family joined a local foster parent support group where they found a strong and supportive community. They now partner with Recruitment and Retention staff in providing recruitment efforts within the LGBTQ community. The family is an exceptional resource for children as well as staff in helping them step out of their comfort zone in working with LGBTQ families and transgender youth.
- Region 3 South: made connections with the Vancouver Cross Roads Community church; a racially diverse church interested in supporting foster parents, foster care recruitment and the Office Moms and Dads program, because “ordinary people can be used in extraordinary ways”. Several foster parents of varied racial/ethnic backgrounds attend this church and one of the foster parents from this church has become active in leading several of the local support groups. The church offers their facilities on a regular basis for a foster parent night out while the children are cared for by their staff.

### Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

*How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

Washington State Children's Administration utilizes a statewide process outlined in policy for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. In December 2016, 1,536 children were legally free in Washington state. Beginning June 2016, the CA Adoption Program Manager initiated a monthly review of children who have been legally free over one year without achieving permanency. The data is reported monthly to the adoption management team and used to ensure recruitment efforts are being followed, track barriers to permanency and work with the adoption management team to strategize solutions. In December 2016, 558 children were legally free over one year which is 36% of the total number of legally free children; a decrease of 9% since June 2016. Prior to June 2016, CA was unable to identify the number of children who are legally free and not in their permanent placement due to issues with data entry. There are still changes needed for the tracking and identification to happen within the Department's case management system, FamLink.

Legally Free Children over One-year as of December 31, 2016	Age 0-5 years	Age 6-11 years	Age 12-17 years	Total
Region 1	29	60	107	196
Region 2	37	61	98	196
Region 3	23	48	95	166
<b>Total</b>	<b>89</b>	<b>169</b>	<b>300</b>	<b>558</b>

*Data Source: Children's Administration FamLink; PQR 360; April 2017*

Reviews of children legally free over one year indicate that the majority (90%+) of children aged 0-11 years old are in permanent placements. This supports the conclusion, that approximately 70% of legally free children are in their home of choice and do not require recruitment or cross-jurisdictional resources. The other barriers to adoption are court appeals, home studies, ICPC issues and concerns with the placement resource.

Recruitment efforts for a permanent placement begin prior to the child becoming legally free. Washington's statewide policy requires if a child is not in a potential permanent placement, he or she must be registered with the Washington Adoption Resource Exchange (WARE), a resource only available to families who live in Washington State, within 30 days after a termination of parental rights petition has been filed. In 2016, there were 292 children registered on WARE, 63% were aged 12 or older, 36% were minority youth and almost 62% were male.

Children registered on WARE can also be presented at monthly statewide adoption consortiums. CA initiated statewide monthly adoption consortium meetings in June 2016. Consortiums are an opportunity for adoption caseworkers, CFWS caseworkers, DLR caseworkers, guardian ad litem, CASAs, private agency workers and families to meet to present information on children who are in need of permanent homes. The families have approved home studies and are awaiting placement. Video conference sites are located in offices across the state and a conference line is available for those private agencies and families who reside out-of-state. In 2016, five out-of-state agencies participated in our monthly consortium. In June 2016 and October 2016, CA hosted consortium events where in-person attendance is encouraged. The June and October consortium events allow caseworkers to meet private agency workers, as well as families. In addition, CA used these events as an opportunity for cross-training. Topics included permanency considerations, team building, and best practice ideas when assessing families for placement.

As a results of consortiums, Region 1 has reported an increase in home studies of families interested in the placement of legally free children and has reported successful placements. Region 1 has fewer local adoption agencies than Region 2 and Region 3, so the ability to connect with agencies across the state has contributed to the placement increase. Both Region 2 and Region 3 also report placement matches as

a result of consortium presentations. CA is not able to measure placement outcomes from consortium as reporting relies on worker response. The hope is to eventually build a mechanism for reporting; until then, CA is tracking antidotal data.

When a child becomes legally free, recruitment efforts also include registration with Northwest Adoption Exchange (NWAE), AdoptUSKids, WACAP Waiting Child and other exchanges; in addition to WARE registration and monthly consortiums. CA contracts with Northwest Resources to manage NWAE, as well as, all exchange registrations for a legally free child. Northwest Resources recruitment also includes a Specialized Recruitment Program (SRP) which provides focused, intensive recruitment efforts for each child enrolled in the program. Children typically enrolled in SRP have been legally free for over a year and/or have significant behavioral and/or emotional issues. Although enrollment in SRP is capped at 20 children; 24 children were served in 2016. Northwest Resources also provides photographers from across the state to take professional photos of the child for recruitment profiles. Child recruitment efforts also include the Wednesday’s Child program (available in Western Washington), Saturday’s Child program (available in Eastern Washington), and assignment of a worker from Wendy’s Wonderful Kids (WWK) (available in King, Pierce and Thurston counties).

For children placed out-of-state who require contract for services and his or her permanent plan is adoption, CA has a Purchase of Services (POS) program. The program and contracts are negotiated and created by the statewide Adoption Program Manager for consistency and funding for services comes from CA HQs budget. To apply for POS funds, caseworkers must present a copy of the Shared Planning Meeting where the identified family was matched with the child, a transition plan, a copy of the family’s home study and a list of any necessary services the family and/or child is in need of to support transition and placement stability. There are currently 9 out-of-state agencies contracted under the POS program. Those agencies provide monthly health and safety visits, reports and adoption finalization services for a fee. The POS program can also be used to address barriers to adoption finalization. In 2016, POS funds were used for counseling to stabilize placement, home studies and other supports. In 2016, 17 children placed out-of-state with POS contracts were adopted, 7 placements were disrupted and 3 children were never placed. Three (3) children placed out-of-state with POS funding in 2016 remain in placement.

Information on all children referred to and placed out-of-state, including those on POS contracts, is available through data reports in FamLink. In 2016, 811 children were referred for out-of-state placement for a total of 1,079 referrals (some children were referred more than once). Of those referrals, 330 were from Region 1; 322 were from Region 2; and 356 were from Region 3.

Of the 811 referrals in 2016, 152 were for adoptive placements. There were 362 children placed in out-of-state homes and 74 of those were in adoptive placements. In 2016, 119 children placed in out-of-state adoptive homes achieved permanency. The Interstate Compact on the Placement of Children (ICPC) program works together with the Headquarters Adoption and Permanency Program Managers. The ICPC unit provides guidance and support to field staff and other states in all matters related to interstate placements. When Washington is the receiving state, the ICPC unit works with DLR staff to complete the unified home study process. The DLR completes ICPC relative, foster licensing and adoptive home studies, Department of Children, and Family Services complete the ICPC parent home studies and provide courtesy supervision. WA uses the Unified Home Study to assess relatives, foster

ICPC Placement Referrals	
Race and Ethnicity	# of Referrals
Asian/Pacific Islander	12
Black	136
Hispanic	143
Multiracial-Black	106
Multiracial-Native American	85
Multiracial-Other	24
Native American	51
White/Caucasian	515
Unknown	7

*Data Source: Children’s Administration FamLink; PQR 1438; April 2017*

parents and adoptive homes. The unified home study is completed on caregivers to assess the potential for permanency from the initial home study process so permanency can be achieved without delay.

ICPC is a specialized topic and to meet the needs of staff, an ICPC E-learning was developed in 2015. This learning format is accessible to staff at all times. The E-learning provides a general overview of the ICPC process for both incoming and outgoing requests and placement process. ICPC staff is available to train in-person as needed and to problem solve with staff and stakeholders (court, caregivers and other states).

### Barriers to the use of cross-jurisdictional resources

One barrier to the use of cross-jurisdictional resources is lack of knowledge by staff about resource availability. Training on the use of cross-jurisdictional resources for children in need of permanent placements is provided to CA staff during RCT, ICPC E-Learning and twice yearly at Adoption Specialized Track training which is required training for statewide adoption staff. At Adoption Specialized Track training, the statewide ICPC Supervisor provides a two-hour session on the ICPC process and rules. Information is also provided to staff regarding those states requiring a private contract with agencies for placement, monthly supervision and adoption finalization.

Another barrier is CFWS caseworker’s inconsistent knowledge about recruitment strategies and policy. Some CFWS caseworkers are not informed about the policy related to WARE registration for children who are not in permanent placement or the ability to present a child at consortium after the termination of parental rights petition has been filed. In some regions, CFWS caseworkers retain the cases after the child becomes legally free and has not taken the specialized adoption training which ensures Adoption caseworkers have the necessary information, resources and skills to meet the children’s permanency needs. Strategies to increase knowledge of available resources include having adoption staff attend all permanency planning meetings and including some generalized information in RCT. Adoption staff are specifically trained on permanency options and recruitment strategies. They are also asked to attend shared planning meetings as the permanency experts to help educate staff and community members. Permanency leads in each region are notified when a child is identified as not in a permanent placement. The permanency leads follow-up with the caseworker and supervisor to ensure CAs recruitment policy is followed and will assist with the consortium presentation.

Timely completion of home studies through ICPC is another identified barrier. WA is required to have a home study and placement approval from another state prior to placement. The Safe and Timely Interstate Placement of Foster Care Act of 2006 requires states to complete home studies within 60 days. If the home study is not complete on the 60<sup>th</sup> day, the receiving state should provide a report to the sending state indicating the reasons for delay. In calendar year 2016, 42% (442 of 1,061) of home studies from another state were completed and received within 60 days.

Washington’s home studies are most commonly delayed due to a delay in receiving background clearances or the potential caregiver needs to complete additional training requirements, such as CPR training and medical exams. In 2016, 47% (476 of 1,000) of placement decisions for other states provided timely. This is the first year the ICPC unit has attempted to gather data at the regional level. The ICPC Program Manager will strategize with DLR, and CA data team regarding the reasons for delays, identify issues, and create a plan to increase the completion rate of timely placement decisions.

Timely ICPC Home Studies Decisions Provided by Washington to Receiving State in 60 days or less Calendar Year 2016							
Region 1 North	Region 1 South	Region 2 North	Region 2 South	Region 3 North	Region 3 South	HQ	Total
48% (60)	45% (39)	45% (49)	40% (30)	60% (63)	44% (102)	52% (130)	47% (476)

Data Source: Children’s Administration, HQ ICPC Unit; April 2017

Overall, cross-jurisdictional placement across the state is a practice strength which CA will continue to work on maintaining. While Washington state is experiencing a placement crisis for children in out-of-home care, the use of cross-jurisdictional resources is limited by CA policy and best practice for children and families. First out-of-home placement priority for children is within their locale, then county, then within WA state before caseworkers would consider out-of-state placement, unless the placement was with a relative and continued contact with biological parents was not in the child's best interests. Use of out-of-state resources is limited because of the CA goal of keeping family members within close proximity and connected. Placement out-of-state does not align with that practice unless it is in the child's best interest to do so.

Cross-jurisdictional resources in general are used for relative placements, legally free youth and/or those youths not requiring reunification services with their biological parents. CA has a centralized relative search unit that works to locate relatives for every child through family interviews and computer search. CA has expanded its efforts for cross-jurisdictional placement of legally free youth through the advancement of monthly consortium events. In 2015, CA also improved the vetting process for children placed out-of-state so that agency's ability to support placement and the appropriateness of the match between child and family are closely assessed. This has dramatically decreased the number of out-of-state adoptive placement disruptions.

## Section III: Plan for Improvement

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### Overview

Child safety and engagement with families is at the center of the Department's practice and improvement activities. Strengthening partnerships with parents, children and youth, families, caregivers, Tribes, courts, and providers is critical to developing a more effective child welfare system in Washington. Although the improvement goals and action steps are separated into categories of safety, permanency, well-being, Indian Child Welfare and Disproportionality, the impact on families and children will be more integrated. For example, increasing engagement with children, parents and caregivers will support improved safety, increased ability to identify appropriate resources, and as a result, timely permanency. Improved ability to accurately assess safety will result in better plans to address the family's needs, fewer children entering out-of-home care, children exiting care too quickly and ultimately fewer families entering the system.

Over the last year, CA has been continuing to implement strategies submitted in the action plans included in the 2015-2019 CFSP and updated subsequent APSRs. Additional strategies, both regional and statewide, have been developed through analysis of administrative data, practice, and case review results.

Strategies implemented in 2016 and those which will be implemented in 2017, are included under the specific action plan section.

### Updates to Action Plan

Over the last year, CA worked on the individual action plans originally included in the 2015-2019 CFSP to realign the identified goals and objectives with CFSR measures. Based on this work, action plans and items will not match previously submitted action plans.

New action items have been noted and include the intended outcome and a target completion date.

Completed action items have been grayed out along with a status update. Completed action items will remain on the plan for improvement to reflect work completed during the 2015-2019 CFSP reporting period.



## Safety Action Plan

### State and Regional Strategies for Improvement

The following statewide and regional improvement strategies were implemented in 2016 to ensure children are protected from abuse and neglect, receive appropriate services and an adequate assessment of risk and safety is conducted. Regional strategies were identified through the semi-annual regional deep dives.

- Throughout 2016, training and consultation was provided for statewide intake staff to address the timeliness of completing documentation. The focus was on the need to complete intakes timely to provide adequate response time for caseworkers to be assigned and respond to allegations of maltreatment. These trainings and consultations occurred by statewide conference calls, during statewide Intake and CPS Leads meetings, and during regional intake refresher trainings, as well as, at new employee training for intake staff. (Statewide)
- In November 2016, an update to FamLink occurred which now requires intake staff to document the date and time of the alleged maltreatment, which provides a safeguard that the correct date of the alleged maltreatment has been documented. Prior to this improvement, the alleged maltreatment date was pre-populated and defaulted to the date and time the intake tool was launched in FamLink. The previous method required staff to manually change the date when entering the intake. (Statewide)
- Appropriate use of IFF extensions for CPS investigations was noted as an area for improvement and each region increased monitoring and adherence to policy to increase performance. Examples of the increased focus include:
  - Review of law enforcement protocols with caseworkers.
  - Safety Boot Camp training available on a monthly basis for new and existing staff.
  - Regional Quality Practice Specialist completing random quality assurance reviews to verify compliance.
  - Regional QA staff provide weekly data on the use extensions to Area Administrators.
  - QA and CQI Program Managers assistance in identifying offices and staff in need of safety refresher training.(Statewide)
- Regional Quality Practice Specialists provide feedback and consultation to supervisors and caseworkers on the accurate use of the IFF extension policy. Consultation included workload management and skills to organize and prioritize work so caseworkers can respond quickly to new intakes and complete assigned IFFs within the required timeframes; 24 hours or 72 hours. (Statewide)
- In April 2016, Safety Boot Camp was launched for caseworkers across all programs statewide. The Safety Boot Camp training focused on the fundamentals of assessing child safety to include when it would be appropriate to offer families services and what services could enhance the safety of children, both in the home and in out-of-home care. Safety Boot Camp focused on initial and ongoing safety and risk assessment and provided training to staff on collaborating with community partners and providers related to child safety and intervention with families. Training included information on Domestic Violence, Infant Safety, and the Dynamics of Child Abuse and Neglect from a medical perspective. A review of critical incident cases which involved unaddressed safety and risk factors and discussion of service interventions that could have improved the case outcome are shared. (Statewide)
- Regional Quality Practice Specialist have been conducting reviews on cases that involve ten or more screened-in CPS intakes. These reviews provide a secondary level assessment of child risk and safety

issues and depending on the risk and safety issues identified, recommends services that would be appropriate. Feedback from reviewed cases is provided directly to the office area administrator, supervisor, and caseworker. (Statewide)

- Policy was updated to improve clarity and understanding of procedures and practice related to:
  - Psychological and Psychiatric Services
  - Family Assessment Response
  - Drug and Alcohol Testing Assessment(Statewide)
- Critical Incident Specialists across the state provide annual Lessons Learned training to field staff with a focus on scenarios developed from fatality and near fatality cases. The training objective is to assist staff in identifying critical times in a case to assess and address risk and safety issues for children. The training also focuses on critical thinking and gathering sufficient information through interview, collateral contacts and collaboration. (Statewide)
- DLR provides trainings for Department of Early Learning regarding facility related intakes. (Statewide)
- DLR CPS specific specialized track week to train DLR CPS investigators about how to investigate facilities, identify risks within facilities, how to document investigations, and how to complete the risk assessment tool. This is required within the first 2 years of hire. (Statewide)
- Starting in 2016, Regional program staff, including QA, Quality Practice Specialists, and CPS Leads, conduct two ad hoc case reviews during the year in each office throughout the region. Ad hoc reviews look at service delivery for all program areas and feedback is provided to the office related to practice and policy findings. (Region 1)
- Evidence Based Practice (EBP) program managers provide training and consultation to staff across the regions regarding EBP's and other available services to ensure staff understand the purpose of each service, the appropriate time to refer a family to services, and how each of the services relates to risk and safety issues. This messaging and training is provided both individually, office based, and regionally. (Region 1)
- Quality Practice Specialists and Regional program managers provide reminders to staff about the requirement to refer children with developmental delays for an early learning assessment with Birth to 5. (Region 2)
- EBP program manager attends office and unit all staff meetings to educate caseworkers on available services can be offered to families. (Region 2)
- Regional FAR program managers emphasize the need to offer in-home services for high risk cases with CPS-FAR caseworkers region wide. (Region 2)
- New CPS, FVS, and CFWS caseworkers receiving training from regional program staff related to practice, policy and assessing and addressing child safety and risk. (Region 2)
- Utilizing seasoned CPS caseworkers, a "travel unit" was developed to assist offices experiencing atypically high intake assignments or staff turnover. (Region 2)
- Peer review team's region wide conduct ad hoc reviews of cases across the region. Reviews look at practice and caseworkers are provided feedback related to when to offer services and what services to offer. (Region 3)
- A triage consultation group has been developed that consists of area administrators, supervisors, and Quality Practice Specialists across the region. This group is available on a monthly basis for caseworkers to consult on challenging cases and feedback is provided regarding services that may assist in addressing risk and safety issues. (Region 3)

- EBP program manager attends office and unit all staff meetings, participates in education on EBP's with community partner, and messages out service availability and purpose on a regular basis to staff region wide. (Region 3)
- Ad hoc case reviews are completed across the region by the regional peer review team. Reviews look at practice related to assessing and addressing child risk and safety. Caseworkers are provided direct feedback following the reviews. (Region 3)
- A consultation group has been developed that consists of area administrator's, supervisors, and Quality Practice Specialists who are available for caseworkers to provide consultation on challenging cases. Feedback provided includes appropriate services, safety planning, or other interventions that may assist in addressing risk and safety issues. (Region 3)

## 2015-2019 CFSP Statewide Safety Action Plan

### Goal 1: Increase and maintain performance regarding the timeliness of initiating investigations

Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
1.1 <i>NEW</i>	Intake policy and screening guide is being updated to reflect current policy and timeframe requirements	To provide intake staff with a updated document that guides them on how to accurately screen intakes and in what timeframes they should be completed.	March 2017	July 2017	Intake policy has been updated and completed as of March 2017. The guide and screening tool are in progress.
1.2 <i>NEW</i>	IFF policy update with clarification of extension use	Improve performance on CFSR measure	April 2017	July 2017	Drafts are in progress
1.3 <i>NEW</i>	Review law enforcement protocol and its use in extensions in curriculum	Improve performance on CFSR measure	January 2017	September 2017	CPS in service curriculum is in progress
1.4 <i>NEW</i>	Develop and implement health and safety report for in-home cases	Consistent monthly visits with children	January 2017	August 2017	Pilot in progress

### Goal 2: Increase services to the family to protect children in the home and prevent removal or re-entry into foster care

Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
2.1	Domestic Violence policy has been developed for caseworkers across program areas and training to support the policy is being rolled out statewide.	To increase caseworker knowledge around services and interventions related to safety that can being offered to families with cases involving domestic violence.	January 2017	Ongoing	Training was developed and continues as needed across the state since March 2017.
2.2	Policy regarding the Plan of Safe Care has been enhanced by creating and requiring a form for caseworkers across programs to use when they have a case involving a substance affected newborn.	For staff to have a useable document that outlines all of the federal requirements for the Plan of Safe Care related to services that should be offered to the family. The form is an NCR form and is able to be left with the family and documented in FamLink.	September 2016	Ongoing	Policy completed and practice implemented and in use across the state in March 2017.
2.3	Create a practice guide for CPS investigators and CPS-FAR caseworkers that includes practice competencies, critical thinking processes,	Draft guide is available and disseminated to staff.	January 2016	December 2017	Draft has been developed, policy changes need to be added.

	policies and laws related to child safety.				
<b>Goal 3: Increase performance related to risk assessment and safety management</b>					
Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
3.1 <i>NEW</i>	Intake policy and screening guide is being updated to reflect current policy and timeframe requirements.	To provide intake staff with a updated document that guides them on how to accurately screen intakes and in what timeframes they should be completed.	March 2017	July 2017	
3.2	Domestic Violence policy has been developed for caseworkers across program areas and training to support the policy is being rolled out statewide.	To increase caseworker knowledge about when domestic violence impacts child safety and train caseworkers on how to effectively screen and assess cases involving domestic violence.	January 2017	Ongoing	Training was developed and continues as needed across the state since March 2017. <i>This action item is also part of safety strategy 2.</i>
3.3	Policy regarding the Plan of Safe Care has been enhanced by creating and requiring a form for caseworkers across programs to use when they have a case involving a substance affected newborn.	For staff to have a useable document that outlines all of the federal requirements for the Plan of Safe Care related to child safety and medical needs of the infant. The form is an NCR form and is able to be left with the family and documented in FamLink.	September 2016	Ongoing	Policy completed and practice implemented and in use across the state in March 2017. <i>This action item is also part of safety strategy 2.</i>
3.4	Regional implementation of Safety Boot Camp, which was developed and rolled out statewide during CY 2016. Regional QPS and CPS Lead staff will continue to roll out the training to new and existing caseworkers as needed across the regions.	Ongoing development of staff skills related to assessing child safety, dynamics of child abuse and neglect from a medical perspective, and lessons learned.	January 2017	Ongoing	This was completed and regional staff offer the training as needed since December 2016
3.5 <i>NEW</i>	Update Regional Core Training for new staff to develop an enhanced focus on child safety.	Development of skills related to assessing child safety for new staff.	January 2017	December 2017	In progress
3.6 <i>NEW</i>	Update SDMRA guide and policy.	Increase staff ability to assess risk along with child safety and update with	August 2017	December 2018	In progress

		differential response language.			
3.7 <i>NEW</i>	Update CPS in service curriculum and training.	Increase CPS staff skill to offer investigation and FAR responses, assess child risk and safety, offer appropriate services to safely maintain children in their home	January 2017	September 2017	In progress
3.8 <i>NEW</i>	Develop and implement health and safety report for in-home cases.	Consistent monthly visits with children	January 2017	August 2017	Pilot in progress
3.9	Create a practice guide for CPS investigators and CPS-FAR caseworkers that includes practice competencies, critical thinking processes, policies and laws related to child safety.	Draft guide is available and disseminated to staff	January 2016	December 2017	Draft has been developed, policy changes need to be added
3.10	Alliance coaches will participate in the statewide Safety Boot Camp trainings to further develop safety assessment knowledge and skills.	100% of Alliance Coaches will participate in Safety Boot Camp training.	April 2016	December 2016	Complete
3.11	Update Regional Core Training for new staff to develop an enhanced focus on child safety.	Development of skills related to assessing child safety for new staff.	January 2016	December 2017	Updating RCT curriculum is in process

## Permanency Action Plan

### State and Regional Strategies for Improvement

The following state and regional improvement strategies were implemented in 2016 or will be implemented in 2017 to ensure children have permanency and stability in their living situations and the continuity of family relationships is preserved for children. Regional strategies were identified through the semi-annual regional deep dives.

- In 2016, a Kinship Program Manager was hired to specifically address the placement and support of Kinship Caregivers. Kinship caregivers have access to trainings licensed caregivers are offered in addition to Kinship 101. Additional funds to support relatives are also available. These are in the form of concrete goods such as bedding, furniture, gas vouchers, food etc. or through funds available to support healthy and connecting activities such as for sports, music etc. A concrete goods poster has been distributed to all offices to encourage this support. CA has also been focused on Foster Parent Recruitment and Retention Services to increase quality foster families that serve needed diverse targeted populations. By addressing the child's needs, CA is supporting the caregiver which allows the child to remain in the same placement. (Statewide)
- In June 2016, a joint communication from the Attorney General's Office (AGO), CA Program and Policy, and CA Director of Field Operations, was disseminated to staff. This memo clarified the importance of considering all permanency planning options and making permanency planning recommendations based on the child's best interest. (Statewide)
- In conjunction with the joint communication, CA initiated a comprehensive training plan to educate staff on guardianships as well as other permanency options. As a result, 10 webinars were held between April 2016 and November 2016 which trained staff on permanency considerations and the difference between adoption and guardianships. AAG, CASA/GAL providers, tribal representatives and caseworkers were invited to the webinars to ensure community partners were educated on permanency. (Statewide)
- In October 2016, the guardianship policy was modified to strengthen and reiterate the importance of considering the child's best interest, as well as, a variety of other case planning items. (Statewide)
- Over the last year, "Permanency Planning from Day One" trainings have been offered at four locations in Region 1 (Sunnyside, Toppenish, Goldendale, Yakima) and one location in Region 2 (Kent). Additional trainings have been provided by regional staff in some locations. (Statewide)
- Children's Administration is currently working with the Alliance to revamp staff in-service training related to our permanency planning. (Statewide)
- During 2016, CA headquarters program staff offered numerous trainings that specifically highlighted the differences between guardianship and adoption. These training opportunities provide staff the foundations of policy and practice and the skills needed to ensure early planning is appropriate to case specific scenarios and needs. (Statewide)
- In 2016, an external Permanency CQI team was developed in an effort to continue to build our collaboration with the courts. This group includes representation from the courts, Tribes, OPD, AGO, CASA, Office of Civil Legal Aid, and Casey Family Programs. This group is specifically looking at practice improvements to support timely filing, identification of compelling reasons and fostering a cross-agency perspective on timely permanency planning. (Statewide)
- In partnership with local courts, a Permanency Summit was held in Region 3 South in Clark and Cowlitz counties. This summit invited local stakeholders, discussed data, and identified strategies to achieving timely permanency. An action plan was developed which includes decreasing the length of stay for children in out-of-home care and engaging in successful permanency planning. One barrier to timely permanency in Clark county is the delay in setting a TPR trial date. As a result of the



Permanency Summit planning process, the local court, AAG and CA leadership have established a process to set trial dates in a timelier way. Work is underway to hold additional Permanency Summits in other counties around Washington in 2017. (Statewide)

- Regional efforts to improve permanency practice and target areas needing attention in 2016 include:
  - Region 1 has hired two permanency leads who meet with caseworkers and supervisors to provide permanency consultations.
  - Region 2 is tackling permanency through a continuous quality improvement approach and is working with staff to increase and improve documentation of those permanency related efforts that are already occurring.
  - In Region 3, local offices have hired permanency outcome facilitators who provide staff assistance with completing TPR referrals and holding permanency planning staffings.(Statewide)
- CA provides ongoing training around the role of the Safety Framework in reunification and concurrent planning. During 2016, staff have been offered reunification focused training provided through the Alliance. There has been ongoing messaging about evaluating return home based on mitigated or managed versus resolved safety threats. CA continues to explore and identify why reunifications are not occurring more timely. (Statewide)
- For youth 14 years old, CA continues to focus developing transition plans that support the youths' desires and goals for future planning. This also includes the youth's ability to invite two supports he or she chooses to his or her shared planning meetings. In 2017, CA will be making efforts to update and modify the LTFC agreement and checklist utilized by caseworkers. These updates target best practice considerations around ongoing case planning, youth involvement and ongoing permanency education for youth. (Statewide)
- During 2017, in collaboration with Casey Family Services, CA is conducting a Rapid Permanency Review project. The aim of these reviews is to identify systemic barriers that impact timely permanency as well promising practices. Cases being reviewed include reunification cases in which a child has been returned home on a trial return home for eight months or more and dependency has not been dismissed. During the pilot of the Rapid Permanency Review, another population reviewed were legally free cases in which a child has been legally free for six months or more and in their current placement for six months or more without permanency having been established. After analysis of the results, it was determined that the most appropriate population to review going forward would be children ages 2 to 5 who have been in care for two years without achieving permanency. We believe that information from this project will help us to better identify barriers and tailor our responses for the greatest impact. (Statewide)
- Additional trainings focusing on guardianship held in 2016 include:
  - Specific guardianship training was presented to three tribes in March 2016 and at the Children's Justice Conference in May 2016.
  - Permanency Considerations was presented at the statewide CASA conference, at local offices in Region 1, Region 2 and Region 3, at the statewide Consortium partnership event (Region 1), and at Thurston County Court (Region 3 North).
  - Guardianship and R-GAP subsidy training was provided to legal partners in Region 3.
  - To promote statewide consistency with the R-GAP subsidy program; weekly, monthly, and quarterly training was provided to the three regional R-GAP gatekeepers. The regional gatekeepers were also encouraged to participate in permanency events.

CA intends to continue to provide training through office visits and webinars to continue to educate staff on guardianships. To date, feedback and evaluations following training from staff and

community partners has been positive. Continual assessment of progress based on the implementation of these training plans will consist of soliciting feedback from staff and community partners as well as monitoring guardianship, adoption, and legally free length of stay data quarterly. (Statewide)

- In June 2016, to target children who are legally free and not in a permanent placement, Children’s Administration initiated statewide monthly adoption consortium meetings. Consortiums are an opportunity for adoption caseworkers, CFWS caseworkers, DLR caseworkers, Guardian ad litem, CASA, private agency workers and families to present information on children who are in need of permanent homes and families with approved home studies who are awaiting placements. Video conference sites are located in offices across the state and a conference line is available for those private agencies and families who reside outside the state of Washington.
- In 2016, up to 5 out-of-state agencies participated in our consortium events. Between June and November 2016, 105 children were presented at statewide consortium along with 24 families. In June and October of 2016, CA also hosted in-person consortium events where actual attendance was encouraged. The June and October consortium events allowed caseworkers to meet private agency workers as well as families. (Statewide)
- Cross-training opportunities were provided to staff during in-person consortium events. Staff from adoptions, CFWS, DLR and adoption support were invited to attend and approximately 100 staff participated in each event. Topics included: permanency considerations, team building, and best practice ideas when assessing families for placement. Region 1 has reported an increase in home studies of families interested in placement of legally free children as a result of consortiums and has reported cases of successful placements. Region 1 has less resources to rely on then Region 2 and Region 3, so the ability to connect with agencies across the state, and out-of-state, has contributed to placement increase. Region 2 and Region 3 also report placement matches as a result of consortium presentations. CA is not able to measure placement outcomes as a result of consortium as reporting relies on worker response. CA intends to explore a method to track matching results but until then tracking relies on antidotal data. (Statewide)
- In 2016, CA initiated a Facebook page specific to adoptions, recruitment of children, and advertising consortium events. (Statewide)
- In 2017, the CA adoption policy will be re-written to consolidate and simplify the information needed by staff to understand and complete the adoption process. (Statewide)
- In 2017, a workgroup will be established to validate and correct all guardianship and non-parental custody agreement data entered on the Legal tab in FamLink. The workgroup will assess if, when guardianship is the legal outcome, will eliminating many of the choices included in FamLink assist caseworkers in accurate documentation under Legal. The work is expected to be completed by the end of 2017 and the outcome will be the ability to extract valid guardianship data. (Statewide)
- Coaching sessions through the Alliance that are offered to individual caseworkers that focus on Permanency. (Statewide)
- A monthly newsletter for permanency leads will be developed that can then be distributed throughout the regions by the permanency and CFWS leads. The newsletter focuses on practice tips and strategies, including placement stability. (Statewide)
- In calendar year 2016, visit plans were integrated into FamLink. Caseworkers are required to document placement exceptions within the visit plan page of FamLink. The supervisor and area administrator must approve all visit plans and placement exceptions. With the change from paper plans to electronic plans, the caseworker is prompted to document the reasonable efforts made to place siblings together. Visit plans are required to be updated every six months according to policy and ensures that the caseworker is reminded to evaluate any barriers to sibling placement.

- The October 2016 policy roll-out included updated information for caseworkers on the change to completing the visit plan and placement exceptions approvals. All staff are required to attend policy roll-out training. With the policy being revised and part of the mandatory training, the vast majority of caseworkers were reminded that siblings placement is a priority. In addition, policy updates are available on the CA intranet for all caseworkers to view when a refresher is necessary. (Statewide)
- Concerted efforts are continually made to place sibling together at initial placement however, if they must be separated due to behavior, focus continues throughout the case until the siblings are placed together. (Region 2)
- To improve documentation of ongoing efforts to place children in out-of-home care together when separated, a previous assignment will be re-implemented. The assignment is to routinely review cases where siblings are not placed together at the time of removal and its effort to have children placed together in the future. By focusing on this the region hope to educate people and remind them of the purpose and importance of keeping siblings together, whenever possible. (Region 3)
- In July 2015, CA established a workgroup that includes CA staff and representatives of the AOC, OPD, AGO, CASA, Foster Care Providers and Liaisons, Parent Allies, and Partners for Our Children to update the Parent Child Visit policy, as well as review training and other available tools to improve the quality of visits. Additional feedback was gathered from field staff and the CA Workload Reduction Committee. The feedback and input received was incorporated into the updated policy and implemented in March 2016 and July 2016. (Statewide)
- In March 2017, the Concrete Goods policy was updated to include supports for parents with children in out-of-home care. When available, funds can be used for vehicle repairs to allow for the parent’s participation with parent-child visits. Also, food assistance should be used to support quality parent-child visits. (Statewide)
- The Children's Administration has received much feedback regarding visitation from the OPD, AOC, Washington State Parent Ally Committee, external partners, visitation contractors, caseworkers and other key players. In response to feedback, CA is working to modify our parent child sibling visit contracts to allow contractors the ability to choose from a menu of services they can offer. In turn, our caseworkers will be able to further tailor the level of intervention offered during visitation. (Statewide)
- In an effort to strengthen the quality of visits, caseworkers can now provide EBP programs during visits. Parents have opportunities to receive parenting instruction and participate with their children in these interventions such as: Parent-Child Interaction Therapy and Triple P, Homebuilders, Incredible Years, SafeCare, Family Functional Therapy and Promoting First Relationships. (Statewide)
- In November of 2016, a presentation on parent child visit policy was provided to the Parent Representation Forum, and in June 2016 another presentation was offered at the Family and Juvenile Court Judges meeting. CA is working to improve training of caseworkers around parent-child visit considerations and supervision level. (Statewide)
- Over the next year, CA plans on a broad campaign to improve parent engagement practices. Efforts will be made to teach basic engagement skills, raise awareness about the benefits of engagement and discuss the impacts of engagement on permanency outcomes. In recognition of the impacts that various parties have on a case, CA plans to specifically involve caseworkers, foster parents, partners, attorneys and stakeholders in an attempt to create far-reaching change. (Statewide)
- Activities to address compliance with policy and promote parent-child-sibling visits include:
  - Children's Administration is working with the Alliance to update parent-child-sibling visit training for both staff and caregivers.
  - Tip Sheets for Successful Visits for Parents, Caregivers and Caseworkers have been developed and recently published in May 2017. The first distribution occurred at a recent Permanency Summit.

- Children's Administration worked closely with the OPD in creating and delivering training on parent-child visits at the Children's Justice Conference in April 2017.
- Joint project with the AOC and the OPD to conduct stakeholder meetings at the local county level to provide education on CA's policy and develop a shared improvement plan to facilitate more meaningful discussions of parent-child visitation before and during court hearings. This effort is still in the planning phases.

(Statewide)

- CA collaborated with the Office of the Superintendent of Public Instruction, Treehouse, and Texas Education Agency to develop a resource guide for teachers and caseworkers. The purpose of the *Educator's Guide To Supporting Students in Foster Care* is to empower education professionals with information, resources, and tools to positively impact the educational experience for students in out-of-home care. While the guide is primarily designed for education professionals, it will also benefit caregivers, child welfare workers, child advocates, and others who work with students to help them achieve success in school and in life. (Statewide)
- In 2016, CA collaborated with the Office of Indian Policy to explore a multi-agency supported initiative. On October 19 and 20, 2016 the Indian Child Welfare Summit was held and supported by Casey Family Programs, DSHS Rehabilitation Services, AOC and the Alliance. The summit was attended by tribal workers, tribal judges and attorneys, as well as, state workers. (Statewide)
- In April 2016, CA and Generations United presented a session at the annual Children's Justice Conference in Bellevue, WA. The presentation included national and Washington state data regarding kin, benefits and challenges to kinship care and supports for CA kinship caregivers.
- In October 2016, Washington, along with representatives from seven (7) other states and the District of Columbia participated in the Kin First National Convention in Washington, D.C. This event, hosted by Generations United, the American Bar Association, and Child Focus provided an opportunity to share CA's successes and learn about other promising practices and policies for supporting kin.
- In November 2016, CA added a Kinship Care Program Manager position to strengthen policy, procedure and practice in working with kin. Efforts currently in process include:
  - Streamlining relative search and placement policy;
  - Updating publications for kin including a guide to the child welfare system and a brochure regarding the dependency court process;
  - Establishing a CA Kinship Advisory Committee;
  - Improving access to concrete goods to support kin in the home study process; and
  - Developing communication strategies so kin are aware of available training opportunities and resources.

## 2015-2019 CFSP Statewide Permanency Action Plan

Goal 4: Strengthen statewide infrastructure to support permanency					
Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
4.1	Statewide permanency CQI team formed including external stakeholders. Develops and finalizes permanency CQI plan	CQI plan completed implementation in process  CQI Plans are ongoing	March 2015	May 2015; Ongoing	<p>Team members include: Administrative Office of the Courts, Court Improvement Training Academy, Office of Public Defense, Attorney General’s Office, Children’s Representation Program, Court Appointed Special Advocates, Casey, Tribes and Disproportionality lead.</p> <p>First meeting of external stakeholders occurred 5/20/15 and continues. The group meets in-person on a quarterly basis with conference calls in between. Charter developed. Ongoing meeting have been occurring since 5/20/15.</p> <p>Team held first Permanency Summit in September 2016 for Clark and Cowlitz Counties.</p>
4.2	Develop/identify key permanency data measures for ongoing progress and performance review.	List of measures, reports and reporting frequency will be available and provided.	September 2014	September 2014; Ongoing	<p>Data discussed and disseminated at CFWS/Permanency Leads meetings. Data is a standing agenda item for all meetings. Additionally, statewide QA/CQI team reviews permanency data monthly in preparation for CFSR. All data now includes race/ethnicity detail for disproportionality work.</p>
4.3	Develop a team with statewide representation that will meet to focus on permanency issues.	Meetings will be scheduled and occur monthly – primarily in person	July 2014	December 2016	Meetings began in September 2014 and continued through June 2015. The meetings were restarted in 2016 and continue monthly.
4.4	A workgroup will be established to validate and correct all guardianship data in FamLink legal tab	To improve the accuracy of guardianship data	July 2016	December 2017	Data review and analysis is continuing with emphasis on improving data entry in FamLink.

4.5	Develop strategies to strengthen the integration of the CSF into permanency work with a focus on how the framework can positively impact timely permanency	The CSF is integrated into permanency work that impacts permanency timely.	July 2016	December 2017	Training was developed and provided to offices and Quality Practice Specialists. Training is ongoing, at the office's request, and is provided by Quality Practice Specialists.
4.6	Develop curriculum on caseworker participation and engagement during Shared Planning Meetings	Complete curriculum and implement the training.	July 2016	December 2017	Collaboration with the Alliance for Child Welfare is in process to complete curricula.
4.7 <i>NEW</i>	Improve facilitation of Shared Planning meetings	Create a sustainable structure for facilitation of shared planning meetings that support consistency in quality and quantity of meetings.	July 2017	June 2018	Facilitation structure for all shared planning meetings is being assessed to support increased facilitation and quality of meetings including development of communication tools.
4.8 <i>NEW</i>	Provide enhancements to parent-child-sibling visits	Earlier reunification and parent engagement	July 2017	December 2018	The parent-child-visit contract being updated and feedback is being gathered.
4.9 <i>NEW</i>	Update practice expectations regarding use of another permanent planned living arrangement for youth 16 and older and modify or create new tools to support staff, youth and caregivers	Appropriate usage of plan for youth 16 and older and increased youth understanding and involvement in case planning	July 2017	December 2018	
4.10 <i>NEW</i>	Increase staff awareness and use of parent engagement strategies	Increased parent involvement in case planning and more timely permanency outcomes	July 2017	December 2018	Strategy and plan are in development

**Goal 5: Termination petitions will be filed/compelling reasons documented timely 90% of the time by June 30, 2017**

Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
5.1 <i>NEW</i>	Provide standard report reflecting performance with data available at the region/office level using case review data, data from the Administrative Office of the Courts and FamLink.	Standardized report reflecting status will be available. Baseline data will be established.	May 2017	September 2017	In Process. Provide data at CFWS/Permanency leads meetings and to the regional QA leads

## Well-Being Action Plan

### State and Regional Strategies for Improvement

The following statewide and regional improvement strategies were implemented in 2016 to ensure families have enhanced capacity to provide for their children's needs and children receive appropriate and adequate services to meet their educational, physical and mental health needs. Regional strategies were identified through the semi-annual regional deep dives.

- In partnership with local courts, a Permanency Summit was held in Region 3 South in Clark and Cowlitz counties. This summit invited local stakeholders, discussed data, and identified strategies to achieving timely permanency. An action plan was developed which includes decreasing the length of stay for children in out-of-home care and engaging in successful permanency planning. One barrier to timely permanency in Clark county is the delay in setting a TPR trial date. As a result of the Permanency Summit, the local court, AAG and CA leadership have established a process to set trial dates in a timelier way. Work is underway to hold additional Permanency Summits in other counties around Washington in 2017. (Statewide)
- In 2016, an external Permanency CQI team was developed in an effort to continue to build our collaboration with the courts. This group includes representation from the courts, Tribes, OPD, CASA, Office of Civil Legal Aid, and Casey Family Programs. This group is specifically looking at practice improvements to support timely filing, identification of compelling reasons and fostering a cross-agency perspective on timely permanency planning. (Statewide)
- In 2017, the CFWS/Permanency Leads meeting participants identified caseworker visits with parents as a top priority. A multi-dimensional step-by-step strategic plan for improvement is currently being developed and will include training, coaching, and targeted quality reviews across various populations. Although these strategies will be targeted at all parents, the team has committed to specifically address fatherhood engagement, in each of the strategies. When the plan is complete, it will be present to the CA Leadership team for approval. (Statewide)
- Engagement with fathers has improved through targeted strategies which specifically address engagement with fathers. All three regions offer father engagement curriculum through local providers via Children's Administration's Fathers Matter project. (Statewide)
  - In Region 1, there is a strong community coalition focused on supporting fathers. The DAD's Committee (Developing Advocacy for Dads) includes 20 different local state, non-profit, faith-based agencies who meet monthly to develop and provide services to fathers. They host a yearly conference that offers training, resources, networking opportunities and support.
  - In Region 2, the OPD and CA partner to offer Father Engagement curriculum.
  - In Region 3, Fatherhood engagement curriculum is offered in multiple locations and the region is working to add another program in the southern part of the region.
- In August 2016, a statewide well-being campaign to support meeting the educational needs of children was implemented. The campaign includes the dissemination of information to caregivers regarding what educational information the caseworker needs; as well as, communication to caseworkers which outline required practice elements and tips for properly documenting the child's education information. The staff communication also includes prompting questions caseworkers could use during visits with caregivers and the child to gather information about the child's education milestones. The campaign will continue throughout 2017 and education information will be shared every three months. (Statewide)
- The Office of the Superintendent of Public Instruction and CA statewide and regional program managers are updating Interagency Agreements between 295 school districts and 45 local offices to reflect changes to the Elementary and Secondary Act, Every Student Succeeds Amendment passed in



2015. This agreement outlines state and federal education mandates for school districts and child welfare agencies, as well as, best practice for collaboration. The agreement updates are being reviewed and edited by regional program managers, field staff at the school level and CA level, and by AAGs for each agency. (Statewide)

- Throughout the year, information about important dates, resources, and details on how to document education in a child’s case file are sent to staff in a variety of ways. Strategies for sharing information include: all staff memos from our Assistant Secretary; practice tips which appear on staff’s computer when they log in; emails from regional Education Leads; regional Education Leads speaking at all staff and unit meetings; and discussion of education issues at CA leadership meetings. (Statewide)
- The statewide Education Program Manager meets weekly with the OSPI Foster Care Program Supervisor to discuss ways education for children in out-of-home care can be improved. Meetings occur monthly with the regional education leads, and quarterly with external early learning, K-12 and post-secondary partners to include Office of Superintendent of Public Instruction, Department of Early Learning, Washington Student Achievement Council, Juvenile Rehabilitation Administration, College Success Foundation, Treehouse, and state legislative representatives. (Statewide)
- In August 2016, a statewide well-being campaign to support meeting the physical, dental, and mental health needs of children was implemented. The campaign includes the dissemination of information to caregivers regarding what medical and dental information the caseworker needs; as well as, communication to caseworkers which outline required practice elements and tips for properly documenting the child’s medical and dental information. The staff communication also includes prompting questions caseworkers could use during visits with caregivers and the child to gather information about the child’s medical and dental history. The campaign will continue throughout 2017 and physical, dental, and mental health information will be shared in alternating months. (Statewide)
- An assignment in was sent to caseworkers informing them to request medical records for dependent children who did not have current records on file. (Region 3)
- Presentations at all-staff meetings by AHCC managed care staff. Topics included: how to support children and youth in accessing routine and special medical, behavioral, and dental services; sharing a list of service providers in the area with caseworkers, and support in obtaining copies of medical and dental records. (Statewide)
- CFWS supervisors reviewed progress for medical, behavioral, and dental health documentation, and incorporated well-being in-service training into their individual office plans.

### 2015-2019 CFSP Statewide Well-being Action Plan

**Goal 6: Increase and maintain performance regarding assessment of children’s educational needs and ensuring needs are appropriately addressed.**

Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
6.1 <i>NEW</i>	Regional education leads will review cases rated area needing improvement from office case reviews and will work with the assigned caseworker and supervisor to address any outstanding needs and assist in completing the process.	Improve caseworker documentation to include all aspects of the assessment process, including services provided and result.	April 2017	Ongoing	Regional education leads are provided results from the case review and work directly with staff.

6.2 <b>NEW</b>	Regions 2 and 3 will be working with caseworkers and supervisors to update FamLink education plans every 6 months, per CA policy.	When the caseworker updates the plan regularly, the child's progress can be shared with the court, CASA, attorneys, etc.	May 2017	Ongoing	
6.3	CA will engage in cross agency collaboration activities with OSPI, Treehouse, College Success Foundation, DEL, and WASAC.	Collaborative efforts will address educational requirements for each agency and assist in planning for children in out-of-care.	August 2016	Ongoing	
6.4 <b>NEW</b>	Supervisors will provide coaching to caseworkers on area of focus regarding education. Coaching will include appropriate and complete documentation, as well as available resources to address the child's identified needs. The services will include auto generated services for children based on the area and/or age group; ensuring the caseworker is aware of auto referral and adequately documents results from referral.	Improve ongoing assessment of the child's educational needs and connection to appropriate resources when necessary.	April 2017	Ongoing	Information will be provided in May 2017 at the monthly statewide Supervisors meeting.

**Goal 7: Increase documentation of children's physical, dental and behavioral health needs in monthly health and safety visit case notes**

Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
7.1 <b>NEW</b>	Develop a statewide well-being campaign that will focus on gathering information about the child's education, physical, dental and behavioral needs during monthly health and safety visits. Each month will focus on a new well-being item and will include materials to assist caseworkers.	Documentation will improve related to assessing and addressing child's medical and dental needs.	August 2016	Ongoing	Monthly all-staff messages are distributed via email with information for caseworkers and foster parents. The topic alternates each month between the three different areas of focus.  A targeted case review of case note documentation was completed in December 2016 to determine the effectiveness of the campaign.

Indian Child Welfare (ICW) Action Plan  
 2015-2019 CFSP Statewide Well-being Action Plan

Goal 8: Increase identification of native children				
Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments
8.1 <i>NEW</i>	Data cleanup on membership inquiry report.	Monthly status reports will show a decrease in the number of errors.	August 2014	<p><del>December 2014</del> July 2019</p> <p><b>2017 Update:</b> Changes to FamLink were completed 6/4/16. Quality assurance work with regional staff is being resumed so that membership inquiry and determination of membership status by a tribe is monitored and responses input to FamLink are tracked.</p> <p>2016 Update: Staff are currently doing ongoing monitoring of the data at a regional level. And improvements to the FamLink system. Data clean-up activities are on hold pending FamLink changes to ICW, which are in process and will minimize further errors being generated. Planned implementation is in late May 2016 and early June 2016 with a potential release later in 2016. FamLink changes will address many known input errors. Once all changes have been implemented, program staff will determine next steps.</p> <p>2015 Update: Region 1 was at 85% in December 2014 and has improved in both these categories by 22% and is currently at 63%.</p> <p>Region 2 was at 23.5% in December 2014 and has improved in both these categories by 7.7% and is currently at 16%. They continue to have the lowest overall pending and blank records requiring follow up.</p> <p>Region 3 was at 60% in December 2014 and has</p>

					improved by 24% and is currently at 36%. This shows a statewide improvement of 14% since the assignment rolled out for clean-up.
8.2	ICW Case Review	Analyze review results, develop improvement strategies and implement	September 2016	June 2017	<b>2017 Update:</b> Regions continue to work on action plans at local level.  2016 Update: In process
<b>Goal 9: Increase notification of intakes to Tribes</b>					
Action Item		Intended Outcome	Begin Date	Target Completion Date	Updates/Comments
9.1	Ensure staff notifies Tribes of intakes using the preferred method identified by the Tribe.	Monthly reports will track timeliness of notifications	July 2015	December 2016	<b>2017 Update:</b> The intake reference table was updated 8/16/16, development of a report to track timeliness of intake notifications is being explored with CA data unit.  2016 Update: The report will be developed upon the intake reference table change request which was submitted to CATS in 2014 being implemented.  2015 Update: The tracking report has not yet been developed. However, we had ongoing meetings with Tribes and CA staff to clarify the rolls and responsibilities of intake staff in notifying Tribes of an initial intake. This included revisions to a statewide Tribal contact list which is posted on the CA intranet and internet for use by CA staff.
9.2	Preferred notification to Tribes of intakes	Update the WA State Tribes Intake & Afterhours contact information on a monthly basis.	January 2016	December 2016	<b>2017 Update:</b> has become a routine business process.  2016 Update: Contact list is emailed out the last week of each month for Tribes to update and is then posted on the CA internet & intranet. There is also a link within FamLink.

9.3	Add WA State Tribes to the intake reference table in FamLink.	Change Request submitted & completed by CATS.	January 2015	June 2015	<p><b>2017 Update:</b> The intake reference table was updated 8/16/16</p> <p>2016 Update: Change request has been submitted to CATS and is waiting prioritization for FamLink release.</p>
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**Goal 10: Active Efforts to engage with Native American Children and Families**

Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
10.1	Full implementation of in-service training for caseworkers, AA's, supervisors of the revised Alliance ICW training.	Staff will receive training on how to engage with Native American children and families through the life of a case including intake, Native American Inquiry, family ancestry chart and engagement processes.		September 2016	<p><b>2017 Update:</b> CA coordinated with the Alliance and The National Indian Child Welfare Association to implement training for all CA caseworkers. Statewide trainings were completed August through November 2016 and incorporated the federal regulations that took effect December 12, 2016. The Alliance will continue to coordinate with CA to schedule the 2-day in-service training on a rotating schedule/basis.</p> <p>2016 Update: The contract with NICWA has been extended and there will be six statewide trainings completed by September 30, 2016. Due to the upcoming completion of revisions to the ICW policy and procedure the audience for the trainings has been expanded to include all CA staff.</p> <p>2015 Update: The Alliance held a series of workgroups to revise the Regional Core Training for CA caseworkers. This is now implemented and work has begun on a contract with NICWA to establish the following:</p> <ol style="list-style-type: none"> <li>1. Advanced training</li> <li>2. Supervisor/AA training</li> </ol>

10.2	Increased coordination with Administration of the Courts to implement training for the judiciary to ensure best-practices related to ICWA compliance.	The proposed Washington Tribal-State Judicial Consortium is established and curriculum development is completed.	March 2014	Ongoing	Tribal court judges and state court judges met in 2013 and 2014 to discuss the potential for establishing a tribal-state court forum that will facilitate collaboration between tribal courts and state courts in Washington. First regional meeting was held February 2015.
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## Disproportionality Action Plan

### 2015-2019 CFSP Statewide Well-being Action Plan

Goal 11: Improve the quality, availability and use of data regarding racial disproportionality and racial disparities					
Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
11.1	Data reports for key measures and indicators will include race/ethnicity detail at the state, region and local office levels.	Reports will be produced, disseminated quarterly and accessible to staff at all levels of the organization.	September 2014	December 2014	<p>Reports that are updated or created have the disproportionality race codes included as a standard feature.</p> <p>Racial disproportionality reports are currently produced annually.</p>
11.2	The Disproportionality CQI team will perform a quarterly review of CQI objectives, goals and action planning for key performance outcomes to ensure they include race and ethnicity data.	Plans for improvement and outcome reports will incorporate reference data regarding race/ethnicity.	September 2014	September 2018	<p><b>2017 Update:</b> Regional Disproportionality Leads meet monthly with facilitation by the Disproportionality Program Manager</p> <p>Race and ethnicity data continue to be integrated into review and discussion of performance outcomes by the QA/CQI leads.</p> <p>2016 Update: In order to streamline and integrate efforts to address disproportionality, the work is being incorporated into the work of the state and region QA/CQI processes.</p> <p>2015 Update: The team was meeting quarterly with facilitation by the Disproportionality Program Manager.</p>
11.3	Data reports will be available and used for presentations and dialogues with community partners, interest groups and policy makers.	A trend report within the interactive spreadsheets that can be accessed by staff at all levels will be established. Presentations and handouts will include data and information regarding racial disproportionality and racial disparities.	December 2014	December 2017	<p><b>2017 Update:</b> The data unit is developing a data report related to disproportionality that will focus on key decision points and will have drill-down capability. The annual data used for the legislative report will be provided at the sub-region level beginning the fall of 2016.</p> <p>2016 Update: The data report is not currently available as a self-service</p>



					<p>product. An annual report is available. Due to the small change in performance over time, a quarterly view is not value added but semi-annual reports may be an option if needed.</p> <p>2015 Update: The CA data unit maintains a report for racial disproportionality at placement, which is where we believe disproportionality is occurring in CA. Field staff cannot access this report directly. Future data reports need to include data for the goals in this action plan.</p>
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**Goal 12: CA will establish racially equitable practices**

Action Item	Intended Outcome	Begin Date	Target Completion Date	Updates/Comments	
12.1	CA leadership and staff will participate in prejudice reduction training.	100% of existing staff will complete training. A process to ensure new staffs receive training will be established.	August 2014	August 2016	<p><b>2017 Update:</b> The Alliance for Child Welfare Excellence has established a contract for <i>Racial Microaggressions</i> training. Two sessions will be offered in each region and two sessions will be made available to headquarters staff in the coming year.</p> <p>2016 Update: Discussion about culture and disproportionality is being integrated into Regional Core Training. A day-long training, <i>Racial Microaggressions: Developing Cross Cultural Communication Skills</i>, is provided by a contracted provider, and will be offered twice in each region during the current fiscal year.</p>
12.2	CA will implement the Racial Equity tool in the development, analysis and implementation of new policies.	Training will be developed and provided and an implementation schedule for the tool will be established.	January 2015	September 2019	<p><b>2017 Update:</b> As CA has moved forward with the implementation of the tool related to policy development and bill analysis, it has become evident that additional training and assessment of the tool's use is needed. CA is in the process of developing a plan for how to</p>

					best use the tool within available resources. 2016 Update: The Program and Policy Division has implemented the tool for use in the development of new policies. CA will continue to assess the usefulness of the tool.
12.3	Statewide disproportionality CQI team will be formed including existing stakeholders. The team will, implement, update and monitor the approved disproportionality CQI action plan.	CQI plan completed implementation in process.	January 2015	January 2019	2016 Update: Teams that included regional disproportionality leads and the assigned HQ program manager were formed. Currently, disproportionality efforts are being integrated into state and regional QA/CQI work. The regional disproportionality leads continue to provide focus on disproportionality efforts.
<b>Goal 13: CA will engage, educate and collaborate with tribes and community around efforts to eliminate disproportionality</b>					
<b>Action Item</b>		<b>Intended Outcome</b>	<b>Begin Date</b>	<b>Target Completion Date</b>	<b>Updates/Comments</b>
13.1	Regions will develop a community collaboration project in a targeted area to address overrepresentation of children of color.	Developed projects will show community involvement as well as feedback for improvement.	January 2015	January 2017	2016 Update: Further analysis has shifted our thinking around actions and resources that will directly impact disproportionality. The updated data available Fall 2016 will help inform potential projects.  2015 Update: This goal is to be refined. It is part of the Racial Equity Strategic Plan to Eliminate Disproportionality which was approved November 2014.

## Section IV: Service Description

### Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

#### Contracted Services

The services detailed below are supported by title IV-B, subpart 1 funding.

- *Crisis Family Intervention (CFI)* – CFI is a brief, voluntary service directed to preserve, strengthen and reconcile families or caregivers in conflict.
  - CFI is available to families and youth (ages 12 to 18) involved with CA when:
    - There is conflict between youth and caregiver, or
    - The caregiver requests support with an at-risk youth.
  - CFI is available statewide.
  - CA estimates CFI will be provided to 350 families in fiscal year 2017.
- *Early Intervention Program (EIP)* – EIP is a home visiting nurse program. Nurses provide assessments, education/counseling, care management and linkage into community programs for identified concerns.
  - EIP is available to families and children (birth to six years old) involved with CA where there are child health concerns.
  - EIP is available in the following counties:

Island	Jefferson	King	Mason	Okanogan
Pacific	Pierce	Spokane	Stevens	Whatcom

- CA estimates EIP will be provided to 1,340 families in fiscal year 2017.
- *Foster Care Support Goods/Services* – Concrete goods or services needed to support safe, stable placement or help maintain placement in foster 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 CA.
  - CA estimates reimbursements for foster care goods/services will be made on 5,300 cases in fiscal year 2017.
- *Evaluations and Treatment* – Evaluations and treatment are contracted services provided by CA when no other evaluation or treatment service is available. CA uses these services to assess and address mental health and behavioral needs to support improved safety, stability and permanency.
  - Evaluation and Treatment is provided to:
    - Evaluate and support child well-being towards permanency
    - Improve parental capacity for parents to provide safe care for their children.
  - Evaluation and Treatment is available statewide
  - CA has transitioned to a single managed care organization for the health care of children in foster care, Apple Health Core Connections whom provides care coordination for foster children. Every child in out-of-home placement is eligible for care coordination through AHCC. We anticipate that care coordination will increase access to counseling services provided through Medicaid and reduce counseling purchased directly by CA. The size of this shift is not possible to estimate.

## Children's Administration Workforce

- *Child Protective Services (CPS) and Child Protective Services Family Assessment Response (CPS-FAR)*
  - CPS social service specialists provide family services throughout WA to reduce risk to children and to maintain them in their own homes. Ongoing CPS includes direct treatment, coordination and development of community services, legal intervention and case monitoring. CPS includes both investigations and FAR.
- *Child and Family Welfare Services (CFWS)*
  - When children have been placed into the custody of CA through a court order, CFWS social service specialists work with the families and children to reunify the children or to find other permanent families for them.
- *Family Voluntary Services (FVS)*
  - Supports families on a voluntary basis following a CPS investigation. Services with families are designed 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.
- *Family Reconciliation Services (FRS)*
  - Supports families on a voluntary basis to address issues of family conflict. Time-limited services are provided to families with adolescents where there are no allegations of abuse or neglect.
- *Division of Licensed Resources (DLR)*
  - Licenses foster homes and investigates alleged violations of licensing standards by licensed providers as well as allegations of abuse or neglect by licensed providers. DLR staff also conducts home studies for licensed, non-licensed, and adoptive homes.
- *Social Service Specialist Supervisor*
  - Supervisors provide supervision, consultation, planning, accountability and tracking processes to ensure Social Service Specialists meet all casework management directives as required by law, policy or other mandates. Our ideal candidate will be highly organized, self-motivated and able to work independently.

## Promoting Safe and Stable Families Program (title IV-B, subpart 2)

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

*Family Preservation* – 30 percent of IV-B Subpart 2 funding

- PCIT is offered in the family home or outpatient setting and consists of live coaching in which parents are coached by the therapist through an earpiece while the therapist observes their interactions.
- FPS is offered in the family home and is designed to reinforce the strengths of the family to safely maintain children in their own homes and prevent the out-of-home placement of a child.

*Time Limited Family Reunification/Family Support* - 20 percent of IV-B Subpart 2 funding

- Counseling Services provides counseling, therapy or treatment services, using Evidence-Based, Promising Practice, or recognized therapeutic techniques, to assist in amelioration or adjustment of mental, emotional or behavior problems that impact child safety and stability.
- FPS is offered in the family home and is designed to reinforce the strengths of the family to safely maintain children in their own homes and prevent the out-of-home placement of a child.

*Adoption Promotion Supports and Services* – 20 percent of IV-B Subpart 2 funding

- Medical and dental coverage is provided to every adopted child in Washington.
- Non recurring costs up to \$1,500 are available to families to offset adoption related expenses.
- Pre-authorized counseling services are available and follow the program requirements.
- A monthly cash payment may be provided for those who qualify.

In addition to the services listed above, post adoption families have equal access to services provided by CA.

*Community-Based Family Support* – 20 percent of IV-B Subpart 2 funding

- Contracted providers in communities throughout Washington State provide Parent Education and Support.

## Chafee Foster Care Independence Program (CFCIP)

### State agency overseeing the CFCIP programs

The Washington state Department of Social and Health Services, CA, administers, supervises and oversees the Title IV-E program and the Chafee Foster Care Independence Program. The two Chafee funded programs, Independent Living (IL) and Educational and Training Vouchers (ETV) are part of an array of services available to youth transitioning from state foster care.

### IL Program

Washington state is divided into six regions for purposes of the IL Program. Four Regional IL Coordinators support and monitor eligibility, financial records and program compliance. Coordinators are responsible for establishing IL program contracts with local providers. CA currently serves approximately 1856 youth and young adults (not including Tribal youth) in contracted IL programs. Washington participates in national evaluations on the impacts of the programs in achieving the purposes of CFCIP.

### IL Eligibility

To be eligible for the IL Program, youth must be:

- at least 15 years old;
- under the age of 21 years old; and
- in foster care in an open dependency action through CA or a tribal child welfare agency for at least 30 days after their 15<sup>th</sup> birthday.

Once youth are determined eligible, they remain eligible until age 21 even if they have achieved permanence (such as adoption, kinship guardianship and reunification).

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. CA contacts the IL lead in the child's home state to determine eligibility status.

### IL Service Provision

In Washington state, 12 contracted IL providers and 18 Tribes that provide support and IL services to eligible youth. IL services are available in most areas with limited services in some remote areas. The local CA office provides IL services in those areas.

CA caseworkers refer youth at age 15 years or older to the IL program and the IL provider must make at least three attempts to engage the youth in this voluntary program. If the provider is unable to engage the youth, the CA caseworker and caregiver are contacted and a letter is sent to the youth informing them that they may contact the program in the future if they wish to participate.

CA and IL providers recognize that youth engagement relies heavily on establishing relationships that can bring about trust. Youth prefer to meet one-on-one with providers and providers meet with them

frequently to develop relationships. IL providers also hold workshops focused on specific skill sets and provide professional guest speakers from the community.

The IL contract includes services required by the federal Chafee Act, including the National Youth in Transition Database elements. Contracted IL, Tribal IL and Responsible Living Skills Program (RLSP) providers have access to FamLink to input services. This allows CA to collect better data on youth needs and the services provided.

Participation in contracted IL services is voluntary for youth. If a youth declines services the CA caseworker is responsible for ensuring they receive IL skills, complete the Casey Life Skills Assessment and develop a Learning Plan. The CA caseworker and foster parent must provide opportunities for the youth to practice life skills in the home or within the community. The CA caseworker is responsible for documenting services pertaining to the National Youth in Transition Database elements that were provided to the youth by the CA caseworker and foster parent in FamLink.

## IL Services

### *Casey Life Skills Assessment (CLSA)*

CA uses the nationally recognized web-based CLSA tool provided by Casey Family Programs. The tool assesses various life domains and calculates a score based on the youth's answer to the assessment questions. CLSA reports are developed from the score, identifying the youth's greatest strengths and challenges. The assessment is administered annually to youth participating in the program and is used to develop a learning plan to address their individual needs.

- Youth ages 15 – 16 years old receive training on a variety of skills including life skills and educational services.
- Youth ages 16 – 18 years old receive training on a variety of skills including life skills, educational services and transition planning.
- Young adults ages 18 – 20 years old receive training on a variety of skills including life skills, education supports and services, housing assistance and employment supports and services.

### *Transitional Living Services (TLS)*

The IL Program delivers TLS to current and former foster youth ages 18 to 21 years old through contracts with community service providers and tribes. Most youth remain with the same IL case manager if the youth was participating in IL services prior to turning age 18.

Funding is available to eligible youth ages 18 to 21 years old on an individual basis for housing and incidental expenses. Funding can be provided to youth to assist with a variety of needs and is related to their independent living goals.

“Room and Board” is defined as assistance provided to current and former foster youth from age 18 to 21 years old in the form of payment for rent, utilities, deposits and related housing costs that will ensure maintaining housing stability. Room and board or housing costs are budgeted and tracked separately by CA to ensure that no more than 30% of the state's Chafee IL funds per contracted provider are used for this purpose. In fiscal year 2015, CA spent 5.11 of the CFCIP grant on room and board assistance.

TLS case managers help youth locate affordable housing, negotiate leases and make rent and utility payments. Housing assistance is available for youth who are working on IL goals, employed, or enrolled in an educational or vocational program. Youth who are participating in the extended foster care program are eligible to receive help with housing costs. If a contracted service agency is not readily available, youth may still apply for transition funds for housing through a CA office.

### *Responsible Living Skills Program (RLSP)*

The RLSP program provides dependent youth, ages 14 to 18 years old in the custody of the state or tribe who are not returning to their families, and who have been unsuccessful in traditional foster care, with long-term housing, assessment and life skills training to youth to help transition to adulthood. This program has 32 beds statewide. In Region 2 North, Cocoon House has an RLSP placement for youth who are pregnant or a parenting mother.

2016 Summary of Updates and Progress	
Activity	Status
Make It Happen is a three-day event for foster youth who will be high school juniors, seniors or incoming college freshman to visit a college campus and experience life as a student on a college campus. Learning opportunities include: how to apply for college, the financial aid process and how to navigate a college campus, including dorm living and dining.	Annual event 81 Foster youth participated in 2016
Camp to Belong Washington is a collaborative effort and partnership with Foster Family Connections, CA and Camp to Belong NW. The event reunites siblings who are placed in separate foster homes and other out-of-home care settings and offers fun activities, emotional empowerment and much needed sibling connections.	The annual Camp was held in August 2016 with 100 campers ages 13+ and several alumni volunteers.
The Foster Club All-Star Program provides youth development opportunities by building leadership skills, providing public speaking experiences, advocacy skills and development of professional proficiencies through intensive training. The sponsored All-Star serves a one-year term and completes a 7-week internship to build leadership skills.	In July 2016, Washington sponsored two alumni as Foster Club All-stars.
Governor's Scholarship	33 Governor's Scholarships were awarded in 2016.
IL providers continue to prepare and mentor foster youth ages 15 to 18 to complete high school or a High School Equivalency Exam program and enter post-secondary education programs.	Ongoing
Update IL contracts to incorporate language that contractors will support or affirm the sexual orientation and gender identities of youth served by the IL program.	Completed September 2016
The Supplemental Educational Transition Planning (SETuP) program provides foster youth age 13-21 or until the youth graduates with educational planning, information, links to other services/programs and coordination with high school counselors to ensure youth have an educational transition plan. SETuP was transitioned to a community partner in July 2016 and no longer under the supervision of Children's Administration.	Ongoing The program served approximately 250 foster youth between the ages of 13 to 21 years old annually.
Updated policy for foster parents consent for youth participation in drivers education, Instruction Permit and Personal Driving License	Completed
King County Passport Consortium created the Ready, Set, Grad website- <a href="http://readyssetgrad.org/">http://readyssetgrad.org/</a> and provided training to staff, caregivers, and community providers. A resource and planning website for college bound youth.	Ongoing training
The statewide CA IL Program Manager assists CA caseworkers and IL Providers on how to administer and use the online Casey Life Skills Assessment tool using the publicly available free tool online training.	Staff and contracted providers are referred to Casylifeskills.org to complete the training.
Transitional Living Services	Washington State provided services to 1,034 Transitional Living youth.
Responsible Living Skills Program - Washington state has 32 beds for foster care or "street youth" who are unable to sustain placements in a traditional foster home setting.	Ongoing
Foster Youth and Alumni Leadership Summit	Annually;



**2016 Summary of Updates and Progress**

Activity	Status
Foster youth and alumni come together from across the state and provide presentations on key “issues” of the foster care system and request reform and system change. This function grows every year. The Washington state Supreme Court Commission on Children in Foster Care is able to hear directly from the youth about their experiences in care.	50 youth participated in August 2016.
CA Foster Youth and Alumni Advisory Board: Passion to Action Retreat The advisory board meets over the summer to discuss the previous year’s goals and progress and develops plans for the new year.	August 2016. The group continues to learn leadership skills, how to conduct meetings and practice leading activities in hopes to spark interest in applying for positions in the future.
Updated the Caseworker’s Guide to Transition Planning.	Completed. The guidebook is available as an online tool - <a href="#">Caseworker's Guide to Transition Planning</a>
Mockingbird Youth Advocacy Day	349 youth, alumni and supporters attended the event in February 2017
Updated the Foster Childhood Activities to incorporate Prudent Parent Standards.	Revise as needed; the document is used in the Caregiver Core Training.
Normalcy Workgroup addresses the need for youth in care to have normal life experiences in similar ways as their peers outside of foster care. The workgroup makes recommendations to Children’s Administration.	Meets quarterly
Provide funding to support extracurricular activities through Chafee funds beginning at age 15.	Ongoing
Collaborate with other funding sources within the communities to support childhood activities.	Ongoing
Expand EFC as required by legislation. Washington state has adopted “a documented medical condition” category of EFC.	Completed
Chafee monies were used to support regional and local graduation ceremonies.	May/June 2016
Sponsored 28 IL contracted provider’s staff and 4 alumni to attend the Children’s Justice Conference	Completed April 2017
Sponsored Children’s Justice Conference Key Note speaker, Rachel Lloyd- an expert on the issue of child sex trafficking in the United States.	Completed April 2017
Children’s Justice Conference Adolescent Track <ul style="list-style-type: none"> <li>▪ The Amazing Adolescent Brain: Opportunities and Vulnerabilities</li> <li>▪ Foster Care to College: It’s Not Just a Dream, It’s a Plan</li> <li>▪ Extended Foster Care</li> <li>▪ Engaging Adolescents: Moving our Future Forward</li> <li>▪ Building Healthy Connections While in Care and Beyond: A Youth’s Perspective</li> <li>▪ Making a Successful Transition to Adulthood-ILS/ETV</li> <li>▪ Ensuring Safe &amp; Affirming Care for Washington’s LGTBQ System Involved Youth</li> </ul>	Completed April 2017

**Eight Purpose Areas**

1. Assist youth in transition from dependency to self-sufficiency

**Planned Activities for Next Review Period (2017-2018)**

Activity	Frequency
Convene Foster Youth and Alumni Leadership Summit	Annually

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
Convene Passion to Action Day Retreat	Annually
Make it Happen College Experience	Annually
Camp to Belong Washington is a collaborative effort and partnership with Foster Family Connections, CA and Camp to Belong NW. The event reunites siblings who are placed apart in a week-long camp designed to provide siblings valuable time together, allowing youth to maintain sibling relationships.	Annually
The Foster Club All-Star Program provides youth development opportunities by building leadership skills, providing public speaking experiences, advocacy skills and development of professional proficiencies through intensive training. The sponsored All-Star serves a one year term and will complete a 7-week internship to build leadership skills.	Summer Annually
Regional Activities –	
Region 1 North – Annual Real World Conference	Spring
Region 1 South – Graduation Celebration, Annual Real World Conference	June
Region 2 North - Annual Graduation Dinner and Summer Event for Youth	Summer
Region 2 South- Annual Independent Living Conference, Passages Event	April
Region 3 North- Annual Graduation Celebration and College Push trainings	April, May, June
Region 3 South- Graduation Celebrations, Independent Living Conference, Career Fair	May and June

2. Help youth receive the education, training and services necessary to obtain employment

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
<p>Employment Services - Contracted IL program staff incorporate employment modules and workshops into their day-to-day work with youth and link youth to existing community resources. IL providers provide employment services all year and specifically coincide with the summer and holiday hiring, school breaks and near the end of the school year. Youth receive:</p> <ul style="list-style-type: none"> <li>▪ Coaching on activities related to employment readiness, interviewing, resume writing and appropriate dress</li> <li>▪ Assistance gaining and retaining employment</li> <li>▪ Assistance obtaining or securing items needed to gain or maintain employment, such as, a social security card, dress attire and transportation (if possible)</li> <li>▪ Assistance using community employment resources to gain employment</li> </ul> <p>Information on how to enroll in available Workforce Investment Act youth programs or to register with the Employment Security One Stop Career Centers (if available)</p>	Ongoing

3. Help youth prepare for and enter post-secondary training and educational institutions

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
Governors' Scholarship	Annually
Collaborate with the Passport to College Promise Program	Ongoing
CA, in partnership with the College Success Foundation and the Washington Student Achievement Council Passport summit in June 2017.	Ongoing
IL providers continue to prepare and mentor foster youth ages 15 to 18 to complete high school or a GED program and enter post-secondary education programs.	Ongoing

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
Washington state legislature approved SB 5241. Legislation to require consolidation of and partial credit for unresolved or incomplete coursework due to foster care placement transfers. Legislation will be coupled with funding support for educational advocacy and a program aimed at improved graduation rates for youth in foster care.	Implementing in FY 2018
The Supplemental Educational Transition Planning program provides foster youth age 14-18 years old with educational planning, information, links to other services/programs and coordination with high school counselors to ensure youth have an educational transition plan. This program transferred to the Washington State Student Achievement Council on June 6, 2016.	Ongoing

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults
  - Contracted IL providers, SETuP providers, foster parents and community service providers’ link youth with dedicated adults as the youth transitions out of care.
  - The required 17.5-year-old staffing helps youth identify important adults in their life who can support them through their transition from foster care and beyond into adulthood.
  - Foster parents connect youth with peer mentoring programs in local communities.

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
CA partners with Washington Mentors which matches youth with adult mentors through the Big Brothers and Big Sisters program.	Ongoing
Contracted IL providers use Foster Club’s Permanency Pact Tool Kit to assist in identifying significant adults the youth can trust and count on as a lifelong support person.	Ongoing
CA holds a yearly event called “We Are Family” at a Seattle Mariners game to celebrate caregivers who are important to our youth we serve. Price reduced tickets are available for caregivers and foster youth to attend the game together. An alumni is invited to speak in honor of important caregivers in their life while in foster care.	Yearly
Passion to Action Foster Youth and Alumni Advisory Board provides mentoring and support from adult supporters in the group. While the adult supporters are modeling mentorship, the alumni members take the role of mentoring the younger members of the board.	Ongoing

5. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
Utilize Chafee funding for “housing costs”.	Ongoing
WA state provides Transitional Living skills for youth up to age 21. The youth may self-refer to an IL provider.	Ongoing
See <a href="#">ETV Section</a> below.	

6. Make vouchers for education and training, including post-secondary education and available to youth who have aged out of foster care.

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
See <a href="#">ETV Section</a> below.	

7. Provide Services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
Once a youth is determined eligible for IL services, they remain eligible regardless of their permanent plan. The youth is also eligible for TLS between 18-21 years of age.	Ongoing

8. Ensure children who are likely to remain in foster care until 18 years of age have regular, ongoing opportunities to engage in age or developmentally appropriate activities.

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
Use Shared Planning Meetings and Health and Safety visits to identify youth's interests in extracurricular activities	Ongoing
Provide funding to support independent living activities through Chafee funds	Ongoing
Collaborate with community partners to support youth interests in extracurricular childhood activities	Ongoing
Explore feasibility of directly paying the Department of Licensing for Washington state identification cards for youth in out-of-home care.	December 2017
IL providers hold enriched activities and community events for youth who are involved in the IL program. IL providers will address the unique needs of LGBTQ and pregnant/parenting populations and ensure that activities are inclusive to all.	Ongoing

### Foster Youth Driving

Washington State Legislature approved Engrossed Senate House Bill 1808. The bill provides support for foster youth and extended foster care youth to obtain driver's license and automobile liability insurance. The bill includes:

- CA will contract with a non-profit organization in a competitive application process
- Non-profit organization will assist foster youth ages 15-21 in navigating the driver's license process- supports includes:
  - Reimbursement of fees for obtaining driver's permit, an intermediate license, and a standard or enhanced driver's license, and any examination fees
  - Reimbursement of fees for driver training education course (under age 18)
  - Reimbursement of increase in motor vehicle liability insurance costs incurred by foster parents, relative placements or other foster placement adding a foster youth to his or her motor vehicle liability insurance policy, with a preference on reimbursements for those foster youth who practice safe driving and avoid moving violations and at-fault collisions.
  - The non-profit organization shall submit a report to CA and appropriate committees of legislation.
  - If specific funding for the purposes of this act is not provided by June 30, 2017, in the omnibus transportation appropriations act, this act is null and void.

Children's Administration hired a statewide LGBTQ Program Manager January 1, 2017. This person is responsible for creating policies, implementing best practices, and initial infrastructure for serving the LGBTQ identified clients served within child welfare. The LGBTQ program manager and Spokane/Region 1 have partnered with the Center for Children and Youth Justice to pilot the LGBTQ Protocol for Safe & Affirming Care. The pilot is anticipated to be implemented by summer 2017. Other upcoming activities

include creating and organizing an CA LGBTQ Advisory Committee comprised of internal and external stakeholders and identifying LGBTQ Leads within CA throughout the state.

### National Youth in Transition Database (NYTD)

CA has had successful submissions meeting all the reporting requirements since NYTD has been implemented. CA will continue to maintain successful submissions, analyze the process, make appropriate changes to collect data and provide the services needed to transition youth to adulthood.

CA uses a quality assurance plan to increase awareness and priority of NYTD and the work we do for youth transitioning to adulthood from the foster care system. The QA plan provides an opportunity to correct errors identified in the NYTD error reports prior to submission.

The quality assurance plan includes:

- CATS provides the CA statewide IL program manager a quarterly list of names that are missing NYTD components such as highest grade completed, delinquent adjudication and tribal affiliation.
- The IL program manager sends the list to the regional IL leads for clean-up

This plan captures NYTD errors, educates staff about the requirements of NYTD, and provides the opportunity to clean-up or eliminate errors. Each successive list has produced fewer names and errors as caseworkers and providers have made improvements in inputting the information on an ongoing basis rather than leaving the areas blank. The IL program manager is teaming with the ICW Inquiry unit (NAIR) to resolve tribal pending status. The IL program manager provides a list of pending names to the ICW Inquiry unit and if the documentation of tribal status has been received, the unit updates the ICW status.

As part of the ongoing effort to improve programs and service to transitioning youth, or survey team through DSHS Research and Data Analysis Unit added two qualitative experience questions to the survey of 19 year olds. The questions are:

- What is needed to become independent?
- What is one thing you want caseworkers to know?"

Youth responses to “*What is needed to become independent?*” were put into a *Wordle*<sup>21</sup> that is being used in discussions and trainings on transition planning. We plan to continue to ask quantitative experience questions tailored to the age being surveyed.

### Reporting Data

CA has an MOU with DSHS Research and Data Analysis Unit (RDA) to review the NYTD data to identify trends, challenges and strengths of the services we provide for youth and young adults aging out of the foster care system. RDA provides in-depth and thorough reports. CA works with Passion to Action and Mockingbird youth to assist with translating the report into a “youth friendly” document to meet the needs of a broad audience. The reports are published and made available to community stakeholders, youth, legislative partners, tribal partners (through IPAC meeting) and are available on [RDA’s internet page](#) , the CA intranet and the foster youth website, [www.independence.wa.gov](http://www.independence.wa.gov).

In June 2016, RDA released the report, *Transition to Adulthood: Washington State Foster Youth at Age 17*<sup>22</sup>. The report is publicly available and includes a youth friendly information graph that has been shared with CA staff, IL providers and Passion to Action members.

The statewide IL Program Manager uses NYTD data<sup>23</sup> to inform staff and IL providers of the importance of identifying and addressing IL skills and services needed for our youth to become independent and documenting the work we do with our youth. The “snap shot” identifies the outcomes our youth are reporting and provides insight into the areas to address for practice improvement. The “snap shot” is not

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<sup>21</sup> <http://www.wordle.net/>

<sup>22</sup> <https://www.dshs.wa.gov/sesa/rda/research-reports/transition-adulthood-washington-state-foster-youth-age-17>

<sup>23</sup> <http://independence.wa.gov/wp-content/uploads/2014/06/WAFY12-16DataSnapshot.pdf>

readily available and requires states to request the information. When a “snap shot” is requested the NYTD data is reported and discussed at CA IL provider’s meetings. The NYTD data was provided and was useful in the preparation of the writing of the Youth at Risk of Homelessness grant by our community partners.

### Youth Involvement in State Agency Efforts

The statewide CA youth advisory board “Passion to Action” is used to capture youth’s point of view on all aspects of child welfare. This board consists of approximately 25 current and former foster youth from across Washington who have received services provided by CA. They provide input and recommendations regarding policy and practices. Feedback from the board aids in improving CA’s ability to effectively meet the needs of children and adolescents. The board brings a youth voice to the forefront of the work we do. Youth provide feedback to many Washington state community partners who are working with the foster care population.

CA also collaborates with The Mockingbird Society, an advocacy group of foster youth and alumni that identifies issues in the foster care system and works toward reforming and improving the lives of children and youth in the child welfare system. The Mockingbird Society is invited to participate in workgroups and meetings to provide an external voice to CA. The Mockingbird Society is a vital stakeholder and is included in the process of reviewing Children Administration’s adolescent policies.

The Mockingbird Society hosts an annual foster youth leadership summit. The youth identify areas for change and present the topics to the Supreme Court Commission for Children in Foster Care. CA partners in the event as advisors that provide child welfare expertise when the youth are preparing their topics for presentation. The Mockingbird Society advocates for youth and works closely with the IL program manager on IL services.

The Mockingbird Society organizes the annual Youth Advocacy Day. Youth and young adults affected by foster care and homelessness, and their supporters come together to advocate for youth inspired solutions at the state capitol. The day includes amazing speeches by youth, policymakers, and fellow advocates.

Mockingbird representatives prepare testimonials and present them at hearings in support of their reform bills.

Washington State Commission on Children in Foster Care has a mission to provide all children in foster care with safe, permanent families in which their physical, emotional, intellectual, and social needs are met. The Commission has a goal of improving collaboration between the courts, child welfare partners and the education system to achieve the mission through initiating policy decisions and needed legislative and court rule changes. The Commission utilizes youth voice by including a representative of alumni of care and a current youth of foster care to serve as board members.

### Involvement of the Public and Private Sectors in Helping Adolescents in Foster Care Achieve Independence

- Annual Foster Youth and Alumni Leadership Summit
- Annual Make It Happen College Experience
- Camp to Belong Washington is a collaborative effort and partnership with Foster Family Connections, Camp to Belong NW, and CA. The event reunites siblings placed in separate foster homes and other out-of-home care. Participants ages 14-18 years old participate in a half-day “Life Seminar” focusing on life skills, strengths, qualities and future dreams. Every year “Life Seminar” has different guest speakers and activities but the agenda includes: talking about beyond high school, state programs available for foster children up to age 21 years old, college grants and scholarships, personality testing and discussing which careers would be good with personalities, budgeting with real life shopping and props, and question and answer with guest speaker. Organizations that have

participated in this seminar are College Success Foundation, Mockingbird Society, IL representatives from Youth for Christ, Job Corp, US Army, University of Washington, foster teens currently attending college on scholarship and community professionals that were former youth in care. Each camper that attends this seminar receives a binder full of activities and information including important phone numbers, names and websites. While at camp, there is a focus on leadership development of the older teens as well as mentoring those interested in becoming future counselors.

- Region 1
  - Annual IL “Real World” conference for foster youth age 15-18 to provide them with trainings and information on resources needed to help promote self- sufficiency. The event is held at one of the community colleges.
  - Annual Summer ILS workshop and barbeque
- Region 2
  - Annual summer event for youth
  - Annual week long IL workshops (King County)
  - Regional youth job fair with other youth serving organizations
  - Annual passages graduation/aging out of care celebration
- Region 3
  - Community resources scavenger hunts
  - “Block party” community involvement event with youth
  - Community barbeques
  - Job panels resource fair-job fest
  - Summer camp opportunities
- Graduation ceremonies across the state

*Casey Family Programs* - CA staff are closely aligned with Casey Family Programs. They are currently working on:

- The annual Foster Youth and Alumni Leadership Summit
- Normalcy work group
- Annual Passport Summit

Casey Family Programs provides technical assistance to CA on permanency for foster youth.

*Individual Development Accounts* – Treehouse, United Way of King County and the YMCA IL Program collaborate to provide Individual Development Accounts to 83 foster youth and alumni of care in King County.

*Living Interdependently for Tomorrow’s Success (LIFTS)*, collaboration between ILS and TLS providers in Region 1 South, is funded through donations to Catholic Family and Child Services. Each contribute funds primarily for individual youth assistance, based on the youth’s CLSA learning plan needs.

*The Transitions Collaboration Network*, chartered in 2005 by CA, Casey Family Program-Yakima, and Catholic Family and Child Services, meets periodically to discuss federal and CA policies regarding youth who transition to adulthood from care. Inter-agency planning for upcoming activities will target housing, health care, education, and employment needs for these youth. Participants include representatives from Education Service Districts, Economic Services Administration, Division of Vocational Rehabilitation, Developmental Disabilities Administration, and contracted Child Placing Agencies.

*YMCA Young Adult Services* in Region 2 South is a strong partner for CA and connects our youth to many resources that meet their transition needs. The YMCA Young Adult Service operates the young adult



community resource center (The Center). The Center is the gateway to YMCA services for foster youth, foster alumni and other transitioning youth ages 15-25 years old. The YMCA provides supportive housing, case management and referral services through its three core programs: IL Program, Transitions, and Young Adults in Transition.

- Transitions – Supportive short-term housing and services for young adults transitioning from foster care or homelessness. Includes seven houses located in neighborhoods throughout King County.
- LifeSet – Pilot project with Youth Village’s model LifeSet to provide Intensive support and clinical services for youth preparing to age out of foster care and are at highest likelihood to experience homelessness.
- Next Step – Short- or long-term housing with support services and up to 18 months of financial subsidy, for young adults who are homeless or living in transitional housing.

CA uses the Family Search and Engagement program. The program collaborates with CA and outside resources in locating family connections for youth. Family involvement can take many forms, from becoming a caregiver to being a supportive contact. These family connections provide children with a sense of family identity and guidance that they will need to prepare them for adulthood.

The *Youth Advocates Ending Homelessness (YAEH) program* is a branch of Mockingbird. The IL program manager is an advisor for the Summit Leadership Council that meets quarterly. CA provides feedback to the group’s efforts in reducing homelessness among former foster youth. YAEH gives youth and young adults who have experienced homelessness a chance to tell their stories and advocate for programs and services they think will improve the lives of young people living on the streets throughout King County. The YAEH program engages over 100 homeless or formerly homeless participants between the ages of 13 and 24 each year.

YAEH participants advocate for budget and policy change at all levels of government—from City Hall to the halls of Congress—in the effort to end youth homelessness in King County. Special attention is paid to informing the [King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness by 2020](#).

YAEH will be integrated in the Mockingbird’s Youth Leadership Summit presenting on concerns and actions needed to prevent homelessness among former foster youth and young adults. During the preparation of their presentation CA staff will be advisors critiquing and supplying corrective feedback for the presentation materials.

CA refers and collaborates with *The Foster Teens to College Program* assists current and former foster youth, ages 16 to 23 years old, in completing high school and GED programs and then pursuing, persisting in, and completing post-secondary education programs, including four year institutions, two-year institutions, vocational programs, certificate programs, and apprenticeship programs. Staff work one-on-one with youth to help them plot the path to their educational goals, including help with such tasks as applying to college, identifying sources of financial aid and scholarship funds, navigating school campuses and systems, and maintaining class schedules and grades. Peer mentors who have successfully completed a semester of higher education may also be available to work one-on-one with youth to offer guidance and support from someone who has walked in their shoes.

CA refers youth for tangible services or needs to Treehouse, a private non-profit agency serving foster youth in Region 2 South that provides clothing, school supplies, funding for enrichment activities, summer camp and in-school tutoring. It offers an outreach program to foster youth in middle school and a coaching to college mentoring program to youth who are college bound.

### Coordination of Services with other Federal and State Programs

Community collaboration continues to be a vital part of CA’s efforts to strengthen its delivery of services to foster youth, former foster youth, and with the community as a whole. Some of these efforts include:

## *Homelessness Prevention*

In 2011, the Washington state legislature passed a law allowing Washington to extend foster care services to youth between the ages of 18 and 21 years old. This legislation takes advantage of the Federal Fostering Connections for Success and Increasing Adoptions Act of 2008. Youth participating in the EFC program remain dependents of the state of Washington while they complete secondary or post-secondary education programs, including vocational or technical training, and participate in programs or activities designed to promote or remove barriers to employment, including part and full time employment, and youth who are unable to participate in any of the other activities due to a documented medical condition. Services offered to youth in EFC include case management, placement/housing assistance and foster care reimbursement for approved and eligible youth in a supervised independent living placement.

In 2015, The Washington State Homeless Youth Act (HYPP Act, SSB 5404) created the new Office of Homeless Youth Prevention Programs (OHYPP) within the Department of Commerce. The contracts for management, oversight, guidance and direction of the CRC, Street Youth and HOPE Centers were transferred from CA to OHYPP as of July 1, 2016. In 2016, new legislation increased the amount of program funding for beds and services that are linked to homeless students, further expanding the resources available for all homeless youth.

Youth are referred to community providers for housing needs. Many of Washington State's IL providers are also recipients of federal grants for transitional housing.

CA, in collaboration with the Economic Services Administration and statewide Housing Authorities covering 16 Washington counties, came together in 2012 and signed an MOU with the shared interest of promoting housing stability among families and young adults served by both of the DSHS agencies. This collaboration continues to combine resources for families and young adults aging out of foster care who meet the criteria for the Family Unification Program as specified by the US Housing and Urban Development Administration. The MOU commits the agencies to combine efforts in providing housing assistance through a variety of programs including: Housing Choice Vouchers (Section 8); Family Unification Program vouchers; Moving to Work Program participation; and transitional housing assistance. Since 2014, CA has maintained and updated the MOUs with the highest populated counties in Washington State: Spokane, King, Pierce, Thurston and Clark. New collaborations have also been established in Pacific and Grays Harbor Counties. In April 2016, use of FUP vouchers through the Seattle Housing Authority in King County (the most populated urban area in Washington State) was the first to reach 100%. Of the 21 counties involved in the MOU, all utilization is above 90%. Some of the smaller rural counties such as Walla Walla, Franklin, and Benton, do not have more vouchers available and have not received additional vouchers from the federal government. Utilization of the vouchers is highly dependent on housing, and there is limited housing available in King, Pierce and Clark counties. Therefore, although we have a high rate of voucher delivery, there continues to be a lack of affordable housing for youth and families

IL providers and local CA offices are working directly with local Housing Authorities to help identify safe and affordable housing options and landlords who are willing to accept Family Unification Program vouchers.

CA collaborates with DSHS Economic Services Administration, the Department of Commerce and contracted providers by participating in task forces, and committees that promote ending youth homelessness including: The Youth Advocates Ending Homelessness program, YMCA Young Adult Services King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness, The Foster Teens to College Program, The Statewide Advisory Council on Homelessness and the Interagency Council on Homelessness. In 2015, WA State enacted the Washington State Homeless Youth Act (HYPP Act, SSB 5404) to match the efforts of the federal Runaway and Homeless Youth Act and created the Office of Homeless Youth Prevention and Protection Programs in the state of Washington. CA works closely and

with the new Office in making sure all runaway and homeless youth in the child welfare system are receiving the necessary support and services they need, and providing the Office with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington State.

Department of Commerce oversees the following housing programs:

*Independent Youth Housing Program (IYHP)*-The IYHP provides rental assistance and case management services to eligible youth who have aged out of the foster care system. The program helps prepare youth to become independent and self-sufficient so that over time they will be less dependent on state assistance. IYHP is available in ten counties in the state. The program includes tribal dependent youth who have exited the foster care system.

*Young Adult Housing Program (YAHP)*-YAHP provides resources for rent assistance, transitional housing, and case management for young adults 18-24 years old.

*Young Adult Shelter* provides emergency, temporary shelter, assessment, referrals and permanency planning services for young adults ages 18-24 years old.

### *Pregnancy Prevention*

CA and IL providers are focusing on pregnant and parenting teens in foster care. CA has strengthened its policies, practices and educational materials to include a tool kit for youth that CA caseworkers and caregivers can use when working with pregnant or parenting youth. Additional focus on pregnant and parenting youth will provide consistency of practice and promote healthy pregnancies and active parent engagement. Pregnant and Parenting training is provided to staff state wide and is open to contracted providers. Each IL provider has identified a pregnant and parenting “specialist” for their program. County resource lists have been developed and are readily available to youth. IL Providers report quarterly on the number of pregnant or parenting youth that they serve. CA partnered with Washington Department of Health to connect IL providers with the information of developing a program to help reduce teen pregnancy through the Personal Responsibility Education Program. Several providers were interested. Two IL providers applied and received a grant in 2014 that was linked to the 2010 Affordable Care Act. Personal Responsibility Education Program works to lower teen pregnancy and sexually transmitted infections among teens and prepares the youth for adulthood. The model chosen for prevention was Sexual Health and Adolescent Risk Prevention. The provider continues to provide this service for all youth in their community. Both agencies were successful and plan to train more staff and provide future classes.

Clark County IL contracted provider has entered a grant with Planned Parenthood to provide Comprehensive Sex Education. The IL providers will be trained to teach the curriculum. The training will be open IL recipients and the public.

The Normalcy workgroup will be focusing their efforts on Comprehensive Sex Education this upcoming year. Youth advocates has strongly suggested for young people to be fully educated on sexual health and healthy relationships.

Coordinated Care AHCC created a training for caseworkers and caregivers about the importance of sexual health and foster care-examining reproductive and sexual health in relationship to the foster care system. AHCC will be rolling out training to staff in the upcoming year.

### *Employment*

CA is partnering with Employment Security Administration (ESA) through the Employment Pipeline. The Employment Pipeline is designed to find clients jobs in many different lines of business and help them stay employed. The model involves three critical components:

1. Identifying employers willing to work with DSHS and our clients to offer meaningful, long-term employment opportunities, ideally building transferable skills;
2. Providing basic training and skills to meet the specific jobs available from these employers; and

3. Helping clients stay employed by providing support to resolve issues that might jeopardize job retention.

The skills provided are inclusive and many youth are learning basic life skills as well as tools to use on the job. ESA Employer Navigators collaborate with clients and businesses. Navigators will meet with clients at or near their facilities to help resolve issues that might jeopardize their ability to stay employed.

Assistance includes:

1. Supports businesses with trained, job-ready candidates;
2. Provides “onsite” support by a DSHS Employer Navigator to work through issues that cause them to leave employment and end up back at our community service office;
3. Provides additional access to community service office services; and
4. Reduces the client’s time away from work, increasing employer satisfaction because they don’t lose their employee for a long period while they seek services. Onsite Employer Navigators will be able to serve as a “Mini-CSO” and provide assistance for a variety of needs, allowing clients to get back to work more quickly.

*BFET-RISE (Resources to Initiate Successful Employment)* is a three year, \$22 million pilot program funded by the U.S. Department of Agriculture Food and Nutrition Service. RISE is offered in King, Pierce, Spokane and Yakima counties. The project has reached out to CA and wants to partner with the contracted IL providers. RISE provides additional services for BFET-RISE participants who face even greater barriers to finding employment. RISE participants are assigned to case managers who provide coaching, guidance in navigating the process, and referrals to other services. Participants also benefit from work-based learning opportunities. These include unsubsidized and subsidized employment, pre-apprenticeships, work-study, internships, community jobs and courses that integrate vocational and employability lessons with on-the-job training. They also learn how to manage work and life stress, solve problems and think critically.

### Medicaid

Washington state provides foster care medical benefits for eligible former foster youth up to the age 26 years old. Youth are eligible for the program if they:

- Are currently under 26 years of age, and
- Were in foster care on their 18<sup>th</sup> birthday, under the legal responsibility of DSHS or a federally recognized tribe located within the state.

Washington state has a designated foster care medical unit focusing on foster youth who are eligible for medical coverage. Former foster youth are directed to contact the foster care medical team to confirm eligibility for their medical benefits to begin. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care services and treatment provided to children and youth in the eligible populations

AHCC provides a team approach to the youth’s medical care. The team supports the youth and the youth’s transition to adulthood. AHCC offers a variety of services for pregnant and parenting youth and youth who are preparing to be independent. CA will continue its outreach efforts to ensure all eligible former foster youth receive foster care medical benefits up to age 26 years old. The IL program manager receives many medical coverage questions and provides education about the program and works directly with the Foster Care Medical Team to support alumni of care in accessing medical care.

The NYTD survey team informs youth that they may be eligible for foster care medical up to age 26. The team provides the contact information for AHCC. The survey teams reported that many youth who have left foster care are unaware that medical is covered until the age of 26 years old.

Washington State does not recognize former foster youth who have aged out of another state.

### *Patient Protection and Affordable Care Act*

CA provides information in the transition plan for youth regarding the importance of the continuity of health care and the access to the Medicaid to 26 programs for medical coupons to purchase health care services. Other important information includes:

- Designating another individual to make health care treatment decisions on behalf of the youth if the youth does not have, or does not want, a relative who would otherwise be authorized under state law to make such decisions.
- Executing a health care power of attorney, health care proxy, or other similar document recognized under state law.

### *Implementation of Annual Credit Checks*

In September 2015, the Annual Credit Check policy was updated to complete credit check for youth beginning at age 14 years old. CA staff have been manually completing credit checks. It came to the attention of CA that staff were having trouble completing the credit checks. The credit bureaus required information that the youth and CA staff did not have.

CA has secured contracts with all three credit-reporting agencies. A FamLink correction to create a batch submission to each of the credit agencies is the final step needed for implementation.

### *Trust Funds*

Washington State does not have established trust funds for youth receiving IL or TL services.

### *Implementation of Commercially Sexually Exploited Children (CSEC) Legislation*

In January 2016, CA began to pilot the CSEC screening tool (DSHS 15-476) with the Missing from Locators and the Child Health and Education Tracking screeners for children 11 years and older. Initial data is being collected to better understand the numbers and trends CA is seeing regionally. To address this work, CA hired a CSEC program manager in January 2017 who is responsible for ensuring the federal requirements are met. This work includes, but is not limited to updating the current CSEC policy, working with other program managers to ensure the CSEC policy and procedures are met with best practice, providing CSEC training to caseworkers and other relevant staff, providing case consultation, and engaging with community partners and stakeholders across the state.

### *IL Training*

Over the next year, CA, in conjunction with the Alliance, will be reviewing the continuum of training for caseworkers and caregivers including the provision and integration of training regarding adolescents and young adults.

Planned Activities for Next Review Period (2017-2018)	
Activity	Frequency
Collaborate with the Alliance for Child Welfare Excellence to include an “adolescent suite “of trainings.	Ongoing
Develop new trainings for IL providers and CA caseworkers on the CLSA and Learning Plan.	Ongoing
Develop “specialized” training for CA caseworkers working with adolescents pertaining to policies, adolescent development, behaviors and community resources.	Ongoing
Provide training to CA caseworkers on how to complete a Transition Plan.	Ongoing
Provide support and training on transition planning for youth beginning at age 14 years old through EFC.	Ongoing
Passion to Action to provide potential and current caregivers knowledge and shared experiences of what it is to be a youth in foster care. Youth emphasis the	Monthly

**Planned Activities for Next Review Period (2017-2018)**

Activity	Frequency
importance of providing opportunities for youth to participate in normal childhood activities.	
The Alliance for Child Welfare Excellence will team with members of Passion to Action to create a video of a youth panel that will present in Caregiver Core training when a youth panel is unavailable.	Postponed and hope to revisit
The Alliance for Child Welfare Excellence will provide training for Caregivers and CA staff on Prudent Parenting Standards and Normalcy.	Ongoing

**Lesbian, Gay, Bisexual, Transgender and Questioning (LGTBQ)**

Currently there are no policies or requirements for foster parents, adoptive parents, workers in group homes and case managers to receive training on supporting and affirming LGTBQ youth and/or addressing the unique issues confronting LGTBQ youth. CA is committed to strengthening our work related to this population. CA is currently in the process of identifying and developing a structure to support improved policy, procedure, practice, training, services, and supports related to LGTBQ youth involved in the child welfare system. In January 2017, CA hired a LGTBQ/Disproportionality/Commercially Sexually Exploited Children (CSEC) program manager to bring an increased focus to this work.

*Training*

The Alliance for Child Welfare Excellence offers an elective training for caseworkers and caregivers who are assisting LGTBQ youth and families of LGTBQ youth; *Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth*. It is an interactive training that offers caseworkers, foster parents, adoptive parents, kinship caregivers and youth providers information and tools to provide LGTBQ youth with appropriate and informed care including terminology, risks and resiliency, supporting families, and practical suggestions for working with LGTBQ youth.

The training also explores:

- Healthy sexual development in children and youth;
- Helping children and youth with development of a healthy sexual identity;
- Impact of sexual abuse on child’s behaviors;
- How to access service to assist a child who has been sexually abused;
- How to care for a child who is experiencing the behavioral, emotional and or developmental effects of sexual abuse; and
- How to identify and access services/supports to best meet the needs children and youth who may be questioning their sexual identity.

*CA LGBTQ Advisory Committee*

CA will be establishing an LGBTQ Advisory Committee comprised of internal and external stakeholders in 2017. The Committee will meet monthly with in-person meetings occurring quarterly and phone meetings occurring in the intervening months. The advisory committee will be facilitated by the CA LGBTQ program manager.

Proposed membership includes, but is not limited to: alumni of care, representative(s) of community organizations/service providers serving LGTBQ youth, Office of Civil Legal Aid, foster parent or caregiver, representatives from other government agencies/administrations such as the Department of Commerce, the Department of Health or Economic Services Administration, a physician and a behavioral health provider specializing in the care and treatment of LGTBQ youth, one CA representative per region, an Assistant Attorney General, and the CA headquarters program manager for LGTBQ issues.

The advisory committee will provide feedback, guidance, and input related to:



- Policy: Development of LGBTQ specific policies as well as other policies that may have unintended or disproportionate impacts related to sexual orientation, gender identity and/or gender expression;
- Data collection and reporting;
- Language used to refer to gender on documents/forms;
- Service array: Identification and development of services to meet LGBTQ youth needs;
- Caregiver recruitment and support: recruiting caregivers who are interested in serving youth who identify as or may be LGBTQ and identification of resources to assist them in parenting youth in a supportive and prudent manner; and
- CA staff and caregiver training: identifying training needs, reviewing curriculum, and identifying training resources

### *Washington State Safe and Affirming Care Pilot Project*

In 2013, the eQuality Project at the Center for Children & Youth Justice (CCYJ) began the first comprehensive research effort on the experiences of Washington’s LGBTQ youth in the child welfare and juvenile justice systems.

Through the design and piloting of the Protocol for Safe and Affirming Care (PSAC), eQuality will complement existing efforts to address youth homelessness by improving systems for LGBTQ youth—which will ultimately result in better outcomes for these youth. The PSAC will:

- Provide a detailed guide for youth-serving professionals in both systems to better identify, engage, and serve LGBTQ youth, and a training curriculum that will enable them to do so;
- Set forth a plan for collecting meaningful data on the needs, experiences, and outcomes of LGBTQ system-involved youth; and
- Identify the law and policy changes necessary to improve the lives of LGBTQ system-involved youth.

CCYJ has provided trainings across the state to varying audiences to promote and educate about the protocol. The PSAC is being piloted in Region 1, starting with the Spokane office. Briefings and trainings are scheduled for roll out in May 2017. CCYJ, regional leadership and staff and CA HQ are involved.

### *Tribal Participation*

Tribal youth are assured access and availability of IL services across the state. Tribal youth may choose tribal IL contracted services or non-tribal providers. Once the tribal youth ages out of foster care, the tribal youth is eligible for TLS until age 21 years old.

To date, every tribe that applied for Chafee funds for their own IL program received approval for funding. This year 18 tribes completed a Tribal ILS Grant Application. These tribes are:

- |                                   |                             |
|-----------------------------------|-----------------------------|
| ▪ Colville                        | ▪ Puyallup Tribe of Indians |
| ▪ Confederated Tribes of Chehalis | ▪ Quileute Tribal Council   |
| ▪ Cowlitz Indian Tribe            | ▪ Quinault Indian Nation    |
| ▪ Kalispel Tribe                  | ▪ Muckleshoot Indian Tribe  |
| ▪ Lower Elwha Klallam Tribe       | ▪ Sauk Suiattle Tribe       |
| ▪ Lummi Nation                    | ▪ Tulalip Tribe             |
| ▪ Makah Tribe                     | ▪ Snoqualmie Indian Tribe   |
| ▪ Yakama Indian Nation            | ▪ Stillaguamish             |
| ▪ Nooksack Indian Tribe           | ▪ Upper Skagit              |



### *Addressing “State Funded” IL Programs Versus “Direct Federally Funded” IL Programming to Tribes*

There is currently one tribe in Washington state receiving direct federal funding for their IL program as a result of the Fostering Connections legislation. If the tribe’s direct federal award is less than the state award for IL programming, CA will offer that tribe a contract to make up the difference. This is offered to maintain our agreement of providing tribes with 10% of the total Chafee grant.

No state Chafee funds were awarded to the tribe that received “direct federally funded” IL programming. The tribe’s direct federal award was more than the state award for IL programming.

### *Tribes-National Youth in Transition Database (NYTD)*

CA continues to communicate with tribes about the federal NYTD requirement. This includes providing correspondence to tribes by the IL Program Manager and email reminders from the Office of Indian Policy who oversees the contract. This requirement has been incorporated into the consolidated contracts as a program component.

In Washington, all contracted tribal IL providers were given access and input capabilities to the IL page, education page in FamLink. CA continues to offer ongoing training and extensive support to both tribal and non-tribal IL providers when needed or requested. Each tribe has a designated IL program staff person who identifies youth who are eligible for IL/NYTD services and provides education to the tribe and their youth on the program.

Tribes continue to struggle with turnover of staff at the service and manager levels. Many tribes do not have FamLink access or IL inputting capabilities in FamLink. The IL Program Manager continues to reach out to the tribes to provide assistance and has provided FamLink training when it has been requested. CA discovered that many tribes do not have computer operating systems that are compatible with FamLink. Washington state is not able to support the IT complications that the tribes are experiencing. CA created a hard copy form of the NYTD documentation for tribes to complete manually as an alternative process. The forms are accompanied with the quarterly reports and will be input into FamLink by CA staff. The forms are made available on the Office of Indian Policy’s website. The tribes are responding positively to completing the NYTD forms and submitting them quarterly. Reminders are sent out if the tribes provide the quarterly reports with NYTD documentation.

### *Outreach to Tribes Regarding IL*

Outreach to tribes regarding CFCIP programs continues on a regular basis. The IL Program Manager and/or ETV Program Manager attend the IPAC meetings to provide information on the Chafee programs and various tribal meetings to educate tribes about IL and ETV services when requested by the tribes. CA also meets with individual tribes upon request to train on IL and ETV related topics.

Regional IL Coordinators meet regularly with the tribes to discuss IL issues and collaboration.

Each tribe has an Office of Indian Policy liaison who supports the tribe in navigating DSHS, providing information about CA and the Consolidated Contract.

CA requires tribes to apply annually for the Tribal ILS grant. The 2017-2018 Tribal ILS Application has been sent to all Tribal Chairs, Office of Indian Policy, and ICW Child Welfare Directors. Applications are due May 31, 2017.

Youth Services by *Contracted Year					
	2012	2013	2014	2015	2016
	Statewide	Statewide	Statewide	Statewide	Statewide
Number Children that received Independent Living Services	1,198	1,334	921	891	822
Number Children that received Transitional Living Services	1,464	1,368	1,421	1,172	1,034

Youth Services by *Contracted Year					
	2012	2013	2014	2015	2016
	Statewide	Statewide	Statewide	Statewide	Statewide
Total number of youth	2,662	2,702	2,342	2,063	1,856

*Data Source: Data reported by Independent Living Providers for the \*contracted year (September 1st – August 31st)*

In the number of youth served the IL program has decreased from 2013 to 2016. Several factors contributing to the drop in youth served over the years include:

- CA staff turnover;
- New Regional IL leads;
- Disbandment of local office Adolescent Units;
- New CA staff without the history or a knowledge of IL;
- Staff turnover with contracted provider's;
- Youth are declining or not engaging in IL services; and
- Changes in the way IL providers report status of active, inactive and youth exiting the IL program.

Some strategies CA has developed to increase IL awareness include:

- Created new IL brochures that give descriptions of IL/TL and ETV programs and services. The brochures have been distributed to local offices and IL agencies across the state. The PDF version of the brochure has been placed on the foster youth's website [www.independence.wa.gov](http://www.independence.wa.gov) and on the foster parent web page.
- Collaborating with the Alliance to develop a suite of adolescent trainings.
- Revising and restructuring the adolescent policies to align with responsibilities and functions by age.
- IL Program Manager and Regional IL Program Managers will be visiting local offices and presenting IL services at staff meetings.
- Regional IL Leads will be sending reminder emails to caseworkers on how to refer youth to the IL program.
- Regional IL Leads will provide a list of eligible youth to the IL provider as an outreach effort to engage youth into participating in IL services.
- The RDA NYTD survey team will discuss IL/TL services with survey participants. If a youth is not engaged in services, RDA staff will inform the IL Program Manager and will direct TL youth to TL providers.
- Contracted providers conducting outreach to local DCFS offices, other programs with in their agencies, newsletters, community forums, foster parent meetings etc.

### Extended Foster Care (EFC) Program

Washington state has implemented all five (5) eligibility categories for extended foster care. To be eligible for EFC, a youth on his or her 18th birthday must be dependent, in foster care 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 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. Washington state law allows eligible youth who choose not to participate at 18 years old or exit EFC prior to turning 19 years old to re-enter the program once before their 19th birthday.

Youth in EFC receive the same case management services and supports as youth under the age of 18 years old 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, and learning independent living skills. IL services and supports play a key role in developing these skills.

Extended Foster Care Data as of April 2017		
Age	Numbers	Percentage
18	223	38%
19	203	35%
20	155	27%
<b>Total</b>	<b>581</b>	<b>100%</b>
Placement Type		
Supervised Independent Living	390	67%
Foster Care Settings	191	33%
Number of Youth That Exited In 2016		
18	192	59%
19	41	13%
20	21	6%
21	73	22%
<b>Total</b>	<b>327</b>	<b>100%</b>
Ethnicity		
White/Caucasian	280	48%
Native American	35	6%
Black	56	10%
Multiracial	98	17%
Hispanic	95	16%
Asian/Pacific Islander	17	3%
<b>Total</b>	<b>581</b>	<b>100%</b>
Region		
1 North	83	14%
1 South	70	12%
2 North	69	12%
2 South	158	28%
3 North	78	13%
3 South	123	21%
<b>Total</b>	<b>581</b>	<b>100%</b>

Data Source: Children's Administration, FamLink; Extended Foster Care; April 2017

### Extended Title IV-E Assistance

EFC allows Washington State to claim IV-E reimbursement for non-minor dependents ages 18-20 years old. FamLink includes an EFC eligibility page in that captures detailed information on youth who are participating in the program.

## Education and Training Vouchers (ETV)

The ETV program supports eligible current and former foster youth in pursuing their post-secondary education. ETV provides funding and guidance to help youth successfully navigate and graduate the post-secondary education system. Students are eligible for up to \$5,000, depending on unmet need, to pay for expenses related to their education. Guidance may include providing resource information on financial aid, help with completion and submission of required documents, or advocacy and contacts at college campuses to help youth who are struggling academically or financially.

### ETV Eligibility

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 is 16 to 20 years old, currently involved in dependency action in a Washington state or tribal court, in the care and custody of CA or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care.
- Youth is 18 to 20 years old and has 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 the age of 16 years old.

In addition, youth who participated and received ETV funds prior to age 21 years old, may be eligible to continue to receive funds until age 23 years old.

Once youth qualify to receive an ETV award, they may receive funds each year as long as they are:

- Enrolled in school at least half time,
- Maintain a 2.0 cumulative grade point average,
- Eligible for financial aid,
- Less than 23 years old, and
- Have an unmet need as determined by the education institution.

ETV program staff regularly coordinate with college financial aid administrators and staff to ensure awards given to eligible youth do not exceed the total cost of attendance as set by their institution. If a revision is found to be necessary, this is communicated to the student and an award adjustment is made.

To ensure unduplicated awards, ETV maintains a database for tracking students. This allows staff to differentiate between academic years, identify if a student is a new or renewal student, and track student expenditures to support full utilization of the funds.

### ETV Service Provision (only the top three percentages are shown)

Primary expense category	2014-2015	2015-2016	2016-2017
Housing/Rent	34%	34%	27%
Books	11%		
Groceries (Safeway gift cards)	23%	17%	16%
Tuition		20%	
Room & Board			11.8%

*\* 2016-2017 numbers are an estimate, due to the information submitted prior to June 30, 2017*

### 2016-17 School Year

The maximum ETV award amount in the 2016-2017 academic year was \$5,000.00. The actual amount awarded is based on the student's unmet need. The Dual Credit ETV Program maximum award is \$2,000.00

As shown in the ETV Service Provision Table above, there was a change in the top three service provision categories. Room and Board assistance replaced tuition as the third most requested reimbursement. This includes payment for residence halls as well as rent for apartments. In this academic year, 67 of the students awarded ETV were new participants (no prior award) and 104 students had previously participated in the ETV program. The average award for new and renewal students was \$3,842.83.

### ETV Services

Updates and Progress	
Activity	Status
1. Coordinated with Port Gamble S’Klallam Tribe as needed to serve youth who are eligible for both the state and tribal ETV program.	Ongoing
2. Streamlined the Payee Registration Form for easier and more accurate student use.	Completed February 2017
3. ETV Program Coordinator and Office Assistant employees were made permanent.	Completed March 2017
4. Update <a href="http://independence.wa.gov">independence.wa.gov</a> site as new resources and opportunities for youth are available.	Ongoing
5. Developed and distributed an ETV student Toolkit for new and renewal participants to help answer questions they may have about utilizing their ETV funds	Toolkit developed August 2016, distribution is ongoing as students enroll
6. Updated ETV brochure.	Completed February 2017
7. In-person outreach efforts to CA offices (28), IL Programs (9), College/Universities (5).	Ongoing
8. Increase outreach efforts to youth who are in Extended Foster Care (EFC) and not participating in ETV.	Ongoing
9. ETV renewal application was updated for easier use and more thorough contact information from students.	Completed December 2016
10. ETV applications now include an alternate option for youth to describe their gender.	Completed December 2016
11. Sent out two quick tip messages to all CA staff with information about the ETV program. Quick tips are brief communications on policy and or practice that pop up on CA staff computers supporting continuous quality improvement.	Completed March 2017
12. Coordinate with Adoption Support supervisor and Adoption program manager to receive names of youth who are adopted/entered guardianship after age 16 to ensure families and youth receive information about ETV.	Ongoing
13. Presentations at the annual Washington state Children’s Justice Conference (with IL Provider and two (2) ETV participants), CASA Conference, two (2) ILP Graduation events (Tacoma and Aberdeen), Resource Fair in Vancouver, Passion to Action Advisory Group.	April 2017
14. Collaboration with 8 Colleges/Universities to receive student financial aid award letters with cost if attendance earlier in the academic year so that ETV awards can be determined faster for students.	Ongoing
15. Students awarded ETV funds are able to confirm their award by email allowing quicker access to funds.	August 2016
16. Exploring feasibility of establishing an Amazon Business account so ETV students can request funds directly for a computer or textbooks without needing upfront funds.	Ongoing

Updates and Progress	
Activity	Status
17. Outreach to the WA State Board for Community & Technical Colleges to expand educational opportunities for youth.	April 2017 and ongoing
18. Have ability to now text ETV students for faster and improved communication.	February 2017 and ongoing
19. Participate in 17.5 transition staffings when requested by CA staff.	Ongoing
20. Develop an ETV student survey, collect and report on the data for continuous quality improvement	Not completed
21. ETV renewal application online.	Not completed
22. Re-examine adding the Governor's Scholarship to the shared application.	Not completed

Planned Activities (Fiscal Year 2017) Practice, Program, and Service Enhancements	
Activity	Target Date
1. Participate in the College Success Foundation Make It Happen Event	June 2017
2. Re-examine adding the governor's scholarship to shared application since new legislation has made eligibility criteria similar	July 2017
3. ETV renewal application online	September 2017
4. Attend ILP Graduation events	June 2017
5. Update <a href="http://independence.wa.gov">independence.wa.gov</a> as new resources and opportunities for youth are available	Ongoing
6. Outreach efforts to CA Field offices, IL Providers, Tribes, Caregivers, and High School counselors	Ongoing
7. Increase outreach efforts to youth who are participating in Extended Foster Care and not participating in the ETV program	Ongoing
8. Update ETV Program Guidelines Booklet for students	September 2017
9. Develop an ETV Program Guide for Post-Secondary staff and Financial Aid Administrators	July 2017
10. Develop a survey in collaboration with the Adolescent Services unit to collect and report on data for continuous quality improvement	July 2017
11. Create an ETV newsletter to distribute twice a year to CA staff, community partners and youth	September 2017
12. Utilize video conference technology for outreach efforts to CA offices where in-person meetings are not possible	July 2017 and ongoing
13. Increase efforts to engage and inform foster parents about the ETV program	July 2017 and ongoing
14. Finalize plans with Amazon Business for ETV student computer purchases	August 2017
15. Regular database review for any clean-up, student updates for accurate program information	Ongoing
16. Allow ETV staff direct access to Payee Registration (AFRS) database	June 2017
17. Targeted outreach to CA staff who have youth graduating Spring 2017	April 2017

### ETV Collaboration Efforts

CA continues to coordinate with the College Success Foundation (CSF), the Washington Student Achievement Council (WSAC), and other agencies in an effort to maximize former and current foster care youth access to financial aid assistance (e.g., federal student financial aid programs, grants, scholarships, and ETV services). ETV staff and staff from these agencies work cooperatively ensuring students receive

the necessary supports to successfully complete their post-secondary education. They also connect students to staff on college campuses who can help file a financial aid appeal in the event they are suspended from financial aid participation. A Passport Conference is being held in Yakima, WA on May 10, 2017 with participation expected from educators, post-secondary programs, CA workers, CASA's, youth and foster parents. The Make It Happen event, hosted by College Success Foundation is scheduled for June 27-29, 2017 at the University of Puget Sound. The ETV Program Manager is on the CSF Leadership team which meets quarterly and is a member of the Foster Care Collaboration Team facilitated by WSAC with participation by the Office of the Superintendent for Public Instruction and the CA Education Program Manager. This group meets monthly.

ETV program staff continues to collaborate with community partners statewide to coordinate youth access and promote education success. Activities included a joint presentation at the Children's Justice Conference in May 2017 with two (2) ETV students and an ILP supervisor. In attendance at the presentation were attorneys, educational advocates, CASA/GAL's, social workers, independent living skills providers, and foster parents. ETV and adolescent services had a resource table at the event for the first time which provided information to all participants regarding resources to support the unique needs of older youth in care. The ETV Program Manager and the Passport to College Program Manager made a joint presentation at the CASA Conference in May 2016.

### Underspend of the Federal Fiscal Year 2016 Chafee ETV Grant

CA did not fully utilize the ETV federal fiscal year 2016 grant due to:

- A decrease in the number of ETV applicants and the number of ETV students awarded
- Participation/eligibility changes for awarded students. Out of the 171 students who were initially awarded ETV funds, 32 are no longer active in the program due to a variety of reasons including: withdrawing from school, issues with financial aid eligibility, not completing the necessary ETV documentation

Additional plans for strengthening the program include:

- Continue with CA staff trainings as offices continue to experience staff turnover
- Additional outreach and training with CA social workers, IL providers, foster care providers, and educational liaisons whenever possible regarding ETV eligibility and requirements
- Earlier contact with the 2017-18 ETV new applicants to answer program related questions, receive needed documentation and begin establishing a positive connection between staff and student.
- Explore implementation of ETV in other states and evaluate if any of those processes would improve the program results in Washington Cooperation in National Evaluations.
- Identify High School Seniors and their social workers/caregivers. ETV staff will provide program information, answer any questions and encourage youth to complete an application.

CA will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.



## Populations at Greatest Risk of Maltreatment

Children aged 0-3 years old continue to be at greatest risk of maltreatment as reflected in the data provided in the [Safety section](#). In the fall of 2014 Infant safety education and intervention policy was developed and implemented in response to the 0-3 years old safety workgroup's findings. The policy has three components:

1. Newborn: Plan of Safe Care. This plan must be developed and documented for infants born to dependent youth and on screened in intakes where a newborn is affected by substance abuse.
2. Birth to 6 months: Period of Purple Crying. CA and DLR staff will inquire if a parent or caregiver has received information on period of purple crying and when and if the materials were received. Provide materials to the parent or caregiver and document receipt and review if they report never having received the information.
3. Birth to One year: Infant Safe Sleep. CA and DLR staff will conduct a safe sleep assessment when placing a child in a new placement setting or when completing a CPS intervention when the identified child or any other child in the home is birth to one year of age. Evaluation of the sleeping environment is an expectation of the monthly health and safety visit with the child.

CA continues to emphasize the importance of the Infant Safety and Education policy and procedures to staff across the state and caseworkers continue to participate in trainings that enhance their knowledge of the three components listed above. In June 2015, CA enacted new intake policy regarding children ages birth to three years old. The policy requires intakes with allegations of physical abuse of children ages birth to three years old that meet the sufficiency screen-in criteria will be assigned to the CPS investigation pathway for a 24-hour response. In May 2016, Safety Bootcamp training rolled out across the state with a focus on the fundamentals of assessing child safety, dynamics of child abuse and neglect from a medical perspective and lessons learned curriculum. The training reinforces the need to assess the safety of children of all ages and also focuses on the Infant safety and education policy. The regions continue to offer the training when requested by offices or units. In October 2016 the Family Voluntary Service policy was amended to require two visits a month for children five and under. The policy increases oversight for the most vulnerable population. CA has continued to be part of the Frontiers of Innovation statewide initiative focusing on children birth to five in partnership with the Center on the Developing Child at Harvard. The Department of Health, Department of Early Learning, Office of the Superintendent of Public Instruction, Health Care Authority and the Department of Social and Health Services are all partners in this work. Frontiers of Innovation has afforded all the partners engaged in the work to focus on collaboration and alignment of services for young children and their families. Enrollment prioritization in early learning programs administered or overseen by Department of Early Learning has been one of the results of the Frontiers of Innovation initiative.

Evidenced based programs including Homebuilders, Incredible Years (ages 2-7 years old), PCIT (ages 2-7 years old), SafeCare (ages birth to 5 years old), Promoting First Relationships (ages birth to 3 years old) and Triple P (ages 2-16 years old) are interventions for families with children within the age range 0-3 years old.

CA has four regional education leads who are responsible for early learning and K-12 education. Duties include, but are not limited to:

- Act as policy and practice consultants to caseworkers, foster parents and community partners.
- Participate in caseworker, caregiver and community meetings.
- Provide general and specialized trainings on educational engagement.

The caseworker regional core training stresses the importance of assessing birth to 5 years old safety and developmental needs and appropriately addressing identified needs in case planning and case management activities.

In 2015, the legislature passed the Early Start Act and it was signed into law. Department of Early Learning is responsible for implementation. Increasing the quality of early care using a quality rating system from 0 to 5 called Early Achievers is one main focus of the bill. It requires providers who are receiving childcare subsidy payments to rate at a level 3 or higher by 2020 to continue to receive payments. Early Childhood Education and Assistance Program providers will need to be rated at a level 4-6 by 2016, provide full and school day options and move to entitlement by the 2020-2021 school year. Young children in CA's care access the two programs talked about and these changes would impact the quality of early care received.

## Services for Children under the Age of Five

Children under the age of 5 have been included in CA's permanency activities.

CA caseworkers are required to assess safety, overall well-being and distinct individual developmental needs on an ongoing basis while children are placed in out-of-home care. Ongoing assessment is one of the tools used to match children to a permanent family with the skills and abilities to meet their short and long-term needs as well as create individualized plans to ensure referrals to appropriate services.

CA uses the CHET Program to assess all children including those from *birth to five* years old to identify well-being needs of the child within the first thirty days of entering out-of-home care. If developmental or mental health concerns are identified, a direct referral is made to local service providers. CA's Ongoing Behavioral Health Screening program uses the CHET behavioral health screening tools to re-screen children and youth ages 3-18 years old every 6 months for behavioral health symptoms. The Ages and Stages Questionnaire-Social-Emotional (ASQ-SE) is used for children ages 3 years to 66 months. In addition, information is shared with caregivers and used by CA caseworkers to develop an effective case plan and help identify an appropriate placement for the child.

CA caseworkers use the following services for children birth to five to address the well-being needs and support a permanency plan:

- Early Support for Infants and Toddlers (ESIT) – Washington State's IDEA Part C Program that serves children birth to three when developmental concerns are identified.
- ChildFind – Referrals are made for children age three to five when developmental concerns are identified. 34 CFR 300.111 (a)(1)
- Head Start – Federally funded program available to children age three to five. The program addresses the child's social-emotional and developmental needs and also provides family support and community resource referrals.
- Early Head Start – Federally funded program available to children birth to three that addresses children's socio-emotional, behavioral and developmental needs. The program provides family support and community resource referrals.
- Early Childhood Education Assistance Programs – State funded pre-school program for children three to five years of age. Provides a comprehensive family and individual child assessments, support and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.
- Medicaid Treatment Child Care (Title XIX)/ ECLIPSE – Provides assessment and therapeutic interventions for developmental and mental health needs in a daycare environment. This service is no longer federally funded and has been renamed ECLIPSE. Health Care Authority is working with Department of Early Learning to reestablish the program's ability to draw down Medicaid dollars.
- Fostering Well-Being Care Coordination Program – Provides care coordination services to children with complex health, mental health and developmental needs

- Foster Care Assessment Program – Provides a comprehensive assessment for children experiencing challenges to permanency.
- Home Visiting - State and federally funded programs that provide home-based child and family assessment, support and community resource referrals.
- The child’s assigned caseworker completes a Comprehensive Family Evaluation/Court Plan to update the court on the child’s well-being, development and progress towards permanency.
- EBP’s that support permanency and reunification of the family
  - Parent Child Interaction Therapy (PCIT)
  - Incredible Years
  - Nurse Family Partnerships
  - Promoting First Relationships
  - Triple P (Positive Parenting Program)
  - Homebuilders
  - SafeCare

CA has four regional education leads responsible for early learning and K-12 education. Duties include, but are not limited to:

- Act as policy and practice consultants to caseworkers, foster parents and community partners.
- Participate in caseworker, caregiver and community meetings.
- Provide general and specialized trainings on educational engagement.

The caseworker regional core training stresses the importance of assessing birth to 5 safety and developmental needs and appropriately addressing identified needs in case planning and case management activities.

In 2015, the legislature passed the Early Start Act and it was signed into law. Department of Early Learning is responsible for implementation. Increasing the quality of early care using a quality rating system scale ranging from 0 to 5, called Early Achievers is one main focus of the bill. It requires providers who are receiving childcare subsidy payments to rate at a level 3 or higher by 2020 to continue to receive payments. Early Childhood Education and Assistance Program providers will need to be rated at a level 4-6 by 2016, provide full and school day options and move to entitlement by the 2020-2021 school year. Young children in CA’s care access the two programs talked about and these changes would impact the quality of early care received.

### Psychotropic Medication Review for 0 – 5 Year Olds

The Washington State Health Care Authorities ProviderOne Medicaid payment system has built in alerts to automatically trigger a second opinion by a child psychiatrist contracted through Seattle Children’s Hospital. The alerts are automatically triggered when:

- Children ages 0-5 years old, who are prescribed any medication to treat ADHD.
- More than one atypical antipsychotic prescribed for a child of any age.
- More than four mental health medications prescribed for a child of any age.
- Prescribing of sedative-hypnotics to a child of any age.
- Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the Health Care Authority’s Pediatric Mental Health Stakeholder Workgroup.

### Legally Free Children Aged 0-5 Years Old

CA is not able to collect data on whether legally free children are in their permanent adoption home. CA analyzes legally free cases by assessing length of time from termination of parental rights to adoption

finalization to determine strategies that will improve permanency for children. Based on calendar year 2016 data, 70 percent of legally free children aged 0 to 5 years old were adopted within six months of termination of parental rights. In calendar year 2016, there were 1572 legally free children. Of those, 632 were aged five years old or younger. 188 of the 632 children had been legally free for at least six months (30%). Assessing the numbers statewide showed that of the 188 children, 63 were from Region 1; 63 from Region 2; and 61 from Region 3. 57 children of the 632 children aged 0 to 5 years old (9%) had been legally free for at least one year by December 31, 2016, a decrease from last year's 11%. When assessing the 57 children aged 0 to 5 years old and legally free for over 12 months, the difference in numbers between Regions is: 17 from Region 1; 26 from Region 2; and 14 from Region 3. The data on children legally free for over 12 months and aged 0 to 5 years old is analyzed monthly and provided to each regional adoption area administrator. Cases are assessed to determine if the child was in his or her permanent home and to identify barriers to timely adoption finalization.

- Over 90% of children aged 0 to 5 years old and legally free for over one year are placed in permanent homes without adoption finalizations. Causes for delays in finalization include:
  - Court appeals: adoption finalizations were delayed because the biological parents had appealed their termination of parental rights hearing and the appellate process was not completed.
  - Home study issues: adoption home studies were delayed because a home study was not completed, significant changes in family circumstances warranted a new or updated home study, denied adoption home studies with court ordered placements or delays with ICPC placement/home study of child.
  - Other reasons for delays in adoption finalization included adoption support subsidy negotiations, case transfer issues, and issues with the caregivers.

CA continues to work to address barriers to adoption finalization. A workgroup was established in 2014 to identify barriers to timely home study referrals. Solutions were identified to streamline and simplify the referral process. Implementation of some of those recommendations began in calendar year 2015. In a separate analysis of home study update requests from adoption workers by the statewide Adoption Program Manager, it was found that several home study update requests were unnecessary. Training was provided in calendar year 2015 and 2016 to adoption management teams that addressed when an adoption home study update was warranted. DLR also updated its policy on home studies which included a section on the specific circumstances that would warrant a home study update.

Regional management continues to work with AAGs and the court to address the increase in appeals for termination orders. CA policy discourages an adoption finalization during the appellate process. Appeals can take up to 18 months in some cases.

Training was completed in fiscal year 2015 with Adoption and Adoption Support workers to streamline the adoption support subsidy packet process. Both the Adoption Support and Adoption Statewide Program Managers have facilitated communication within both programs so that issues can be identified and resolved. In 2016, Adoption Support implemented an impasse process for cases where disagreements between families and adoption support staff could be presented and resolved.

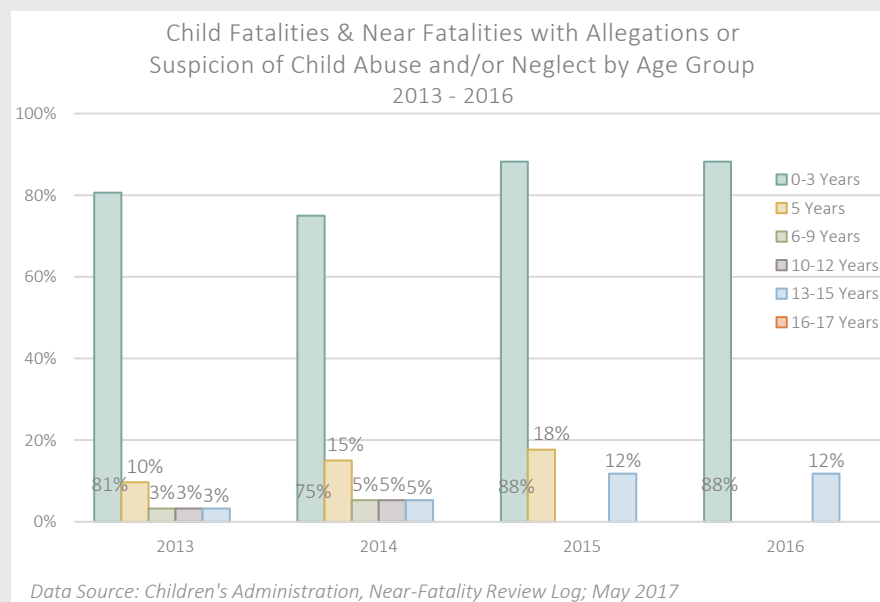
In June 2016 CA began monthly statewide Adoption Consortiums. The Consortium brings together CA workers and private agency partners to discuss children who need an adoptive family, and to present licensed, waiting families from private agencies and DLR. The goal of these meetings is to identify prospective adoptive families for each youth or sibling group presented, and to utilize licensed, adoption-ready families.

CA also developed training in 2016 specific to caregivers entering the foster care system to adopt. The training is utilized statewide to establish consistent, standardized statewide caregiver training. A second, advance training is being developed that focuses on potential child behaviors and the caregiver's ability to

adjust his or her parenting styles to fit what is needed for the child. The goal is to educate caregivers about the issues children in foster care may experience and resources to assist with parenting.

## Data on Child Maltreatment Deaths

The Critical Incident Case Review unit reviews cases across Washington State when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. The deceased or severely injured child must also have received services from CA within the previous 12 months to meet the statutory requirement for a review. State law also mandates that fatality and near-fatality review committees are comprised of community professionals who are experts in fields relevant to the dynamics of the case under review. These fields include: law enforcement, pediatrics, child advocacy, parent education, mental health, chemical dependency, domestic violence, Indian child welfare, and infant safe sleep.



Children under age three continue to be the most vulnerable to serious injury or death from abuse. In fiscal year 2016, 79% of children who died or suffered near fatal injuries from abuse or neglect were five years old and younger. Fifty-eight (58%) percent of child fatalities and near fatalities occurred while the child's case was open. This is a decrease from the previous fiscal year. In 2016, 83% of the child fatalities occurred on open cases. Sudden Infant

Death Syndrome/Sudden Unexplained Infant Death and ingesting toxic substance (mostly narcotics) were the most common cause of death for infants and toddlers age birth to three and were the most common cause of death resulting from child maltreatment. Co-sleeping, bed sharing with a parent, or unsafe sleep environments were contributing factors in the SIDS/SUID child fatalities. CA's efforts to reduce child fatalities include the following:

- Lessons Learned training was offered to every office in the state. This training is also provided at the Regional Core Training required of newly hired social workers. This training focuses on lessons learned from cases involving child fatalities and near fatalities. This training was presented to small work units of 10 to 15 staff to encourage active group interaction. This training was tailored to intake workers, supervisors and licensing staff.
- A new training for CA staff was rolled out statewide in 2016 entitled Safety Boot Camp. Segments of the curriculum are focused on assessing safety to infants and children under three years old. Specifically covered are abusive head trauma that most commonly occurs with infant. Safety Boot Camp also covers infant safe sleep.

A law enacted by the Washington State Legislature in 2015 requires the department to review the actions taken by the CPS social worker and his/her supervisor if the CPS social worker investigated allegations of abuse or neglect and the identified child victim sustains life threatening injuries within a year of the CPS investigation. This law is referred to as the Aiden's Act. The law requires a formal employee investigation on the social worker and supervisor if violations of policies, rules, or statutes are found. In federal fiscal year 2016 there were six near fatality incidents that met the statutory criteria for an Aiden's review. The

results of the review ranged from no policy violations found to multiple policy violations by the supervisor and CPS social worker.

CA uses the following sources of information relating to child maltreatment fatalities and reports this data to NCANDS:

- Washington state’s SACWIS system (FamLink)
- CA’s Administrative Incident Reporting System (CAAIRS).
  - CAAIRS is a standalone database of information regarding all critical incidents involving CA 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

### Services for Children Adopted from Other Countries

DSHS provides services and supports to families of children adopted from other countries in a way that is consistent with those provided to all Washington State families. Examples of agencies that provide these services are: Children’s Administration, Developmental Disability Administration, Behavioral Health Administration’s Division of 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 CA. An example of those services include: Family Voluntary Services, Child Family Welfare Services, and Family Reconciliation Services.

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.

CA is only able to track the disruption of international adoptions based on entry into foster care. According to that criteria, the following four international adoptions disrupted in Washington state in 2016:

Country	Agency	Reason for Disruption/Dissolution	Plan
Haiti	Unknown	Child was removed due to child behavior issues.	Return Home
Haiti	Unknown	Child was removed due to sexual abuse by another child in the home. Child was re-homed prior to foster care entry.	Adoption
China	Unknown	Child was removed due to child’s behavior issues.	Adoption
China	Unknown	Child was removed due to child’s behavior issues and physical abuse	Adoption

## Section V: Program Support

During calendar year 2016, CA sought and received technical assistance from a number of organizations to support the achievement of goals and objectives and improve the child welfare system.

Specific assistance included:

- Washington State has reached out to the Capacity Building Center for States in regard to technical assistance around CFSR preparation. The Center for States Library was also used as a resource to gather information regarding other states work with children who run from out-of-home care.
- Casey Family Programs provided financial assistance, consultation and professional guidance regarding strategies to CA to improve permanency outcomes for youth in out-of-home care.

Washington's SACWIS system, FamLink, allows for the creation of data reports which are used to identify practice strengths, capture key required data elements to ensure practice requirements are being met and support ongoing practice improvements. Many of these reports can be accessed by staff at all levels of the agency and the data is available in both summary and case level detail format. Reports are routinely used by staff at all levels of the agency including field managers and supervisors to support good practice related to child safety, permanency and well-being.

Examples of information available through reports accessible in infoFamLink include:

- Legal status and length of stay
- Relative versus non relative placements
- Youth turning 17 years of age; transition staffing requirements

The data unit is focused on developing and providing comprehensive, accessible reports to support practice and practice improvements. 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. The CA Data unit also provides data analysis to CA Leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics.

Examples of reports developed or modified in calendar year 2016 by the CA Data unit include:

Report Name	Report Type	New or Modified	Reason Work Completed	Date Implemented
Relative Versus Non Relative	infoFamLink Report	Modified the report to include kids with an unknown removal county.	Field identified problem	1/7/2016
Monthly Supervisor Review Report	infoFamLink Report	Development of this report will assist supervisors in identifying which cases require a review with the assigned caseworker during the month and if the monthly review has occurred.	Field requested	3/25/2016
FAR Data Workbook	infoFamLink Report and Data Driven Subscription	Modifications to the report provide insight into how CPS Intakes are being screened and by whom	Field requested and FamLink Change	7/11/16



CA has an established process to support the development of new reports and modification of existing reports as new data needs are identified.

CA headquarters program managers continue to be a resource to regions and field offices on specific program and practice areas. They use data and feedback to assess performance, training and support needs. With the integration of the OSRI, program managers are being trained on accessing data generated by the tool for analysis regarding the efficacy of implemented initiatives or policies and to identify any specific statewide, regional, or office trainings that are needed.

Washington's Central Case Review Team began using the OSRI for case reviews in January 2016. As part of the implementation strategy, case review team members work with regional case review program consultants to provided training to the field in regard to the use of the tool, tool content, metrics, inter-rater reliability, and action planning.

## Section VI: Consultation and Coordination Between States and Tribes

### Collaboration Process

The 2017 APSR was shared with tribes during the February 8, 2017 CA IPAC meeting. This subcommittee is made up of representatives from the 29 federally recognized tribes in Washington State. The plan was sent to tribes by email before and after the meeting and tribal representatives were asked to provide input on the proposed activities. The suggestions received have been incorporated into this section of the larger APSR document for the 2018 report.

### Ongoing Coordination Plan Description

Since the development and submission of the 2015-2019 CFSP, CA has had ongoing coordination with the 29 federally recognized tribes in Washington (see below) at both the statewide and local level. All tribes receive distribution of minutes from the monthly CA IPAC meetings and the tribes shown in bold also regularly participate<sup>24</sup>. Names of tribal staff with whom CA consulted on child welfare policy and practice that impact Indian children and families throughout the year are also provided.

Tribe	Tribal Staff Name
Confederated Tribes of the Colville Reservation	
<b>Cowlitz Indian Tribe</b>	Jim Sherrill/Mike Yates
<b>Jamestown S’Klallam Tribe</b>	Liz Mueller, Tanya Pankowski, Sue Mapes
<b>Lower Elwha Klallam Tribe</b>	Monica Henry, Kelly Bradley
<b>Makah Nation</b>	Isan Simpson
Nisqually Tribe	
<b>Port Gamble S’Klallam Tribe</b>	Cheryl Miller
<b>Quileute Nation</b>	Nicole Earls
<b>Samish Nation</b>	Michelle Johnson
Shoalwater Bay Tribe	
Snoqualmie Tribe	
Squaxin Island Tribe	
Suquamish Tribe	
<b>Tulalip Tribe</b>	Helen Fenrich, Khia Grinnell
<b>Yakama Nation</b>	Monica George, Laretta Smiscon
<b>Confederated Tribes of the Chehalis Reservation</b>	Nancy Dufraime, Frances Pickernell, Geene Felix
Hoh Tribe	
<b>Kalispel Tribe</b>	Wendy Thomas, Shannon Thomas
Lummi Nation	
<b>Muckleshoot Tribe</b>	Betsy Tulee
Nooksack Tribe	
<b>Puyallup Tribe</b>	Jill LaPointe, Katie Riebel
Quinault Nation	

<sup>24</sup> Attend CA IPAC more than 2-3 times in a year, those tribes not in bold may participate regularly at the regional ICW program and/or 7.01 meetings which happen on a quarterly basis. These meetings at the local level are a venue for tribes to give input and collaborate with regional offices on CA policy and procedure that impact the tribe’s children and families. The 7.01 meetings and action plans developed are informed by the monthly CA IPAC meetings which regional CA staff attend. Discussion at both these forums inform APSR goals and objectives.

Tribe	Tribal Staff Name
<b>Sauk-Suiattle Tribe</b>	Ronda Metcalf, Cindy Harris
Skokomish Tribe	
<b>Spokane Tribe</b>	Tawhnee Colvin, Carol Evans
<b>Stillaguamish Tribe</b>	Kristy Healing, Candy Hamilton
Swinomish Tribe	
Upper Skagit Tribe	

In addition to federally recognized tribes/nations, CA recognizes, through policy, input from DSHS Recognized American Indian Organizations. The primary goal is to recognize a government to government relationship between the state and Indian tribes/nations through the maintenance and support of the:

- Washington State Indian Child Welfare Act
- Federal Indian Child Welfare Act
- Washington State Centennial Accord
- Washington State Basic Tribal State Agreement
- Washington State Tribal State Memorandums of Understanding
- DSHS Administrative policy 7.01

The CA Assistant Secretary works with the Office of Indian Policy to meet with Washington State tribes in their communities. In addition, efforts by CA to comply with federal ICWA include participation by the state and tribes at the:

- Department of Social and Health Services: Indian Policy Advisory Committee
- Indian Policy Advisory Committee: CA Subcommittee; and
- 7.01 Roundtables and consultation

The DSHS IPAC meets on a quarterly basis and is coordinated by the Office of Indian Policy. This venue provides the Assistant Secretary an avenue to give updates, discuss concerns tribes may have and work closely with staff to ensure a timely and effective response.

The CA IPAC subcommittee is co-chaired by the CA headquarters ICW program supervisor. The subcommittee consists of tribal representatives delegated by their tribal councils. These representatives participate in policy and procedure workgroups, including those mandated by legislation. Minutes from the monthly meeting are regularly provided to all tribes via an email listserv that includes tribal social service directors and staff (attendance rosters and minutes are available on request). Roundtables and consultation occur at the local or statewide level and help ensure that the state is working in partnership with tribes to help Indian families.

### Provision of Child Welfare Services and Protections for Tribal Children

The state supports tribes in their delivery of child welfare services through IV-E agreements. Three tribes Quinault, Makah (not active) and Lummi currently have pass through IV-E agreements with CA. Washington State was the first in the nation to have a federally recognized tribe (Port Gamble S’Klallam) apply and receive approval for direct Title IV-E funds for foster care, adoption assistance and guardianship assistance. Other tribes who have expressed a strong interest and are known to be working with the federal government on direct IV-E agreements are Colville Confederated Tribes, Muckleshoot Tribe and Lummi Nation.

Updating the local MOUs with the Tribes remains a priority of CA and is part of the CA strategic plan. As of February 2017, 13 MOUs are [completed and signed](#), and 15 remain in some form of the drafting process, either residing with the tribe of DSHS as part of the negotiation and completion process. One tribe has not responded to invitations to complete an MOU. The MOUs use a [standard format](#) but allow for tribes

to customize the delivery of child welfare services (provided by the state) across all programs that specifically meet the needs of the tribe. In addition, CA pays for services for Indian children as requested by a federally recognized tribe. Tribes may also access CA funded services by opening a tribal payment only case with CA. [RCW 74.13.031 \(14\)](#) gives the department authority within funds appropriated for foster care services to purchase care for Indian children who are in the custody of a federally recognized tribe. These services may be identified through MOUs with individual tribes. And tribes may also access services (including pre-placement services) through opening tribal payment only cases with the State. The MOUs and state statute help delineate who (CA or tribe/s) and how protections for tribal children delineated in section 422 (b)(8) can be provided.

### Credit Report Requirement

There is nothing new to report in 2018. CA remains in the process of setting up contracts with the three major credit reporting agencies, Trans Union, Experian and Equifax to create “online” accounts to process all foster youth credit reports. The process was never completed and caseworkers have been requesting the credit reports manually for youth on their caseloads through [www.annualcreditreport.com](http://www.annualcreditreport.com). CA restarted the application process to get accounts with all three credit reporting agencies. CA’s Assistant Attorney General’s office and the CA Contract Unit have reviewed the application and provided feedback and changes. CA is waiting for CATS response to the application to determine if our SACWIS system can support the language in the applications. Once everyone has agreed on the proposed language of the application CA will send the edits to the credit agencies for negotiations of the contracts. Two of the credit reporting agencies provides “online” accounts free of charge. The third agency charges a one-time set up fee of \$500.00 and a monthly processing fee of \$50.00.

CA will share the process to obtain “online” accounts with the tribes once CA has secured the contracts with the three credit reporting agencies. The tribes will have the option of entering into their own contracts with the credit reporting agencies or providing eligible youth’s information to CA who will complete the credit check process and provide results to the tribes.

### ICWA Compliance

The statewide ICW program supervisor, program manager, and regional program consultants coordinate with tribes to assure state and federal ICWA compliance. Headquarters staff oversees contract management and policy collaboration with tribal staff for ICW matters throughout the state. The ICW program supervisor helps to assure communication, consultation, and relationships between CA and the tribes/nations are honored. The CA IPAC subcommittee serves as an ongoing venue for tribal representatives to voice concerns and issues related to policy and practice and the impact on Indian children and families. Local offices work directly with tribes in their area.

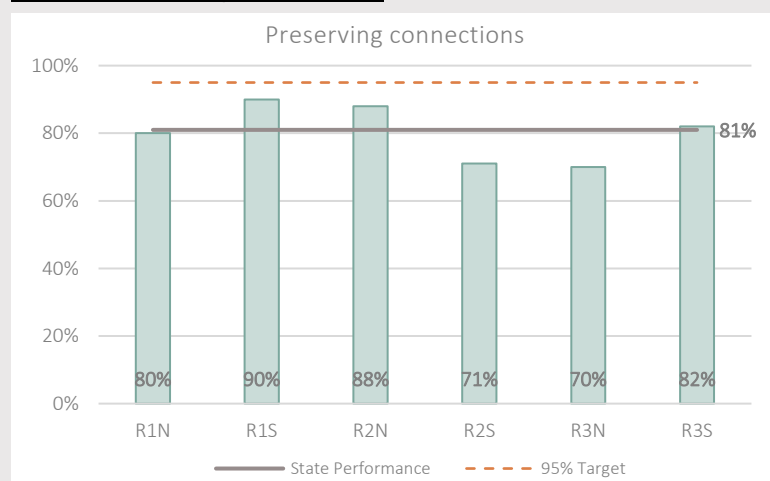
Statewide ICW case reviews are conducted every three years by the CA Central Case Review Team, and include tribal representatives. The focus of these reviews is to assess, in detail, compliance with the federal and state ICWA and CA ICW policy, as well as the quality of the ICW practice in cases where there is reason to know the child is an Indian child as defined by ICWA. Some local offices have also agreed to coordinate with the federally recognized tribes in their catchment area to conduct ongoing ICW case reviews throughout the year.

Placement preference is an essential component of the federal ICWA that states must follow and is included in the ICW case reviews. These data are gathered from a targeted case review sample which is reviewed by teams made up of both CA and tribal staff.

With no new data to report due to gap years for the ICW case review, CA is providing data from the 2016 OSRI, item 9 Preserving Connections.

- Both sides of the family were asked if the child had Indian ancestry.
- Did the agency make concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?

Item 9: Preserving Connections



In calendar year 2016, a total of 259 cases were determined applicable and reviewed by the CCRT.

Statewide, in 81% (210 of 259) of cases, concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends.

	R1N	R1S	R2N	R2S	R3N	R3S	State
<b>2016 Performance</b>	<b>80%</b>	<b>90%</b>	<b>88%</b>	<b>71%</b>	<b>70%</b>	<b>82%</b>	<b>81%</b>
Total applicable cases	35	30	50	42	20	82	259
Strength cases	28	27	44	30	14	67	210
Area Needing Improvement cases	7	3	6	12	6	15	49

Data Source: CFSR Onsite Review Instrument; 2016 Annual Case Review Results; February 2, 2017

In 71% (17 of 24) of the cases where the child was a member of or eligible for membership in a federally recognized Indian Tribe, the Tribe was provided with timely notification of its right to intervene in state court proceedings seeking involuntary foster care placement or termination of parental rights.

In 100% (8) of the cases, the child was a member of or eligible for membership in a federally recognized Indian Tribe, he or she was placed in foster care in accordance with the placement preferences of the Indian Child Welfare Act or concerted efforts were made to place in accordance with placement preferences.

Placement preference is also specifically called out in the MOUs between CA and Washington State tribes, when requested. CA also expects the recent re-focus on timely intake notification to tribes is expected to help CA follow placement preferences early within the case and better comply with ICWA.

CA will continue to use administrative data from FamLink and outcomes from federal and state case reviews to assess its ongoing compliance with ICWA. Monthly and quarterly meetings with tribes will continue to support communication between CA and the tribes to ensure the needs of Native American children and families are being met.

Update on Planned Activities Completed for Review Period 2016-2017

Specific activities the state will focus on in the next review period to improve or maintain compliance with each of the five major requirements of the Indian Child Welfare Act include:

- 2015 ICW Case Review Regional Action Plan Development
  - CA in partnership with tribes will develop action plans at the local regional/office level to improve case timeliness and outcomes for Indian children and the plans to positively impact caseworker practice and understanding of when ICWA applies.
  - Deeper analysis of the ICW Case Review results will be conducted to understand the differences between prior year results and inform possible changes in practice and policy.

- Training for Regional Staff
  - CA coordinated with the Alliance and The National Indian Child Welfare Association to implement training for all CA caseworkers. Other participants included staff from the AAGs office, Guardian ad litem's, Recognized American Indian Organizations (South Puget Sound Inter-Tribal Planning Agency, and American Indian Community Center) and tribal workers (Lummi Nation, Kalispel Tribe, Nooksack Tribe, Muckleshoot Tribe, Puyallup Tribe, Sauk-Suiattle Tribe, Snoqualmie Tribe, and the Confederated Tribes of the Yakama Nation, also participated). Statewide trainings were conducted August 2016 through November 2016.
  - CA collaborated with the Office of Indian Policy to explore a multi-agency supported initiative. On October 19 and 20, 2016 the 2016 Indian Child Welfare Summit was held and supported by Casey Family Programs, Rehabilitation Services, Administrative Office of the Courts and the Alliance. It was attended by tribal workers, tribal judges and attorneys, as well as state workers.
- Completed updates to the ICW policy and procedure manual, which incorporated references to the federal regulations that took effect December 12, 2016.
- Meetings between tribes and CA were held June 8 and August 10, 2016 to discuss the ability to have write access to FamLink.
- At the request of tribes, CA continued to invite other state agencies to the CA IPAC subcommittee to discuss implementation of services and programs that impact tribal children and families. Examples include:
  - January 13, 2016 the Health Care Authority attended CA IPAC to discuss the transition from a fee for service health program to single managed care for all children in the care and custody of Children's Administration.
  - Department of Commerce attended CA IPAC April 13, 2016 and August 10, 2016 to discuss the transition of the Independent Youth Housing, Crisis Residential, Secure Crisis Residential Centers, and HOPE bed programs from CA. With the transition of the programs to the Department of Commerce tribes can now directly request admittance for children in tribal care and custody. Additionally, if a tribal youth does show up at any of the centers the staff have specific direction to contact the tribe in those cases.
- Tribal right to intervene in state proceedings
  - The 4<sup>th</sup> Annual Tribal State Court Consortium (TSCC) met on September 12, 2016, in conjunction with the Washington State Fall Judicial Conference in Spokane. Nine tribal court judges and 17 state court judges were in attendance. A regional TSCC meeting was held June 2016 hosted by the Quinault Indian Nation, where the tribal court judge and council president invited judicial officers from surrounding counties and tribes to learn about their tribal court and discuss issues of commonality. Other regional meetings will be held to further the collaborative efforts.
  - Washington State hosted the Region 10 Parent Representation Leadership Forum, planned through collaborative efforts of the Court Improvement Programs of Alaska, Idaho, Oregon and Washington. Each state team included state and tribal judicial officers, parent attorneys, child welfare leadership, legislators, and other key child welfare partners. A session was devoted to Indian Child Welfare, which included a presentation regarding the new ICWA regulations, as well as a panel from Oregon State on improving outcomes for Native American families.
  - Information regarding the new ICWA regulations has been provided to the state court judicial officers via email, and we are expecting an online ICWA training for judicial officers to be available soon through the national Center for State Courts. The new ICWA regulations was the topic of discussion for the December 2016 Family and Juvenile Court Improvement Program Community of Practice meeting, which includes 13 participating counties.

## Planned Activities for Next Review Period 2017-2018

- Training for Regional CA and Tribal Staff
  - CA will coordinate with Casey Family Programs to provide regional local Indian Child Welfare Advisory Committee (LICWAC) training for staff and volunteers
  - The Alliance will continue to coordinate with CA to schedule the 2-day in-service training on a rotating schedule/basis
  - Ensure Tribal staff is aware of all CA training opportunities and provided information to enroll and attend.
  - Provide ongoing training to tribal staff on FamLink access as requested
  - Initial review and planning for implementation of additional data collection for children covered by the Indian Child Welfare Act within the AFCARS, effective October 1, 2019.
- Updates will be provided to tribes at CA IPAC on the progress of Second Substitute House Bill 1661 which creates a new Department of Children, Youth and Family Services.

## Coordination and Collaboration in the Implementation and Assessment of the CFCIP

There are 29 federally recognized tribes across Washington State. In our efforts to facilitate ongoing collaboration, in January 2016 CA made dedicated video conference sites available across the state at local offices for the monthly CA IPAC meetings. The process used to coordinate and collaborate on the submission of the 2018 APSR with tribes is below:

- Discussion at CA IPAC in January on a APSR Update work plan.
  - An email invite was sent to all 29 tribes explaining the purpose of the APSR report update, and requested the tribes come prepared to provide edits and give input.
- A CA IPAC workgroup meeting with tribes was held February 8, 2017.
  - Tribes who participated gave immediate input on suggested edits to the 2018 APSR update. These edits were then shared with all tribes for the next workgroup meeting.
- A second CA IPAC workgroup meeting was held March 8, 2017.
  - This allowed for additional tribal review of edits and input on content for the APSR update. Tribes who participated requested time to review internally, and comments/edits will be put forward.
- Tribes had the opportunity to respond by email with edits and comments through April 17, 2017.

The suggestions received and accepted over this three-month period were incorporated into this section of the APSR. The final version approved by Jennifer Strus, Assistant Secretary and Region 10 will be shared with the tribes.

CA continues to explore the most effective means for coordinating and collaborating with tribes on the goals and objectives incorporated into the APSR. CA IPAC subcommittee is included in review and discussion of practice improvement items and there are opportunities for tribal participation in workgroups and on committees throughout the year. In the coming year, CA will work with tribal partners to set up (annual) individual in person meetings at tribes. The APSR and CFSP will be discussed (including purpose and request for ongoing input from tribes) during those meetings. CA will continue to strive to more clearly identify when assessment and practice improvements are related to specific goals and objectives in the CFSP and subsequent APSRs.



## Section VII: Monthly Caseworker Visits Formula Grants

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CA Policy 4420 (A) [Health and Safety Visits with Children and Monthly Visits with Caregivers and Parents](#) in the Practices and Procedures Guide was updated April 2015 and states:

1. All health and safety visits and monthly visits must be conducted by the assigned CA caseworker or another qualified CA staff. The number of visits conducted by another qualified CA staff is not to exceed four (4) times per year with no two (2) visits occurring in consecutive months.
2. Children in CA custody or receiving voluntary services (FVS and FRS) must receive private, individual face-to-face health and safety visits every calendar month. Additionally:
  - a. The first visit must occur within one week (seven calendar days) of the child's initial placement or any change of placement. Placement of a child is not considered a health and safety visit.
  - b. The majority of health and safety visits must occur in the home where the child resides. If the CA caseworker must visit the child in another location, the CA caseworker must document the reason and benefit gained.
1. For children on an in-home dependency or trial return home:
  - a. All health and safety visits must occur in the home where the child resides. (This requirement does not preclude additional visits outside the home.)
  - b. For children, ages 0-5 years, two in-home visits must occur every calendar month for the first 120 calendar days of an established in-home dependency or trial return home. (*One of the two visits may be conducted by a CA paraprofessional or contracted provider.*)

The content of these visits must include:

At each visit, the caseworker, at a minimum, completes the following activities:

1. Assess for present danger per Child Safety Section policy
2. Observation of:
  - How the child appears developmentally, physically and emotionally.
  - How the parent/caregiver and the child respond to each other.
  - The child's attachment to the parent or caregiver.
  - The home environment (when the visit occurs in the home where the child lives). If there are changes to a licensed foster home (such as new family members) notify the licensor.
3. Discussion with the verbal child(ren) in private, separate from the parent/caregiver, either in the home or in another location where the child is comfortable.

Discussion will include:

- Inquiry as to whether the child feels safe in their home or placement
  - Inquiry about the child's needs, wants and progress
  - Visits with siblings and parents
  - Inquiry about the child's connections with siblings and other relatives
  - Inquiry as to interest and participation in normal childhood activities.
  - Case activities and planning such as visits and permanent plan.
4. Confirmation that each child capable of reading, writing and using the telephone has a card with the caseworker's name, office address and phone number.

### 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 responsibility of the State, with an emphasis on improving caseworker decision making on the safety, permanency, and well-being of foster children and on activities

designed to increase retention, recruitment, and training of caseworkers. CA anticipates spending these funds on, but not limited to, caseworker mobile devices and access, cameras, laptops, and contracted supervised visits to increase caseworker retention.

## Section VIII: Adoption and Legal Guardianship Incentive Payments

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CA anticipates receiving adoption incentive funds for the 2015-2019 CFSP review period. CA allocates the adoption incentive funds to state only foster care maintenance payments in accordance with PL 105-989, which addresses that CA may use the funds for allowable activities under Title IV-B and Title IV-E. Ongoing and additional payments will be tracked to ensure timely expenditure of funds.

As authorized under Title IV-B and Title IV-E of the Social Security Act, CA may use the adoption incentive funds for a variety of services that includes, but is not limited to:

- Technical assistance to promote more adoptions out of the foster care system, including activities such as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families
- Training of staff and adoptive and foster families on adoption issues to support increased and improved adoptions
- Recruitment of foster/adoptive homes
- Services that fall under the CA Child Welfare Plan

### Post Adoption Supports

CA provides four support to families that receive services through Adoption Support. These supports include:

- Medical coverage (Medicaid),
- Up to \$1,500 per child for reimbursement of adoption related expenses,
- Pre-authorized counseling- which includes- evidence based practice in-home treatment, or individualized counseling,
- A monthly cash payment, if applicable.

CA continues to update the Adoption Support internet website to provide more information to families who are interested in or who have adopted an Adoption Support eligible child.

In order to strengthen the therapeutic information available to staff and community partners on post permanency mental health needs, CA and three community partner agencies completed the training for the National Adoption Support Mental Health Competency Training Initiative. During the first training cohort, CA had adoption workers, licensors/home study writers; post adoption workers complete the training. The three community partner agencies that completed the training all have close work ties with adoptive families and included Olive Crest, Coordinated Care of Washington, and Northwest Resource Associates completed the training. In total, 242 CA and community staff participated in the initial training. CA is currently presenting this information about this training to permanency focused staff, child placing agencies, and behaviorally intensive resource agencies.

Information will be provided to our contracted, post-adoption, and evidences based practice clinician who work with child welfare and post permanency families on the National Adoption Mental Health Competency Training for Clinicians that will start in January 2018.

Over this past year, CA has developed a process for post adoption families who are struggling with child behaviors to request evidenced based practice services. The service array that will be available to post permanency families includes: Promoting First Relationships, Incredible Years, Parent Child Interaction Therapy, Functional Family Therapy, PPP, Project SafeCare, and Family Preservation Services.

To strengthen knowledge about post adoptive supports, presentations have been made to Foster Parent Association of Washington State (FPAWS)-Spokane Mini-Conference, the FPAWS statewide conference, and the Medical Consultation Committee.

CA will conduct a survey of families who completed the adoption support process from July 1, 2015 – June 30, 2016. The method for the survey will be the “survey monkey.” This will provide information on client satisfaction since the centralization of the adoption support unit.

## Section IX: Child Welfare Waiver Demonstration Activities

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CA will continue to use IV-B funds as in the past. The reinvestment fund will be used to support families in the CPS Family Assessment Response (CPS-FAR) pathway with increased services and concrete goods. These services will help more families keep their children safely at home.

As of December 31, 2016, CA has implemented CPS-FAR in the following 39 offices:

### Rural Central Washington

1. Ellensburg
2. Sunnyside
3. Moses Lake
4. Toppenish
5. Goldendale

### Northwest Washington

6. Mount Vernon
7. Oak Harbor

### Tacoma

8. Pierce East
9. Pierce West
10. Lakewood

### Rural Eastern Washington

11. Colville
12. Newport
13. Republic

### Western Washington

14. Lynnwood
15. Sky Valley
16. Smokey Point
17. Bremerton
18. Vancouver
19. Stevenson
20. Aberdeen
21. Kelso
22. Tumwater
23. Centralia
24. Shelton

### Washington Coast

25. Long Beach
26. South Bend
27. Forks
28. Port Townsend
29. Port Angeles

### Seattle

30. Martin Luther King Jr.\*
31. King East\*
32. King West
33. White Center

### Eastern Washington

34. Spokane
35. Lincoln County
36. Walla Walla
37. Richland
38. Clarkston
39. Colfax

\*The Office of Indian Child Welfare (OICW) provides CPS-FAR to Native American families in these two locations.

A total of 14 offices were launched in 2016. The CPS FAR Project Team at headquarters continued to work with regional CPS FAR leads and staff on QA activities to ensure fidelity to the CPS FAR model, increase understanding and communication about CPS FAR services, identify needed course correction and staffing support.

In addition to the launching of offices, the following activities occurred during 2016:

- Two (2) FAR targeted case reviews.
- In August 2016, practice discussions involving CPS-FAR, CPS-Investigation supervisors and regional leadership staff were facilitated in each region of the state. This was a teamed effort between regional and headquarters staff. The practice discussions focused on several safety-related practice areas, with the intent of developing strategies to improve practice in these areas. While each session

was a bit different, the supervisors and regional leadership identified many common issues/challenges that impact practice.

- Provided four (3) CPS-FAR trainings to CPS-FAR caseworkers for implementing offices as well as new FAR workers and to cross-train CPS investigation workers.
- Supervisors statewide had the opportunity participate in supervisory coaching training provided by contracted trainers. This training focused on leading staff through change, coaching staff for success and promoting the parallel process.
- Two leadership forums were facilitated two sessions, one for supervisors and one for extended leadership team members. The forums focused on leadership through change.
- Weekly CPS-FAR Project Team meetings to discuss implementation, policy and practice, successes and challenges as well as planning for future CPS-FAR related activities.
- The CPS-FAR Project Team meets monthly with the Regional CPS-FAR Leads. The leads share updates from their regions and local offices and bring issues to the attention of the FAR CPS FAR Project team.
- The CPS-FAR Project Team conducts site visits to offices to observe CPS-FAR operations at the local level, assess unmet training needs and provide consultation on CPS-FAR cases, with the goal of supporting caseworkers and striving for fidelity to the CPS-FAR model.
- The CPS-FAR Project Team meets monthly with the CPS-FAR Steering Committee, comprised of the CA Assistant Secretary, division directors including Program and Policy, CQI, Finance and Performance Evaluation, the Alliance for Child Welfare Excellence and Casey Family Programs. The committee receives updates on implementation, CPS-FAR data reports and serves as a decision-making body as needed.
- The CPS-FAR Team has met with numerous community groups and stakeholders and presented at the National Differential Response Conference in November 2016.
- Meetings with TriWest Group, the contracted evaluator of CPS-FAR, occur monthly. The meetings cover activities and work products accomplished over the previous month, allow opportunities for information sharing and more recently the review of preliminary data.
- The CPS-FAR Project Team attends monthly statewide CPS and Intake program manager meetings to talk about CPS-FAR progress, lessons learned and monitor impacts to the local offices. The CPS-FAR Project Team also participates in monthly intake consultation calls with intake supervisors from across the state. The intake consultation calls assist in developing statewide consistency in screening intakes for CPS investigation and the CPS-FAR pathway.

### CPS-FAR Intake Data

CA’s intake screening tool was updated and implemented in October 2013. This has allowed for review of intakes that would be otherwise screened in to CPS-FAR if the pathway were available. This data is collected at the point the screening decision is made by the intake worker. Intake

Statewide CPS-FAR Intake Date Calendar Year 2016			
Month	Intakes Assigned to FAR	Percent Transferred to Investigations Total	Percent Dependencies Filed
January	1,302	6.53%	1.9%
February	1,296	4.78%	1.6%
March	1,453	5.09%	2.1%
April	1,203	5.99%	2.0%
May	1,492	4.16%	1.5%
June	1,194	2.68%	2.2%
July	931	3.9%	2.1%
August	1,089	3.9%	2.1%
September	1,327	3.9%	1.8%
October	1,444	3.9%	1.5%
November	1,360	3.8%	1.2%
December	1,186	3.4%	1.9%
<b>Total</b>	<b>15,196</b>	<b>5.3%</b>	<b>1.8%</b>

Data Source: Children’s Administration infoFamLink; June 2017

supervisors change 5-10% of intake worker screening decisions. Supervisors change intake screening decisions for a number of reasons, including: family history of child abuse and neglect, additional information from collateral contacts and disagreement with the intake worker’s screening decision.

Data shows that cases are transferring from CPS-FAR to investigations 5.3% of the time. The transfers to investigations for safety reasons are higher in number to those transferring to investigations due to families declining participation in the CPS-FAR pathway. Dependency action was taken on 1.8% of the CPS-FAR families.

In 2016, 53.5% of screened-in intakes were assigned to CPS-FAR and 46.5% were assigned to CPS Investigations.

Number of Workers (Intake Workers as of 9/30/2016; CPS Workers Monthly Average for FFY 2016)	Total FFY 2016 (Oct 1, 2015- Sept 30, 2016)	Average Number of Intakes per Month	Average Number of New Intakes per Worker per Month
86 Screening and Intake Workers	111,534	9,294	108
228 CPS-Investigation Workers	23,987	1,999	8.8
161 CPS-FAR Workers	15,187	1,266	7.9

*Data Source: Children’s Administration; Intake Workers – Agency Financial Reporting System (AFRS) September 2016 Payroll; CPS Workers – Children’s Administration Workload FTE Report, monthly average assigned worker percent for FFY 2016; June 2017*

The regional variations are the result of changes to intake decisions made by intake supervisors and or the assigning supervisors.

In addition to the continuation of activities noted above, these additional activities are planned for 2017:

- By June 2017, CA will finish launching CPS-FAR statewide by implementing the remaining seven offices.

This includes readiness work to prepare for the launch as well as training of CPS-FAR staff for these offices.

- Continue to assess practice in CPS-FAR and provide additional supports/training as needed to improve practice.
- Conduct a FAR targeted case review in the March 2017.
- Train new CPS-FAR caseworkers hired into existing CPS-FAR offices as well as staff needing to be cross-trained.
- Prepare the next set of office for July 2017 launch. Training of this cohort of offices (Wenatchee, Omak, Everett and Bellingham) will occur in December 2016.

## Section X: Quality Assurance System

See [Section II: Assessment of Systems Performance, Item 25](#) to learn about CAs quality assurance system.



## Section XI: Payment Limitations

### Title IV-B Sub-Part 1 and 2

#### Payment Limitations - Title IV-B Subpart 1

- Washington State expenditures of Title IV-B subpart 1 funds in Federal Fiscal Year 2005 for child care, 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 2017.
- 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 fiscal year 2005 was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2017.

#### Non-Supplantation Requirement - Title IV-B Subpart 2

- The 1992 base year amount was \$24.257M.
- The state and local share expenditure amounts for IV-B subpart 2 for Fiscal Year 2014 was \$25.648M.

#### Federal Law Changes - Title IV-B Subpart 2

- 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)	Community-Based Family Support (20% of grant)	Time-Limited Family Reunification (20% of grant)	Adoption Promotion and Support (20% of grant)	Administrative (10% of grant)
<p>Children’s Administration contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include:</p> <ul style="list-style-type: none"> <li>Parent Child Interaction Therapy</li> <li>Intensive Family Preservation Services(IFPS)/ HomeBuilders</li> <li>Incredible Years</li> <li>Triple P</li> </ul>	<p>Children’s Administration contracts with providers for Parent Education and Support in communities throughout Washington State.</p>	<p>Children’s Administration contracts with providers for time-limited services throughout Washington State. Key services include:</p> <ul style="list-style-type: none"> <li>Family Preservation Services</li> <li>Parent Child Interaction Therapy</li> <li>Evaluations and Treatment</li> </ul>	<p>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 negotiate adoption support agreements, and provide case management for about 17,000 children and families.</p>	<p>Title IVB-2 is allocated its share of indirect administrative costs through base 619, some of these cost include: salaries, benefits, goods, and services for Finance and Performance Evaluation Division (FPED), the Assistant Secretary’s Office, Children’s Administration Technology Services (does not include staff working on FamLink) and leases.</p>

2018 Annual Progress and Services Report

State of Washington

Department of Social and Health Services

Children's Administration

# Child Abuse Prevention and Treatment Act

Attachment A

June 30, 2017; Updated August 15, 2017

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## Child Abuse Prevention and Treatment Act Update

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### Use of State Grant Funds

CA provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), request child placement, or family reconciliation services to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- Regional CPS Program Managers and Safety Administrators assigned in each of Washington's three regions to help coordinate CPS services and program design. Includes salary, benefits and travel costs.
- Three Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. Includes salary and benefits.
- The Child Abuse and Neglect Consultation Network.

### CAPTA Goals

CA's Child Abuse Prevention and Treatment Act (CAPTA) goals are to continue developing and implementing improvements to our Child Safety Framework and Structured Decision Making Risk Assessment (SDMRA) tools, and finish implementing the new differential response system Family Assessment Response (FAR) while beginning work on sustaining the response system.

Goals for calendar year 2017 are:

1. Update the intake Screening and Response assessment tool to reflect current policy related to child on child sexual behaviors or contact, physical abuse allegations of children four and under, Commercially Sexually Exploited Children (CSEC) and imminent risk of serious harm cases related to drug exposed and affected newborns born to mother's using prescribed or non-prescribed substances.
2. Enhance the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.
3. Improve case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.
4. Develop and implement agency response to Public Law 114-22: Impacts/Justice for Victims of Trafficking Act of 2015 for youth under the age of 18 years old. Washington State is not electing to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

### 2016 Summary of Accomplishments

Each of Washington's three regions has a CPS Program Manager or Safety Administrator assigned to help coordinate CPS services and program design. To assist field staff in skill development regarding assessing and planning for child safety, six (6) Quality Practice Specialists (QPS) were hired statewide.

Outlined below are CA's accomplishments for calendar year 2016 for designated goals.

- CA continued developing and implementing policy on CSEC and a six-hour training has been developed and delivered to staff statewide. Current CA policy applies to children or youth in the placement, care, or supervision of CA who are at risk of, or are victims of commercial sexual exploitation or sex trafficking per PL 113-183 Preventing Sex Trafficking and Strengthening Families Act. This policy includes dependent children who are legally free, in out-of-home placement, on an in-home dependency, or participating in the Extended Foster Care program. This policy will be updated to reflect recent guidance and required Program Improvement Plan (PIP) from Region 10 regarding application of the law to all open cases. Definitions for CSEC were added to the CA policy manual and can be found at: <https://www.dshs.wa.gov/ca/practices-and-procedures-guide/appendix-definitions>

- Training for CSEC began in September 2015 in King County and continues to roll out over the next few months. Missing from Care Locators (MFC) received training in November 2015 and Child Health and Education Tracking (CHET) screeners received training in December 2015 and January 2016. Child and Family Welfare Services staff began training in March 2016 and all staff including intake and CPS workers, as well as caregivers will receive training over the next several months. As staff were trained, they began using the screening tool for the respective populations.
- Initial development began to incorporate the screening tool into FamLink Pro CSEC Module to streamline the work and provide easier data collection and reporting. The CSEC Module is the pilot module for what will be the new platform for the statewide FamLink SACWIS system.
- The policy can be found at: <https://www.dshs.wa.gov/node/23166>. CA was an active participant in the development of the Washington State Model Protocol for Commercially Sexually Exploited Children in 2012. This effort, led by the Center for Children and Youth Justice, brought together representatives from Children’s Administration, law enforcement, public schools, prosecutor’s, juvenile courts, community service and advocacy agencies, victim advocacy, youth advocacy and services, probation, public defense, and state legislators. These representatives provided input into the model protocol through a series of “mini-summits” held across the state between February 2012 and August 2012. CA is an active and on-going partner in the five local/regional CSEC task forces across Washington State that implemented this model protocol. Each task force includes representatives from CA, law enforcement, community service and advocacy agencies.
- CA has hired a program manager for CSEC to manage statewide implementation of the two federal laws. In consultation with the Attorney General’s Office, it was determined that request legislation will be required to allow CA to assess and offer services to children “identified as victims of sex trafficking and severe forms of trafficking in persons.” Washington Administrative Code (WAC) will also be revised regarding the definitions of child abuse and neglect to include CSEC. Below is a tentative work plan.

Children's Administration CSEC Work Plan	
Task	Due Date/Progress
Consult with AAG on implications	Completed
Draft legislation	Completed/did not pass in 2017. Will be resubmitted in 2018
Revise WAC	In progress. Will be completed and posted May 29, 2017
Draft decision package for additional funding	Draft completed but did not pass legislature
Identify and update policy	Completed May 2017; not yet implemented
Identify case flow	Completed May 2017
Engage CPS/Intake Leads workgroup	Ongoing
Change Request for FamLink (intake and assessment tools)	Completed November 2016
Review existing assessment tools or create new assessment	Completed January 2017; not yet implemented
Engage community partners (Sexual assault and DV centers) statewide around potential service delivery to confirmed CSEC youth	Began October 2016; Ongoing there after
Coordination with law enforcement, juvenile justice, and social service agencies (youth shelters) <ul style="list-style-type: none"> <li>Build on existing task forces statewide. Refer to model protocol for commercially sexually exploited children.</li> <li>Reach out to local law enforcement agencies to share information, joint training, etc.</li> </ul>	Began October 2016; Ongoing there after
Develop resource packet on treatment of CSEC for CA contracted therapists.	Due May 2017. In progress and ongoing thereafter.
CSEC Training:	Training curriculum completed.

Children's Administration CSEC Work Plan	
Task	Due Date/Progress
<ul style="list-style-type: none"> <li>▪ 6-hour training already developed and offered to all case carrying staff.</li> <li>▪ Develop community training with law enforcement, juvenile justice, etc.</li> <li>▪ Modified training for Caregivers/CPA staff</li> </ul>	

### 2016 Review Period Progress and Updates

Activity	Status
1. Continued implementation of FAR in remaining offices. As of December 2016 eight offices still need to be implemented.	June 2017
2. Ensure consistent use of the Child Safety Framework and Intake Screening Tool for CA CPS Leads, Quality Practice Specialists, and Intake Leads through monthly statewide in-person meetings and monthly intake conference calls by providing ongoing support and development.	Ongoing
3. Regular review of intake data by Headquarters and Regional Intake Program Managers. Managers bring any variations of screened out intakes to the attention of the Area Administrators for action. Provide monthly performance reports that include real time CPS investigation and CPS FAR, 24-hour and 72-hour response data for staff and managers to proactively manage their cases and ensure the safety of children. Monthly performance reports also provide data for Screened In, Screened Out and Non-CPS intakes.	Ongoing
4. A Statewide CPS Intake Review was completed to identify practice trends and review intake decision making.	Completed June 2016
5. Request legislation to amend FAR requirement to sign an agreement to participate in FAR because in response to disproportionality for Native American families	Completed January 2017 and legislation decision pending
6. Explore existing RCW/WAC regarding definitions of child abuse and neglect as it relates to CSEC and whether request legislation will be required.	Will be completed and posted May 29, 2017

### Update on The Justice for Victims of Trafficking Act

As of June 30, 2017, CA has implemented the following to meet the requirements of the Justice for Victims of Trafficking Act:

- CA intake staff have been trained on procedures for identifying indicators for CSEC and capturing reports, suspicion or indicators of CSEC in the intake.
- FamLink, CA's SACWIS system has been updated to capture information obtained through the intake process.
- CA intakes are sent to law enforcement per established Intake and CSEC policy.
- A one-day training, "Identifying and Supporting Commercially Sexually Exploited Children" is mandatory for all CPS workers and other case-carrying staff. Training dates have been scheduled statewide and will be provided between August 2017 to November 2017.
- Policies have been updated to reflect practice expectations related to CSEC and will be effective July 23, 2017.

Without a change in state legislation and additional funding to support the additional workload, CA is unable to assess and provide services to children who are victims of trafficking when the offender is someone other than a parent or guardian (3<sup>rd</sup> party). CA is currently able to provide services to children who are victims of CSEC when:

- The parent/guardian is the subject,
- The parent/guardian or child requests services,

- An intake is accepted for investigation or services for other reasons and CSEC is identified,
- The case is already open for services in any program and a concern of CSEC arises.

All intakes that involve allegations of CSEC, including 3<sup>rd</sup> party allegations, are sent to law enforcement.

Washington state legislation to allow CA to assess and offer services to children “identified as victims of sex trafficking and severe forms of trafficking in persons”, which would allow response to allegations of CSEC by a third party, was submitted but did not pass in 2017. A decision package for additional funding was also submitted but was not included in the budget. The legislation and funding request will be resubmitted in 2018.

## CAPTA Services

### Regional CPS Program Managers and Safety Administrators

The Regional CPS Program Managers and Safety Administrators continue to support intake, assessment, screening, and investigation of reports of abuse and neglect through:

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

### Critical Incident Case Review Specialists

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

### Child Abuse and Neglect Consultation Network

The Child Abuse and Neglect Consultation Network, funded by the CAPTA Basic State Grant, is available for use by CPS staff, law enforcement, other physicians and prosecuting attorneys to obtain a physician’s opinion about abuse and neglect cases. The Network is made up of pediatricians throughout the state who are recognized experts in diagnosing child maltreatment. The physicians are affiliated with major hospitals serving children in Washington. Those hospitals include:

- Children’s Hospital and Medical Center in Seattle
- Harborview Medical Center in Seattle
- Mary Bridge Children’s Hospital in Tacoma
- Providence St. Peter Hospital in Olympia
- Deaconess Medical Center in Spokane
- Yakima Pediatric in Yakima

The Child Abuse and Neglect Consultation Network has nine (9) medical experts available to provide consultation to caseworkers across the state.

## Other CAPTA Activities

### Parent Trust for Washington Children

Parent Trust for Washington Children is a contracted CA service with the mission of creating lasting change and hope for the future by promoting safe, healthy families, and communities.

Parent Trust reduces risk factors associated with child abuse and neglect by:



- Improving parent and child attachment.
- Increasing positive family and life management skills.
- Increasing knowledge of normal child development and appropriate parent and caregiver expectations.
- Decreasing isolation through developing positive support networks.
- Increasing knowledge and use of community resources.

Parent Trust Programs include:

- Family Help Line and Support Services
- Parent Education and Support Services
- Community Based Programs
  - Circle of Parents Parent Education and Support Groups
- Home Based Programs
- Child and Teen Services
- Expectant and New Parent Services
- Conscious Fathering Program

### CAPTA Review Hearings

CAPTA 2016 Case Review / Summary	
Outcomes from all cases received in 2016	453
Decisions issued by Administrative Law Judge Founded/Affirmed: 170 Unfounded/Reversed: 11	181
Findings changed to Unfounded by Area Administrator based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge	55
Findings changed to Invalid Subject / Victim by Area Administrator	3
Findings changed to Inconclusive by Area Administrator	0
Transferred to AGO for licensing or conflict cases	24
Scheduled for a pending administrative hearing	180
Hearing completed and decision pending from OAH	10

### Washington State Citizen Review Panels (CRP)

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

Attached are the completed 2016 reports for the three Washington State Citizen Review Panels and CA’s response to recommendations made by the Citizen Review Panels in 2016.

### Child Protection Services Workforce

1. Number of families that received differential response as a preventative service during the year.

	Total
Number of CPS Intakes screened in for Family Assessment Response for January 2016 – December 2016	17,834

*Data Source: InfoFamLink CPS Intakes by Supervisor Decision Type-January 1, 2016 to December 31, 2016*

2. Average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B)).
  - Intake/Screening – average caseload

Number of Workers (Intake Workers as of 9/30/2016; CPS Workers Monthly Average for FFY 2016)	Total FFY 2016 (Oct 1, 2015-Sept 30, 2016)	Average Number of Intakes per Month	Average Number of New Intakes per Month per Worker
86 Screening and Intake Workers	111,534	9,294	108
228 CPS-Investigation Workers	23,987	1,999	8.8
161 CPS-FAR Workers	15,187	1,266	7.9

Data source: Intake Workers – Agency Financial Reporting System (AFRS) September 2016 Payroll; CPS Workers – Children’s Administration Workload FTE Report, monthly average assigned worker percent for FFY 2016

- Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. CA uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

	CPS Average Caseload	CPS Full-time Employee (FTE)	Total CPS Cases
January	17.07	375.0	6,401.0
February	17.06	377.4	6,439.6
March	17.5	389.4	6,808.9
April	17.8	392.4	6,982.9
May	17.5	393.7	6,906.4
June	18.3	396.1	7,260.3
July	17.1	396.8	6,789.6
August	14.1	398.3	5,602.3
September	13.2	392.8	5,198.3
October	13.2	393.7	5,204.6
November	14.3	389.5	5,564.2
December	15	395.2	5,917.6

Data source: FamLink Workload FTE Summary Report Jan-Dec 2016

3. Information on the education, qualifications, and training requirements established by the State for child protective service personnel, data on the education, qualifications, and training of personnel, and demographic information of personnel (sections 106(d)(10)(A-C)):
  - Information on the education, qualifications, and training requirements established by the state for child protective service personnel.
  - Data for education, qualifications, and demographic information of personnel.

Children's Administration CPS Workforce		
Race/Ethnicity	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
American Indian/Alaskan	5	1%
Asian or Pacific Islander	24	5%
Black/Not Hispanic origin	40	9%
Hispanic	42	9%
Unknown	72	15%
White/Not Hispanic origin	283	61%
<b>Total</b>	<b>466</b>	<b>100.0%</b>
Gender	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
Female	370	79%
Male	96	21%
<b>Total</b>	<b>466</b>	<b>100.0%</b>
Age	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
Under 35 Years Old	132	28%
35 - 45 Years Old	149	32%
46 - 60 Years Old	143	31%
Over 60 Years Old	42	9%
<b>Total</b>	<b>466</b>	<b>100.0%</b>
Education	Number of Child Protective Service Personnel	Percent of Child Protective Service Personnel
AA Degree	1	0.43%
College Grad 4 Year Degree	115	24.84%
High School or GED	1	0.00%
MA/MS/MSW Degree	244	58.67%
PHD, LLD, MD, JD	2	0.86%
Some College - 2 quarters or more	9	0.86%
Some Graduate Work	12	1.93%
Unknown	54	12.42%
Other Master Degree	28	0.00%
<b>Total</b>	<b>466</b>	<b>100.0%</b>

Data source: HRD as of 6/1/2017

**DSHS Children's Administration Social Service Specialist Series  
Required Education, Experience, Skills and Abilities**

Social Service Specialist 1	Social Service Specialist 2	Social Service Specialist 3	Social Service Specialist 4
<p>A Master's degree in social services, human services, behavioral sciences, or an allied field.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field and one year of social service experience.</p> <p>Note: Employees must successfully complete the formal training course sponsored by their division within eighteen months of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and eighteen months as a Social Service Specialist 1.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and two years of paid social service experience performing functions equivalent to a Social Service Specialist 1.</p> <p>Note: A two year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field and two years of paid social service experience equivalent to a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years of paid social service experience performing functions equivalent to a Social Service Specialist 2.</p> <p>Above experience must include one year paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units</p> <p>NOTE: A two year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>	<p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and two years of experience as a Social Service Specialist 3.</p> <p><u>OR</u></p> <p>A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and four years of experience as a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Master's degree in social services, human services, behavioral sciences, or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2.</p> <p><u>OR</u></p> <p>A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2.</p> <p>Above experience must include two years paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units</p> <p>NOTE: A two year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.</p>

**CPS Training Related Information  
Calendar Year 2016**

Training Title	Required For	Mandate	CPS		DLR		Intake		Social and Health Program Consultants (SHPC)
			SW's	Sups	CPS	Licensors	SW's	Sups	
Child Abuse Interviewing and Assessment	Required for CPS and DLR/CPS SWs and Sups	<a href="#">Operations Manual Chapter 8000, Section 8323 RCW 74.14B.010</a>	246	0	Counted with CPS SWs	0	0	0	0
SW Regional Core Training (RCT)	Required for all SWs	<a href="#">Operations Manual Chapter 8000, Section 8323 RCW 74.14B.010</a>	395	0	Counted with CPS SWs	Counted with CPS SWs	0	0	0
Supervisor Core Training	Required for all Supervisors of Case-Carrying staff	<a href="#">DSHS Admin Policy 1834 WAC: 357-34-055</a>	0	49	0	0	0	0	0
Intake Specialized Track	Required for all intake SWs and Sups	<a href="#">Operations Manual Chapter 8000, Section 8323</a>	0	0	0	0	28	0	0
<b>Total Trained by Position / Job Classification</b>			<b>641</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>0</b>	<b>0</b>

*\*Data from LMS as of 5/31/2017, and represent training completions for Calendar Year (CY) 2016. Numbers for RCT include RCT (140 completions) and Interim RCT (255 completions) which began on 4/1/2016.*

4. The number of children referred to CPS under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d) (15)).

CY 2016	
Number of children referred to CPS with Substance Exposure Evident at Birth for the period of January 1, 2016–December 31, 2016	529

Data Source: FamLink Production Query Request 1145

5. The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16)).

FFY 2016	
Number of children with a founded finding for abuse and/or neglect that are age 3 or under and have a documented referral to the Early Support for Infants and Toddlers Program for the period of October 1, 2015–September 2016	529

Data Source: FamLink-pulled data reported in NCANDS IDEAREF Field in Agency file

### Juvenile Justice Transfers

Children experiencing a Juvenile Rehabilitation placement remain in the custody of the Children's Administration, unless they are transferred because their Juvenile Rehabilitation stay will exceed the child's 18th birthday.

While transfer of custody is rare, Children's Administration gathers data from the FamLink SACWIS System on children who experienced a Juvenile Rehabilitation placement during the year. In calendar year 2016, 116 youth were identified as experiencing a Juvenile Rehabilitation placement.

The Juvenile Justice Transfers table below reflects the number of children in the custody of Children's Administration who experienced a Juvenile Rehabilitation placement during calendar year 2016.

Calendar Year 2016 January 1, 2016– December 31, 2016						
Race	Female			Male		Total
	12 – 15 Years	16 – 18 Years	10 – 12 Years	13 – 15 Years	16 – 18 Years	
American Indian/ Alaskan Native	3	8	0	5	9	25
Asian	0	1	0	0	0	1
Black/ African American	3	7	0	10	9	29
Multi	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	1	0	2	1	4
Unable to determine	0	0	0	0	0	0
White/Caucasian	7	15	0	10	25	57
<b>Total</b>	<b>13</b>	<b>32</b>	<b>0</b>	<b>27</b>	<b>44</b>	<b>116</b>

Data Source: Children's Administration FamLink; Includes any youth in an open episode for any length of stay during CY16, who were also placed into a state regulated JJRA facility sometime during FFY15. Includes only the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, WOODINVILLE TREATMENT CENTER

### Update on Services to Substance-Exposed Newborns

CA Intake policy requires intake workers to screen in intakes involving allegations of child abuse or neglect or imminent risk of serious harm involving a newborn exposed or affected by substances (alcohol, marijuana and all drugs with abuse potential; including prescription medications).

During the course of the CPS response, the caseworker monitors the safety of the infant involved and continues to work with and refer parents to relevant services to increase the safety and well-being of the

infant involved. Caseworkers complete a "Plan of Safe Care" as required by the Child Abuse Prevention and Treatment Act (CAPTA) when a newborn has been identified as substance affected by a medical practitioner. The plan must include, but is not limited to:

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

In October 2014, CA launched the Infant Safety Education and Intervention policy to improve child safety outcomes for children under one-year of age through early intervention and education with caregivers. The development of a Plan of Safe Care is part of this policy and has been required prior to October 2014; however, a renewed emphasis came with this policy rollout. In 2016, CA launched Safety Boot Camp statewide which provided caseworkers with refresher training related to Infant Safety to include when and how to complete a Plan of Safe Care.

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

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

### CAPTA Program Manager

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Children's Administration  
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# Children's Administration

## Indian Policy Advisory Subcommittee

### Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

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#### CAPTA Report for Calendar Year 2016

##### Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the State is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) State plan. The Children's Administration Indian Policy Advisory Committee (CA\_IPAC) serves as a CRP. The CA\_IPAC Subcommittee meets monthly in Olympia and uses video conferencing for statewide participation. The function of CA\_IPAC is to assure quality and comprehensive service delivery from the Department of Social and Health Services (DSHS) to all American Indians and Alaska Natives in Washington State.

##### Areas of Focus Selected

During the calendar year 2016 reporting period, the Panel reviewed and consulted on a number of areas related to improvement of child welfare services that impact the best interests of American Indians and Alaska Natives. The primary areas focused on by the panel in calendar year 2016 are shown in bold font below and an update on progress is also provided.

- **Revisions to the CA Tribal Memorandum of Understanding**
  - As of February 2017 we have [completed and signed 13 MOUs](#) and 17 others are in process. This count includes tribes who do not want an MOU and have declined CA's invitation to meetings to discuss the process. The MOUs use a [standard format](#) and allow for tribes to customize the delivery of child welfare services (provided by the state). The MOUs also help identify and facilitate delivery of services and enhance the government-to-government relationship as it applies to each tribe.
- **ICW manual revisions**
  - Tribes have participated in the review and revision of all chapters, the updated policies and procedures are now online and reflect recent changes to federal regulations that took effect December 12, 2016.
- **Develop a revised ICW training in partnership with UW Alliance**
  - CA coordinated with the UW Alliance and The National Indian Child Welfare Association to implement training for all CA caseworkers. Statewide trainings were completed August through November 2016.
- **WAC Revisions**
  - Following DSHS Administrative 7.01 policy CA has conducted two round tables and consultation with tribes on revisions to Washington Administrative Code 388-70. The WAC was revised to align the definition of Indian child with federal and state Indian Child Welfare laws, and to be consistent with current CA policy and procedure.

##### Recommendations to the Agency for Calendar Year 2017

- Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and Disproportionality impacts (including impact of FAR and WSRDAC activities).
- Provide a report out on the action plans developed at the regional level as part of the 2015 ICW Case Review results.

- Provide regular updates to tribes at CA\_IPAC on the progress of Second Substitute HB 1661 which creates a new Department of Children, Youth and Family Services.
- Continue to work on the following:
- MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don't have an MOU in place.
- Service availability to rural tribes and local offices.
- Workforce stabilization - what can CA do to impact retention and provide consistency to families.
- Outreach to all Tribes to increase participation at CA\_IPAC

### Citizen Review Panel Members

The CA\_IPAC is comprised of representatives from the 29 federally recognized tribes in Washington, the five Recognized American Indian Organizations, and staff from other DSHS Administrations. The Tribes highlighted in bold gave input for the calendar year 2016 report.

- |   |  |
|---|--|
| ▪ Confederated Tribes of the Colville Reservation | ▪ <b>Confederated Tribes of the Chehalis Reservation</b> |
| ▪ <b>Cowlitz Indian Tribe</b>                     | ▪ Hoh Tribe  |
| ▪ <b>Jamestown S'Klallam Tribe</b>                | ▪ <b>Kalispel Tribe</b>                                  |
| ▪ Lower Elwha Klallam Tribe                       | ▪ Lummi Nation   |
| ▪ Makah Nation                                    | ▪ <b>Muckleshoot Tribe</b>                               |
| ▪ Nisqually Tribe                                 | ▪ Nooksack Tribe   |
| ▪ Port Gamble S'Klallam Tribe                     | ▪ Puyallup Tribe   |
| ▪ <b>Quileute Nation</b>                          | ▪ Quinault Nation  |
| ▪ <b>Samish Nation</b>                            | ▪ Sauk-Suiattle Tribe                                    |
| ▪ Shoalwater Bay Tribe                            | ▪ Skokomish Tribe  |
| ▪ Snoqualmie Tribe                                | ▪ <b>Spokane Tribe</b>                                   |
| ▪ Squaxin Island Tribe                            | ▪ <b>Stillaguamish Tribe</b>                             |
| ▪ Suquamish Tribe                                 | ▪ Swinomish Tribe  |
| ▪ Tulalip Tribe                                   | ▪ Upper Skagit Tribe                                     |
| ▪ <b>Yakama Nation</b>                            |  |

# Children's Administration

## Children, Youth, and Family Services Advisory Committee

### Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

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#### CAPTA Report for Calendar Year 2016

##### Purpose

The purpose of the Citizen Review Panel (CRP) (the Panel) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act. This is done through examining policies, procedures, and practices of the state child welfare agency and reviewing employee training, recruitment and retention, specific cases where appropriate, and other criteria that are important to ensure the protection of children. The Children, Youth, and Family Services Advisory Committee serve as a Statewide Citizen Review Panel for Washington State.

##### Areas of Focus Selected

During the calendar year 2016 reporting period, the Panel continued their review of the Family Assessment Response (FAR) implementation. The panel members participated in a survey designed to identify a primary focus for 2016. The options were:

1. Continue monitoring of FAR implementation
2. Improvements to the parent/child visitation process
3. Further review and evaluation of the Child Safety Framework
4. Caseworker recruitment and retention

As a result of the survey the group decided to continue monitoring FAR implementation data as it is made available, continue monitoring the parent/child visitation workgroup outcomes, and to make caseworker recruitment and retention the panel's primarily focus.

##### Process

The Panel met five times in 2016. TriWest presented the results of Washington State FAR interim evaluation report and the field director presented on CA recruitment and retention.

In addition to these presentations, CA Assistant Secretary, Jennifer Strus attended the meetings and engaged the Panel in discussion to review and give advice on numerous child welfare topics including:

- Family Assessment Response (FAR)
- CA employee recruitment, retention, compensation, and training
- The role of the Citizen Review Panel
- Federal plans and review processes
- Performance measures
- Performance Based Contracting
- New / proposed legislation
- Parent/child visitation
- Foster parent recruitment and retention
- CA budget
- Mobile computing
- Placement resources
- Coordinated Care

- Background check processes
- The Blue Ribbon Commission
- LGBTQ youth welfare response and Advisory Committee implementation

### The Role of the Citizen Review Panel

This year the Panel continued discussion regarding the effectiveness of the CRP in its current form. The Assistant Secretary attends every meeting and engages members in a dialogue that encourages candid feedback from all members on a variety of child welfare topics. The topics cover areas that are important under CAPTA and other areas that are important for the smooth operation of a functioning child welfare system. At the end of the calendar year acknowledging the improved relationship between the Panel and CA, the members agreed to continue operating as one of Washington State's CRPs and completed a survey to identify an area of focus for 2017.

### Action by the Citizen Review Panel

During calendar year 2016 panel members participated in the following actions:

- Members continued participation in a workgroup assembled to make improvements to the policies and processes for parent/child visitation. This work is continuing into 2017.
- A survey of the CRP was completed to help identify and prioritize the interests of the whole group.
- Members reviewed proposed legislation and provided feedback as to benefits and consequences of the legislation.
- Members provided constituent reports that many new social workers were not adequately trained/job ready when they stepped into existing caseloads. These included examples of new social workers not understanding CA policies to struggling to engage families appropriately. There is strong concern that the lack of job readiness is leading to new worker turnover. There is also strong concern that turnover is leading to children not reaching permanency timely and families not receiving the services and support they need to reunify.
- Panel members brought concerns regarding individual case examples and patterns of case management to discuss as a group.
- In preparation for the panel's future plans, members researched and reviewed other states CRP actions and efforts to address child welfare employee recruitment and retention.
- Panel members continued support of CA request to the legislature to amend FAR legislation so clients do not have to sign an agreement to participate in FAR and to extend the amount of time a FAR case can be open so families can participate in the full array of evidence based services offered by CA.

### Recommendations for Calendar Year 2016

The Citizen Review Panel made the following recommendations to CA during the 2016 calendar year:

- Continue rolling out the Family Assessment Response (FAR) across the state as funding allows. (The 2016 legislature approved funding for continuation of the FAR roll out to the remaining offices.)
- Continue examining employee recruitment and retention in order to develop strategies for building employee capacity to deliver child welfare services.
- Continue to examine current training practices and identify areas for improvement in both preplacement training and on the job training and support.
- Continue work on the implementation of CA's policy on parent / child visitation by line social workers.
- Continue work on revamping visitation contracts to help ensure policies like having the first visit within 5 days are possible.
- CRP members will continue to inform work by the parent/child visitation workgroup regarding policy, training and contracts.

## Future Plans

The CRP will continue reviewing and tracking implementation of Family Assessment Response in relation to child safety and racial disproportionality in the coming year. The panel is requesting that Tri-West give a presentation to the group again in 2017 regarding the assessment of the FAR implementation.

The panel will collect data from CA and others sources as available regarding the status of child welfare employee recruitment and retention. The panel will provide the data collected and recommendations from the panel's review of the data to CA in calendar year 2017.

The panel is requesting data from CA as part of a review of staff turnover and retention for years 2014-2016, by year, statewide, region/sub region and office levels:

- Number of case carrying social service specialists 2/3 FTE
- Number of case carrying social service specialist 4 supervisors FTE
- Number of case carrying area administrator FTE
- Workload report by region and office per program FTE

For each of the categories above:

- How many FTE with less than a year CA experience
- How many FTE more than a year and less than five years' CA experience
- How many FTE more than five years CA experience
- List of offices ranked from lowest FTE turnover to highest.
- List of office ranked from least amount of FTE experience to highest in both SSS3 and SSS4

## 2016 Citizen Review Panel members

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

Byron Manering, Director of Brigid Collins, Family Support Center, Bellingham – **Co-Chair**

Alise Hegle, Children's Home Society of Washington

Andrew Hill, Excelsior Youth Center, Spokane

Annie Blackledge, The Mockingbird Society, Seattle

Ed Holm, Attorney, Olympia

Esther Patrick, Foster Parent

Janis Avery, Treehouse, Seattle

Jason Bragg, Parent Mentor/Ally

Jess Lewis, Office of Superintendent of Public Instruction

Jim Sherrill, Indian Policy Advisory Committee, Longview

Jorene Reiber, King County Superior Court Family Court

Laurie Lippold, Partners for Our Children, Seattle

Michelle Ressa, Spokane County Superior Court

Rea Culwell, Washington Association of Prosecuting Attorneys

Ron Murphy, Casey Family Programs, Seattle

Ryan Kiely, Excelsior Youth Center, Spokane

Ryan Murrey, Washington Court Appointed Special Advocates for Children

Tess Thomas, Thomas House, Seattle

## Children’s Administration

### Region 1 South Oversight Committee

### Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel

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#### CAPTA Report for Calendar Year 2016

It is the mission of the Region 1 South Oversight Committee and Citizen Review Panel (CRP) to be a presence in the community by reaching out and advocating for the needs of children and families across Region 1 South. In addition, this committee will be reviewing and evaluating performance measures, state and federal, and offer suggestions or help to overcome internal or external barriers to families.

#### Purpose

The purpose of the CRP is to evaluate the extent to which the state agency in Region 1 South is fulfilling its child protection responsibilities in accordance with the Federal Child Abuse Prevention and Treatment Act (CAPTA) State plan.

In 2016, the team met on the following dates and locations: April 18, 2016 in Yakima, WA at the CA Regional Hub Office; July 28, 2016 in Richland, WA at the DCFS Office; and October 26, 2016 in Ellensburg at the DCFS Office.

#### Areas of Focus Selected

The Region 1 South Oversight Committee serves as a CRP for Washington State. The Oversight Committee CRP invites local community members to join committee meetings to discuss the accessibility and effectiveness of CA services, with emphasis on policies, practices and community collaborations that support child safety and well-being. Specific areas of focus for 2016 include: recruitment for additional CRP members, CA staff recruitment and retention, CA Region 1 South performance in meeting State and Federal child safety measures related to Child Protective Services intervention, and enhancing resources for children and families in rural areas of Region 1 South.

#### **Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervision of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers:**

Team wants to know the vacancy rate by office. Staff retention is one of the five (5) goals set by headquarters this year. Factor that may impact recruitment and retention of staff: Staff are overwhelmed with the work and requirements, the work culture/attitude of millennials may be a factor, Public child welfare is emotional work.

DRA explained that the situation is better than it was 6 months ago (January 2016). Some of the conclusions drawn are it is difficult to compete with the private sector, wages are competitive or better than state service; the same position in other divisions do not appear to have the same difficulty of work (ie: a Social Service Specialist (SSS) 3 with the CSO or APS is not the same work as an SSS3 with CA); another difficulty for new staff has been difficult relationships with court personnel and processes per reports by staff who have left the position – some of this is attempting to be addressed through the Table of 10 meetings but that is a work in progress and may only address difficulties experienced with the court process. There is discussion on a reclassification of an SSS3 within CA so that compensation is at a different level.

Some attempts at improving number seven (7) have been changing the interview process. Yakima is using a pilot project developed with HR that includes a more intensive interview process using key competencies and the supervisory team developing 2-3 questions per competency for interviews of new staff. This design will help assess the interviewees abilities and experience and hopefully give a better idea of their fit for the demands of the position.

Other areas being looked at is case load size and balancing case load vs. work load, which is impacted by legislative dollars. Regionally the management team is restructuring how supervision is done throughout

the region. There have been positions created for 2 new Area Administrators (one in Spokane and one in Region 1 South), and a new Deputy Regional Administrator over Programs with the goal of supervision ratio being 1:6.

The region has also been able to hire and maintain 7 SSS1s throughout the region to achieve Braam measures with legislative proviso dollars. These positions have shown to be supportive in the areas that have them. These positions are funded through June 2017. Clarification of SSS1 qualifications: must have bachelor level of education. CA looking into “career ladder program” which would allow for a paid internship for people working toward their 4-year social work degree, thus investing in future employees while training them to the job.

Also mentioned an update on the Mobility Project – all staff currently have tablets that they can take out into the field, as well as iPhones; both of which are seen as improving the way we do business.

Discussion on impact hiring crisis has on families: negative impact for families when they have multiple social workers due to high turnover rates.

**Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols:**

CPS Program Consultants in Region 1 presented information regarding the Safety Framework tool, going over the basics of the tool which includes 17 Safety Threats and 5 Threshold Questions that staff use to guide practice in assessing for safety. Other key areas that staff are being supported in are ensuring a Global Assessment of the family is occurring to ensure knowledge of the family functioning and how each member contributes to the safety of the children and functioning of the family; meeting IFF standards (24 and 72 hour timeframes to see an alleged victim of CA/N); and focus on staff completing timely investigations.

The panel was provided the Policy and Procedures Manual for intake as well as the Practice Guide for Intake. The panel responded that this was helpful in better understanding the intake screening process. They felt that this information would be helpful to new staff and community partners to have a better understanding of how screening decisions are made.

Some discussion on the SDM (Structured Decision Making tool) and the Safety Framework tools. There have been some changes in FamLink and the struggle continues between documentation to capture the work that is being done vs. the time and energy it takes to actually do the work; the balance is to ensure there is documentation to adequately show the actual work being done by workers. We are in the process of combining the tools that we can to decrease duplicative work and to build consistency among all assessments of safety.

A description of the CPS-FAR pathway was shared with the team: how the program was rolled-out through-out the region, and some highlights we’ve learned from the Independent Review of CPS\_FAR. One of the biggest changes in R1 with the CPS-FAR roll-out is an increase in intakes screened for a 24-hour response (up 50%, which is higher than the anticipated 30% increase projected).

New legislation and practice was shared to the team to include a change in the intake process as it relates to domestic violence-asking about DV as a standard question in the intake process. New intakes regarding a child age 3 or younger called in by a physician will have a 24-hour response; and any physical abuse allegation of a child 3 years or younger will always go to the investigative pathway and not to CPS-FAR.

**Case management, including on-going case monitoring, and delivery of services and treatment providers to children and their families:**

Currently WA state has 40 children placed outside of the state in BRS placements. CA is working with Sequil to develop a program with-in WA to accommodate these children. Looking into unused facilities in WA state with the idea to bring trained staff in to work with this population. The goal is to have 25 beds in each region. This is in the development stages with HQ and upper management.



Some positives with regards to placement is that relative placement is as high as it has ever been across the state. HQ is looking at creating/appointing Kinship Care to a Program Manager position to better support the unique needs of kinship/relative caregivers.

The team was also provided regional information regarding achieving permanency of youth in out of home care. Information from the quality practice team was shared regarding the total number of out of home placements for the month of September 2016; as well as the numbers of youth in out of home care for the months of January 2016 – September 2016 for comparison; and the number of adoptions by month for 2012 – September 2016 (which shows a trend of increased number of adoptions over the past 4 years). Dorene also briefly shared the regions plan to begin Rapid Permanency Reviews – which is a system to complete 30 minute reviews of children who are close to permanency, focus on bright spots and bottlenecks in the case and system, not primarily focused on practice, and designed to address program and system barriers.

The panel received a presentation by Coordinated Care-Apple Health Core Connections/Kolbi Peach. This program began in Washington State in April 2016. The Goal of Coordinated Care is to ensure timely access to needed physical and behavioral health services for all youth in out of home care or who have been in out of home care.

Areas covered in this presentation was information on who Apple Health Core Connections serves, which includes all children and youth in out of home placements, children and youth receiving Adoption Support, youth in Extended Foster Care, and Alumni of Foster Cared (aged out the month of their 18th birthday or after, enrolled until age 26). Benefits include: medical services, behavioral health benefits, pharmacy benefits, vision health benefits, ProviderOne benefits (substance use services, services for people with developmental disabilities, dental services, eyeglasses and fitting, inpatient psychiatric care and crisis services, ESIT, maternity support, voluntary pregnancy terminations, sterilizations, transportation to medical appointments, and transgender benefits). Other benefits are psychotropic medication utilization review, access to a health library, and Healthy Kids Club.

The team had questions about youth who achieve permanency through Guardianship; and also what the process was for the psychotropic medication utilization review was. The team felt the presentation was very informative and hopeful that it will improve the health and well-being of youth in foster care.

### Committee Work Plan for 2017

The team plans to meet in February, May, August, and November 2017 at various locations around the region.

1. The Oversight committee will consider holding some meetings at local CA offices in order to meet with Social Workers and Supervisors (this has occurred in past years).
2. Committee will meet every quarterly. Telephone meetings may be used in place of face to face meetings dependent upon budget constraints and weather. As offices in CA are able to take advantage of video conferencing equipment, the oversight members and additional members may be able to participate through that modality which hopefully will improve productivity while maintaining rural uniqueness.
3. Foster youth and alumni will be invited to Committee meetings to share their experiences, make recommendations for improving practice.
4. Committee will recruit additional members from under-represented areas, including new Tribal members, a new member from the foster care alumni and service recipients from those areas.

### Region 1 South Oversight Committee CRP Members

- Mary O’Brien – Yakima Valley, Administrator Yakima Valley Farmworker’s Clinic
- Joel Chavez – Franklin County Drug and Alcohol Program, Kennewick
- Linda Watts – Yakima Police Department

- Jessica Hodges – 3 Rivers Wrap Around, Kennewick
- Lynn Biggs – Casey Families
- Jeff Gwinn – Walla Walla County CASA program
- Nancy Jewett – Kittitas County CASA program
- Dorene Perez – DSHS/CA Deputy Regional Administrator Region 1 South
- Monica Jenkins – Regional Programs Supervisor, Region 1
- Molly Rice – Region 1S CPS Program Consultant
- Jenna Kiser – Safety and Intake Program Manager, CA Headquarters

# DSHS - Children’s Administration

## Response to Washington State Citizen Review Panel

### Purpose

The purpose of this report is to respond to the Citizen Review Panels’ recommendations to improve the state and local child protection system. To coincide with the Annual Progress and Services reporting period, this report covers the calendar year 2016 reporting period.

### Background

Washington State Citizen Review Panel Program was established in 1999 in response to the CAPTA requiring states to develop and establish Citizen Review Panels. Washington State has one regional Panel and two statewide Panels. These include:

1. Children’s Administration Indian Policy Advisory Subcommittee
2. Children, Youth and Family Services Advisory Committee
3. Region 1 South Oversight Committee

More than 40 Panel members, representing a broad spectrum of Washington communities participate on these panels. As required by CAPTA, Panel members play an integral role in reviewing whether the state is meeting its goals of protecting children from abuse and neglect.

CA supports Panels by providing logistical and technical support; assisting with training, recruiting, and strategic planning; and facilitating the exchange of pertinent information. More information on Washington State Citizen Review Panels is located at: [DSHS - Children's Administration - Citizen Review Panels](#)

### Washington State Citizen Review Panels’ Areas of Focus for Calendar Year 2016

Citizen Review Panel	Areas of Focus
Children’s Administration Indian Policy Advisory Subcommittee	<p>During the calendar year 2016 reporting period, the Panel focused on the following efforts:</p> <ul style="list-style-type: none"> <li>▪ Revisions to the CA/Tribal Memorandum of Understanding</li> <li>▪ Finalization of a ICW Continuous Quality Improvement Action Plan</li> <li>▪ Revisions to ICW Manual</li> <li>▪ Modifications to ICW FamLink page for better data accuracy and monitoring of ICW cases</li> <li>▪ Revised ICW training in partnership with UW Alliance developed</li> </ul>
Children, Youth and Family Services Advisory Committee	<p>During the calendar year 2016 reporting period, the Panel focused on the following areas.</p> <ul style="list-style-type: none"> <li>• Provided review and feedback for parent child visit policies</li> <li>• Completed a CRP survey to identify group priorities</li> <li>• Provided review and feedback for proposed legislation</li> <li>• Provided constituent feedback regarding training and skill gaps for new CA staff affecting worker turnover, family engagement, service delivery and permanency for children.</li> <li>• Case management review and feedback at worker and office levels.</li> <li>• Researched and reviewed other states’ CRPS action and efforts regarding child welfare worker recruitment and retention.</li> <li>• Support CA request legislation for FAR (eliminate the signed agreement, increase timeframe for FAR case).</li> </ul>

Region 1 South Oversight Committee	<p>During the calendar year 2016 reporting period, the Panel focused on the following efforts:</p> <ul style="list-style-type: none"> <li>▪ Re-establishing regularly scheduled CRP meetings.</li> <li>▪ Recruiting and enlisting new membership</li> <li>▪ Discuss accessibility and effectiveness of CA services regarding policies, practice, community support for child safety and wellbeing.</li> <li>▪ Reviewed CA Region 1 South federal child safety measures for CPS intervention, enhancement of resources for children and families</li> <li>▪ Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervision of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.</li> <li>▪ Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.</li> <li>▪ Case management, including on-going case monitoring, and delivery of services and treatment providers to children and their families.</li> </ul>
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### Citizen Review Panel's Recommendations

Citizen Review Panel	Recommendation
Children's Administration Indian Policy Advisory Subcommittee	<p>Recommendations to CA for calendar year 2017:</p> <ol style="list-style-type: none"> <li>1. Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and Disproportionality impacts (including impact of FAR and WSRDAC activities).</li> <li>2. Provide a report out on the action plans developed at the regional level as part of the 2015 ICW Case Review results.</li> <li>3. Provide regular updates to tribes at CA IPAC on the progress of Second Substitute HB 1661 which creates a new Department of Children, Youth and Family Services.</li> <li>4. Continue to work on the following: <ul style="list-style-type: none"> <li>• MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don't have an MOU in place.</li> <li>• Service availability to rural tribes and local offices.</li> <li>• Workforce stabilization - what can CA do to impact retention and provide consistency to families.</li> <li>• Outreach to all Tribes to increase participation at CA IPAC.</li> </ul> </li> </ol>

<p>Children, Youth and Family Services Advisory Committee</p>	<p>The Citizen Review Panel made the following recommendations to CA for calendar year 2017:</p> <ol style="list-style-type: none"> <li>1. Continue reviewing and tracking implementation of FAR in relation to child safety and racial disproportionality.</li> <li>2. Collect data regarding the status of CA employee recruitment and retention in order to provide feedback for building employee capacity to deliver child welfare services.</li> <li>3. Continue to examine current training practices and identify areas for improvement in both preplacement training and on the job training and support.</li> </ol>
<p>Children’s Administration Region 1 South Oversight Committee Child Abuse Prevention and Treatment Act (CAPTA) Citizen Review Panel</p>	<p>The team plans to meet in February, May, August, and November 2017 at various locations around the region.</p> <ol style="list-style-type: none"> <li>1. The Oversight committee will consider holding some meetings at local CA offices in order to meet with Social Workers and Supervisors (this has occurred in past years).</li> <li>2. Committee will meet every quarterly. Telephone meetings may be used in place of face to face meetings dependent upon budget constraints and weather. As offices in CA are able to take advantage of video conferencing equipment, the oversight members and additional members may be able to participate through that modality which hopefully will improve productivity while maintaining rural uniqueness.</li> <li>3. Foster youth and alumni will be invited to Committee meetings to share their experiences, make recommendations for improving practice.</li> <li>4. Committee will recruit additional members from under-represented areas, including new Tribal members, a new member from the foster care alumni and service recipients from those areas.</li> </ol>

## Children's Administration Indian Policy Advisory Subcommittee

### Recommendation 1

Continue to monitor and track Indian Child Welfare Act (ICWA) compliance and Disproportionality impacts (including impact of FAR and WSRDAC activities).

#### *Children's Administration Response*

CA will continue to monitor and track ICWA compliance and Disproportionality impact through established ICW Case Review, Central Case Reviews, Continuous Quality Improvement and Quality Assurance evaluations. Results of these evaluations will be shared with CA IPAC and WSRDAC to solicit feedback on how to improve CA's performance on these items. CA will then share the results of any policy and systemic changes implemented as a result of the feedback provided by CA IPAC and WSRDAC.

### Recommendation 2

Provide a report out on the action plans developed at the regional level as part of the 2015 ICW Case Review results.

#### *Children's Administration Response*

CA will provide an updated status report on each of the action plans that were developed.

### Recommendation 3

Provide regular updates to tribes at CA IPAC on the progress of Second Substitute HB 1661 which creates a new Department of Children, Youth and Family Services.

#### *Children's Administration Response*

CA will share information regarding implementation and status of HB1661 at CA IPAC meetings.

### Recommendation 4

Continue to work on the following:

- MOU reviews and completing updated agreements - there are currently 13 MOUS completed, and CA continues to work with tribes that don't have an MOU in place.
- Service availability to rural tribes and local offices.
- Workforce stabilization - what can CA do to impact retention and provide consistency to families.
- Outreach to all Tribes to increase participation at CA IPAC

#### *Children's Administration Response*

CA will continue efforts to establish MOU's with tribes that do not have an MOU in place and update existing MOU as needed.

CA will continue efforts to provide services for families and children to rural tribes and local offices.

CA continues efforts for recruitment and retention of case workers and provide consistent service for families.

CA will continue outreach to all tribes to increase participation in CA IPAC.

## Children, Youth and Family Services Advisory Committee

### Recommendation 1

Continue reviewing and tracking implementation of FAR in relation to child safety and racial disproportionality.

#### *Children's Administration Response*

- FAR has been implemented statewide as of June 1, 2017. The TriWest IV-Evaluation continues through December 2018. The evaluation includes child safety and racial disproportionality. Data and interim evaluation results will be shared with the panel as they become available.

### Recommendation 2

Collect data regarding the status of CA employee recruitment and retention in order to provide feedback for building employee capacity to deliver child welfare services.

#### *Children's Administration Response*

The data request has been submitted and CA will report back to the panel the results of items that are obtainable.

### Recommendation 3

Continue to examine current training practices and identify areas for improvement in both preplacement training and on the job training and support.

#### *Children's Administration Response*

CA continues efforts to work with the Alliance on curriculum development and training improvements for both regional core training and in-service training. Leadership and supervision training is being updated with a focus on building supervisor and administrative skills in the areas of clinical feedback and support of case workers.

## Children's Administration Region 1 South Oversight Committee

### Recommendation 1

The Oversight committee will consider holding some meetings at local CA offices in order to meet with Social Workers and Supervisors (this has occurred in past years).

#### *Children's Administration Response*

CA Region 1 South administrators will identify local offices where the committee can meet with case workers and supervisors during a committee meeting.

### Recommendation 2

Committee will meet every quarterly. Telephone meetings may be used in place of face to face meetings dependent upon budget constraints and weather. As offices in CA are able to take advantage of video conferencing equipment, the oversight members and additional members may be able to participate through that modality which hopefully will improve productivity while maintaining rural uniqueness.

#### *Children's Administration Response*

CA will continue scheduling and committee meetings and make remote attendance options available as technology allows.

### Recommendation 3

Foster youth and alumni will be invited to Committee meetings to share their experiences, make recommendations for improving practice.

#### *Children's Administration Response*

CA will continue efforts to identify and encourage foster youth and alumni to attend committee meetings and provide feedback to the group about his or her experiences and practice improvement recommendations.

### Recommendation 4

Committee will recruit additional members from under-represented areas, including new Tribal members, a new member from the foster care alumni and service recipients from those areas.

***Children's Administration Response***

CA will support the Committee's efforts to recruit additional members from under-represented areas by providing staff support and video conference opportunities.



**Child Abuse Prevention and Treatment Act (CAPTA)  
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs  
State Plan Assurances amended by Public Law 114-198, the Comprehensive  
Addiction and Recovery Act of 2016**

(These amendments to CAPTA were effective July 22, 2016)

**Governor's Assurance Statement for  
The Child Abuse and Neglect State Plan**

As **Governor** of the State of *Washington*, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

- (ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to –
  - (I) establish a definition under Federal law of what constitutes child abuse or neglect; or
  - (II) require prosecution for any illegal action;
- (iii) the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –
  - (I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
  - (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.

Signature of **Governor**:

Jay Inslee



Date: 4/21/2017

Reviewed by: Enter name      Date: Enter date

(Children's Bureau Regional Child Welfare Program Manager)

**Child Abuse Prevention and Treatment Act (CAPTA)  
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs**

**State Plan Assurances added by P.L. 114-22  
The Justice for Victims of Trafficking Act of 2015**

**(These amendments to CAPTA Are Effective May 29, 2017)**

**Governor's Assurance Statement for  
The Child Abuse and Neglect State Plan**

As Governor of the State of Washington, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. Provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102)); (section 106(b)(2)(xxiv) of CAPTA)
2. Provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters; (section 106(b)(2)(xxv).

**Washington state legislation to allow CA to assess and offer services to children "identified as victims of sex trafficking and severe forms of trafficking in persons" was submitted but did not pass in 2017. A decision package for additional funding was also submitted but was not included in the budget. Without the change in legislation and additional funding to support the additional workload, CA is unable to serve children who are victims of trafficking when the offender is other than a parent or guardian unless the parent, guardian or child requests services. The legislation and funding request will be resubmitted in 2018.**

Signature of Governor:



Date:

6/16/17

Reviewed by:

(CB Regional Child Welfare Program Manager)

Dated:

2018 Annual Progress and Services Report

State of Washington

Department of Social and Health Services

Children's Administration

# Foster & Adoptive Parent Diligent Recruitment Plan

Attachment D

June 30, 2017

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## Foster and Adoptive Parent Diligent Recruitment Plan

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### 2015-2019

In partnership with our recruitment and retention contractors, NW Resource Associates, CA's Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence, and Washington's many child placing agencies and tribes CA endeavors to continuously strengthen, improve, and diversify recruitment efforts to seek potential foster and adoptive families. Under CA's Foster Parent or Unlicensed Caregiver policy, CA is prohibited from denying any person the opportunity to become a 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](#).

Recruitment, Development and Support (RDS) teams have been developed in each region and also in local offices. These teams bring together a variety of agencies and individuals committed to diverse caregiver recruitment and support including CA staff, Olive Crest, Eastern Washington University (EWU), tribal partners, caregivers, and representatives from racially and ethnically diverse community groups, and faith communities.

CA focuses recruitment efforts on foster and adoptive families who:

- Reflect the ethnic and racial diversity of children in care.
- Are committed to the safety and well-being of children placed in their care.
- Celebrate and respond to each child's unique characteristics.
- Care for children of all age, gender, sexual orientation, sibling groups and children with special developmental, behavioral or medical needs.

CA's existing recruitment and retention contracts were awarded in July 2015. The contracts will be renewed for one year through July 2018. These contracts include anti-discrimination language which states *"At all times during the term of this Contract, the Contractor shall comply with all applicable federal, state, and local laws and regulations, including but not limited to, nondiscrimination laws and regulations."* The new contracts are regionally located to better align with local communities and based on the needs identified by the procurement development workgroup.

Olive Crest continues to provide recruitment services under contracts for Regions 2 and 3. Eastern Washington University provides recruitment services under contract for Region 1. CA, Olive Crest, and EWU provide ongoing recruitment efforts supported by the State Recruitment Information Center (SRIC). The SRIC tracks prospective foster and adoptive families from the point of inquiry through completion of the foster care license. These current contracts continue to build on prior work and utilizing current or former foster parents as recruiters. Olive Crest Liaisons and EWU Resource Peer Mentors (RPM) work with potential foster families and provide support for caregivers to complete the required pre-service training, licensure requirements, and assistance understanding and navigating the child welfare system.

All RDS teams utilize local data to inform their work and focus efforts to recruit quality, safe foster families able to meet the needs of children placed in out-of-home care in the region and support the existing foster families and caregivers. RDS teams further individualize recruitment planning based on:

- Characteristics of children needing foster homes in the area of focus.
- Greatest numbers of removals occurring in specific neighborhoods/zip codes and placements needed in those neighborhoods/areas.
- Review of data on the current number of open or active foster families and their current capacity/ability to accept children for placement.

- Numbers and demographics on children placed outside the local office and regional area.
- Data on children placed in relative placements vs licensed foster care.
- Review of data on prospective foster families, including new inquiries, families currently in training, and those who have submitted licensing applications. Review of data to encourage personal follow up support from the Contractor’s staff to prospective caregivers navigating the system.
- Identifying the need for and access to resources and activities available to help support caregivers and the children placed in their home.

Based on regional needs, recruitment planning seeks foster parents to care for children who have the following diverse characteristics:

- Male and female children
- Ages 0 – 21 years old, especially for youth 13 years old and older
- Sibling groups
- Racial, cultural and ethnic diversity – with specific focus on Native American, Hispanic and African American children
- Children and youth with behavioral/emotional needs and intense supervision needs
- Medically fragile infants and young children
- Lesbian, gay bisexual transgender and questioning children and youth
- Mono-lingual Spanish speaking
- Deaf and hard of hearing

The current contracts with Olive Crest and EWU establish performance outcome measures tied to recruitment work of the contractors in four specific areas:

1. Contractor’s attendance at 90% of all scheduled RDS team meetings
2. Contractor’s attendance at 90% of all DLR group orientations
3. Contractor’s attendance at 90% of all Alliance trainings
  - Olive Crest’s attendance continues to be in compliance with the required RDS team meetings, DLR group orientations and Alliance Trainings.
  - EWU continues to demonstrate attendance in compliance with required RDS team meetings, DLR group orientations and Alliance trainings.
4. New foster home applications received by

month	Foster Home				Total	Private Agency Foster Home				Total
	Complete	Incomplete	Withdrawn	Total		Complete	Denied	Incomplete	Withdrawn	
4/1/2016	74	6	58	138	34	0	1	21	56	194
	38.144%	3.093%	29.897%		17.526%	0.00%	0.515%	10.825%		
5/1/2016	70	7	42	119	30	0	1	12	43	162
	43.21%	4.321%	25.926%		18.519%	0.00%	0.617%	7.407%		
6/1/2016	73	9	44	122	32	1	1	15	49	171
	42.69%	2.924%	25.731%		18.713%	0.585%	0.585%	8.772%		
7/1/2016	65	11	34	110	41	0	3	16	60	170
	38.235%	6.471%	20.00%		24.118%	0.00%	1.765%	9.412%		
8/1/2016	57	8	51	116	23	0	5	15	43	159
	35.849%	5.031%	32.075%		14.465%	0.00%	3.145%	9.434%		
9/1/2016	59	19	47	125	26	0	5	16	47	172
	34.302%	11.047%	27.326%		15.116%	0.00%	2.907%	9.302%		
10/1/2016	53	21	38	112	32	0	13	14	59	171
	30.994%	12.281%	22.222%		18.713%	0.00%	7.602%	8.187%		
11/1/2016	54	28	38	120	33	0	12	10	55	175
	30.857%	16.00%	21.714%		18.857%	0.00%	6.857%	5.714%		
12/1/2016	31	40	34	105	16	1	21	5	43	148
	20.946%	27.027%	22.973%		10.811%	0.676%	14.189%	3.378%		
1/1/2017	33	62	19	114	11	1	21	7	40	154
	21.429%	40.26%	12.339%		7.143%	0.649%	13.636%	4.545%		
2/1/2017	25	82	11	118	10	0	50	6	66	184
	13.587%	44.565%	5.978%		5.435%	0.00%	27.174%	3.261%		
3/1/2017	22	90	4	116	1	0	54	0	55	171
	12.865%	52.632%	2.339%		0.585%	0.00%	31.579%	0.00%		
<b>Total</b>	<b>616</b>	<b>379</b>	<b>420</b>	<b>1415</b>	<b>289</b>	<b>3</b>	<b>187</b>	<b>137</b>	<b>616</b>	<b>2031</b>

Data Source: FamLink as of 4/26/17

The data above reflects statewide applications by month both for the DSHS CA DLR and private Child Placing Agencies. Application counts by month for the state continue to show strong recruitment responses (through the submission of a licensing application) during Calendar Year 2016. There are significant numbers of applications withdrawn after submission to DLR for licensing. Some families choose to withdraw after they begin the process. Other families learn they are not able to complete the Minimum Licensing Requirements (MLRs), or they experience delays in completing the process. Rather than deny the license the family is given the option to withdraw and resubmit their application at a later point in time. The typical application submission slowdown during the summer and also during the holidays is reflected again in the data.

The Olive Crest and EWU contracts include incentive payments tied to increased applications. Both contractors have received all incentive payments to date.

On-going data from SRIC continues to document that many families drop out after their initial inquiry. Some families are gathering information about the process and are not yet ready to proceed with foster parent training and licensing. To learn more about CA's "drop-out rate" prospective foster parents were queried why they had dropped out of the process or delayed the submission of their foster parent application. 56% of those surveyed indicated the system was overwhelming or too cumbersome with requirements. 43% of surveyed families responded the delay was due to their own personal issues.

It is essential to offer on-going support to prospective foster and adoptive families. Recruitment contractors provide on-going "hand holding" for potential caregivers in addition to disseminating recruitment messages, building awareness about the general need for foster parents, and conducting targeted recruitment. Periodic contacts, information, and answers to questions from potential families is critical in supporting them through the system to avoid dropouts.

#### Olive Crest (aka Fostering Together)

Olive Crest's current contract is effective through June 30, 2017 with a one-year renewal that will run through June 30, 2018. This contractor implements a wide array of recruitment and retention efforts. Their recruitment liaisons input information into SRIC which allows data tracking of prospective caregivers. They maintain a [website](#) to help both prospective and current foster parents learn about our recruitment needs and efforts. The website can be modified daily, ensuring timely access to updated information. This website provides easy to access information on:

- CA's need for foster parents, especially foster parents who could care for children in the identified priority populations.
- Training availability across the state, in each region, and any office providing foster parent training, including a link to the Alliance's caregiver's training page.
- Families' success stories.
- Recruiter/liaison's contact information.
- Adoption services.
- Statewide foster care and adoption service agencies.
- List of events of interest for foster and adoptive parents.
- Caregiver Support:
  - Foster Intervention Retention and Support Services (FIRST Program)
  - Foster Parent Critical Support and Retention Services
- In-person and online via closed Facebook support groups:
  - 41 in-person support groups now exist across Western Washington in urban and rural areas and offer wide topics of interest.



- 29 Facebook pages exist to support foster parents, prospective foster parents, military foster parents, foster-adoptive families, adoptive parents, relative caregivers, foster teens and deaf foster parents. The Olive Crest Facebook online groups are utilized and praised by both veteran and new foster parents. New support tools offer information to new or prospective foster parents and secure member groups are available for existing foster parents or relative caregivers. The Facebook pages enable caregivers to connect with other caregivers. Caregivers seek information and support from other caregivers and share information and resources. Online groups also offer CA the ability to quickly share information with caregivers.
- Olive Crest participates in the Foster Parent 1624 Consultation team to offer information on issues of importance, such as foster parent training and challenges encountered by caregivers.
- Olive Crest is a strong presence in every RDS meeting in both Region 2 and 3 with 100% attendance at all scheduled meetings.

Olive Crest continued to forge recruitment partnerships with tribal, Hispanic, African American, and LGBTQ community partners and stakeholders. New partnerships have been developed with the Union Gospel Mission, School Districts, community business and churches. Existing partnerships have been strengthened with through continued partnerships with Hispanic newspaper, radio, faith, and business leaders. Olive Crest continues to utilize its African American, Hispanic, Native American, Sibling groups and LGBTQ recruitment videos effectively in on-going recruitment. Both Regions 2 and 3 have requested through their RDS Teams that additional recruitment efforts are made within the African American, Hispanic communities and for adolescents with behavioral issues to meet the on-going need for these populations of children who enter care.

#### Eastern Washington University (EWU) (Fostering Washington)

EWU's contract implements a wide array of recruitment and retention efforts developed in conjunction with multiple partners to address recruitment and support of foster parents in Eastern Washington. The RDS teams in this area develop recruitment guidance based on data driven placement needs. EWU's contract is effective through June 2017 and will be renewed for one year until Jun 30, 2018. EWU has structured their service delivery to address the need for local mentors to help prospective families navigate the system. The addition of a third Regional Coordinator, has expanded direct regional recruitment efforts. The additional coordinator shares support for local mentors in utilization of the SRIC data system, with the RPMs responding to inquiries within 24 hours. RPMs also provide ongoing support to potential families and veteran foster parents. EWU has established a strong online presence and growing caregiver participation on their [website](#), as well as four foster parent Facebook pages to support foster parents and relative caregivers. An additional Facebook page serves families interested in applying to become a foster parent. Fourteen foster parent in-person support groups now exist under EWU's contract with the groups supported and facilitated by a Recruitment Coordinator or RPM. Online Facebook ads targeting specific recruitment efforts continue to reach specific populations in identified communities across Region 1.

EWU continues strong participation in each of the local RDS meetings across Region 1. The contractor strives to achieve in-depth reach within the communities that are responsive to recruitment direction and needs. EWU is a strong resource in identifying best practices and successful lessons learned through participation in webinars and resources offered through the National Resource Center on Diligent Recruitment and other sources that can inform successful recruitment. EWU's Fostering Together leadership and their Recruitment Coordinators participate in all CA Foster Parent 1624 Consultation Team meetings at both the regional and statewide levels.

#### Targeted Recruitment

CA has continued to support recruitment efforts that have been responsive to specific community partners:

- Spanish Speaking Foster Parent Recruitment

In partnership with Washington’s Commission on Hispanic Affairs, radio broadcasts on Spanish Radio continue to be aired statewide. CA’s partnership with the Hispanic Commission has been well received – both by the Hispanic Commission and by Spanish speaking families who respond. These 30-minute radio programs, are developed to provide clear, basic information about licensing requirements and to develop trust within Hispanic communities. The messages have been expanded with segments featuring: a Hispanic foster mother’s story, FAQs by prospective Hispanic foster parents, Licensing through DLR vs Child Placing Agencies (CPAs). The Spanish Radio recruitment is a significant partnership with the Hispanic community and will be continued again next year. The SRIC data tracker demonstrates increased calls from Spanish speaking families after each radio broadcast.

▪ Deaf and American Sign Language (ASL) Proficient Foster Parent Recruitment

The partnership developed between CA and the Office of Deaf and Hard of Hearing (ODHH) continues to offer consultation and resources to benefit families and children across Washington. Deaf and ASL proficient families to submit applications and tell their friends about the need in response to the recruitment presentation. Another recruitment evening is planned in eastern Washington this next year. Deaf/ASL proficient foster parents connect on line via Olive Crest’s Deaf/ASL Facebook page. The partnership with the ODHH has built an improved working relationship between the two agencies. CA submitted information to ODHH’s newsletter and ODHH has shared information on communication and language needs for children in the child welfare system.

The Statewide Recruitment Information Center (SRIC)

The SRIC Data Tracker has been a contracted service through Northwest Resource Associates (NwRA) since 2009. The contract serves as the data management system for CA’s Recruitment and Retention contractors, CA staff, and RDS Teams. This system tracks prospective foster parents who inquire about becoming a foster parent via the online inquiry form or from individuals/families who call the state’s recruitment phone line at 1-888-KIDS-414. The existing contract with NwRA for the SRIC Data Tracker and call center is effective through 2019.

The data tracker identifies and provides data on:

- General and specific forms of recruitment information that have prompted the family to inquire about foster care and adoption, including families who have responded to AdoptUSKids.
- City and county of prospective foster families.
- The best way to connect with the prospective foster family (phone, cell, email)
- Family’s specified area of interest (foster only [temporary care], fostering into adoption, relative care, adoption only, guardianship).
- Numbers of new inquiries made each month (by type), reported by region/local office/source.
- Spanish speaking inquiries and ongoing support for Spanish speaking callers.
- Referrals directed to the contractor.
- Contacts (date, time, type) made by the recruiter or liaison.
- Specific recruitment efforts made by the liaison in their identified area.
- Follow up contacts made with each individual prospective family.
- Group contacts made by the recruiter or liaison.
- Bulk email messaging to all prospective families in the recruiter or liaisons area or by region.

Data Tracker information continues to confirm that foster and adoptive parents serve as the highest source of referrals for new prospective foster families. Internet searches continue to show increasing popularity in accessing information about becoming a foster parent.



NWRA staff is developing enhanced reporting capacities under the new contract. This year information on families racial/ethnic backgrounds are now reported. Coming enhancements will also include a responsively designed mobile application to allow mobile device users to access a user friendly system.

The SRIC and its call center respond to families inquiring by phone. To ensure strong customer service is provided by the contractor, CA completes brief quarterly customer service reviews with feedback to the contractor.

New data detail is now reported from NWRA to track contacts through the SRIC. Four areas are currently being tracked:

1. SRIC Toll Free Recruitment Line

Calls made to 1-888-KIDS-414 state recruitment phone line. Callers are assigned to a recruiter through Olive Crest or EWU program.

2016 Statewide Toll-Free Recruitment Line Calls				
Month	Total Calls	Unrelated to Recruitment	WA Potential Foster Parent Calls	Potential Foster Parent added to Database
January	84	8	76	43
February	64	13	51	22
March	59	5	54	38
April	38	0	38	36
May	33	1	32	28
June	28	2	26	21
July	32	0	32	21
August	44	0	44	38
September	38	0	38	34
October	54	0	53	52
November	42	0	42	41
December	24	5	19	17

Data source: Northwest Resource Associates, SRIC; January 2017

2. Potential Foster Parent Intakes

Prospective foster parents are entered into the SRIC data base through five primary channels:

- i. Inquiry questionnaires on the CA website
- ii. Northwest Adoption Exchange
- iii. AdoptUSKids website
- iv. SRIC toll free hotline
- v. Directly by recruitment agency staff

2016 Potential Foster Parent Intake by Source					
Month	CA Website	NWAE Website	AdoptUSKids FITT Referral	SRIC Hotline	Other
January	490	18	35	43	222
February	369	17	36	22	198
March	390	9	22	38	275
April	298	15	11	36	328
May	327	17	28	28	108
June	247	8	19	21	164
July	228	10	30	21	141
August	232	13	30	38	204
September	292	10	34	34	133
October	287	10	43	52	166
November	277	16	23	41	113
December	217	14	56	17	126

Data source: Northwest Resource Associates, SRIC; January 2017

Existing gaps have been found where families connect with CA, but are not automatically entered into the SRIC:

- i. Direct contact with a DLR Licensing worker; no follow up to the SRIC system or a recruitment contractor is made.

- ii. Direct access into the DLR on-line orientation. The course is completed, but there is not clear information about how to proceed, or who to contact without clicking back several pages.
- iii. Prospective families attend Caregiver Core Training (CCT) and the sign- in sheet is not provided to the contractor’s staff.

These gaps will be reviewed as part of the lean problem-solving event to address improvements in foster parent recruitment and support of prospective families through training and licensure.

### 3. New Potential Foster Parents by Region (Monthly Inquiries Extracted by Region)

2016 Potential Foster Parent Intake by Region													
Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1 North	133	102	134	66	64	66	86	83	80	93	84	83	1,074
1 South	75	62	85	43	47	61	46	61	34	74	41	42	671
2 North	125	121	130	121	81	81	60	82	78	79	84	62	1,104
2 South	148	122	125	143	100	76	74	101	130	107	72	72	1,270
3 North	135	111	104	164	94	64	86	78	98	91	75	77	1,177
3 South	192	124	156	151	122	111	78	112	83	114	114	94	1,451
<b>Total</b>	<b>808</b>	<b>642</b>	<b>734</b>	<b>688</b>	<b>508</b>	<b>459</b>	<b>430</b>	<b>517</b>	<b>503</b>	<b>558</b>	<b>470</b>	<b>430</b>	<b>6,747</b>

Data source: Northwest Resource Associates, SRIC; January 2017

### 4. Spanish Speaking Foster Families

Spanish speaking families typically make contact through the SRIC phone hotline 888-KIDS-414.

#### Caregiver Core Training

Training for prospective and existing foster and adoptive families is available through the Alliance for Child Welfare Excellence (Alliance). The Alliance is a comprehensive statewide partnership developed with the University of Washington School of Social Work, the University of Washington – Tacoma, Eastern Washington University, CA and Partners for our Children, a policy and analysis group. The Alliance partnership delivers training for CA staff as well as caregivers. Cultural competency is a foundational part of the curriculum. CA staff, prospective, and existing caregivers receive cultural awareness and competency training in the Core Curriculum.

The 24-hour Caregiver Core Training (CCT) curriculum provided to prospective foster families is available in all regions and many communities across the state. A variety of training times and locations, including days, evenings, and weekends, are available to allow prospective foster families access to classes. However prospective foster parents, newly licensed foster parents and the Foster Parent 1624 Consultation team had expressed concerns to the Alliance:

- Trainings were not published with enough advance to make plans to attend,
- CCT classes were not locally available requiring families to travel for the class, and
- Classes were sometimes in areas where few prospective families had requested the class.

The Alliance updated the published/on-line class schedule to ensure CCT schedules are published three months in advance. They have also reviewed scheduling locations to determine if better access can be offered.

Olive Crest and EWU both carry the CCT on-line schedules on their web pages and post them frequently on Facebook. The Olive Crest liaisons and EWU’s mentors share training dates when families inquire through the SRIC and at other recruitment activities. Olive Crest’s liaisons and EWU’s mentors are present

2016 Spanish Speaking Foster Families			
Month	Active Families	New Families	Total Contacts
January	44	7	49
February	46	2	38
March	46	1	29
April	47	3	35
May	48	1	43
June	48	0	44
July	50	2	29
August	52	2	25
September	47	2	37
October	46	2	35
November	48	2	39
December	50	2	28

Data source: Northwest Resource Associates, SRIC; January 2017

at all CCT trainings to support and answer questions prospective families may have. Prospective foster families receive the home study application form prior to or at CCT, and many have questions about requirements. The local Vancouver Olive Crest liaison has had very good success at the CCT class in assisting families on the last day of class during the lunch break. The local DLR supervisor reports families who receive this support submit more timely and complete licensing applications. A pilot modeled after this process will be implemented in May 2017. Six classes (one in each regional area) will share information with families about the help available the last day of class.

Early and ongoing foster parent support through Olive Crest, EWU, and CA helps support families. Newly licensed foster families receive support from Olive Crest's foster parent liaisons and the EWU RPMs to ensure a resource of support for the many questions caregivers have during their first placement. This support by the Olive Crest liaison and EWU RPM helps build caregivers skills and confidence. Participation in support groups and online Facebook groups helps create a caregiver support community. Caregivers feel encouraged to consider accepting placements of children with diverse, unique, and often challenging needs, which promotes ongoing development and helps achieve the right placement for a child the first time.

Through partnership with DLR, prospective foster families learn about:

- Children who enter foster care, trauma they may have experienced, and available services.
- Licensing requirements.
- The application and home study process, background check requirements and timeframes for licensing.
- Fostering experiences from veteran caregivers at Caregiver Orientation and CCT.
- Opportunities for direct contact with CA contracted and partner agencies and experienced foster parents during the Caregiver Core Training field experience.
- Ongoing support from either Olive Crest's liaisons or EWU's resource peer mentors when questions arise regarding training, applications, home studies, and licensure process.

### Seattle Mariners We Are Family Event (National Foster Care Month and Kinship Caregiver Day) Celebration

CA has partnered with the Seattle Mariners and a growing group of other community partners for eight years to recognize the extraordinary efforts made by foster, relative, adoptive families, and the caseworkers, and agencies who support them. Attendance has nearly tripled over the last four years from 700 participants in 2013, to 3358 participants in 2016. Washington's First Lady, Trudi Inslee, continues to embrace and support this recruitment effort speaking at the morning recognition event and appearing on the field pre-game with the youth throwing out the first pitch. The event serves as a major effort in both general recruitment for foster and adoptive parents with attendance from across the state. The Mariners cover all expenses of the morning recognition ceremony and offer substantially reduced tickets at \$12.00 each. 100 free tickets were provided to caregiver families to help cover the cost of attendance. The International Association of Machinists District Lodge 160 (Seattle) also donated \$1,000 to help caregivers with lunch at the stadium. Through this continued partnership, CA, Washington's child placing agencies, Northwest Adoption Exchange, and caregiver support organizations offer a one stop shop of resources and supports for prospective families and current caregivers.

The Mariners' Community Relations staff and CA continue to expand our partnership to build greater awareness of the need for foster and adoptive parents. Once again, the Mariners Spring Caravan promoted the upcoming season with ten local appearances; offering advance notice, and offering children in care who attended the opportunity to meet players and obtain autographs. CA's project proposal seeking a Mariners player to serve as a spokesman and goodwill ambassador for foster care recruitment is once again being reviewed.

## Strategies for the Next Five Years

- Continue to utilize the Foster Parent Survey conducted by the DSHS Resource Data and Analysis as a tool to gauge foster parent support and retention. Satisfied foster parents are the best recruiters of new foster parents. The finalized 2016 survey will be released in May 2016. The foster parent survey achieved an extraordinarily high completion rate of 92% and a cooperation rate of 96%. It indicated that:
  - 79% of foster parents report they received adequate agency support.
  - 87% of foster parents report the training they are receiving adequately prepares them for their roles as a foster parent.
- Continue to operate a listserv for foster parents and kinship caregivers. The listserv, which has been used for six years, allows online distribution of the monthly *Caregiver Connection* newsletter and additional information to caregivers as needed. After clean-up of the listserv, 8,500 members continue to receive these messages. The listserv remains an exceptional tool in helping link caregivers with information, resources and supports across the state. Its use allows CA to directly share information to our contractors and the Washington State Foster Parent Association (FPAWS) when a message needs to be shared broadly with caregivers across the state.
- Continue improvements on the foster parent and caregiver internet page; allowing caregivers and visitors to the page's greater ease of use. The On-line Orientation for prospective foster parents is being updated to improve utilization and to connect prospective families into the SRIC system and with the recruitment contractor's liaisons and mentors. CA's website allows both prospective and existing caregivers to access information on recruitment efforts, training information, caseworker staff and supervisory contact information, policies, and news and frequently utilized forms. CA's page on "Becoming a Foster Parent" is the second highest page visited on CA's internet site, Foster Parent Training frequently ranks third and CA's Foster Parent News is the sixth most visited site.
- Continue the quarterly Foster Parent Consultation Team (1624) meetings both regionally and at the state level. This forum was developed through 2007 legislation. It established a forum for foster parents to consult quarterly with CA's leadership a regional and statewide basis. The team focuses on reducing foster parent turnover rates, providing effective training for foster parents and strengthening services for the protection of children. The team celebrated nine years of collaboration and consultation in 2016.
- Continue to support active recruitment efforts through regionally based recruitment and retention contracts and the regional RDS Teams. Provide updated information and resources to help inform these teams of successful and best practices. Recruitment efforts will continue their focus with ties to the local community, region, and address the specific needs of that area. Olive Crest's liaisons and EWU's mentors will provide enhanced monthly reporting to their local team in response to placement and recruitment data.
- All retention and support services for foster parents will be combined and extended for another year through the one-year renewal of the recruitment contracts. These services include the Foster Intervention Retention and Support Team (FIRST) and the Foster Parent Critical Support and Retention Program.
- CA will continue to focus on facilitating timely adoptions. Adoption training for CA caseworkers will continue to be available. All adoption staff continue to utilize redaction software to assist with pre-adoption disclosure. Barriers to adoption will be identified and strategic planning will be implemented to address identified barriers.
- Continue to improve CA's post adoption services website to help parents' access information on post adoption services and resources that are accurate and parent friendly.

## FY2016 Updates and Progress

### Foster Care and Adoption General Recruitment

Activity	Status
<p>1. CA and the regional RDS Teams continue to provide partnership, consultation and feedback to Olive Crest and EWU in messaging general foster care and adoption recruitment efforts. This partnership has produced excellent results in the development of general recruitment messages and materials. Recruitment materials are promoted and available on both a statewide and regional/local basis. General recruitment material shares the message of Washington state’s need for foster families and the diverse characteristics of children who enter out-of-home care. Encourage RDS teams to expand local membership through invitation to identified community groups and organizations who can help champion the diversity and unique needs of children in care.</p> <p>CA continues with regionally based foster parent recruitment and retention contracts with Olive Crest and EWU. These regional contracts will enhance local and regional collaborations and partnerships needed to effectively recruit within local communities.</p> <p>RDS Teams have expanded into more local offices with 30 existing teams meeting on a monthly basis. Each team now reviews regional and local FamLink data related to child removal, demographics and numbers of existing foster homes, available beds and directs needed recruitment efforts responsive to data driven placement needs for children in out of home care.</p> <p>EWU provides foster parent recruitment and retention services for Region 1 with Olive Crest serving both Regions 2 and 3.</p>	Ongoing
<p>2. CA and the local RDS teams will continue to consult with both Olive Crest and EWU in the development of any new recruitment materials. This partnership improves the quality of each contractors existing and new recruitment materials (media, radio, online, written brochures and pamphlets, website, Facebook, and online and in-person support groups).</p> <p>Olive Crest and EWU continue to distribute recruitment materials extensively across their respective regions ensuring resources are available to their RDS teams, in local communities and through their regional recruiters. Olive Crest’s recruitment videos for targeted recruitment related to: Sibling Groups, African American, Hispanic, Native, LGBTQ Youth, and Teens, continue to be effectively used. More school districts have been contacted to share CA’s foster care recruitment “Got Room?” flyer. This flyer is most frequently and effectively distributed electronically through Peach Jar, a leading online digital distribution system for school informational flyers.</p>	Ongoing
<p>3. Utilization of data on removal of children into out-of-home care continues to improve in each region. RDS teams have increased in number and each are now reviewing placement data in conjunction with licensed foster home data to focus generalized awareness and targeted recruitment needs for their local office in partnership with the recruitment contractor.</p>	Ongoing
<p>4. CA’s Foster Care Recruitment and Retention program manager actively partners with RDS Teams, Olive Crest, and EWU’s staff to review progress, needs, and adjust planning for both general, targeted, and child specific recruitment outreach efforts. RDS teams have expanded across all regions with 30 current and active teams. Teams work together to identify recruitment possibilities with the contractor. The RDS teams continue to develop leadership focus through providing recruitment directions, reviewing recruitment progress, and adjusting planning for outreach efforts by their contractors. RDS teams continue to demonstrate guidance and strong knowledge of their local/regional recruitment needs. Team partnership in recruitment activities within the local communities helps achieve generalized recruitment goals. CA’s Foster Care Recruitment and Retention Program Manager will continue to share informational material on successful recruitment practices gleaned from national resources. The Program Manager will also continue to meet with regional RDS teams to strengthen local and regional recruitment knowledge. These meetings build enhanced and ongoing partnership and collaboration with the recruitment contractors in defining regional recruitment needs.</p>	Ongoing

### Foster Care and Adoption Targeted Recruitment

Activity	Status
<p>1. CA’s Vancouver placement desk Facebook group page continues as a strong tool in targeting recruitment for specific groups of children, individual children, and sibling groups. This effort also</p>	Complete and Ongoing

Activity	Status
<p>serves as an ongoing direct child specific recruitment and placement strategy. Over the last year, regional placement desk staff in all other areas of the state have developed foster parent Facebook pages to help assist in locating placements for children entering out of home care. Caregivers receive information about these Facebook placement resources once their license is issued.</p> <p>2. This method of seeking placements for specific children and sibling groups is an effective tool for quickly messaging placement needs to caregivers who may have placement availability. Notification to caregivers has expanded to include all children entering care and those who may need an urgent placement change. The Facebook pages are monitored by the placement desk staff and now utilized by the after-hours staff as well. Foster parents also use this tool to find respite providers and to provide respite for others. An examples of a Placement Desk Facebook posting is below.</p> <p><i>Hello Caregivers!</i>  <i>XXX County has a 7 year old girl coming into care for the first time. She is set to discharge from the hospital today. She has experienced lots of trauma in her young life and caregivers that have not protected her. She needs a skilled foster parent, who can teach her to manage her emotions and be patient with her as she learns there are adults that can be trusted. If you feel that you have the time and the skill to help this little girl, please PM or call me with more information 360-xxx-xxxx Thanks!</i></p> <p>Olive Crest continues to operate 29 additional Facebook pages for caregivers in Western Washington. EWU also has an established agency Facebook page, as well as two additional Facebook pages; one covering Region 1 North and the other focused on Region 1 South. Placement Desk staff can request to have information posted directly with notices about placement needs for specific children and groups of children.</p> <p>This capacity within all regions enhances the ability for staff, especially after-hours staff to connect with the foster parent community when a placement is needed. The Olive Crest liaisons continue to assist placement desk staff by posting notices on other regions' Facebook pages.</p> <p>CA has reviewed the Facebook pages and has found this tool to be effective in promoting child specific recruitment and placements for identified children and sibling groups. Regions also periodically review their practice to ensure the best placement for the child is being sought.</p>	
<p>3. CA continues to reach out to specific working groups to improve and promote targeted recruitment needs with specific working groups, i.e., Washington State Racial Disproportionality Committee (WSRDAC), CA's Indian Policy Advisory Committee (IPAC) subcommittee, Hispanic Commission, Tribes, Office of Deaf and Hard of Hearing, Black Child Development Institute, Passion to Action (youth alumni group), and other groups. These organizations serve as resources and guides to improve targeted recruitment for children with diverse needs who enter out-of-home care, including racial, ethnic, and marginalized populations.</p> <p>Children's Administration continues to seek input and recommendations from WSRDAC and CA IPAC to develop greater partnership for recruitment efforts. This year the CA-IPAC sub-committee was consulted for a Tribal Leader to provide a blessing for children and caregivers at the 2017 Seattle Mariners We Are Family event. The Office of Deaf and Hard of Hearing has requested another Deaf/ASL Proficient foster parent recruitment informational meeting be conducted in the Tri-Cities area of Region 1 South.</p> <p>CAs partnership with the Hispanic Commission continues to successfully provide Spanish radio program broadcasts to share the need for both mono-lingual and bi-lingual Spanish speaking foster families. A series of 30-minute recruitment programs are broadcast live in Spanish across Washington state. This year a FAQ session was developed for the broadcast with input from prospective and veteran Hispanic foster parents, together with Hispanic staff from Olive Crest and EWU. CA hosts the broadcast through a Hispanic DLR licensor who has a passion for supporting prospective caregivers. She is adept and skilled in answering Hispanic families' questions about training, licensing and the foster parent experience.</p>	Ongoing
<p>4. Efforts in targeted recruitment partnerships for LGBTQ youth have seen improved success. Olive Crest continues to build collaborations to encourage LGBT individuals and families to become licensed to foster or adopt. Parents and Families of Lesbians and Gays (PFLAG) and local Gay Pride events now have regular recruitment efforts. Recently licensed LGBT families have stepped forward to help educate recruitment staff and foster parents about the needs of LGBTQ individuals, families</p>	Ongoing



Activity	Status
<p>and youth. They have helped lead foster parent support groups and have supported expanded recruitment tables at local Gay Pride events. These efforts continue to improve and expand stronger partnerships with the gay, lesbian, and transgender communities and other ally groups to support foster care resources for Gay, Lesbian, Bisexual, Transgender, and Questioning Youth. Olive Crest’s recruitment staff continues to utilize their video championing LGBTQ youth and the needs for specific recruitment efforts for this population. It is widely utilized and available for use in the community. Olive Crest has made extensive efforts in reaching out to organizers of the Gay Pride Parades and events in Western Washington to establish recruitment booths. Families Like Ours became a new vendor at the 2016 Mariners We Are Family event. Again this last year successful efforts took place in Vancouver, Olympia, Seattle, Kitsap County and in Spokane. CA, Olive Crest, and EWU continue to collaborate with Families Like Ours, PFLAG, Rainbow Group, and other resources within the Gay community to gain information, education, training, and support to develop:</p> <ul style="list-style-type: none"> <li>▪ Recruitment responsive to the needs of LGBTQ youth in out-of-home care.</li> <li>▪ Recruitment efforts to reach out to the LGBTQ community with inclusiveness.</li> <li>▪ Support services for caregivers of LGBTQ youth. The Olive Crest website offers information and directs interested families to foster parent pre-service trainings by multiple providers, including Families Like Ours.</li> </ul> <p>CA, Olive Crest, and EWU will prioritize identification of LGBTQ members for the RDS teams to ensure the needs of children and youth in the population are not overlooked in recruitment efforts. The RDS teams will continue collaboration with resources within the LGBTQ community and with the CA Office of Diversity to improve inclusiveness in foster parent recruitment.</p>	
<p>5. Children’s Administration convened a Value Stream Mapping event (VSM) to identify ways to improve recruitment and retention of prospective foster parents (PFPs) as they inquire about foster parenting, begin training and the licensing process. The state of recruitment services was dissected and reviewed for those areas where challenges existed for prospective caregivers. Several challenges were identified for strategy development in effort to improve outcomes in these areas.</p> <ol style="list-style-type: none"> <li>a. Communication with all parties involved in recruitment work is not consistent, which allows for misinformation and gaps in information sharing. <ol style="list-style-type: none"> <li>i. A core group has been developed to meet quarterly to ensure on-going and regular communication. Outcomes include members who are knowledgeable about the system and open lines of communication that will be shared with CA and private agency staff, Olive Crest, EWU, the Alliance, the SRIC system and RDS Teams.</li> </ol> </li> <li>b. Envelopes included in the foster care application packet were not large enough to hold the required materials caregivers were required to return <ol style="list-style-type: none"> <li>i. New envelopes were purchased and distributed to DLR staff for inclusion in the packets.</li> </ol> </li> <li>c. There was not a consistent process for prospective foster parents to know if their application had been received. <ol style="list-style-type: none"> <li>i. Office processes will be updated and streamlined to ensure the 7-day notification letter is sent to all prospective families. DLR will also amend their application check list for better tracking by both staff and caregivers.</li> </ol> </li> <li>d. Recruitment contractors were not receiving the names of prospective foster families who either attended or completed the CCT Training. <ol style="list-style-type: none"> <li>i. Due to confidentiality the Alliance is unable to provide names of participants to other contractors. This information will be provided directly to CA who can make it available to the recruitment and retention contractors.</li> </ol> </li> <li>e. Currently there is no way to track prospective foster parents who complete DLR’s on-line Orientation. <ol style="list-style-type: none"> <li>i. CA will work with NW Resource Associates and the SRIC system and CA’s webmaster to install the SRIC I-Frame inquiry document into the Orientation page. This will allow for the SRIC system to capture those completing the training before the certificate issued. The SRIC system will automatically send notice to Olive Crest or EWU.</li> </ol> </li> </ol>	New

Activity	Status
<ul style="list-style-type: none"> <li>f. The application process for training and licensing can be confusing for prospective foster families who may not be aware of all the requirements.               <ul style="list-style-type: none"> <li>i. DLR will develop an easy-to-read visual road map that provides clear, concise and accurate information about the licensing process.</li> </ul> </li> <li>g. A process is needed to follow-up with prospective foster parents who walk in or call in for licensing information, since these contacts are not added to the SRIC and potentially lost.               <ul style="list-style-type: none"> <li>i. An email notification process will be developed by DLR to ensure Olive Crest's liaison and EWU's mentor will be notified of the contact. The recruitment and retention staff will add these individuals into the SRIC database.</li> </ul> </li> </ul>	
<p>6. CA will continue to collaborate through a contract with NWRA and NWAE for the Special Adoption Recruitment Program serving 20 identified special needs children who are not in permanent homes as well as a Youth Recruitment project that was initiated in 2016.</p>	
<p>7. Children's Administration initiated statewide monthly adoption consortium meetings in June 2016 and will continue this activity. Consortiums are an opportunity for adoption workers, Child and Family Welfare Services (CFWS) workers, Division of Licensed Resources (DLR) workers, guardian ad litem/Court Appointed Special Advocates (CASA), private agency workers and families to present information on children who are in need of permanent homes and families with approved home studies who are awaiting placements. Video conference sites are located in offices across the state and a phone-in conference line is available for those private agencies and families who reside outside the state of Washington. In June and October, CA staff, DLR, private agencies, community partners and families are invited to attend Consortium in-person rather than through a video conferencing site. These events are one to two days in length and in addition to presentations of children and families, cross-training opportunities are provided for attendees. Training topics included permanency considerations, team building, and best practice ideas when assessing families for placement.</p>	Ongoing
<p>8. CA will continue facilitating a Statewide Adoption Facebook page. This social media page provides statewide adoption information such as meetings, classes, and resources. It also profiles special needs children who are in need of a permanent home.</p>	Ongoing
<p>9. CA's Foster Care Recruitment and Retention program staff will continue to partner with staff at Olive Crest, EWU, and regional RDS teams to review progress, needs, and adjust planning for targeted recruitment efforts. The RDS teams will continue utilization of local and regional data on children entering care and current DLR licensing data available to inform decision making on targeted recruitment efforts.</p>	Ongoing

	Washington Adoption Resource Exchange (which includes NWAE)	Specialized Recruitment Program
Number of Children Served	362	24
Female	38.7%	50%
Male	61%	50%
Transgender	0.3%	0%
12 or Older	58.3%	58.3%
Minority	36%	37.5%

Data Source: NWAE; July 2015 to June 2016



2018 Annual Progress and Services Report

State of Washington

Department of Social and Health Services

Children's Administration

# Foster & Adoptive Parent Diligent Recruitment Plan

Attachment D

June 30, 2017

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## Foster and Adoptive Parent Diligent Recruitment Plan

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### 2015-2019

In partnership with our recruitment and retention contractors, NW Resource Associates, CA's Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence, and Washington's many child placing agencies and tribes CA endeavors to continuously strengthen, improve, and diversify recruitment efforts to seek potential foster and adoptive families. Under CA's Foster Parent or Unlicensed Caregiver policy, CA is prohibited from denying any person the opportunity to become a 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](#).

Recruitment, Development and Support (RDS) teams have been developed in each region and also in local offices. These teams bring together a variety of agencies and individuals committed to diverse caregiver recruitment and support including CA staff, Olive Crest, Eastern Washington University (EWU), tribal partners, caregivers, and representatives from racially and ethnically diverse community groups, and faith communities.

CA focuses recruitment efforts on foster and adoptive families who:

- Reflect the ethnic and racial diversity of children in care.
- Are committed to the safety and well-being of children placed in their care.
- Celebrate and respond to each child's unique characteristics.
- Care for children of all age, gender, sexual orientation, sibling groups and children with special developmental, behavioral or medical needs.

CA's existing recruitment and retention contracts were awarded in July 2015. The contracts will be renewed for one year through July 2018. These contracts include anti-discrimination language which states *"At all times during the term of this Contract, the Contractor shall comply with all applicable federal, state, and local laws and regulations, including but not limited to, nondiscrimination laws and regulations."* The new contracts are regionally located to better align with local communities and based on the needs identified by the procurement development workgroup.

Olive Crest continues to provide recruitment services under contracts for Regions 2 and 3. Eastern Washington University provides recruitment services under contract for Region 1. CA, Olive Crest, and EWU provide ongoing recruitment efforts supported by the State Recruitment Information Center (SRIC). The SRIC tracks prospective foster and adoptive families from the point of inquiry through completion of the foster care license. These current contracts continue to build on prior work and utilizing current or former foster parents as recruiters. Olive Crest Liaisons and EWU Resource Peer Mentors (RPM) work with potential foster families and provide support for caregivers to complete the required pre-service training, licensure requirements, and assistance understanding and navigating the child welfare system.

All RDS teams utilize local data to inform their work and focus efforts to recruit quality, safe foster families able to meet the needs of children placed in out-of-home care in the region and support the existing foster families and caregivers. RDS teams further individualize recruitment planning based on:

- Characteristics of children needing foster homes in the area of focus.
- Greatest numbers of removals occurring in specific neighborhoods/zip codes and placements needed in those neighborhoods/areas.
- Review of data on the current number of open or active foster families and their current capacity/ability to accept children for placement.

- Numbers and demographics on children placed outside the local office and regional area.
- Data on children placed in relative placements vs licensed foster care.
- Review of data on prospective foster families, including new inquiries, families currently in training, and those who have submitted licensing applications. Review of data to encourage personal follow up support from the Contractor’s staff to prospective caregivers navigating the system.
- Identifying the need for and access to resources and activities available to help support caregivers and the children placed in their home.

Based on regional needs, recruitment planning seeks foster parents to care for children who have the following diverse characteristics:

- Male and female children
- Ages 0 – 21 years old, especially for youth 13 years old and older
- Sibling groups
- Racial, cultural and ethnic diversity – with specific focus on Native American, Hispanic and African American children
- Children and youth with behavioral/emotional needs and intense supervision needs
- Medically fragile infants and young children
- Lesbian, gay bisexual transgender and questioning children and youth
- Mono-lingual Spanish speaking
- Deaf and hard of hearing

The current contracts with Olive Crest and EWU establish performance outcome measures tied to recruitment work of the contractors in four specific areas:

1. Contractor’s attendance at 90% of all scheduled RDS team meetings
2. Contractor’s attendance at 90% of all DLR group orientations
3. Contractor’s attendance at 90% of all Alliance trainings
  - Olive Crest’s attendance continues to be in compliance with the required RDS team meetings, DLR group orientations and Alliance Trainings.
  - EWU continues to demonstrate attendance in compliance with required RDS team meetings, DLR group orientations and Alliance trainings.
4. New foster home applications received by

month	Foster Home				Total	Private Agency Foster Home				Total
	Complete	Incomplete	Withdrawn	Total		Complete	Denied	Incomplete	Withdrawn	
4/1/2016	74	6	58	138	34	0	1	21	56	194
	38.144%	3.093%	29.897%		17.526%	0.00%	0.515%	10.825%		
5/1/2016	70	7	42	119	30	0	1	12	43	162
	43.21%	4.321%	25.926%		18.519%	0.00%	0.617%	7.407%		
6/1/2016	73	9	44	122	32	1	1	15	49	171
	42.69%	2.924%	25.731%		18.713%	0.585%	0.585%	8.772%		
7/1/2016	65	11	34	110	41	0	3	16	60	170
	38.235%	6.471%	20.00%		24.118%	0.00%	1.765%	9.412%		
8/1/2016	57	8	51	116	23	0	5	15	43	159
	35.849%	5.031%	32.075%		14.465%	0.00%	3.145%	9.434%		
9/1/2016	59	19	47	125	26	0	5	16	47	172
	34.302%	11.047%	27.326%		15.116%	0.00%	2.907%	9.302%		
10/1/2016	53	21	38	112	32	0	13	14	59	171
	30.994%	12.281%	22.222%		18.713%	0.00%	7.602%	8.187%		
11/1/2016	54	28	38	120	33	0	12	10	55	175
	30.857%	16.00%	21.714%		18.857%	0.00%	6.857%	5.714%		
12/1/2016	31	40	34	105	16	1	21	5	43	148
	20.946%	27.027%	22.973%		10.811%	0.676%	14.189%	3.378%		
1/1/2017	33	62	19	114	11	1	21	7	40	154
	21.429%	40.26%	12.339%		7.143%	0.649%	13.636%	4.545%		
2/1/2017	25	82	11	118	10	0	50	6	66	184
	13.587%	44.565%	5.978%		5.435%	0.00%	27.174%	3.261%		
3/1/2017	22	90	4	116	1	0	54	0	55	171
	12.865%	52.632%	2.339%		0.585%	0.00%	31.579%	0.00%		
Total	616	379	420	1415	289	3	187	137	616	2031

Data Source: FamLink as of 4/26/17

The data above reflects statewide applications by month both for the DSHS CA DLR and private Child Placing Agencies. Application counts by month for the state continue to show strong recruitment responses (through the submission of a licensing application) during Calendar Year 2016. There are significant numbers of applications withdrawn after submission to DLR for licensing. Some families choose to withdraw after they begin the process. Other families learn they are not able to complete the Minimum Licensing Requirements (MLRs), or they experience delays in completing the process. Rather than deny the license the family is given the option to withdraw and resubmit their application at a later point in time. The typical application submission slowdown during the summer and also during the holidays is reflected again in the data.

The Olive Crest and EWU contracts include incentive payments tied to increased applications. Both contractors have received all incentive payments to date.

On-going data from SRIC continues to document that many families drop out after their initial inquiry. Some families are gathering information about the process and are not yet ready to proceed with foster parent training and licensing. To learn more about CA's "drop-out rate" prospective foster parents were queried why they had dropped out of the process or delayed the submission of their foster parent application. 56% of those surveyed indicated the system was overwhelming or too cumbersome with requirements. 43% of surveyed families responded the delay was due to their own personal issues.

It is essential to offer on-going support to prospective foster and adoptive families. Recruitment contractors provide on-going "hand holding" for potential caregivers in addition to disseminating recruitment messages, building awareness about the general need for foster parents, and conducting targeted recruitment. Periodic contacts, information, and answers to questions from potential families is critical in supporting them through the system to avoid dropouts.

#### Olive Crest (aka Fostering Together)

Olive Crest's current contract is effective through June 30, 2017 with a one-year renewal that will run through June 30, 2018. This contractor implements a wide array of recruitment and retention efforts. Their recruitment liaisons input information into SRIC which allows data tracking of prospective caregivers. They maintain a [website](#) to help both prospective and current foster parents learn about our recruitment needs and efforts. The website can be modified daily, ensuring timely access to updated information. This website provides easy to access information on:

- CA's need for foster parents, especially foster parents who could care for children in the identified priority populations.
- Training availability across the state, in each region, and any office providing foster parent training, including a link to the Alliance's caregiver's training page.
- Families' success stories.
- Recruiter/liaison's contact information.
- Adoption services.
- Statewide foster care and adoption service agencies.
- List of events of interest for foster and adoptive parents.
- Caregiver Support:
  - Foster Intervention Retention and Support Services (FIRST Program)
  - Foster Parent Critical Support and Retention Services
- In-person and online via closed Facebook support groups:
  - 41 in-person support groups now exist across Western Washington in urban and rural areas and offer wide topics of interest.

- 29 Facebook pages exist to support foster parents, prospective foster parents, military foster parents, foster-adoptive families, adoptive parents, relative caregivers, foster teens and deaf foster parents. The Olive Crest Facebook online groups are utilized and praised by both veteran and new foster parents. New support tools offer information to new or prospective foster parents and secure member groups are available for existing foster parents or relative caregivers. The Facebook pages enable caregivers to connect with other caregivers. Caregivers seek information and support from other caregivers and share information and resources. Online groups also offer CA the ability to quickly share information with caregivers.
- Olive Crest participates in the Foster Parent 1624 Consultation team to offer information on issues of importance, such as foster parent training and challenges encountered by caregivers.
- Olive Crest is a strong presence in every RDS meeting in both Region 2 and 3 with 100% attendance at all scheduled meetings.

Olive Crest continued to forge recruitment partnerships with tribal, Hispanic, African American, and LGBTQ community partners and stakeholders. New partnerships have been developed with the Union Gospel Mission, School Districts, community business and churches. Existing partnerships have been strengthened with through continued partnerships with Hispanic newspaper, radio, faith, and business leaders. Olive Crest continues to utilize its African American, Hispanic, Native American, Sibling groups and LGBTQ recruitment videos effectively in on-going recruitment. Both Regions 2 and 3 have requested through their RDS Teams that additional recruitment efforts are made within the African American, Hispanic communities and for adolescents with behavioral issues to meet the on-going need for these populations of children who enter care.

#### Eastern Washington University (EWU) (Fostering Washington)

EWU's contract implements a wide array of recruitment and retention efforts developed in conjunction with multiple partners to address recruitment and support of foster parents in Eastern Washington. The RDS teams in this area develop recruitment guidance based on data driven placement needs. EWU's contract is effective through June 2017 and will be renewed for one year until Jun 30, 2018. EWU has structured their service delivery to address the need for local mentors to help prospective families navigate the system. The addition of a third Regional Coordinator, has expanded direct regional recruitment efforts. The additional coordinator shares support for local mentors in utilization of the SRIC data system, with the RPMs responding to inquiries within 24 hours. RPMs also provide ongoing support to potential families and veteran foster parents. EWU has established a strong online presence and growing caregiver participation on their [website](#), as well as four foster parent Facebook pages to support foster parents and relative caregivers. An additional Facebook page serves families interested in applying to become a foster parent. Fourteen foster parent in-person support groups now exist under EWU's contract with the groups supported and facilitated by a Recruitment Coordinator or RPM. Online Facebook ads targeting specific recruitment efforts continue to reach specific populations in identified communities across Region 1.

EWU continues strong participation in each of the local RDS meetings across Region 1. The contractor strives to achieve in-depth reach within the communities that are responsive to recruitment direction and needs. EWU is a strong resource in identifying best practices and successful lessons learned through participation in webinars and resources offered through the National Resource Center on Diligent Recruitment and other sources that can inform successful recruitment. EWU's Fostering Together leadership and their Recruitment Coordinators participate in all CA Foster Parent 1624 Consultation Team meetings at both the regional and statewide levels.

#### Targeted Recruitment

CA has continued to support recruitment efforts that have been responsive to specific community partners:

- Spanish Speaking Foster Parent Recruitment

In partnership with Washington’s Commission on Hispanic Affairs, radio broadcasts on Spanish Radio continue to be aired statewide. CA’s partnership with the Hispanic Commission has been well received – both by the Hispanic Commission and by Spanish speaking families who respond. These 30-minute radio programs, are developed to provide clear, basic information about licensing requirements and to develop trust within Hispanic communities. The messages have been expanded with segments featuring: a Hispanic foster mother’s story, FAQs by prospective Hispanic foster parents, Licensing through DLR vs Child Placing Agencies (CPAs). The Spanish Radio recruitment is a significant partnership with the Hispanic community and will be continued again next year. The SRIC data tracker demonstrates increased calls from Spanish speaking families after each radio broadcast.

- Deaf and American Sign Language (ASL) Proficient Foster Parent Recruitment

The partnership developed between CA and the Office of Deaf and Hard of Hearing (ODHH) continues to offer consultation and resources to benefit families and children across Washington. Deaf and ASL proficient families to submit applications and tell their friends about the need in response to the recruitment presentation. Another recruitment evening is planned in eastern Washington this next year. Deaf/ASL proficient foster parents connect on line via Olive Crest’s Deaf/ASL Facebook page. The partnership with the ODHH has built an improved working relationship between the two agencies. CA submitted information to ODHH’s newsletter and ODHH has shared information on communication and language needs for children in the child welfare system.

### The Statewide Recruitment Information Center (SRIC)

The SRIC Data Tracker has been a contracted service through Northwest Resource Associates (NwRA) since 2009. The contract serves as the data management system for CA’s Recruitment and Retention contractors, CA staff, and RDS Teams. This system tracks prospective foster parents who inquire about becoming a foster parent via the online inquiry form or from individuals/families who call the state’s recruitment phone line at 1-888-KIDS-414. The existing contract with NwRA for the SRIC Data Tracker and call center is effective through 2019.

The data tracker identifies and provides data on:

- General and specific forms of recruitment information that have prompted the family to inquire about foster care and adoption, including families who have responded to AdoptUSKids.
- City and county of prospective foster families.
- The best way to connect with the prospective foster family (phone, cell, email)
- Family’s specified area of interest (foster only [temporary care], fostering into adoption, relative care, adoption only, guardianship).
- Numbers of new inquiries made each month (by type), reported by region/local office/source.
- Spanish speaking inquiries and ongoing support for Spanish speaking callers.
- Referrals directed to the contractor.
- Contacts (date, time, type) made by the recruiter or liaison.
- Specific recruitment efforts made by the liaison in their identified area.
- Follow up contacts made with each individual prospective family.
- Group contacts made by the recruiter or liaison.
- Bulk email messaging to all prospective families in the recruiter or liaisons area or by region.

Data Tracker information continues to confirm that foster and adoptive parents serve as the highest source of referrals for new prospective foster families. Internet searches continue to show increasing popularity in accessing information about becoming a foster parent.

NWRA staff is developing enhanced reporting capacities under the new contract. This year information on families racial/ethnic backgrounds are now reported. Coming enhancements will also include a responsively designed mobile application to allow mobile device users to access a user friendly system.

The SRIC and its call center respond to families inquiring by phone. To ensure strong customer service is provided by the contractor, CA completes brief quarterly customer service reviews with feedback to the contractor.

New data detail is now reported from NWRA to track contacts through the SRIC. Four areas are currently being tracked:

1. SRIC Toll Free Recruitment Line

Calls made to 1-888-KIDS-414 state recruitment phone line. Callers are assigned to a recruiter through Olive Crest or EWU program.

2016 Statewide Toll-Free Recruitment Line Calls				
Month	Total Calls	Unrelated to Recruitment	WA Potential Foster Parent Calls	Potential Foster Parent added to Database
January	84	8	76	43
February	64	13	51	22
March	59	5	54	38
April	38	0	38	36
May	33	1	32	28
June	28	2	26	21
July	32	0	32	21
August	44	0	44	38
September	38	0	38	34
October	54	0	53	52
November	42	0	42	41
December	24	5	19	17

Data source: Northwest Resource Associates, SRIC; January 2017

2. Potential Foster Parent Intakes

Prospective foster parents are entered into the SRIC data base through five primary channels:

- i. Inquiry questionnaires on the CA website
- ii. Northwest Adoption Exchange
- iii. AdoptUSKids website
- iv. SRIC toll free hotline
- v. Directly by recruitment agency staff

2016 Potential Foster Parent Intake by Source					
Month	CA Website	NWAE Website	AdoptUSKids FITT Referral	SRIC Hotline	Other
January	490	18	35	43	222
February	369	17	36	22	198
March	390	9	22	38	275
April	298	15	11	36	328
May	327	17	28	28	108
June	247	8	19	21	164
July	228	10	30	21	141
August	232	13	30	38	204
September	292	10	34	34	133
October	287	10	43	52	166
November	277	16	23	41	113
December	217	14	56	17	126

Data source: Northwest Resource Associates, SRIC; January 2017

Existing gaps have been found where families connect with CA, but are not automatically entered into the SRIC:

- i. Direct contact with a DLR Licensing worker; no follow up to the SRIC system or a recruitment contractor is made.



- ii. Direct access into the DLR on-line orientation. The course is completed, but there is not clear information about how to proceed, or who to contact without clicking back several pages.
- iii. Prospective families attend Caregiver Core Training (CCT) and the sign- in sheet is not provided to the contractor’s staff.

These gaps will be reviewed as part of the lean problem-solving event to address improvements in foster parent recruitment and support of prospective families through training and licensure.

### 3. New Potential Foster Parents by Region (Monthly Inquiries Extracted by Region)

2016 Potential Foster Parent Intake by Region													
Region	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
1 North	133	102	134	66	64	66	86	83	80	93	84	83	1,074
1 South	75	62	85	43	47	61	46	61	34	74	41	42	671
2 North	125	121	130	121	81	81	60	82	78	79	84	62	1,104
2 South	148	122	125	143	100	76	74	101	130	107	72	72	1,270
3 North	135	111	104	164	94	64	86	78	98	91	75	77	1,177
3 South	192	124	156	151	122	111	78	112	83	114	114	94	1,451
<b>Total</b>	<b>808</b>	<b>642</b>	<b>734</b>	<b>688</b>	<b>508</b>	<b>459</b>	<b>430</b>	<b>517</b>	<b>503</b>	<b>558</b>	<b>470</b>	<b>430</b>	<b>6,747</b>

Data source: Northwest Resource Associates, SRIC; January 2017

### 4. Spanish Speaking Foster Families

Spanish speaking families typically make contact through the SRIC phone hotline 888-KIDS-414.

#### Caregiver Core Training

Training for prospective and existing foster and adoptive families is available through the Alliance for Child Welfare Excellence (Alliance). The Alliance is a comprehensive statewide partnership developed with the University of Washington School of Social Work, the University of Washington – Tacoma, Eastern Washington University, CA and Partners for our Children, a policy and analysis group. The Alliance partnership delivers training for CA staff as well as caregivers. Cultural competency is a foundational part of the curriculum. CA staff, prospective, and existing caregivers receive cultural awareness and competency training in the Core Curriculum.

The 24-hour Caregiver Core Training (CCT) curriculum provided to prospective foster families is available in all regions and many communities across the state. A variety of training times and locations, including days, evenings, and weekends, are available to allow prospective foster families access to classes. However prospective foster parents, newly licensed foster parents and the Foster Parent 1624 Consultation team had expressed concerns to the Alliance:

- Trainings were not published with enough advance to make plans to attend,
- CCT classes were not locally available requiring families to travel for the class, and
- Classes were sometimes in areas where few prospective families had requested the class.

The Alliance updated the published/on-line class schedule to ensure CCT schedules are published three months in advance. They have also reviewed scheduling locations to determine if better access can be offered.

Olive Crest and EWU both carry the CCT on-line schedules on their web pages and post them frequently on Facebook. The Olive Crest liaisons and EWU’s mentors share training dates when families inquire through the SRIC and at other recruitment activities. Olive Crest’s liaisons and EWU’s mentors are present

2016 Spanish Speaking Foster Families			
Month	Active Families	New Families	Total Contacts
January	44	7	49
February	46	2	38
March	46	1	29
April	47	3	35
May	48	1	43
June	48	0	44
July	50	2	29
August	52	2	25
September	47	2	37
October	46	2	35
November	48	2	39
December	50	2	28

Data source: Northwest Resource Associates, SRIC; January 2017

at all CCT trainings to support and answer questions prospective families may have. Prospective foster families receive the home study application form prior to or at CCT, and many have questions about requirements. The local Vancouver Olive Crest liaison has had very good success at the CCT class in assisting families on the last day of class during the lunch break. The local DLR supervisor reports families who receive this support submit more timely and complete licensing applications. A pilot modeled after this process will be implemented in May 2017. Six classes (one in each regional area) will share information with families about the help available the last day of class.

Early and ongoing foster parent support through Olive Crest, EWU, and CA helps support families. Newly licensed foster families receive support from Olive Crest's foster parent liaisons and the EWU RPMs to ensure a resource of support for the many questions caregivers have during their first placement. This support by the Olive Crest liaison and EWU RPM helps build caregivers skills and confidence. Participation in support groups and online Facebook groups helps create a caregiver support community. Caregivers feel encouraged to consider accepting placements of children with diverse, unique, and often challenging needs, which promotes ongoing development and helps achieve the right placement for a child the first time.

Through partnership with DLR, prospective foster families learn about:

- Children who enter foster care, trauma they may have experienced, and available services.
- Licensing requirements.
- The application and home study process, background check requirements and timeframes for licensing.
- Fostering experiences from veteran caregivers at Caregiver Orientation and CCT.
- Opportunities for direct contact with CA contracted and partner agencies and experienced foster parents during the Caregiver Core Training field experience.
- Ongoing support from either Olive Crest's liaisons or EWU's resource peer mentors when questions arise regarding training, applications, home studies, and licensure process.

### Seattle Mariners We Are Family Event (National Foster Care Month and Kinship Caregiver Day) Celebration

CA has partnered with the Seattle Mariners and a growing group of other community partners for eight years to recognize the extraordinary efforts made by foster, relative, adoptive families, and the caseworkers, and agencies who support them. Attendance has nearly tripled over the last four years from 700 participants in 2013, to 3358 participants in 2016. Washington's First Lady, Trudi Inslee, continues to embrace and support this recruitment effort speaking at the morning recognition event and appearing on the field pre-game with the youth throwing out the first pitch. The event serves as a major effort in both general recruitment for foster and adoptive parents with attendance from across the state. The Mariners cover all expenses of the morning recognition ceremony and offer substantially reduced tickets at \$12.00 each. 100 free tickets were provided to caregiver families to help cover the cost of attendance. The International Association of Machinists District Lodge 160 (Seattle) also donated \$1,000 to help caregivers with lunch at the stadium. Through this continued partnership, CA, Washington's child placing agencies, Northwest Adoption Exchange, and caregiver support organizations offer a one stop shop of resources and supports for prospective families and current caregivers.

The Mariners' Community Relations staff and CA continue to expand our partnership to build greater awareness of the need for foster and adoptive parents. Once again, the Mariners Spring Caravan promoted the upcoming season with ten local appearances; offering advance notice, and offering children in care who attended the opportunity to meet players and obtain autographs. CA's project proposal seeking a Mariners player to serve as a spokesman and goodwill ambassador for foster care recruitment is once again being reviewed.

## Strategies for the Next Five Years

- Continue to utilize the Foster Parent Survey conducted by the DSHS Resource Data and Analysis as a tool to gauge foster parent support and retention. Satisfied foster parents are the best recruiters of new foster parents. The finalized 2016 survey will be released in May 2016. The foster parent survey achieved an extraordinarily high completion rate of 92% and a cooperation rate of 96%. It indicated that:
  - 79% of foster parents report they received adequate agency support.
  - 87% of foster parents report the training they are receiving adequately prepares them for their roles as a foster parent.
- Continue to operate a listserv for foster parents and kinship caregivers. The listserv, which has been used for six years, allows online distribution of the monthly *Caregiver Connection* newsletter and additional information to caregivers as needed. After clean-up of the listserv, 8,500 members continue to receive these messages. The listserv remains an exceptional tool in helping link caregivers with information, resources and supports across the state. Its use allows CA to directly share information to our contractors and the Washington State Foster Parent Association (FPAWS) when a message needs to be shared broadly with caregivers across the state.
- Continue improvements on the foster parent and caregiver internet page; allowing caregivers and visitors to the page's greater ease of use. The On-line Orientation for prospective foster parents is being updated to improve utilization and to connect prospective families into the SRIC system and with the recruitment contractor's liaisons and mentors. CA's website allows both prospective and existing caregivers to access information on recruitment efforts, training information, caseworker staff and supervisory contact information, policies, and news and frequently utilized forms. CA's page on "Becoming a Foster Parent" is the second highest page visited on CA's internet site, Foster Parent Training frequently ranks third and CA's Foster Parent News is the sixth most visited site.
- Continue the quarterly Foster Parent Consultation Team (1624) meetings both regionally and at the state level. This forum was developed through 2007 legislation. It established a forum for foster parents to consult quarterly with CA's leadership a regional and statewide basis. The team focuses on reducing foster parent turnover rates, providing effective training for foster parents and strengthening services for the protection of children. The team celebrated nine years of collaboration and consultation in 2016.
- Continue to support active recruitment efforts through regionally based recruitment and retention contracts and the regional RDS Teams. Provide updated information and resources to help inform these teams of successful and best practices. Recruitment efforts will continue their focus with ties to the local community, region, and address the specific needs of that area. Olive Crest's liaisons and EWU's mentors will provide enhanced monthly reporting to their local team in response to placement and recruitment data.
- All retention and support services for foster parents will be combined and extended for another year through the one-year renewal of the recruitment contracts. These services include the Foster Intervention Retention and Support Team (FIRST) and the Foster Parent Critical Support and Retention Program.
- CA will continue to focus on facilitating timely adoptions. Adoption training for CA caseworkers will continue to be available. All adoption staff continue to utilize redaction software to assist with pre-adoption disclosure. Barriers to adoption will be identified and strategic planning will be implemented to address identified barriers.
- Continue to improve CA's post adoption services website to help parents' access information on post adoption services and resources that are accurate and parent friendly.

## FY2016 Updates and Progress

### Foster Care and Adoption General Recruitment

Activity	Status
<p>1. CA and the regional RDS Teams continue to provide partnership, consultation and feedback to Olive Crest and EWU in messaging general foster care and adoption recruitment efforts. This partnership has produced excellent results in the development of general recruitment messages and materials. Recruitment materials are promoted and available on both a statewide and regional/local basis. General recruitment material shares the message of Washington state’s need for foster families and the diverse characteristics of children who enter out-of-home care. Encourage RDS teams to expand local membership through invitation to identified community groups and organizations who can help champion the diversity and unique needs of children in care.</p> <p>CA continues with regionally based foster parent recruitment and retention contracts with Olive Crest and EWU. These regional contracts will enhance local and regional collaborations and partnerships needed to effectively recruit within local communities.</p> <p>RDS Teams have expanded into more local offices with 30 existing teams meeting on a monthly basis. Each team now reviews regional and local FamLink data related to child removal, demographics and numbers of existing foster homes, available beds and directs needed recruitment efforts responsive to data driven placement needs for children in out of home care.</p> <p>EWU provides foster parent recruitment and retention services for Region 1 with Olive Crest serving both Regions 2 and 3.</p>	Ongoing
<p>2. CA and the local RDS teams will continue to consult with both Olive Crest and EWU in the development of any new recruitment materials. This partnership improves the quality of each contractors existing and new recruitment materials (media, radio, online, written brochures and pamphlets, website, Facebook, and online and in-person support groups).</p> <p>Olive Crest and EWU continue to distribute recruitment materials extensively across their respective regions ensuring resources are available to their RDS teams, in local communities and through their regional recruiters. Olive Crest’s recruitment videos for targeted recruitment related to: Sibling Groups, African American, Hispanic, Native, LGBTQ Youth, and Teens, continue to be effectively used. More school districts have been contacted to share CA’s foster care recruitment “Got Room?” flyer. This flyer is most frequently and effectively distributed electronically through Peach Jar, a leading online digital distribution system for school informational flyers.</p>	Ongoing
<p>3. Utilization of data on removal of children into out-of-home care continues to improve in each region. RDS teams have increased in number and each are now reviewing placement data in conjunction with licensed foster home data to focus generalized awareness and targeted recruitment needs for their local office in partnership with the recruitment contractor.</p>	Ongoing
<p>4. CA’s Foster Care Recruitment and Retention program manager actively partners with RDS Teams, Olive Crest, and EWU’s staff to review progress, needs, and adjust planning for both general, targeted, and child specific recruitment outreach efforts. RDS teams have expanded across all regions with 30 current and active teams. Teams work together to identify recruitment possibilities with the contractor. The RDS teams continue to develop leadership focus through providing recruitment directions, reviewing recruitment progress, and adjusting planning for outreach efforts by their contractors. RDS teams continue to demonstrate guidance and strong knowledge of their local/regional recruitment needs. Team partnership in recruitment activities within the local communities helps achieve generalized recruitment goals. CA’s Foster Care Recruitment and Retention Program Manager will continue to share informational material on successful recruitment practices gleaned from national resources. The Program Manager will also continue to meet with regional RDS teams to strengthen local and regional recruitment knowledge. These meetings build enhanced and ongoing partnership and collaboration with the recruitment contractors in defining regional recruitment needs.</p>	Ongoing

### Foster Care and Adoption Targeted Recruitment

Activity	Status
<p>1. CA’s Vancouver placement desk Facebook group page continues as a strong tool in targeting recruitment for specific groups of children, individual children, and sibling groups. This effort also</p>	Complete and Ongoing

Activity	Status
<p>serves as an ongoing direct child specific recruitment and placement strategy. Over the last year, regional placement desk staff in all other areas of the state have developed foster parent Facebook pages to help assist in locating placements for children entering out of home care. Caregivers receive information about these Facebook placement resources once their license is issued.</p> <p>2. This method of seeking placements for specific children and sibling groups is an effective tool for quickly messaging placement needs to caregivers who may have placement availability. Notification to caregivers has expanded to include all children entering care and those who may need an urgent placement change. The Facebook pages are monitored by the placement desk staff and now utilized by the after-hours staff as well. Foster parents also use this tool to find respite providers and to provide respite for others. An examples of a Placement Desk Facebook posting is below.</p> <p><i>Hello Caregivers!</i>  <i>XXX County has a 7 year old girl coming into care for the first time. She is set to discharge from the hospital today. She has experienced lots of trauma in her young life and caregivers that have not protected her. She needs a skilled foster parent, who can teach her to manage her emotions and be patient with her as she learns there are adults that can be trusted. If you feel that you have the time and the skill to help this little girl, please PM or call me with more information 360-xxx-xxxx Thanks!</i></p> <p>Olive Crest continues to operate 29 additional Facebook pages for caregivers in Western Washington. EWU also has an established agency Facebook page, as well as two additional Facebook pages; one covering Region 1 North and the other focused on Region 1 South. Placement Desk staff can request to have information posted directly with notices about placement needs for specific children and groups of children.</p> <p>This capacity within all regions enhances the ability for staff, especially after-hours staff to connect with the foster parent community when a placement is needed. The Olive Crest liaisons continue to assist placement desk staff by posting notices on other regions' Facebook pages.</p> <p>CA has reviewed the Facebook pages and has found this tool to be effective in promoting child specific recruitment and placements for identified children and sibling groups. Regions also periodically review their practice to ensure the best placement for the child is being sought.</p>	
<p>3. CA continues to reach out to specific working groups to improve and promote targeted recruitment needs with specific working groups, i.e., Washington State Racial Disproportionality Committee (WSRDAC), CA's Indian Policy Advisory Committee (IPAC) subcommittee, Hispanic Commission, Tribes, Office of Deaf and Hard of Hearing, Black Child Development Institute, Passion to Action (youth alumni group), and other groups. These organizations serve as resources and guides to improve targeted recruitment for children with diverse needs who enter out-of-home care, including racial, ethnic, and marginalized populations.</p> <p>Children's Administration continues to seek input and recommendations from WSRDAC and CA IPAC to develop greater partnership for recruitment efforts. This year the CA-IPAC sub-committee was consulted for a Tribal Leader to provide a blessing for children and caregivers at the 2017 Seattle Mariners We Are Family event. The Office of Deaf and Hard of Hearing has requested another Deaf/ASL Proficient foster parent recruitment informational meeting be conducted in the Tri-Cities area of Region 1 South.</p> <p>CAs partnership with the Hispanic Commission continues to successfully provide Spanish radio program broadcasts to share the need for both mono-lingual and bi-lingual Spanish speaking foster families. A series of 30-minute recruitment programs are broadcast live in Spanish across Washington state. This year a FAQ session was developed for the broadcast with input from prospective and veteran Hispanic foster parents, together with Hispanic staff from Olive Crest and EWU. CA hosts the broadcast through a Hispanic DLR licensor who has a passion for supporting prospective caregivers. She is adept and skilled in answering Hispanic families' questions about training, licensing and the foster parent experience.</p>	Ongoing
<p>4. Efforts in targeted recruitment partnerships for LGBTQ youth have seen improved success. Olive Crest continues to build collaborations to encourage LGBT individuals and families to become licensed to foster or adopt. Parents and Families of Lesbians and Gays (PFLAG) and local Gay Pride events now have regular recruitment efforts. Recently licensed LGBT families have stepped forward to help educate recruitment staff and foster parents about the needs of LGBTQ individuals, families</p>	Ongoing

Activity	Status
<p>and youth. They have helped lead foster parent support groups and have supported expanded recruitment tables at local Gay Pride events. These efforts continue to improve and expand stronger partnerships with the gay, lesbian, and transgender communities and other ally groups to support foster care resources for Gay, Lesbian, Bisexual, Transgender, and Questioning Youth. Olive Crest’s recruitment staff continues to utilize their video championing LGBTQ youth and the needs for specific recruitment efforts for this population. It is widely utilized and available for use in the community. Olive Crest has made extensive efforts in reaching out to organizers of the Gay Pride Parades and events in Western Washington to establish recruitment booths. Families Like Ours became a new vendor at the 2016 Mariners We Are Family event. Again this last year successful efforts took place in Vancouver, Olympia, Seattle, Kitsap County and in Spokane. CA, Olive Crest, and EWU continue to collaborate with Families Like Ours, PFLAG, Rainbow Group, and other resources within the Gay community to gain information, education, training, and support to develop:</p> <ul style="list-style-type: none"> <li>▪ Recruitment responsive to the needs of LGBTQ youth in out-of-home care.</li> <li>▪ Recruitment efforts to reach out to the LGBTQ community with inclusiveness.</li> <li>▪ Support services for caregivers of LGBTQ youth. The Olive Crest website offers information and directs interested families to foster parent pre-service trainings by multiple providers, including Families Like Ours.</li> </ul> <p>CA, Olive Crest, and EWU will prioritize identification of LGBTQ members for the RDS teams to ensure the needs of children and youth in the population are not overlooked in recruitment efforts. The RDS teams will continue collaboration with resources within the LGBTQ community and with the CA Office of Diversity to improve inclusiveness in foster parent recruitment.</p>	
<p>5. Children’s Administration convened a Value Stream Mapping event (VSM) to identify ways to improve recruitment and retention of prospective foster parents (PFPs) as they inquire about foster parenting, begin training and the licensing process. The state of recruitment services was dissected and reviewed for those areas where challenges existed for prospective caregivers. Several challenges were identified for strategy development in effort to improve outcomes in these areas.</p> <ol style="list-style-type: none"> <li>a. Communication with all parties involved in recruitment work is not consistent, which allows for misinformation and gaps in information sharing. <ol style="list-style-type: none"> <li>i. A core group has been developed to meet quarterly to ensure on-going and regular communication. Outcomes include members who are knowledgeable about the system and open lines of communication that will be shared with CA and private agency staff, Olive Crest, EWU, the Alliance, the SRIC system and RDS Teams.</li> </ol> </li> <li>b. Envelopes included in the foster care application packet were not large enough to hold the required materials caregivers were required to return <ol style="list-style-type: none"> <li>i. New envelopes were purchased and distributed to DLR staff for inclusion in the packets.</li> </ol> </li> <li>c. There was not a consistent process for prospective foster parents to know if their application had been received. <ol style="list-style-type: none"> <li>i. Office processes will be updated and streamlined to ensure the 7-day notification letter is sent to all prospective families. DLR will also amend their application check list for better tracking by both staff and caregivers.</li> </ol> </li> <li>d. Recruitment contractors were not receiving the names of prospective foster families who either attended or completed the CCT Training. <ol style="list-style-type: none"> <li>i. Due to confidentiality the Alliance is unable to provide names of participants to other contractors. This information will be provided directly to CA who can make it available to the recruitment and retention contractors.</li> </ol> </li> <li>e. Currently there is no way to track prospective foster parents who complete DLR’s on-line Orientation. <ol style="list-style-type: none"> <li>i. CA will work with NW Resource Associates and the SRIC system and CA’s webmaster to install the SRIC I-Frame inquiry document into the Orientation page. This will allow for the SRIC system to capture those completing the training before the certificate issued. The SRIC system will automatically send notice to Olive Crest or EWU.</li> </ol> </li> </ol>	New



Activity	Status
<ul style="list-style-type: none"> <li>f. The application process for training and licensing can be confusing for prospective foster families who may not be aware of all the requirements.               <ul style="list-style-type: none"> <li>i. DLR will develop an easy-to-read visual road map that provides clear, concise and accurate information about the licensing process.</li> </ul> </li> <li>g. A process is needed to follow-up with prospective foster parents who walk in or call in for licensing information, since these contacts are not added to the SRIC and potentially lost.               <ul style="list-style-type: none"> <li>i. An email notification process will be developed by DLR to ensure Olive Crest's liaison and EWU's mentor will be notified of the contact. The recruitment and retention staff will add these individuals into the SRIC database.</li> </ul> </li> </ul>	
<p>6. CA will continue to collaborate through a contract with NWRA and NWAE for the Special Adoption Recruitment Program serving 20 identified special needs children who are not in permanent homes as well as a Youth Recruitment project that was initiated in 2016.</p>	
<p>7. Children's Administration initiated statewide monthly adoption consortium meetings in June 2016 and will continue this activity. Consortiums are an opportunity for adoption workers, Child and Family Welfare Services (CFWS) workers, Division of Licensed Resources (DLR) workers, guardian ad litem/Court Appointed Special Advocates (CASA), private agency workers and families to present information on children who are in need of permanent homes and families with approved home studies who are awaiting placements. Video conference sites are located in offices across the state and a phone-in conference line is available for those private agencies and families who reside outside the state of Washington. In June and October, CA staff, DLR, private agencies, community partners and families are invited to attend Consortium in-person rather than through a video conferencing site. These events are one to two days in length and in addition to presentations of children and families, cross-training opportunities are provided for attendees. Training topics included permanency considerations, team building, and best practice ideas when assessing families for placement.</p>	Ongoing
<p>8. CA will continue facilitating a Statewide Adoption Facebook page. This social media page provides statewide adoption information such as meetings, classes, and resources. It also profiles special needs children who are in need of a permanent home.</p>	Ongoing
<p>9. CA's Foster Care Recruitment and Retention program staff will continue to partner with staff at Olive Crest, EWU, and regional RDS teams to review progress, needs, and adjust planning for targeted recruitment efforts. The RDS teams will continue utilization of local and regional data on children entering care and current DLR licensing data available to inform decision making on targeted recruitment efforts.</p>	Ongoing

	Washington Adoption Resource Exchange (which includes NWAE)	Specialized Recruitment Program
Number of Children Served	362	24
Female	38.7%	50%
Male	61%	50%
Transgender	0.3%	0%
12 or Older	58.3%	58.3%
Minority	36%	37.5%

*Data Source: NWAE; July 2015 to June 2016*



2018 Annual Progress and Services Report

State of Washington

Department of Social and Health Services

Children's Administration

# Health Care Oversight and Coordination Plan Update

Attachment E

June 30, 2017

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# Washington State Health Care Oversight and Coordination Plan

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## 2017 Update

*The Program Instructions for the first APSR to the 2015-2019 CFSP directed states to address the following in an update to the Health Care Oversight and Coordination Plan:*

- *Describe the progress and accomplishments in implementing the state's 2015-2019 Health Care Oversight and Coordination Plan, including the impact protocols for the appropriate use and monitoring of psychotropic medications have had on the prescription and use of these medications among children and youth in foster care;*
- *Indicate in the 2018 APSR if there are any changes or additions needed to the plan. In a separate word document, provide information on the change or update to the Health Care Oversight and Coordination Plan, if any.*

## Changes and updates are provided below and identified within each section of the Health Care Oversight and Coordination Plan

- **Developing a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice**
  - No updates or changes were made to this section
- **How health needs identified through screenings will be monitored and treated:**
  - A six-hour in-service training for CA staff regarding mental health needs and trauma identification is available statewide throughout the year. In 2016, this training was provided to 478 CA staff.
  - Four Ongoing Mental Health (OMH) screeners telephonically conduct mental health screenings, at six month intervals, for children ages 3-17 years old. OMH screens are completed for children who received a CHET upon entering out-of-home placement after January 2014. Tools used in the OMH screen are the:
    - Ages and Stages Questionnaire-Social/Emotional (ASQ-SE); for children 3 years to 65 months
    - Pediatric Symptoms Checklist-17 (PSC-17); for children 66 months through 17 years
    - Screen for Child Anxiety and Related Emotional Disorder (SCARED) – trauma tool.; for children 7 years old through 17 years old.
  - The OMH screening program completed 1,594 screens in calendar year 2016. An average of 44 percent of the children who received an OMH screen scored in the clinically significant range. This information and suggestions for appropriate evidence-based services are forwarded to the caregiver and caseworker.
  - The OMH program is piloting a trauma screen for children ages 3-7 years old (known as the Plus 3 pilot). The pilot was designed and implemented as a response to the gap in validated trauma screening tools for this age group. In coordination with University of Washington evaluation team, the pilot was expanded to include children and youth up to age 17 to test the feasibility of this tool as a potential replacement for more burdensome procedures in the OMH and CHET programs.
  - Completed case review of 150 individual children who screened above the clinical range on the SCARED Trauma Tool to observe implementation of the new SCARED tool and its impact on receiving mental health services. Of the 150 children, 148 received a recommendation for a mental health assessment and 138 completed a mental health assessment (92%).
  - Apple Health Core Connections (AHCC) calls caregivers of all children newly placed into foster care to discuss caregiver questions and concerns about the child and identify any urgent physical or behavioral health care needs.
  - The Fostering Well-Being Care Coordination Unit (FWB CCU) continued to provide care coordination services to children and youth in foster care during 2016 and assisted in the transition to managed care with AHCC. FWB CCU continues to provide care coordination services

for children and youth in foster care who remain in the Apple Health fee for service program. These children and youth are either American Indian/Alaska Native who choose to remain fee for service or undocumented who must remain state funded and cannot be enrolled in a federally funded Medicaid program.

- **How medical information for children in care will be updated and appropriately shared which may include the development and implementation of an electronic health record;**
  - The OMH screeners upload the results of the mental health screening tools into FamLink, and the caseworker is notified by email that the report has been uploaded. A copy of the OMH report is mailed to the child’s caregiver.
  - By December 2017, the OMH report will be shared with AHCC via a secure file transfer site. AHCC will use the OMH report to assure children are accessing appropriate behavioral health services.
  - Completed CHET reports are shared via a secure file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.
  - In calendar year 2016, AHCC provided training to 1,124 CA staff and 1,438 caregivers regarding trauma, resiliency, managed health care for foster children, personal health information, and consent.
  - By summer 2016, CA will complete data share agreements, memorandums of understanding, and business associate agreements in order to establish data and information sharing protocols with CCW, the Health Care Authority (HCA), and other DSHS administrations. This information sharing is necessary to ensure children served through the AHCC plan receive timely, appropriate, and coordinated physical and behavioral health care services.
  - **UPDATE:** Data share and business associate agreements were not completed by summer, 2016. CA, HCA, and CCW continue to work on this item and expect to have a data exchange between CA and HCA completed in 2017. Once the data exchange occurs, CA and HCA will begin working on an interface that will auto populate specific fields in FamLink with data from Washington’s Medicaid Management Information System (MMIS), ProviderOne.
  - CA, HCA, and CCW will continue develop and implement data share agreements and policy that will allow CA caseworkers to have direct access to the CCW CHR360 portal which contains information about the child’s physical, behavioral, and medication information.
  - Families of adopted children and youth who participate in Extended Foster Care who choose to remain enrolled in CCW are currently able to access their health information through the CCW CHR 360 portal.
- **Steps to ensure continuity of health care services (which may include the establishment of a medical home for every child in care)**
  - AHCC had an initial “Continuity of Care” benefit for children who are newly enrolled into their plan from fee for service or other managed care plans. The intent was to allow time for AHCC to contract with the child’s existing providers and avoid changes in providers. AHCC has extended the “Continuity of Care” benefit indefinitely and consistently works with out-of-network providers to ensure the child’s needs are met.
    - Since the contract was awarded to Coordinated Care in August 2015, AHCC has made statewide efforts to recruit and contract with physical and behavioral health care providers who see fee-for-service Medicaid children to ensure continuity of care under the new AHCC managed care plan.
    - Due to legislation (SHB 1879), active planning between the HCA, CA, DBHR and CCW is occurring to develop the service array, rates and contract language for a fully integrated physical and behavioral health system. Full integration is scheduled for implementation by October 2018.

■ **Oversight of prescription medications**

- AHCC embeds a formal psychotropic medication utilization review (PMUR) into their practice. Between April 1, and December 31, 2016 the PMUR process identified 13 children/youth with a medication regimen outside of typical/recommended prescribing parameters. There were also 21 children/youth with a regimen outside of parameters but within the standard of care. PMUR utilizes a peer to peer process to address medication concerns with prescribers.
- The AHCC PMUR process uses specific criteria to indicate where there is a need for further review of a child's clinical status.
- For a child who is prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:
  1. Absence of a thorough assessment for a DSM-5 diagnosis(es)
  2. Four (4) or more psychotropic medications prescribed concomitantly
  3. Prescribing of:
    - a. Two (2) or more concomitant stimulants
    - b. Two (2) or more concomitant alpha agonists
    - c. Two (2) or more concomitant antidepressants
    - d. Two (2) or more concomitant antipsychotics
    - e. Three (3) or more concomitant mood stabilizers
  4. The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
  5. Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
  6. The psychotropic medication dose exceeds usual recommended doses.
  7. Stimulants: Under age 3-years old
    - Alpha Agonists Under age 4-years old
    - Antidepressants: Under age 4-years old
    - Mood Stabilizers: Under age 4-years old
    - Antipsychotics: Under age 5-years old
  8. Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant):
    - Attention Deficit Hyperactive Disorder (ADHD)
    - Uncomplicated anxiety disorders
    - Uncomplicated depression
  9. Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose- and lipids at least every 5 months.
- CA's Division of Licensed Resources (DLR) identified concerns in some licensed group care facilities regarding medication management and documentation. DLR identified consistent documentation errors, and to a lesser degree, medication storage issues. To remedy the identified issues, DLR worked with nurses from the FWB CCU to create a medication management training for DLR and group care staff. Work began on this training in October of 2016 and became available to both DLR regional licensors and private agency staff on April 3, 2017. The training is required for all DLR regional licensing staff and will be added as a requirement for all BRS contracted providers in the next Behavior Rehabilitation Service (BRS) contract renewals. The training is also available for other CA staff and non-BRS group care staff. Regional licensors are now required to review medication storage and logs as part of their bi-annual health and safety review. This new requirement will be added to the regional licensing policies and procedures during the next policy revision in 2017.

- **How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.**
  - Upon the implementation of AHCC in April 2016:
    - All caregivers of newly placed children receive a phone call from AHCC staff to determine if the child has any urgent or unmet physical or behavioral health care needs, answer questions about the AHCC plan and managed care, and assign a primary care provider.
    - Completed CHET screens are uploaded to an sFT site for retrieval by AHCC staff. AHCC reviews the CHET reports and assigns the child to a care coordination level and contacts the caseworkers of children who are assigned for the more intensive levels of care coordination.
    - CHET screeners send an “expedited referral” to AHCC for care coordination if there are concerns about medically complex or medically fragile children during the CHET screening process.
  - As a quality assurance mechanism, CA HQ observed the Alliance trainers who provide the *Mental Health: A Critical Aspect to Permanency and Well-Being* training to ensure fidelity of the model.
  - Training opportunities for CA staff and caregivers are available through AHCC. These trainings include:
    1. Trauma 101
    2. Resiliency
    3. Hope for Healing

AHCC will continue to expand their training topics and opportunities for CA staff and caregivers in 2017.

- **Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for Health Care Insurance and Health Care Treatment Decisions.**
  - No changes were made to this section.

2018 Annual Progress and Services Report

State of Washington

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Children's Administration

# Health Care Oversight and Coordination Plan Update

Attachment E

June 30, 2017

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  3. Prescribing of:
    - a. Two (2) or more concomitant stimulants
    - b. Two (2) or more concomitant alpha agonists
    - c. Two (2) or more concomitant antidepressants
    - d. Two (2) or more concomitant antipsychotics
    - e. Three (3) or more concomitant mood stabilizers
  4. The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
  5. Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
  6. The psychotropic medication dose exceeds usual recommended doses.
  7. Stimulants: Under age 3-years old
    - Alpha Agonists Under age 4-years old
    - Antidepressants: Under age 4-years old
    - Mood Stabilizers: Under age 4-years old
    - Antipsychotics: Under age 5-years old
  8. Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant):
    - Attention Deficit Hyperactive Disorder (ADHD)
    - Uncomplicated anxiety disorders
    - Uncomplicated depression
  9. Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose- and lipids at least every 5 months.
- CA's Division of Licensed Resources (DLR) identified concerns in some licensed group care facilities regarding medication management and documentation. DLR identified consistent documentation errors, and to a lesser degree, medication storage issues. To remedy the identified issues, DLR worked with nurses from the FWB CCU to create a medication management training for DLR and group care staff. Work began on this training in October of 2016 and became available to both DLR regional licensors and private agency staff on April 3, 2017. The training is required for all DLR regional licensing staff and will be added as a requirement for all BRS contracted providers in the next Behavior Rehabilitation Service (BRS) contract renewals. The training is also available for other CA staff and non-BRS group care staff. Regional licensors are now required to review medication storage and logs as part of their bi-annual health and safety review. This new requirement will be added to the regional licensing policies and procedures during the next policy revision in 2017.

- **How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.**
  - Upon the implementation of AHCC in April 2016:
    - All caregivers of newly placed children receive a phone call from AHCC staff to determine if the child has any urgent or unmet physical or behavioral health care needs, answer questions about the AHCC plan and managed care, and assign a primary care provider.
    - Completed CHET screens are uploaded to an sFT site for retrieval by AHCC staff. AHCC reviews the CHET reports and assigns the child to a care coordination level and contacts the caseworkers of children who are assigned for the more intensive levels of care coordination.
    - CHET screeners send an “expedited referral” to AHCC for care coordination if there are concerns about medically complex or medically fragile children during the CHET screening process.
  - As a quality assurance mechanism, CA HQ observed the Alliance trainers who provide the *Mental Health: A Critical Aspect to Permanency and Well-Being* training to ensure fidelity of the model.
  - Training opportunities for CA staff and caregivers are available through AHCC. These trainings include:
    1. Trauma 101
    2. Resiliency
    3. Hope for Healing

AHCC will continue to expand their training topics and opportunities for CA staff and caregivers in 2017.

- **Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for Health Care Insurance and Health Care Treatment Decisions.**
  - No changes were made to this section.

2018 Annual Progress and Services  
Report

State of Washington

Department of Social and Health Services

Children's Administration

# Children's Administration Continuity Plan

Attachment F

June 30, 2017

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## ANNEX D:

# Continuity Plan for Children's Administration

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DSHS

Transforming Lives

This is the Continuity Plan for the Washington State Department of Health and Social Services, Children's Administration for the calendar year 2016. It provides the management framework in which the Children's Administration, along with its component programs and offices can plan and perform their respective functions during an emergency or disaster.

**DSHS**

1115 Washington St. SE  
Olympia, WA 98501

## FOR OFFICIAL USE ONLY

**WARNING:** This document is **FOR OFFICIAL USE ONLY (FOUO)**. Portions of the Plan contain information that raises personal privacy, security, public safety, or other concerns, and those portions may be exempt from public disclosure under the [Public Records Act, Ch. 42.56 RCW](#). Emergency and continuity plans are to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with rules that document disclosure of personal or other confidential information. Continuity plans should not be released to the public or other personnel who do not have a valid "need to know" without prior approval of the responsible DSHS manager or consultation with the appropriate public records coordinator.

Employee's personal phone numbers included in this plan are exempt under [Ch. 42.56.250\(3\) RCW](#). In addition, the disclosure of information in this plan could compromise the security of essential equipment, services, and systems of DSHS public safety, or otherwise impair DSHS' ability to carry out mission essential functions. These parts of this plan may be exempt and protected from disclosure under [Ch. 42.56.420 RCW](#). Distribution of the Continuity Plan in whole or part is limited to those personnel who need to know the information in order to successfully implement the plan.

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## ANNUAL REVIEW AND APPROVAL

This is the Continuity Plan for the Washington State Department of Health and Social Services (DSHS), Children's Administration (CA) for the calendar year 2016. It provides the management framework under which CA, along with its component programs and offices can plan and perform their respective functions during an emergency or disaster.

This Continuity Plan was prepared to comply with, [Ch. 38.52 RCW Emergency Management, Governor's Directive 16-01](#), and in accordance with direction from Federal Emergency Management Administration (FEMA), [Continuity Guidance Circular 1 \(CGC 1\)](#), and [Continuity Guidance Circular 2 \(CGC 2\)](#). It is in accordance with other existing Federal and State requirements and understanding of the various agency Administrations and programs involved. This plan supersedes any previous Continuity Plan and has been certified by the Secretary of DSHS. It will be reviewed and re-certified annually. Recipients are requested to advise the Agency Office of Emergency Management of any changes which might result in its improvement or an increase in its usefulness.

Approved: \_\_\_\_\_

Jennifer A. Strus, Assistant Secretary  
Children's Administration

Date: \_\_\_\_\_

## INTRODUCTION

The Department of Social and Health Services (DSHS) Children's Administration has essential operations and functions that must be performed, or rapidly and efficiently resumed, during and following an emergency or disaster. Emergency events have the potential to significantly interrupt, paralyze, and/or destroy the ability of CA to perform these essential operations. While the impact of these emergencies cannot be predicted, planning for operations under such conditions can mitigate the impact of the emergency on our staff, clients, facilities, services, and our mission.

CA staff have prepared this comprehensive Continuity Plan to ensure that essential operations can be performed during an emergency situation that may disrupt normal operations. This plan was developed to establish policy and guidance to ensure the execution of mission essential functions and to direct the relocation of personnel and resources to a continuity facility capable of supporting operations. The plan outlines procedures for alerting, notifying, activating, and deploying personnel; identifying the mission essential functions; establishing a continuity facility; and identifying personnel with authority and knowledge of these functions.

## REVISION RECORD

It is the responsibility of the Assistant Secretary for Children's Administration to ensure that this plan is reviewed at least annually and that all changes and updates are made. The plan holder must:

- Remove and destroy obsolete pages
- Replace obsolete pages with the updated pages
- Ensure that the plan is readily available

REVISION RECORD		
Date	Affected Page Numbers	Description of Changes (Reason, Authorization, Approval)
June 2016	All	Initial distribution
June 2017	9,19-27,48-50,60-65	Updated tables, minor edits
June 2017	80-88,92,94-96	Replaced job action, intake lines, AA table

## DISTRIBUTION LIST

Children's Administration will distribute copies of the Continuity Plan on a need-to-know basis. Copies of the plan are available to designated staff in each Administration program if needed. Emergency Management Services also retains copies of completed plans. Redacted copies of the Plan may be distributed internally to authorized employees within DSHS as necessary to promote information sharing and facilitate a coordinated continuity effort. Further distribution of the Plan is not permitted without approval from the DSHS Privacy Officer. Emergency Management Services and designated employees in each Administration and residential program coordinate the distribution of updated versions of the continuity plans annually and as substantive revisions are made.

DISTRIBUTION LIST	
1.	Jennifer A. Strus, Assistant Secretary
2.	Edith Hitchings, Executive Staff Director
3.	Jenny Heddin Director, Finance and Performance Evaluation Division
4.	Toni Sebastian Director, Program and Policy
5.	Stephanie Sarber Director, CA Technology Services (CATS)
6.	Connie Lambert-Eckel, Director of Field Operations
7.	Jeff Kincaid, Region 1 Administrator
8.	Natalie Green, Region 2 Administrator
9.	Joel Odimba, Region 3 Administrator
10.	Darcey Hancock, Division of Licensed Resources Administrator
11.	Tammy Cordova, Section Chief Data Management and Reporting
12.	Deputy Administrators List
13.	Regional Operations Managers List
14.	Field Continuity Coordinators (Area Administrators) List
15.	Nicole Muller, Centralized Services Administrator
16.	Diane Inman, Field Operations Administrator

### ***General Distribution***

General distribution of selected unclassified sections of the Continuity Plan may be issued to all employees to ensure a high level of readiness. Distribution methods may be a combination of the Agency's instructional letters, employee bulletins, or other internal memoranda. Redacted copies of the Plan may be distributed internally to authorized employees within the Agency as necessary to promote information sharing and facilitate coordination.

## **EXECUTIVE SUMMARY**

Washington State responds to disasters and emergencies to save lives; protect the public's health, safety, and well-being; protect property; maintain essential communications; provide for business continuity; and restore public services. However, Governor Jay Inslee and our elected state officials are concerned about the extent to which disasters and emergencies can disrupt or destroy state government capabilities to preserve civil institutions and perform essential governmental functions effectively.

Consequently, the Legislature determined that it is imperative that each state agency, board and commission develop and maintain a Continuity Plan, as specified in Ch. 38.52 RCW. Continuity planning is designed to develop and maintain a comprehensive set of policies and procedures that enable each state agency to preserve, maintain, and resume its capability to function effectively in the event of the threat or occurrence of any disaster or emergency that could potentially disrupt governmental operations and services.

## **ANNEX D: CHILDREN'S ADMINISTRATION**

The following information is specific to Children's Administration



## 1.0 PLANNING RESPONSIBILITIES

While ultimate responsibility for continuity planning resides with the Secretary of the Department of Social and Health Services, the Assistant Secretary for Children's Administration is directly responsible for the continuation of essential services in an emergency and, consequently, for the related planning for the administration.

The Assistant Secretary has several continuity planning responsibilities including, but not limited to, the following:

- Appointing an Administration Liaison for the DSHS Emergency Coordination Center (ECC)
- Ensuring the development, approval, and the maintenance of Continuity Plans for other programs and offices under the Administration, as necessary
- Ensuring that all Administration staff are trained for their continuity responsibilities
- Participating in periodic continuity exercises
- Notifying appropriate internal and external entities when Administration Continuity Plans are activated

The DSHS Emergency Management Services (EMS) will assist in the development of Administration Continuity Plans and continue to regularly monitor and be updated on continuity efforts, as required under statute. Importantly, there will be close coordination between the Administration's senior management and the OEMS team responsible for continuity planning.

Table 1 lists the names, designated positions and the responsibilities of the personnel who are responsible for continuity planning.

**Table 1 Continuity Program Management Team**

<b>EMERGENCY MANAGEMENT SERVICES CONTINUITY PROGRAM MANAGEMENT TEAM</b>	
<b>Name and Position Title</b>	<b>General Responsibilities</b>
Sue Bush, Director	Develops Agency level policies to supporting a comprehensive emergency management program including preparedness, response, and recovery. Oversees Agency compliance with relevant Federal and State statutes and other authorities pertaining to emergency management and makes recommendations to Executive Leadership for improvement.
Robert Soldier, Continuity Planning Manager	Overall coordination of the Agency's continuity planning outcomes. Establish and support compliance with Agency level standards and objectives pertaining to continuity planning. Provide ongoing guidance and support to all Administrations for the development and maintenance of Continuity Plans.
David Shannon, Training Manager	Overall coordination of the Agency's emergency preparedness. Establish and support compliance with Agency level standards and objectives pertaining to training, testing and exercising Continuity Plans.

## 2.0 ESSENTIAL FUNCTIONS

The Children's Administration has identified the essential functions that enable it to provide vital services, exercise authority, maintain the safety and well-being of the staff, and sustain the support functions of the Administration in an emergency. Essential functions provide the basis for continuity planning.

The essential functions are prioritized according to those activities that are pivotal to resuming operations when a catastrophic event occurs. Prioritization is determined by the following:

- Time criticality of each essential function
- Sequence for recovery of essential functions and their critical processes

**Note:** An essential function's time criticality is related to the amount of time that function can be suspended before it adversely affects the Administration's core mission. Time criticality can be measured by either recovery time or recovery point objectives. The Recovery Point Objective (RPO) is more specific to information systems. It is the amount of data that can be lost measured by a time index. Not all processes have RPOs, and some processes can have both a RPO and a Recovery Time Objective (RTO).

Essential functions and their supporting processes and services are intricately connected. Each essential function has unique characteristics and resource requirements, without which the function could not be sustained. Those processes and services that are necessary to assure continuance of an essential function are considered critical. Often, the processes and services deemed critical vary depending upon the emergency or if they have a time or calendar component.

Table 2 lists the essential functions within the Administration. For each essential function listed, their critical dependencies (supportive processes or services) and their recovery time objectives (RTO) are provided.

**Table 2 Essential Functions, Dependencies and Recovery Time Objective**

<b>ESSENTIAL FUNCTIONS, DEPENDENCIES AND RECOVERY TIME OBJECTIVES</b>				
<b>Essential Functions</b>	<b>Essential Function Operational</b>	<b>Supportive Processes or Continuity Strategy</b>	<b>Supporting Offices and Staff</b>	<b>Recovery Time Objective</b>
<b>Respond to new emergent CPS intakes</b>	Leadership and decision making	Appoint qualified leadership Establish CA wide communications	CA Senior Management Secretary/ELT	<b>IMMEDIATE</b>
	Emergency Management	Designate staff for Agency ECC Enter Duty Station Status Reports	Centralized Services Field Office Continuity Coordinators	<b>IMMEDIATE</b>
	Disaster Recovery of all mission critical IT and communications systems	All automated data and payment systems CATS IT Disaster Recovery Plan Telephone service (CTS)	CA Technological Services (CATS) Consolidated Technology Services (CTS) Enterprise Technology (ET)	<b>IMMEDIATE</b>
	Child Protective Services Central Intake/End Harm Line	Central Intake/Seattle CPS Intake Line Recovery Protocols Telephone Services	Region 1: Richland, Spokane Region 2: Sky Valley, Seattle Region 3: Tacoma, Tumwater, Bremerton, Centralia, Shelton, Vancouver, Port Angeles, Aberdeen	<b>IMMEDIATE</b>

**Table 2 Essential Functions, Dependencies and Recovery Time Objective**

<b>ESSENTIAL FUNCTIONS, DEPENDENCIES AND RECOVERY TIME OBJECTIVES</b>				
<b>Essential Functions</b>	<b>Essential Function Operational</b>	<b>Supportive Processes or Continuity Strategy</b>	<b>Supporting Offices and Staff</b>	<b>Recovery Time Objective</b>
<b>Respond to new emergent CPS intakes</b>	Process new Child Protective Services (CPS) intakes	CA Phone tree activation CA Emergent positions activation CPS Intake Line Coordination with law enforcement CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	<b>IMMEDIATE</b>
	Identify/access services and resources	CA Phone tree activation CA Emergent positions activation CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	<b>24 Hours</b>
<b>Provide foster care support</b>	Identify/locate children who may be displaced	CA Phone tree activation CA Emergent positions activation CPS Intake Line CA IT Systems ArcGIS Mapping	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	<b>IMMEDIATE</b>
	Assess needs of displaced or affected children	CA Phone tree activation CA Emergent positions activation CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	<b>IMMEDIATE</b>

**Table 2 Essential Functions, Dependencies and Recovery Time Objective**

<b>ESSENTIAL FUNCTIONS, DEPENDENCIES AND RECOVERY TIME OBJECTIVES</b>				
<b>Essential Functions</b>	<b>Essential Function Operational</b>	<b>Supportive Processes or Continuity Strategy</b>	<b>Supporting Offices and Staff</b>	<b>Recovery Time Objective</b>
<b>Provide foster care support</b>	Assess needs of caregivers (e.g., need for relocation)	CA Phone tree activation CA Emergent positions activation CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	<b>IMMEDIATE</b>
	Parental notification of children in affected areas	CA Phone tree activation CA Emergent positions activation CA IT Systems	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	<b>IMMEDIATE</b>
	Process and maintain payments to resource families	CA Phone tree activation CA Emergent positions activation CA IT Systems (SSPS)	CA Technological Services (CATS) Consolidated Technology Services Enterprise Technology (ET)	<b>IMMEDIATE</b>

### **3.0 KEY PERSONNEL**

Each essential function has associated key personnel and positions that are necessary to the Continuity Plan. They represent strategically vital points in Children's Administration management and authority, and underscore the essential functions of the Administration that must be carried out. If these positions are left unattended, the administration will not be able to meet administration and client support needs or fulfill its mission essential functions.

Table 3 lists the key personnel, and their contact information, that perform essential functions, including supporting process and procedures. Also provided are the key personnel's current title and their role once operating under the Continuity Plan.

**Table 3 Key Positions**

<b>KEY POSITION / PERSONNEL</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Title</b>	<b>Continuity Role</b>	<b>Name &amp; Contact Information</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership and decision making	Assistant Secretary/CA	Administration Leadership	<b>Jennifer Strus</b> Telephone: 360.902.7820 Cell Phone:
		Director of Field Operations		<b>Connie Lambert-Eckel W- Spokane</b> Telephone: 509.363.3380 <b>W – Olympia</b> Telephone: 360.902.7982 Home Phone: 509.536.8134 Cell Phone: 509.979.5256
	Recovery of all mission critical IT and communications systems	Director Children's Administration Technology Services (CATS)	Disaster recovery of mission essential IT systems	<b>Stephanie Sarber</b> Telephone: 360.628.6074 Home Phone: Cell Phone:
	Emergency Management	Field Operations Continuity Administrator	Administration Emergency Operations	<b>Diane Inman</b> Telephone: 360.902.7993 Home Phone: 360.956.1556 Cell Phone: 360.349.3588
	Child Protective Services Central Intake	Centralized Services Administrator	Ensure availability of CPS Abuse Reporting Central Intake	<b>Nicole Muller</b> Telephone: 360.902.0217 Cell Phone: 360.485.5847
Ensure client data/reports availability	Section Chief Data Management & Reporting	Ensure client data/reports availability	<b>Tammy Cordova</b> Telephone: 360.902-7909	



**Table 3 Key Positions**

<b>KEY POSITION / PERSONNEL</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Title</b>	<b>Continuity Role</b>	<b>Name &amp; Contact Information</b>
<b>Respond to new emergent Child Protective Services intakes</b>	<b>Intake Response Activities:</b> <ul style="list-style-type: none"> <li>• Process new CPS intakes</li> <li>• Complete assessments on new intakes</li> <li>• Law enforcement coordination</li> <li>• Identify/access services &amp; resources</li> </ul>		Ensure that new CPS intakes are processed	
		Central Intake Area Administrator		<b>Michael Behar</b> Telephone: 206.341.7312 Cell Phone:
		Region 1 Regional Administrator		<b>Jeff Kincaid</b> Telephone: 509.363.3348 Cell Phone: 509.844.2008
		Region 2 Regional Administrator		<b>Natalie Green</b> <b>W - Seattle</b> Telephone: 206.639.6201 <b>W – Everett</b> 425.339.4776 Cell Phone: 253.442.3065
		Region 3 Regional Administrator		<b>Joel Odimba</b> <b>W - Tacoma</b> Telephone: 253.983.6258 <b>W - Tumwater</b> Telephone: 360.725.6820 Cell Phone: 206.954.4276

**Table 3 Key Positions**

<b>KEY POSITION / PERSONNEL</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Title</b>	<b>Continuity Role</b>	<b>Name &amp; Contact Information</b>
<b>Respond to new emergent Child Protective Services intakes</b>	<b>Intake Response Activities:</b> Process new CPS intakes Complete assessments on new intakes Law enforcement coordination Identify/access services & resources	Division of License Resources (DLR) Administrator	Ensure that new CPS intakes are processed	<b>Darcey Hancock</b> Telephone: 360.902.0288 Cell Phone: 360.628.4357
		Region 1 North Deputy Administrator		<b>Nicole Labelle</b> Telephone: 509.363.3321 Cell Phone: 509.309.5931
		Region 1 South Deputy Administrator		<b>Dorene Perez</b> Telephone: 509.454.6930 Cell Phone: 509.388.4141
		Region 1 Deputy Admin. Regional Programs		<b>Robert Larson</b> Telephone: 509.570.6878
		Region 1 Operations Manager		<b>Amy Rogers</b> Telephone: 509.220.8259
		Region 2 North Deputy Administrator		<b>Yen Lawlor</b> Telephone: 425.339.4778 Cell Phone: 360.688.6239
		Region 2 South Deputy Administrator		<b>Bolesha Johnson</b> Telephone: 206.639.6202 Cell Phone: 206.419.5394
		Region 2 Deputy Administrator Regional Programs		<b>Patricia (Patty) Turner</b> Telephone: 425.339.2908 Cell Phone: 425.299.5069

**Table 3 Key Positions**

<b>KEY POSITION / PERSONNEL</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Title</b>	<b>Continuity Role</b>	<b>Name &amp; Contact Information</b>
<b>Respond to new emergent Child Protective Services intakes</b>	<b>Intake Response Activities:</b> <ul style="list-style-type: none"> <li>• Process new CPS intakes</li> <li>• Complete assessments on new intakes</li> <li>• Law enforcement coordination</li> <li>• Identify/access services &amp; resources</li> </ul>	Region 2 Operations Manager	Ensure that new CPS intakes are processed	<b>John Jewell</b> Telephone: 425.339.4791
		Region 3 Deputy Admin. Regional Programs		<b>Anita Teeter</b> Cell Phone: 360.999.0890
		Region 3 North Deputy Administrator		<b>John March</b> Cell Phone: 206.902.8957
		Region 3 South Deputy Administrator		<b>Debbie Lynn W - Tumwater</b> Telephone: 360.725.6757 <b>W – S. Bend</b> 360.875.4202 Cell Phone: 360.481.9610
		Region 3 Operations Manager		<b>Dave Steward</b> Telephone: 253.983.6584
		Field Continuity Coordinators (Area Administrators)		<b>Field Office Continuity Coordinator list:</b> Appendix F.3
		Designated Emergent Field Staff		<b>Office based lists:</b> Maintained by Field Continuity Coordinators for specific areas. Lists accessible by Regional Deputy Administrators
		Central Intake Field Staff		<b>Central Intake Field Staff lists:</b> Maintained on SharePoint by Central Intake Area Administrator

Table 3 Key Personnel

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Provide foster care support	<b>Support Response Activities:</b> <ul style="list-style-type: none"> <li>Identify/locate children who may be displaced</li> <li>Assess needs of displaced or affected children</li> <li>Assess needs of caregivers</li> <li>Parental notification of children in affected areas</li> <li>Ensure payments to caregivers</li> </ul>	Region 1 Regional Administrator	Ensure displaced children are located and needs are assessed	<b>Jeff Kincaid</b> <b>W - Spokane</b> Telephone: 509.363.3348 Cell Phone: 509.844.2008
		Region 2 Regional Administrator		<b>Natalie Green</b> <b>W - Seattle</b> Telephone: 206.691.2513 <b>W – Everett</b> 425.339.4776 Home phone: 360.653.8488 Cell Phone: 206.245.6703
		Region 3 Regional Administrator		<b>Joel Odimba</b> <b>W - Tacoma</b> Telephone: 253.983.6258 <b>W- Tacoma</b> Telephone: 360.725.6820 Cell Phone: 206.954.4276
		Division of License Resources (DLR) Administrator		<b>Darcey Hancock</b> Telephone: 360.902.0288 Cell Phone: 360.628.4357

**Table 3 Key Positions**

<b>KEY POSITION / PERSONNEL</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Title</b>	<b>Continuity Role</b>	<b>Name &amp; Contact Information</b>
<b>Provide foster care support</b>	<b>Support Response Activities:</b> <ul style="list-style-type: none"> <li>• Identify/locate children who may be displaced</li> <li>• Assess needs of displaced or affected children</li> <li>• Assess needs of caregivers</li> <li>• Parental notification of children in affected areas</li> <li>• Ensure payments to caregivers</li> </ul>	Region 1 Deputy Administrator – Regional Programs	Ensure displaced children are located and needs are assessed	<b>Robert Larson</b> Telephone: 509.570.6878
		Region 1 North Deputy Administrator		<b>Nicole Labelle</b> Telephone: 509.363.3321 Cell Phone: 509.309.5931
		Region 1 South Deputy Administrator		<b>Dorene Perez</b> Telephone: 509.454.6930 Cell Phone: 509.388.4141
		Region 2 Deputy Administrator Regional Programs		<b>Patricia (Patty) Turner</b> Telephone: 425.339.2908 Cell Phone: 425.299.5069
		Region 2 North Deputy Administrator		<b>Yen Lawlor</b> Telephone: 425.339.4778 Cell Phone: 360.688.6239
		Region 2 South Deputy Administrator		<b>Bolesha Johnson</b> <b>W - Seattle</b> Telephone: 206.639.6202 Cell Phone: 360.480.9780
		Region 3 North Deputy Administrator		<b>John March</b> Cell Phone: 206.902.8957

Table 3 Key Personnel

KEY POSITION / PERSONNEL				
Essential Functions	Essential Functions Operational	Title	Continuity Role	Name & Contact Information
Provide foster care support	<b>Support Response Activities:</b> <ul style="list-style-type: none"> <li>Identify/locate children who may be displaced</li> <li>Assess needs of displaced or affected children</li> <li>Assess needs of caregivers</li> <li>Parental notification of children in affected areas</li> <li>Ensure payments to caregivers</li> </ul>	Region 3 South Deputy Administrator	Ensure displaced children are located and needs are assessed	<b>Debbie Lynn</b> <b>W - Tumwater</b> Telephone: 360.725.6757 <b>W – S. Bend</b> 360.875.4202 Cell Phone: 360.481.9610
		Region 3 Deputy Admin. Regional Programs		<b>Anita Teeter</b> Cell Phone: 360.999.0890
		Interstate Compact Manager		<b>Maya Brown</b> Telephone: 360.902.7984
		Field Continuity Coordinators (Area Administrators)		<b>Field Office Continuity Coordinator list:</b> Appendix F.3
		Designated Emergent Field Staff		<b>Office based lists:</b> Maintained by Field Continuity Coordinators for specific areas. Lists accessible by Regional Deputy Administrators
		Central Intake Staff		<b>Central Intake Staff list:</b> Maintained on SharePoint by Central Intake Area Administrator

## 4.0 Orders of Succession

Succession planning ensures the continued effective performance of the community facility by making provisions for the replacement of people in key positions. Triggering conditions in most all scenarios would be incapacitation or absence of key personnel.

Succession orders should be of sufficient depth to ensure the Administration's ability to manage, direct, and perform essential functions through any emergency. Geographical dispersion is encouraged, consistent with the principle of providing succession to the administration in emergencies of all types.

Emergency Management Services has developed an Order of Succession and Delegation of Authority (OS/DA) procedure for use by all Administrations. This form should be completed, reviewed, updated on an annual basis, and stored with CA's Continuity Plan.

Table 4 lists the key positions by essential function and the successors for the position.

**Table 4 Orders of Succession**

<b>ORDERS OF SUCCESSION</b>					
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Key Position / Personnel</b>	<b>Successor 1 (By position)</b>	<b>Successor 2 (By position)</b>	<b>Successor 3 (By position)</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership and decision making	Assistant Secretary/ Jennifer Strus	Director Field Operations	Regional Administrators	Deputy Regional Administrators
	Emergency management	Field Operations Continuity Administrator/ Diane Inman	Centralized Services Administrator	Director of Field Operations	Regional Administrators
	Recovery of all mission critical IT and communications	Director CATS/ Stephanie Sarber	IT Operations Coordinator Deputy Director	Communications Function Business Manager	IT Operations Manager
	Child Protective Services Intake	Centralized Services Administrator/ Nicole Muller	Central Intake Area Administrator	Regional Intake Area Administrators	Field Intake Staff
	CPS field response to emergent intakes	Director of Field Operations/ Connie Lambert-Eckel	Regional Administrators, DLR Administrator	Regional Intake Area Administrators	Field Intake Staff
	Complete assessments of new CPS intakes	RAs/ (see Table 3) DLR Administrator/ Darcey Hancock	Deputy Administrators	Area Administrators	Field Office Supervisors/Staff
	Identify/access services & resources	RAs/ (see Table 3) DLR Administrator/ Darcey Hancock	Deputy Administrators	Area Administrators	Field Office Supervisors/Staff



**Table 4 Orders of Succession**

<b>ORDERS OF SUCCESSION</b>					
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Key Position / Personnel</b>	<b>Successor 1 (By position)</b>	<b>Successor 2 (By position)</b>	<b>Successor 3 (By position)</b>
<b>Provide foster care support</b>	Identify/locate children who may be displaced	Director Field Operations/ Connie Lambert-Eckel	Regional Administrators, DLR Administrator, ICPC Manager	Deputy Regional Administrators, Area Administrators	Field Office Supervisors/Staff
	Assess needs of displaced or affected children	Director Field Operations/ Connie Lambert-Eckel	Regional Administrators, DLR Administrator, ICPC Manager	Deputy Regional Administrators, Area Administrators	Field Office Supervisors/Staff
	Assess needs of caregivers (i.e., need for relocation)	RAs/ (see Table 3) DLR Administrator/ Darcey Hancock	Deputy Regional/DLR Administrators	Area Administrators	Field Office Supervisors/Staff
	Parental notification of children in affected areas	Regional Administrators/ (see Table 3)	Deputy Regional Administrators	Area Administrators	Field Office Supervisors/Staff
	Process and maintain payments to resource families	Regional Administrators/ (see Table 3)	Deputy Regional Administrators	Area Administrators	Field Office Supervisors/Staff

## 5.0 DELEGATION OF AUTHORITY

Delegation of Authority in continuity planning ensures rapid response to an emergency that requires Continuity Plan activation. Triggering conditions in most all scenarios would be incapacitation or absence of key personnel. The following Agency Administrative Policies (AP) would apply:

- AP 04.05

Emergency Management Services has developed an Order of Succession and Delegation of Authority (OS/DA) procedure for use by all Administrations. This form should be completed, reviewed, updated on an annual basis, and stored with OCF's Continuity Plan. The OS/DA form would indicate the following:

- Rules governing the successor's ability to exercise authority
- Procedures that must be followed before successors exercise authority
- Any limitations of authority

The types of authority that are addressed are emergency authority and administrative authority.

**Emergency Authority** refers to the ability to make decisions related to an emergency, such as deciding whether to activate a Continuity Plan, deciding whether to evacuate a building, or determining which personnel should report for their duties.

**Administrative Authority** refers to the ability to make decisions that have effects beyond the duration of the emergency. Unlike emergency authority, administrative authority does not have a built-in expiration date. Such decisions involve policy determinations and include hiring and dismissal of employees and allocation of fiscal and non-monetary resources. A successor's authority is either full or limited.

**Full** Successor will assume full responsibility for essential function(s) during an emergency event.

**Limited** Successor will assume limited responsibility for essential function(s) during an emergency event. If a successor's responsibility is limited the limitations need to be defined.

### ***5.1 Rules and Procedures for Delegating Authority***

This delegation of authority component requires a list of conditions or events that will trigger the delegation of authority for each key position. Activation of any delegation of authority is tied to the level of threat or the category of emergency. How the designee will assume authority and how staff will be notified of the delegation are included in Table 6.

### ***5.2 Limitations of Authority and Accountability of the Delegation***

Limitations on the delegation are often restrictions on the duration, extent, or scope of the authority. Officials who may be expected to assume authority in an emergency are

trained to perform their emergency duties.

Delegation of Authority outlines the breadth and depth of responsibility of the successor for the following:

- Each essential function
- Each key position

Table 5 lists the position(s) being delegated.

**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 1</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 1</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership & decision making	Director of Field Operations	Full	Administrative
	Emergency management	Centralized Services Administrator	Limited	Emergency
	Recovery of all mission critical IT and communications	IT Operations Coordinator Deputy Director	Limited	Emergency
	Child Protective Services Intake	Central Intake Area Administrator	Limited	Emergency
	CPS field response to emergent intakes	Regional Administrators, DLR Administrator	Limited	Administrative, Emergency

**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 1</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 1</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Complete assessments of new CPS intakes	Deputy Administrators	Limited	Emergency
	Identify/access services & resources	Deputy Administrators	Limited	Emergency
<b>Provide foster care support</b>	Identify/locate children who may be displaced	Regional Administrators, DLR Administrator, ICPC Manager	Limited	Administrative, Emergency, Emergency
	Assess needs of affected or displaced children	Regional Administrators, DLR Administrator, ICPC Manager	Limited	Administrative, Emergency, Emergency

**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 1</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 1</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Provide foster care support</b>	Assess needs of caregivers (i.e., need for relocation)	Deputy Regional/DLR Administrators	Limited	Emergency/ Emergency
	Parental notification of children in affected areas	Deputy Regional Administrators	Limited	Emergency
	Process and maintain payments to resource families	Deputy Regional Administrators	Limited	Emergency

**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 2</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 2</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership & decision making	Regional Administrators	Limited	Administrative
	Emergency management	Director of Field Operations	Full	Administrative
	Recovery of all mission critical IT and communications	Communications Function Business Manager	Limited	Emergency
	Child Protective Services Intake	Regional Intake Area Administrators	Limited	Emergency
	CPS Field Response to emergent intakes	Regional Intake Area Administrators	Limited	Emergency

**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 2</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 2</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Complete assessments of new CPS intakes	Area Administrators	Limited	Emergency
	Identify/access services & resources	Area Administrators	Limited	Emergency
<b>Provide foster care support</b>	Identify/locate children who may be displaced	Deputy Regional Administrators, Area Administrators	Limited	Emergency
	Assess needs of affected or displaced children	Deputy Regional Administrators, Area Administrators	Limited	Emergency



**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 2</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 2</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Provide foster care support</b>	Assess needs of caregivers (i.e., need for relocation)	Area Administrators	Limited	Emergency
	Parental notification of children in affected areas	Area Administrators	Limited	Emergency
	Process and maintain payments to resource families	Area Administrators	Limited	Emergency

**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 3</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 3</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership & decision making	Deputy Regional Administrators	Limited	Emergency
	Emergency management	Regional Administrators	Limited	Administrative
	Recovery of all mission critical IT and communications	IT Operations Manager	Limited	Emergency
	Child Protective Services Intake	Field Intake Supervisors	Limited	Emergency
	CPS field response to emergent intakes	Field Intake Supervisors	Limited	Emergency

**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 3</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 3</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Complete assessments of new CPS intakes	Field Office Supervisors	Limited	Emergency
	Identify/access services & resources	Field Office Supervisors	Limited	Emergency
<b>Provide foster care support</b>	Identify/locate children who may be displaced	Field Office Supervisors	Limited	Emergency
	Assess needs of affected or displaced children	Field Office Supervisors	Limited	Emergency

**Table 5 Delegation of Authority**

<b>DELEGATION OF AUTHORITY – SUCCESSOR 3</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Successor Position 3</b>	<b>Type of Authority</b>	<b>Authority</b>
<b>Provide foster care support</b>	Assess needs of caregivers (i.e., need for relocation)	Field Office Supervisors	Limited	Emergency
	Parental notification of children in affected areas	Field Office Supervisors	Limited	Emergency
	Process and maintain payments to resource families	Field Office Supervisors	Limited	Emergency

## 6.0 DEVOLUTION OF DIRECTION AND CONTROL

Devolution planning supports overall continuity planning and addresses catastrophic and other disasters or events that render leadership and staff unavailable to, or incapable of, supporting the execution of its essential functions from either its primary or continuity location(s). Devolution for this Continuity Plan means intra-agency transfer of control.

Children's Administration does not have a comprehensive plan to transfer statutory authority and responsibility for every essential function to other organizations outside of DSHS. However, the Assistant Secretary may transfer authority for some functions by following the Administration's standard business practices.

The execution of Children's Administration's essential functions will in-part or completely devolve to staff that will be reassigned to other facilities, or to staff in other DSHS locations (i.e., DSHS Central Intake). Staff will be temporarily reassigned to provide essential functions that they are trained in, or of existing staff to a different facility. A temporary reassignment from Children's Administration would be set up to assist with agency operations. This support will maintain the specific knowledge base required for working with other or all DSHS offices during a catastrophic event.

The following Table 6 provides the template Children's Administration would use in the event that an essential function needs to be transferred to another internal Administration, office or location.

**Table 6 Devolution of Direction and Control**

DEVOLUTION OF DIRECTION AND CONTROL							
Essential Functions	Essential Functions Operational	Facility/Program to transfer essential function	Trained staff roster	Trigger for Devolution	Equipment & supplies needed	Procedures for acquiring supplies	Trigger for Reconstitution
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership & decision making						
	Emergency management						
	Recovery of all mission critical IT and communications						
	Child Protective Services Intake						
	CPS field response to new emergent intakes						
	Complete assessments of new CPS intakes						
	Identify/access services & resources						

**Table 6 Devolution of Direction and Control**

<b>DEVOLUTION OF DIRECTION AND CONTROL</b>							
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Facility/Program to transfer essential function</b>	<b>Trained staff roster</b>	<b>Trigger for Devolution</b>	<b>Equipment &amp; supplies needed</b>	<b>Procedures for acquiring supplies</b>	<b>Trigger for Reconstitution</b>
<b>Provide foster care support</b>	Identify/locate children who may be displaced						
	Assess needs of affected or displaced children						
	Assess needs of caregivers (i.e., need for relocation)						
	Assess needs of caregivers (i.e., need for relocation)						
	Process and maintain payments to resource families						

## 7.0 VITAL RECORDS AND DATABASES

Continuity plans account for identification and protection of vital records and databases (including classified or sensitive data) that are needed to perform essential functions and activities and to reconstitute normal operations following an emergency. Table 7 identifies vital records and/or databases that are needed to support the maintenance of the essential functions. In addition, the following information is also provided:

- Current status of the vital record(s) or database
- Whether the vital record(s) or database is pre-positioned at or is to be hand carried to the continuity facility
- The specific current location of the vital record(s) or database

Note: Table 9, Critical Vendors, is for capturing all vendor information related to vital records and databases.



**Table 7.0 Vital Records and Databases**

<b>VITAL RECORDS AND DATABASES</b>						
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Vital Records and Databases/Systems</b>		<b>Record Format</b>	<b>Pre-positioned or Hand carried</b>	<b>Storage Location(s)</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership and decision making	Children's Administration Continuity Plan, Annex D		Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> <li>CA OB2</li> <li>EMS OB2</li> </ul>
	Emergency Management	Children's Administration Continuity Plan, Annex D		Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> <li>CA OB2</li> <li>Central Intake</li> <li>Regional</li> </ul>
	Disaster recovery of all mission critical IT and communications systems	CATS IT Disaster Recovery Plan (Appendix K) SSPS		Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> <li>CA Technology Services</li> <li>Enterprise Technology/OB2</li> </ul>
	Child Protective Services Intake	CPS Intake Line Recovery Protocols (Appendix J)		Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> <li>Central Intake</li> <li>CA OB2</li> <li>Regional Intake offices</li> </ul>
	CPS response to emergent intakes	<b>Agency Supported Systems</b> ACES Provider1/PRISM	<b>Material Records</b> Audio Recordings Photographs DVD's/Video Microfilm Paper Client Records Memory Cards	Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> <li>CA OB2</li> </ul>
	Complete assessments of new CPS intakes	BCU SEMS MODIS ArcGIS HRMS SSPS Arc GIS				

**Table 7.0 Vital Records and Databases**

<b>VITAL RECORDS AND DATABASES</b>						
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Vital Records and Databases/Systems</b>		<b>Record Format</b>	<b>Pre-positioned or Hand carried</b>	<b>Storage Location(s)</b>
	Identify/access services & resources	<b>CA Supported Systems</b> FamLink infoFamLink Background Checks CHET CAPERS CA Offices Consumer Contacts AIRS CATS Intranet Site SharePoint Site ArcGIS	<b>Material Records</b> Electronic Records Audio Recordings Photographs DVD's/Video Microfilm Paper Client Records Memory Cards	Electronic & Hard copy	Pre-positioned	<ul style="list-style-type: none"> <li>CA OB2</li> </ul>

**Table 7.0 Vital Records and Databases**

VITAL RECORDS AND DATABASES						
Essential Functions	Essential Functions Operational	Vital Records and Databases		Record Format	Pre-positioned Or Hand carried	Storage Location(s)
<b>Provide foster care support</b>	Identify/locate children who may be displaced	<b>Agency Supported Systems</b> ACES Provider 1/PRISM	<b>Material Records</b>  Electronic Records Audio Recordings Photographs DVD's/Video Microfilm Paper Client Records Memory Cards	Electronic & Hard copy	Pre-positioned	CA OB2
	Assess needs of displaced or affected children	Background Checks SEMS MODIS HRMS				
	Assess needs of caregivers (i.e., need for relocation)	SSPS ArcGIS ACD				
	Parental notification of children in affected areas	<b>CA Supported Systems</b> FamLink infoFamLink				
	Process and maintain payments to resource families	Background Checks CHET CAPERS CA Offices Consumer Contacts AIRS CATS Intranet Site SharePoint Site				

## 8.0 SYSTEM AND EQUIPMENT

A system or equipment is vital if it is essential to emergency operations and/or to the Administration's continuance of essential functions during a crisis for a minimum of thirty days. Continuity planning for vital systems and equipment proceeds in the same way as planning for vital records, (i.e., to the greatest extent possible, back-up electronic systems, pre-position duplicate systems and equipment at a separate facility, and update vital systems and equipment on a regular basis.)

Table 8 identifies the system and equipment that are essential to the continued function of the Administration, program or office and its mission, as well as:

- Current status of the system and equipment (stand-alone or stored on the network)
- Whether the system and equipment is pre-positioned at the continuity facility
- Whether the system and equipment will be hand carried to the continuity facility
- The specific current location of the system and equipment

While Children's Administration is reliant upon a number of IT systems (e.g., SSPS, ACES, etc.), the majority are maintained and supported by ET other administrations within DSHS. However, CA has primary responsibility for FamLink. CA's IT Disaster Recovery Plan (DRP) is located in Appendix J.

**Note:** Table 8, Critical Vendors, is for capturing all vendor information related to systems and equipment.

Table 8 System and Equipment

SYSTEM AND EQUIPMENT					
Essential Functions	Essential Functions Operational	Equipment and System	Type of Equipment and System	Pre-Positioned or Hand Carried	Storage Location(s)
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership and decision making	<ul style="list-style-type: none"> <li>• Computer/DSHS WAN</li> <li>• Mobile Computing Device/DSHS WAN</li> <li>• Telephone/CTS</li> <li>• DSHS Cell Phone/Verizon</li> </ul>	<ul style="list-style-type: none"> <li>• Computing / Application</li> <li>• Computing/Application</li> <li>• Communication /PBX</li> <li>• Communication/Phone</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioned</li> <li>• Hand Carried</li> <li>• Pre-positioned</li> <li>• Hand Carried</li> </ul>	<ul style="list-style-type: none"> <li>• CATS</li> <li>• CA/OB2</li> <li>• State Data Center</li> </ul>
	Emergency management	<ul style="list-style-type: none"> <li>• Computer/DSHS WAN</li> <li>• Mobile Computing Device/DSHS WAN</li> <li>• Telephone/CTS</li> <li>• DSHS Cell Phone/Verizon</li> </ul>	<ul style="list-style-type: none"> <li>• Computing / Application</li> <li>• Computing/Application</li> <li>• Communication /PBX</li> <li>• Communication/Phone</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioned</li> <li>• Hand Carried</li> <li>• Pre-positioned</li> <li>• Hand Carried</li> </ul>	<ul style="list-style-type: none"> <li>• CATS</li> <li>• CA/OB2</li> <li>• State Data Center</li> </ul>
	Disaster recovery of all mission critical IT and communications	<ul style="list-style-type: none"> <li>• Computers/DSHS WAN and CA supported IT Systems</li> </ul>	<ul style="list-style-type: none"> <li>• All CA computers and IT Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioned</li> </ul>	<ul style="list-style-type: none"> <li>• CATS</li> <li>• CA/OB2</li> <li>• State Data Center</li> </ul>
	Child Protective Services Intake	<ul style="list-style-type: none"> <li>• Telephone/CTS</li> <li>• Computer/DSHS WAN</li> <li>• Avaya Phone System</li> </ul>	<ul style="list-style-type: none"> <li>• Communication /PBX</li> <li>• Computing/Application</li> <li>• Communication/Phone</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioned</li> <li>• Pre-positioned</li> <li>• Pre-positioned</li> </ul>	<ul style="list-style-type: none"> <li>• CATS</li> <li>• CA/OB2</li> <li>• WaTech</li> </ul>
	Process new Child Protective Services (CPS) intakes	<b>Agency Supported Systems</b> <ul style="list-style-type: none"> <li>• Computer/DSHS WAN</li> <li>• Mobile Computing Device/DSHS WAN</li> <li>• ACES</li> <li>• Provider 1/PRISM</li> <li>• Background Check</li> <li>• ACD (Agency Contract Database)</li> </ul>	<ul style="list-style-type: none"> <li>• Communication/PBX Phone</li> <li>• Computing/Application</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioned</li> <li>• Pre-positioned</li> </ul>	<ul style="list-style-type: none"> <li>• CATS</li> <li>• CA/OB2</li> <li>• State Data Center</li> </ul>

Table 8 System and Equipment

SYSTEM AND EQUIPMENT					
Essential Functions	Essential Functions Operational	Equipment and System	Type of Equipment and System	Pre-Positioned or Hand Carried	Storage Location(s)
Respond to new emergent Child Protective Services intakes	Process new Child Protective Services (CPS) intakes	<ul style="list-style-type: none"> <li>• SEMS</li> <li>• MODIS</li> <li>• HRMS</li> <li>• SSPS</li> </ul>	<ul style="list-style-type: none"> <li>• Communication/PBX Phone</li> <li>• Computing/Application</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioned</li> <li>• Pre-positioned</li> </ul>	<ul style="list-style-type: none"> <li>• CATS</li> <li>• CA/OB2</li> <li>• State Data Center</li> </ul>
	Complete assessments of new Child Protective Services	<b>CA Supported Systems</b> <ul style="list-style-type: none"> <li>• FamLink</li> <li>• infoFamLink</li> <li>• CAB Check</li> <li>• CHET</li> <li>• CAPERS</li> <li>• CA Offices</li> <li>• Consumer Contacts</li> <li>• AIRS</li> <li>• CATS</li> <li>• Intranet Site</li> <li>• SharePoint Site</li> </ul>	<ul style="list-style-type: none"> <li>• Communication/PBX</li> <li>• Computing/Application</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioned</li> <li>• Pre-positioned</li> </ul>	<ul style="list-style-type: none"> <li>• CATS</li> <li>• CA/OB2</li> <li>• State Data Center</li> </ul>
	Identify/access services & resources				

**Table 8 System and Equipment**

<b>SYSTEM AND EQUIPMENT</b>					
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Equipment and System</b>	<b>Type of Equipment and System</b>	<b>Pre-Positioned or Hand Carried</b>	<b>Storage Location(s)</b>
<b>Provide foster care support</b>	Identify/locate children who may be displaced	<b>Agency Supported Systems</b> <ul style="list-style-type: none"> <li>• Computer/DSHS WAN</li> <li>• Mobile Computing Device/DSHS WAN</li> <li>• ACES</li> <li>• Provider 1/PRISM</li> <li>• Background Checks</li> <li>• SEMS</li> <li>• MODIS</li> <li>• HRMS</li> <li>• SSPS</li> <li>• ACD</li> </ul> <b>CA Supported Systems</b> <ul style="list-style-type: none"> <li>• FamLink</li> <li>• infoFamLink</li> <li>• CAB Check</li> <li>• CHET</li> <li>• CAPERS</li> <li>• CA Offices</li> <li>• Consumer Contacts</li> <li>• CA Bill Track</li> <li>• AIRS</li> <li>• CAFP Training</li> <li>• CATS_DD</li> <li>• Intranet Site</li> <li>• SharePoint Site</li> </ul>	<ul style="list-style-type: none"> <li>• Communication/PBX Phone</li> <li>• Computing/Application</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-positioned</li> <li>• Pre-positioned</li> </ul>	<ul style="list-style-type: none"> <li>• CATS</li> <li>• CA/OB2</li> <li>• State Data Center</li> </ul>
	Assess needs of displaced or affected children				
	Assess needs of caregivers (i.e., need for relocation)				
	Parental notification of children in affected areas				
	Process and maintain payments to resource families				

## 9.0 CRITICAL VENDORS

Children's Administration mission essential functions and their supporting dependencies, processes, and services that are necessary to assure continuance has supporting critical vendors. Children's Administration has determined that its critical vendors are those that support its IT needs. The Children's Administration Technology Support (CATS) has identified those vendors in its FamLink Disaster Recovery Plan (**Appendix G.1**).

Table 9 provides a template should the Administration identify other critical vendors in the future required to support Children's Administration.



**Table 9 Critical Vendors**

<b>CRITICAL VENDORS</b>				
<b>Essential Function</b>	<b>Essential Functions Operational</b>	<b>Vendor (Name &amp; Address)</b>	<b>Vendor (Name &amp; Address), Point of Contact/E-mail</b>	<b>Services Provided</b>
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership and decision making			
	Emergency management			
	Disaster recovery of all mission critical IT and communications			
	Child Protective Services Intake			
	Process new Child Protective Services (CPS) intakes			
	Complete assessments of new Child Protective Services intakes			
	Identify/access services & resources			

**Table 9 Critical Vendors**

<b>CRITICAL VENDORS</b>				
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Vendor (Name &amp; Address)</b>	<b>Vendor (Name &amp; Address), Point of Contact/E-mail</b>	<b>Services Provided</b>
<b>Provide foster care support</b>	Identify/locate children who may be displaced			
	Assess needs of displaced or affected children			
	Assess needs of caregivers (i.e., need for relocation)			
	Parental notification of children in affected areas			
	Process and maintain payments to resource families			

## 10.0 CONTINUITY FACILITIES

Emergencies or potential emergencies, whether anticipated or unanticipated, may affect the ability to perform mission essential functions from the primary locations.

The identification and preparation of facilities that can be used to accomplish essential functions if the administration's primary facilities become unusable is critical. In selecting a continuity facility, it is essential to have a thorough understanding of the administration's mission, essential functions, concept for deployment and operations at a continuity facility, communications connectivity requirements, and resources allotted. These factors can vary widely from one administration to another. An acceptable facility for one administration might be provided in a borrowed conference room for use by a few key people on a temporary basis. A more complex administration might require a complete turn-key facility able to house the entire administration for an extended period.

### 10.1 *Relocation Team Responsibilities*

During a continuity event, members of the Continuity Relocation Team are responsible for making the recommendation to relocate to a designated Alternate Facility(s) in a timely and efficient manner and re-establishing and recovering the operations of the Administration's essential functions. The Incident Command System (ICS) will be used during an emergency or disaster event.

### 10.2 *Continuity Facilities – Logistics*

#### **Transportation, Lodging, and Food**

In the event that Executive Administration has to move to a continuity facility, the needs of staff operating at the facility must be met. This includes provision for logistical support and lodging through arrangement with vendors for transportation, hotels, catering, etc.

#### **Security and Access**

Not only does the continuity work site need to be identified and the care of staff arranged, but the security of and access to both the primary and continuity facilities during emergency and non-emergency situations also need to be arranged. The security procedures should accommodate all hazards and include provisions for identifying access restrictions.

### 10.3 *Continuity Facilities and Work Sites*

The continuity facility and work site allows the administration's key personnel to perform essential functions when an emergency renders the primary facility unusable.

Provide directions to the continuity facilities and work sites for COOP as well as layouts if possible. Where feasible, layouts could include room assignments, equipment location, etc.

#### **10.4 Continuity Facilities Information**

Table 11 lists the requirements for each essential function at the continuity facility and work site. In addition, the following information is also provided:

- Essential functions to be performed at each continuity facility and worksite
- Number of employees needed at the continuity facility
- Logistical support requirements
- Resource and infrastructure requirements

#### **10.5 Locating and Securing a Continuity Facility**

State statute RCW 43.82.010 authorizes the Washington State Department of Enterprise Services to enter into real estate contracts on behalf of the state. This includes, but is not limited to, leasing facilities that DSHS may need for its continuity of operations during an emergency or disaster that renders one or more of its capital or leased facilities inoperable, in whole or in part, temporarily or permanently. RCW 43.82.010 also authorizes the Director of the Department of Enterprise Services, on behalf of the state agency involved and after consultation with the Office of Financial Management, to purchase, lease, lease purchase, rent, or otherwise acquire all real estate as may be required by DSHS.

State statute RCW 43.19.500, in relevant part, enables the Department of Enterprise Services to use the enterprise services account for the benefit of facilities on the capital campus, including the Human Services Building (OB2), for the payment of costs related to its rendering of services, furnishing and supplying equipment, supplies and materials, and for providing or allocating facilities, including the operation, maintenance, rehabilitation, or furnishing to other agencies. The schedule of the foregoing shall be determined jointly by the Department of Enterprise Services Director and the Director of the Office of Financial Management.

#### **10.6 DSHS Leased Facilities Unit**

The role of the DSHS Leased Facilities Unit during an emergency or disaster causing disruption to DSHS mission essential functions is to work with both the Department of Enterprise Services and the state Office of Financial Management to assist DSHS management in identifying and scoping related requirements for leasing and supplying temporary space for continuity of operations. Requirements necessary for DSHS to continue its operations from an alternate location include considerations such as:

- suitable location
- square footage
- number of workstations
- office equipment
- supplies and materials
- voice and data connectivity (in conjunction with the Information Services Support Division)
- security and other factors

### **10.7 DSHS Office of Capital Programs**

The role of the DSHS Office of Capital Programs during an emergency or disaster causing disruption to DSHS mission essential functions is to assist Consolidated Maintenance and Operations and the state hospitals, residential habilitation centers, institutions, and community facilities to:

- Assess structural damage to buildings, infrastructure, and site facilities;
- initiate and manage emergency contracts for the removal of debris or stabilization of damaged structures;
- initiate and manage public works contracts for the repair of damaged buildings, infrastructure, and site features.

During emergent conditions DSHS Administrations/Residential Programs shall not enter into formal or informal agreements with other outside entities without consulting and working through the Operations Support and Services Division, Leased facilities or Capital Facilities Management groups.

**Table 10 Relocation Team**

<b>RELOCATION TEAM</b>		
<b>Position Title</b>	<b>Continuity Role</b>	<b>Relocation Tasks</b>
Director Field Operations	Ensure that emergent CPS intakes are processed	<ul style="list-style-type: none"> <li>• Provide leadership and decision making</li> <li>• Invoke plans</li> <li>• Coordinate with incident command system</li> </ul>
Regional Administrators	Ensure the needs of displaced children are addressed	<ul style="list-style-type: none"> <li>• Make relocation recommendations</li> <li>• Direct recovery of office operations</li> <li>• Coordinate with incident command system</li> </ul>
Deputy Regional Administrators		<ul style="list-style-type: none"> <li>• Assess impacts to affected offices</li> <li>• Provide options/recommendations to senior management</li> <li>• Communicate with senior management and Continuity Administrator</li> </ul>
Continuity Coordinators (Area Administrators)		<ul style="list-style-type: none"> <li>• Re-establish office operations and resume essential functions</li> <li>• Communicate up chain</li> </ul>
Regional Operations Managers		<ul style="list-style-type: none"> <li>• Support recovery of office operations</li> <li>• Coordinate with incident command system</li> </ul>
Director Children's Administration Technology Services		<ul style="list-style-type: none"> <li>• Provide FamLink /IT backup disaster recovery</li> <li>• Coordinate with incident command system</li> </ul>
Field Operations Continuity Administrator		<ul style="list-style-type: none"> <li>• Provide support and coordination with EMS</li> <li>• Administration of emergency operations</li> <li>• Coordinate with incident command system</li> </ul>
Centralized Services Administrator		<ul style="list-style-type: none"> <li>• Backup support and coordination with EMS</li> <li>• Coordinate with incident command system</li> </ul>

**Table 11 Continuity Facility**

CONTINUITY FACILITY					
Essential Functions	Essential Functions Operational	Continuity Facility (Name & Address)	Number of Employees Required	Logistical Support Required	Resources and Infrastructure Required
<b>Respond to new emergent Child Protective Services intakes</b>	Leadership and decision making				
	Emergency management				
	Disaster recovery of all mission critical IT and communications				
	Child Protective Services Hotline				
	Process new CPS intakes				
	Complete assessments of new CPS intakes				
	Identify/access services & resources				

**Table 11 Continuity Facility**

<b>CONTINUITY FACILITY</b>					
<b>Essential Functions</b>	<b>Essential Functions Operational</b>	<b>Continuity Facility (Name &amp; Address)</b>	<b>Number of Employees Required</b>	<b>Logistical Support Required</b>	<b>Resources and Infrastructure Required</b>
<b>Provide foster care support</b>	Identify/locate children who may be displaced				
	Assess needs of displaced or affected children				
	Assess needs of caregivers (i.e., need for relocation)				
	Parental notification of children in affected areas				
	Process and maintain payments to resource families				



## 11.0 INTEROPERABLE COMMUNICATIONS

The communications component of a Continuity Plan requires well-defined chains of Communication with alternative means of communicating should the primary radio communications and/or telecommunications systems (i.e., telephones, faxes, Internet) not be functioning.

The administration strives to maintain communications capabilities commensurate with its essential functions at all times. The Continuity Plan facilitates communication between the administration's Continuity Program Management Team, Executive Management, and administration staff and provides for communication with other Agency administrations, as well as emergency personnel. The plan also provides a means for notifying the community of the administration's relocation and procedures for contacting SESA and the manner of conducting business during an emergency.

Interoperable communications provide the following:

- Communications capability that adequately supports the administration's essential functions and activities
- Ability to communicate with continuity contingency staff, management, and other organizational components
- Ability to communicate with other Agency administrations and with emergency personnel
- Access to other data and systems necessary to conduct essential activities and functions

Table 12 lists:

- The current service's provider along with the representative's name and contact information
- An alternate service provider if primary source becomes unavailable
- Alternate methods or modes of communication if primary and alternate sources are unavailable

**Table 12 Interoperable Communications**

INTEROPERABLE COMMUNICATIONS				
Communication System Needed in Continuity Facilities	Current Provider	Alternative Provider	Alternate Mode 1	Alternative Mode 2
Landlines	CTS/Avaya PBX		Analog Phones	Agency Cell Phones
Cell Phones	Verizon	AT&T/Sprint		
Internet	DSHS WAN			
Email	DSHS WAN			
Website	DSHS WAN			
Citrix	DSHS WAN			
*Two-way radios				
Couriers				

**Note:** Notifications to the community pertaining to the emergency situation and/or each Agency administration, program or office during an emergency will be conducted via the appropriate medium, (e.g., PIO) announcements and/or when instructed, answering machine message at the appropriate level).

\* VHF: 146-174MHz” and “UHF: 468-470MHz”; “UHF 462.5500 and 467.7125 MHz”; “VHF MHz 151-159 and UHF MHz 462-470”

## **12.0 MAINTAINING CONTINUITY READINESS**

Major components of the continuity maintenance program are the training of all key personnel in the performance of their continuity responsibilities; the conducting of periodic exercises to test and improve Continuity Plans and procedures, systems, and equipment; and the institution of a multi-year process to ensure that the plan continues to be updated in response to changing conditions.

### ***12.1 Training Plan***

All personnel who will be involved in continuity activities will be trained and equipped to perform their emergency duties. Consideration will be given to “cross-training” team members to ensure that the team is prepared to deal with the unusual demands that may arise when emergency conditions must be faced by a reduced staff. Continuity training will include the following:

- Individual and team training of Continuity Team members and emergency personnel to ensure currency of knowledge and integration of skills necessary to implement the Continuity Plan and carry out essential functions; team training will be conducted at least annually to ensure that Continuity Team members are current on their respective responsibilities
- Refresher orientation for the Continuity Team as it arrives at a continuity operating facility; the orientation will cover the support and services available at the facility, including communications and information systems, and administrative matters, including supervision, security, and personnel policies
- Training courses and materials designed to improve knowledge and skills related to carrying out responsibilities

### ***12.2 Testing and Exercising the Plan***

Testing and exercising of continuity capabilities are essential to demonstrate and improve the ability of the administration to execute its Continuity Plan. They serve to validate, or identify for subsequent correction, specific aspects of Continuity Plans, policies, procedures, systems, and facilities.

#### **Scope of Exercises**

An effective program will include a variety of exercise types, including tabletops, drills, and full-scale exercises. Full-scale exercises will simulate actual emergency conditions, and exercises may include the phase-down of continuity facility operations and return to normal operations. Following an exercise, a comprehensive debriefing and after-action report will be completed.

The Agency will conduct continuity awareness campaigns and seminars throughout the fiscal year. The Executive Administration will conduct the following exercises:

- Year 1: Discussion
- Year 2: Tabletop
- Year 3: Drills
- Year 4: Functional
- Year 5: Full Scale

Each annual exercise will build upon the previous year's exercise, resulting in a full-scale exercise. This full-scale exercise will occur every five years.

The Agency Office of Emergency Management Services will facilitate the After Action Report (AAR) meeting. This meeting will be conducted within 30 days of an exercise or full-scale continuity activation. Within 60 days of conducting the meeting, DSHS will publish the AAR.

### **Exercise Schedule**

Testing and exercise plans for continuity will include:

- Internal testing/exercising of Continuity Plans and procedures
  1. As changes warrant
  2. Upon implementation of the Executive Administration's Continuity Plan, with after actions and lessons learned,
  3. At least annually to ensure the ability to perform essential functions and operate from designated continuity facilities and work sites
- Testing of alert and notification procedures and systems for any type of emergency at least quarterly
- Joint agency exercising of Continuity Plans, where applicable and Feasible

### **12.3 Multi-Year Strategy and Program Management Plan**

It is effective to maintain continuity capabilities using a multi-year strategy and program management plan. Such a management plan outlines the process(s) to be followed in designating essential functions and resources, defines short and long-term continuity goals and objectives, forecasts budgetary requirements, anticipates and addresses issues and potential obstacles, and establishes planning milestones.

### **12.4 Continuity Plan Maintenance**

The plan will be reviewed and updated at least annually, or whenever necessary, to reflect changes in Executive Administration, essential functions, procedures, or contact information. Changes to the plan will be noted in the Revision Record provided in the Foreword. The Continuity Program Management Team (Table 1) is responsible for ensuring that the plan is reviewed and updated.

The Continuity Program Management Team is also responsible for the following:

- Addressing and resolving Continuity Plan policy issues
- Advising the Agency Secretary on continuity-related matters
- Conducting training, testing, and exercises
- Updating plans annually to incorporate lessons learned from testing and exercises as well as any actual events that occurred during the year

## APPENDICES

### Introduction

The following plans, procedures, and checklists are support documents which record the operational processes and implementation actions required to execute a Continuity Plan. A viable continuity capability is dependent upon the following:

- Maintaining a high-level of readiness;
- Capable of implementation both with and without warning;
- Operational no later than six hours after activation;
- Maintaining sustained operations for up to 30 days; and,
- Taking maximum advantage of existing Agency infrastructures.

When developed, these documents will ensure that a comprehensive and viable Continuity Program is in place and capable for execution. These documents will ensure that Children's Administration is able to perform its mission essential functions in all-hazard scenario independent of their primary operating facility. As always, each Agency Administration, program or office will have to make an independent determination of what documents are applicable to their specific Continuity Plan and their unique operations and functions. Support documents include, but are not limited to the following:

- Continuity Testing, Training, and Exercising Plans
- Alert and Notification Checklist and Procedures
- Call Trees
- Emergency Activation Procedures for Command and Control
- Site-Support Procedures
- Building Evacuation Plan
- Assembly Site(s) and Deployment SOP
- Family Preparedness Plan
- Communication to Critical Customers SOP
- Contingency Procedures for Availability of Vital Records and Databases
- Annual Review and Remedial Action Plan
- Advance Team SOP
- Continuity Team SOP
- Organizational Work Unit Continuity Implementation Plans
- Relocation Group Rosters and Updates
- Logistics Mobile Communications Support SOP

**APPENDIX A: CONTINUITY TEST, TRAINING AND EXERCISE (TT&E) EVENT CHECKLIST**

Event Name: _____ Event Date: _____				
No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
Event Development and Planning				
1.	Determine purpose, objectives, and concept (format)			
2.	Determine event location(s) and reserve space, as appropriate			
3.	Develop detailed schedule/timeline with milestones			
4.	Obtain management approval on concept and schedule			
5.	Announce/distribute approved dates and location(s) to all personnel involved in effort			
6.	Draft invitation/event announcement for participants and individuals involved in conduct of event Include suspense date for attendees' names and required information (e.g., clearance status, social security numbers, and requirement for transportation to the event site) Provide directions/map to training location, if applicable Provide information on lodging/billeting and meals, if applicable Provide any special security requirements or instructions, including name and fax number of security representative to whom clearance information should be submitted, if necessary			
7.	Obtain management approval of invitation/event announcement and finalize announcement at least 1 month before the event			
8.	Distribute invitation/event announcement at least 3 weeks before event			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
<b>Event Development and Planning</b>				
9.	Develop documentation/materials required to support event in accordance with approved schedule: <ul style="list-style-type: none"> <li>• Concept &amp; Objectives Paper</li> <li>• Event Plan</li> <li>• Evaluation Plan</li> <li>• Agenda</li> <li>• Slides</li> <li>• Participant Observation Form/Critique Form</li> <li>• Handouts/Participant Packets</li> <li>• Facilitator Books</li> </ul> <i>Add other documents/materials as required based on nature of event.</i>			
10.	Coordinate with guest speakers and presenters, if applicable <ul style="list-style-type: none"> <li>• Provide copy of approved agenda</li> <li>• Advise them of their allocated briefing/presentation timeframe</li> <li>• Request copies of their materials for inclusion in briefing slides and participant packet and indicate suspense date for these</li> <li>• Request list of their equipment/supply requirements</li> <li>• Provide lodging/billeting information, if applicable</li> <li>• Provide directions/map to training location, if applicable</li> <li>• Obtain speaker biography for introduction at the event</li> </ul>			
11.	Confirm space and dates with training location point of contact (POC)			
12.	Create attendee list/roster <ul style="list-style-type: none"> <li>• Update list as necessary</li> <li>• Forward all updates to other applicable POCs for administration, event site, transportation, security, and IT/communications, as applicable</li> </ul>			



No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
<b>Event Development and Planning</b>				
13.	Create list of individuals requiring lodging/billeting			
14.	Complete and submit travel authorizations, if applicable			
15.	Make travel arrangements as necessary			
16.	Distribute read-ahead materials to rostered attendees according to approved concept and/or schedule. Include any site-specific information as necessary			
17.	Prepare/obtain nametags and name tents, if applicable, for rostered attendees (Prepare extra nametags and tents to have on hand)			
18.	Identify and notify individual(s) to staff the administration desk/sign-in table at the beginning of each day of the event <ul style="list-style-type: none"> <li>Provide individual(s) with phone numbers of training site POCs (e.g., billeting/lodging, security, transportation, and IT/communications)</li> </ul>			
19.	Prepare and pre-position sign-in sheet/ attendance roster for each day of the event <ul style="list-style-type: none"> <li>Provide copy of the completed sign-in sheet to the individuals preparing the after-action report</li> <li>Provide copy of the completed sign-in sheet to the building POC if applicable</li> </ul>			
20.	Identify individuals to serve as recorders (i.e., note takers) during the event			
21.	Determine requirements for escorts/guides and designate personnel, as applicable			
22.	Prepare appropriate number of copies of event materials and distribute these at event			
23.	Distribute participant packets/handouts on first day of event			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
<b>Event Development and Planning</b>				
24.	Collect Participant Observation Forms/critique forms <ul style="list-style-type: none"> <li>• Provide box or container for collection purposes</li> <li>• Provide copy of the completed forms to the individuals preparing the after-action report</li> </ul>			
25.	Collect notes/comments from recorders at the end of the event; Forward these to the individual(s) preparing the after-action report			
<b>Site Logistics</b>				
1.	Coordinate with building POC at event site/visit site prior <ul style="list-style-type: none"> <li>• Determine existing equipment and resources</li> <li>• Identify any additional equipment and resources that will be required. Provide list of requirements and supplies to building POC</li> <li>• Determine best room layout/arrangement based on agenda and number of attendees</li> <li>• Determine if location is accessible to participants with disabilities if applicable</li> </ul>			
2.	Coordinate with cafeteria/food service POC at the training site, if applicable			
3.	Coordinate with billeting/lodging POC at event site <ul style="list-style-type: none"> <li>• Forward copy of updated attendee lists as received</li> <li>• Obtain information (e.g., cost and location) on alternative lodging options if necessary</li> </ul>			
<b>Transportation</b>				
1.	Determine if transportation to training site is required. If so: <ul style="list-style-type: none"> <li>• Determine number of personnel to be transported</li> <li>• Identify any special access transportation needs</li> <li>• Forward requirements to site transportation POC</li> <li>• Devise transportation schedule (i.e., marshalling point)</li> </ul>			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
<b>Event Development and Planning</b>				
2.	Determine if on-site transportation is required. If yes: <ul style="list-style-type: none"> <li>• Determine when transportation will be required and number of personnel to be transported</li> <li>• Identify any special access transportation needs</li> <li>• Forward requirements to site transportation POC</li> </ul>			
<b>Information Technology/Communications</b>				
1.	Coordinate with IT/communications POC at event site. <ul style="list-style-type: none"> <li>• Provide list of IT/communications requirements based on event agenda and attendee list</li> <li>• Request IT/communications specialist(s) to be available throughout the day to provide assistance as needed</li> </ul>			
2.	Designate individual with responsibility for ensuring that IT and communications equipment is set up and operational on day of event <ul style="list-style-type: none"> <li>• Advise individual of time to arrive on site</li> <li>• Provide individual with phone number of IT/communications POC at event site</li> </ul>			
<b>Security</b>				
1.	Coordinate with site security POC <ul style="list-style-type: none"> <li>• Advise of classification level and location (e.g., building and room) of event</li> <li>• Provide any attendee information needed by security staff</li> <li>• Determine special security concerns associated with event (e.g., special passes or badges, classified computer, classified material, etc.)</li> </ul>			

No.	Activity/Task	Lead POC(s)	Status/Remarks	Date Completed
<b>Event Development and Planning</b>				
2.	Identify individual who will courier classified event materials to the site, if necessary			
3.	Ensure appropriate measures are in place during event to protect classified and "For Official Use Only" (FOUO) information <ul style="list-style-type: none"> <li>• Develop procedures for dissemination and collection of materials and distribute to staff members who will participate in conduct of event</li> <li>• Coordinate storage for classified materials, for overnight or temporary storage</li> <li>• Perform security check of room(s) at conclusion of each day of event</li> </ul>			

## APPENDIX B: EMERGENCY OR DISASTER DECISION-MAKING TOOL

**EMERGENCY OR DISASTER LEVEL:** The following table is similar but not identical to guidance found in the DSHS Emergency Operations Plan. This table presents considerations for DSHS managers to assist them in determining the level of DSHS and external support needed in responding to an emergency or disaster. Generally, the column with the most triggers checked determines the level of the incident and the potential actions required – judgment is required.

DEGREE OF IMPACT	LEVEL 1 – MINOR	LEVEL 2 – MAJOR	LEVEL 3 - Catastrophic
SCOPE OF DAMAGE	Most likely scenario: Localized severe inclement weather or human caused disruption	Most likely scenario: widespread, sustained, severe inclement weather; human caused disruption	Most likely scenario(s): flooding, moderate-severe earthquake; tsunami; human caused disruption
	No voice or data disruptions or intermittent	Intermittent or sustained voice or data disruptions	Failure of normal voice or data communications
	The impacts are localized and limited in scope and/or severity	Single or multiple DSHS offices, or multiple facilities on a residential campus	Significant damage to surrounding transportation or utility infrastructure
	Minor damage to building, workspaces, equipment or system disruptions	Major damage requiring repair or replacement of building systems or equipment likely required	Major or total destruction to DSHS offices, or multiple facilities on a residential campus
STAFFING/CLIENT IMPACTS	<input type="checkbox"/> Limited minor injuries	<input type="checkbox"/> Casualties or fatalities (within the capability of the local jurisdiction to respond)	<input type="checkbox"/> Mass casualties and/or mass fatalities (overwhelm the local jurisdictions ability to respond)
	<input type="checkbox"/> Emergent position staff absences do not impact mission essential functions	<input type="checkbox"/> Emergent position staff absences impact mission essential functions	<input type="checkbox"/> Emergent position staff absences significantly delay or preclude delivery of mission essential functions
RECOVERY TIME ESTIMATE	<input type="checkbox"/> Voice/data likely to be restored within a few hours	<input type="checkbox"/> Voice/data likely not restored for one or more business days	<input type="checkbox"/> Recovery time for voice/data is unknown and likely long-term

DEGREE OF IMPACT	LEVEL 1 – MINOR	LEVEL 2 – MAJOR	LEVEL 3 - Catastrophic
	<input type="checkbox"/> Facility or other damage repaired within one business day	<input type="checkbox"/> Facility or other damage repairs require more than one business day	<input type="checkbox"/> Significant portion(s) or all of the facility cannot be occupied for foreseeable future
	<input type="checkbox"/> No or minor transportation or utility infrastructure disruption	<input type="checkbox"/> Surrounding infrastructure damage prevents staff from getting to multiple DSHS locations for more than one business day	<input type="checkbox"/> Surrounding infrastructure damage prevents staff from getting to multiple DSHS locations for an extended and indeterminate period
	<input type="checkbox"/> Agency/facility response is minimal or absent	<input type="checkbox"/> Local jurisdiction emergency operations center is activated	<input type="checkbox"/> Local jurisdiction emergency operations center is activated
		<input type="checkbox"/> State Emergency Operations Center or if applicable, DOH Agency Coordination Center is activated	<input type="checkbox"/> State Emergency Operations Center or if applicable, DOH Agency Coordination Center is activated
		<input type="checkbox"/> Federal response may be needed	<input type="checkbox"/> Federal response is crucial
	<input type="checkbox"/> Emergency response is within the capability of a single resource (one of: law enforcement, fire, medical, utility)	<input type="checkbox"/> Emergency response requires multiple resources (two or more of: law enforcement, fire, medical, utility)	<input type="checkbox"/> Emergency response requires multiple resources (two or more of: law enforcement, fire, medical, utility)
<input type="checkbox"/> Response at impacted location is adequate	<input type="checkbox"/> DSHS recovery requires coordination with DES, OFM, WSP or other state agencies		
<b>DECISION</b>	<input type="checkbox"/> Activation of continuity plans <input type="checkbox"/> Activation of DSHS Emergency Coordination Center <input type="checkbox"/> Other:	<input type="checkbox"/> Activation of continuity plans <input type="checkbox"/> Activation of DSHS Emergency Coordination Center <input type="checkbox"/> Other:	<input type="checkbox"/> Activation of continuity plans <input type="checkbox"/> Activation of DSHS Emergency Coordination Center <input type="checkbox"/> Other:

## **APPENDIX C: ALERTS AND NOTIFICATIONS**

Children's Administration maintains plans and procedures for communicating and coordinating activities with employees before, during, and after an emergency or disaster. Each program within Children's Administration is responsible for ensuring all communications equipment and systems for alerts and notifications are fully functional.

Children's Administration has formally designated staff to maintain information regarding the operational status of every program, office and institution. This information is updated at each Administration office and institution for that location as conditions change. Emergency Management Services maintains this information for DSHS operations in the Human Services Building (OB2) in Olympia.

Designated Children's Administration staff are contacted by Emergency Management Services using email, phone, or SECURES (Secure Electronic Communications, Urgent Response and Exchange System) during emergencies

In the event normal operations are interrupted or an incident appears to be imminent, Executive Administration takes the following steps to communicate the administration's operating status:

### **All staff**

- The Emergency Coordination Center Manager (initially, the Director of Emergency Management Services) provides vetted information regarding the threat and its impacts.
- The Emergency Manager briefs all employees in Executive Administration regarding operational and communications status, and the anticipated duration of the emergency response.
- The Emergency Manager, in consultation with Executive Leadership, determines the content of messages that affect employees in the Human Services Building.
- DSHS programs in other co-located facilities must collaborate prior to making decisions on messages for staff.
- When state email is not operational, Emergency Management Services may use the Washington Secure Electronic Communications, Urgent Response and Exchange System (SECURES) to push notification using electronic voice messaging and Short Message Service (SMS or text).
- The Office of Communications maintains the DSHS Intranet, Internet, Facebook and Twitter, as applicable.

### **Children's Administration Offices**

Notify the Emergency Management Services as soon as feasible to coordinate contact with affected and interdependent programs and agencies and to provide an update on status for overall Agency situational awareness and reporting.

When activation of the DSHS Emergency Coordination Center is indicated or notification to Executive Leadership is required, Emergency Management Services sends a message with pertinent information to designated personnel using email or the SECURES system.

For overall coordination, Emergency Management Services maintains an 800 MHz radio connection with the State Emergency Operations Center at Camp Murray. Additionally, Emergency Management Services and designated staff in Operations Support and Services Division have a 400 MHz radio connection with the Capitol Campus agencies.

### **Staff call-down**

Children's Administration maintains a call down procedure and retains current hard copies of contact information in accessible locations so designated employees can be reached during non-business hours. Children's Administration supervisors keep an updated staff phone list available at all times.

### **Children's Administration Emergency Call-Down Procedure**

A call-down is a series of telephone calls from one person to the next used to relay specific information during an emergency. This is generally used within specific offices and typically is started by the most senior person in the office. For obvious reasons, the messaging on a call-down is kept to a minimum – communications in fewer than 30 words supports the recipients' comprehension.

Procedure:

1. Incident occurs and a decision is made to implement a staff call-down.
2. The first person on the list calls the next person and provides them with the required information and request that they call the next person on the list.
3. This continues until all staff has been contacted.
4. The last person on the list calls the first person on the list to verify completion of the call-down.
5. If during the call down any person is unable to reach the next person on the list, they should leave a message requesting a call back and move on to the next person on the list. When leaving the message to the person unable to be reached, make sure they know that you have called the next person on the list.
6. The call down list is updated and exercised quarterly.



## APPENDIX D: CALL TREES

This call tree is used as part of the Alert Notification Procedures to notify Children's Administration senior management that an event has occurred that could impact operations, along with any instructions. When calling, start with Tier 1, then Tier 2, then Tier 3.)

Call Tree Initiator	Call Tree Tier 1	Call Tree Tier 2	Call Tree Tier 3
Director Field Operations	Regional Administrators	Deputy Administrators	Direct Reports
Regional Administrators	Deputy Administrators	Area Administrators	Direct Reports
Deputy Administrators	Area Administrators	Unit Supervisors	Direct reports
Continuity Administrator	Deputy Administrators	Area Administrators	Direct reports
DLR Administrator	DLR Deputy Administrators	Area Administrators	Direct reports
Area Administrators	Supervisors	Direct Reports	
Directors	Office Chiefs	Program Managers / Direct Reports	

## APPENDIX E: CONTINUITY GO KITS

GO-KITS are packages of records, information, communication, and computer equipment and other items or material related to an emergency operation to be used by those deployed to continuity facilities. A GO-KIT should be prepared, maintained in a ready to go condition and be immediately accessible for each member of the Continuity Team for response to any incident. The kit should contain those items essential to supporting the team member's operations at the continuity site. Each kit may be unique, but most should include items such as checklists, key contact lists, electronic storage media, and files specific to the member's position and specialized tools as needed.

Consideration should be given to the possibility that an employee may not be able to access the GO-KIT at the time of an emergency. For example, an employee might be away from the Agency, program or office at the time an event rendered it unusable and, thus, unable to return to retrieve the GO-KIT. It is prudent to take action to address such situations before an emergency occurs, such as storing drive-away kits in the employee's home or car.

The following are examples of items that may be included in GO-KIT:

### ***Continuity Operations Essential Items:***

- Administration, Program, Office Continuity Plan;
  - Agency laptop(s) with necessary documents, forms, contacts, etc.
  - Updated phone tree listing.
  - Hard copies of necessary forms, printouts of client names, pertinent client information, locations, contact information, etc.
  - Updated equipment inventory
- Identification and Charge Cards:
  - DSHS ID Card;
  - Driver's License;
  - Agency Purchase Card (P-Card).
- Communication Equipment:
  - Government Cell Phone;
  - Personal Cell Phone;
  - Government Phone Card;
  - GETS Card.

### ***Personal Items (Discretionary):***

- Medical Needs:
  - Insurance Information;
  - List of Allergies/Blood Type;
  - Hearing Aids and Extra Batteries;
  - Glasses and Contact Lenses;
  - Extra Pair of Glasses/Contact Lenses;
  - Prescription Drugs; and/or
  - Over-the-Counter Medications.

- Postage Stamps and Personal Stationary;
- Cash for Miscellaneous Expenses (including coins for vending machines);
- Toiletries:
  - Toothbrush, Toothpaste, Dental Floss;
  - Bath Soap;
  - Shampoo;
  - Hair Dryer, Curling Iron;
  - Electric Razor or Razor and Shaving Cream;
  - Nail Clippers and File;
  - Deodorant or Antiperspirant; and/or
  - Personal Hygiene Products.
- Personal Contact Numbers;
- Emergency Phone Numbers and Addresses (for relatives, medical doctor, and pharmacist);
- Clothing (consider potential for extreme weather conditions at the ERS):
  - Business Casual Work Attire (4–5 days);
  - Leisure Clothes (workout clothing, etc.);
  - Underwear and Socks, Sleepwear, Robe, Slippers;
  - Light-Weight and Medium-Weight Sweater or Jacket;
  - Seasonal Outerwear; and/or
  - Comfortable Shoes.
- Recreation/Entertainment (reading materials, playing cards, puzzles, games);
- Small Portable Battery-Operated Radio/CD Player/Alarm Clock;
- Flashlight and Extra Batteries; and
- Bottled Water and Non-Perishable Food (e.g., granola, dried fruit, etc.).

**APPENDIX F: EMERGENCY COORDINATION CENTER RESPONSIBILITIES**

The Children's Administration is responsible for providing an Administration Liaison to the agency Emergency Coordination Center (ECC) for the duration of the emergency or disaster event.

**F.1: JOB ACTION SHEET****Job Action Sheet: ADMINISTRATION LIAISON**

**Position Assigned To:** \_\_\_\_\_/Alternate \_\_\_\_\_

**Supporting Mission Essential Function:** Emergency Management Services

**Report To:** Planning Section Chief \_\_\_\_\_

**Work Assignment Site:** Normal Duty Station Telephone/FAX: X\_\_\_\_\_/X\_\_\_\_\_

2NW - Room 43 Telephone/FAX: X\_\_\_\_\_/X\_\_\_\_\_

(Computer Training Room)

### Purpose

This Job Action Sheet (JAS) lists the essential tasks for the Administration Liaison. The JAS serves as a ready reference and describes the basic tasks that must be performed through the disaster/emergency event to support the DSHS Mission Essential Function: *Emergency Management Services*. Other DSHS position purposes, responsibilities and duties in support of the other DSHS Mission Essential Functions are discussed in their respective Job Action Sheets.

At all times the Administration Liaison must remain cognizant of the scope and extent of his/her delegated authority to make decisions related to the response and whether to assume responsibility for supporting a given request for assistance. Use of this JAS assists personnel assuming the role of the Administration Liaison to:

- Obtain and report situational awareness
- Contribute to developing and maintaining a common operating picture for the Agency response
- Identify and track resources and capabilities
- Identify and assess shortfalls
- Request additional resources
- Forecast, monitor and assess emerging needs
- Prepare and submit necessary documentation to support actions

## Organization of This Job Action Sheet

This Job Action Sheet is notionally organized based on immediate, intermediate and extended and ongoing actions. Also, this JAS addresses both notice and no-notice incidents. Timelines and order of tasks presented is only a guide. Depending on the incident, some tasks may need to be performed earlier in the process, later, or not at all. The arrangement of tasks as immediate, intermediate, and extended and ongoing is a somewhat artificial construction but necessary for presentation of the information so that it is comprehensible. No disaster response will unfold in a linear and structured manner and you should expect that many actions will have to be repeated each day, or several times a day and that the actions presented here occur out of order of their listing. It is important to take in both the whole and the individual pieces; becoming acquainted with this Job Action Sheet in its entirety and the material incorporated by hyperlink will facilitate your developing a certain comfort level in your duties in the Administration Liaison position and any other role you may play in a DSHS response to the incident.

A notice incident is one that we can see coming and it allows time for preparation and organization; a severe weather event is an example. A no-notice incident is one that does not allow for prior planning, such as an earthquake. This is important because the manner in which the Agency must respond is different and time sensitive. Basically, a notice incident permits enough leeway for you to gather information, project the likely impacts as they pertain to the DSHS facilities and programs, who must be contacted, what preparations must take place and what assistance must you be prepared to deliver. In a no-notice incident, every minute counts because support may be requested nearly immediately based upon what is often very limited information. A delay in providing support for a no-notice incident could mean that the assistance arrives too late to be helpful.

## Mission

Function as the primary incident contact person in the Emergency Coordination Center (ECC) for their respective Administration

## Responsibilities

Emergency Management Critical Support Function, "Activation and Day to Day Operation of the Emergency Coordination Center" supports DSHS Mission Essential Function: Emergency Management Services. All response employees who staff the Administration Liaison position are responsible for:

- Reviewing and understanding instructions in this Job Action Sheet
- Being properly trained and prepared to assume position duties
- Identifying desired objectives/goals related to the identified tasks
- Anticipating when assistance is needed to support DSHS facilities and programs and making and fulfilling timely requests
- Delegating tasks, as necessary, to support timely and complete action
- Collaborating and coordinating response tasks with other DSHS Administrations and staff
- Reporting and documenting all significant actions
- Understanding and remaining within the scope of your position and authority

## Immediate (within 2 hours of activation)

### Action 1: Receive appointment

- \_\_\_\_\_ Gather intelligence, information and likely impact from the sources providing event notification
- \_\_\_\_\_ Assume the role of Administration Liaison and report to work site
- \_\_\_\_\_ Review this Job Action Sheet
- \_\_\_\_\_ Notify your usual supervisor of the incident, activation of the Emergency Coordination Center (ECC), and your assignment

### Action 2: Assess the operational situation

- \_\_\_\_\_ Establish contact with your respective Administration leadership, programs and facilities as appropriate to ascertain current status, contacts, and message routing

**Action 3: Maintain general awareness of the situation**

- \_\_\_\_\_ Collect or receive and analyze incoming information and data, verbal and written, and determine its relevance to the situation
- \_\_\_\_\_ If relevant, check authenticity and context and analyze as it applies to mission and mission impact
- \_\_\_\_\_ Coordinate work with subject matter experts for technical analysis as necessary
- \_\_\_\_\_ Coordinate with GIS Data Specialist to request and receive maps and other information displays
- \_\_\_\_\_ Participate in the report process

**Action 4: Activities**

- \_\_\_\_\_ Obtain initial status and information from the Planning Section Chief to provide an update to your respective Administration leadership

**Immediate (within 2 hours of activation)**

- \_\_\_\_\_ Establish communication procedure/schedule for information sharing with your respective Administration leadership, programs, and facilities
- \_\_\_\_\_ Respond to information and or resource inquiries as assigned by Planning Section Chief

**Action 5: Documentation**



\_\_\_\_\_ Document all key activities, actions and decisions in WebEOC

If WebEOC is inoperable use Administration Snapshot/SITREP below:

\_\_\_\_\_ Complete Administration Snapshot/SITREP and submit to the Planning Section Chief on time specified

**Action 6: Resources**

\_\_\_\_\_ Request support from your respective Administration leadership to perform all necessary surveillance and information gathering activities if required

**Action 7: Communication**

*Insert communications technology, instructions for use and protocols for interface with Administration leadership, facilities and programs*

**Action 8: Safety and Security**

\_\_\_\_\_ Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques

**Action 1: Activities**

\_\_\_\_\_ Transfer the Administration Liaison role, if appropriate

- Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the agency
- Address any health, medical, or safety concerns
- Address political sensitivities, when appropriate

### Intermediate Response (2 -- 12 hours of activation)

- Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives

\_\_\_\_\_ Attend all briefings and Incident Action Planning meetings to gather and share incident and agency information

\_\_\_\_\_ Provide information on your respective Administration response activities, and for the Incident Action Plan (IAP)

\_\_\_\_\_ Report to appropriate authorities and Planning Section Chief the following minimum data in WebEOC:

- Number of casualties and types of injuries sustained
- Current client and patient capacity and census
- Number of clients and patients discharged home, or transferred to other locations
- Number deceased

#### Action 2: Documentation

\_\_\_\_\_ Document all key activities, actions and decisions in WebEOC

If WebEOC is inoperable use Administration Snapshot/SITREP below:

\_\_\_\_\_ Complete Administration Snapshot/SITREP and submit to the Planning Section Chief on time specified

#### Action 3: Communication

*Insert communications technology, instructions for use and protocols for interface with Administration leadership, facilities and programs*

#### **Action 4: Safety and Security**

- \_\_\_\_\_ Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques
- \_\_\_\_\_ Observe all staff for signs of stress and inappropriate behavior; report issues to the Safety Officer

### **Extended Response (greater than 12 hours)**

#### **Action 1: Activities**

- \_\_\_\_\_ Transfer the Administrative Liaison role, if appropriate
  - Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources and the role of external agencies in support of the agency
  - Address any health, medical, or safety concerns
  - Address political sensitivities, when appropriate
  - Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are briefed on response issues and objectives

#### **Action 2: Documentation**

- \_\_\_\_\_ Document all key activities, actions and decisions in WebEOC

If WebEOC is inoperable use Administration Snapshot/SITREP below:

- \_\_\_\_\_ Complete Administration Snapshot/SITREP and submit to the Planning Section Chief on time specified

**Action 3: Communication**

*Insert communications technology, instructions for use and protocols for interface with Administration leadership, facilities and programs*

**Action 4: Safety and Security**

- \_\_\_\_\_ Ensure your physical readiness through proper nutrition, water intake, rest, and stress management techniques
- \_\_\_\_\_ Observe all staff for signs of stress and inappropriate behavior; report issues to the Safety Officer

## Demobilization and System Recovery

**Action 1: Activities**

- \_\_\_\_\_ Transfer the Administrative Liaison role, if appropriate
  - Conduct a transition meeting to brief your replacement on the current situation, response actions, available resources, and the role of external agencies in support of the agency
  - Address any health, medical, and safety concerns
  - Address political sensitivities, when appropriate
  - Instruct your replacement to complete the appropriate documentation and ensure that appropriate personnel are properly briefed on response issues and objectives
  -
- \_\_\_\_\_ As objectives are met and needs decrease, return requested liaison team members to their usual roles

- \_\_\_\_\_ Coordinate the release of client/patient information to external agencies with the Liaison/Public Information Officer
- \_\_\_\_\_ Upon deactivation of your position, brief the Planning Section Chief on outstanding issues, and follow up requirements
- \_\_\_\_\_ Submit comments to the Planning Section for discussion and possible inclusion in an After Action Report and Corrective Action and Improvement Plan. Topics include:
  - Review of pertinent position activities and operational checklists
  - Recommendations for procedure changes
  - Accomplishments and issues
- \_\_\_\_\_ Participate in stress management and after action debriefings

#### **Action 2: Documentation**

- \_\_\_\_\_ Ensure all Emergency Coordination Center documentation is provided to the Planning Section Chief

### **Documents and Tools**

- Administrative Snapshot/SITREP
- DSHS Emergency Operations Plan (EOP)
- DSHS Organization Chart
- DSHS Phone Lists

### **Attachments**

[Administrative Snapshot/SITREP](#)

[DSHS Emergency Operations Plan \(EOP\)](#)

DSHS Organization Chart

DSHS Phone lists

### **Training Requirements**

- [IS 100.b.](#)

- [IS 200.b.](#)
- [IS 700.a](#)
- Web EOC Training
- ECC Training

## **APPENDIX F.2: CPS CENTRAL INTAKE RECOVERY PROTOCOLS**

**Central Intake Transfer of Phones**  
**to Sky Valley CI**  
**Instructions**

**1) TO FORWARD TO PHONES TO SKY VALLEY**

- a) FROM EXTENSION 7377 DIAL \*5601400 (DUTY SUPERVISOR)
- b) FROM EXTENSION 7380 DIAL \*5601400 ( KEVIN)
- c) FROM EXTENSION 7356 DIAL \*5601400 ( ANNA)
- d) FROM EXTENSION 7349 DIAL \*5601400 ( GRETLYN'S PHONE)
- e) FROM EXTENSION 7305 DIAL \*5601400 ( BEVERLY PAYNE)

**REMEMBER THE ORIGINATING PHONE NUMBER FORWARDING THE  
INTAKE PHONES MUST BE THE PHONE THAT BRINGS THE INTAKE  
PHONES BACK. FROM THAT PHONE DIAL \*57 AND THIS WILL BRING  
THE PHONES BACK TO CI SEATTLE.**

This Protocol is utilized for coverage, i.e. office meetings, daytime Fire  
Drills, or as directed by Area Administrator for daytime phone  
problems.



## **Stericycle Communication Solutions**

**Our Account # 893886**

### **Seattle Address:**

2926 Eastlake Ave. E  
Seattle, WA 98102  
Voice: 206-726-2000 / Toll Free (800) 726-2100  
Fax: 206-726-2009 / 800-865-2009

email: [iwhitlatch@appletreanswers.com](mailto:iwhitlatch@appletreanswers.com)

**Faith Ruiz - Lead of Client Relations, #206-726-4444**

**Sayda Elmore - Manage, #206-726-4652**

## When the Phones are Completely Down

### Duty Supervisor will do the following...

1. Call the Area Administrator (or Deputy AA if the AA is unavailable) and inform them the phones are completely down and you will follow the set protocol and inform all concerned parties.
2. Contact Answering Service (Stericycle) and ask them to take messages.  
TO FORWARD THE PHONES TO STERICYCLE COMM. (formerly ATA, WCC)
  - a. From Extension 7377 dial \*5601338 (Duty Supervisor's phone)
  - b. From Extension 7380 dial \*5601338 (Admin. Assistant's phone)
  - c. From Extension 7356 dial \*5601338 (Office Assistant's phone)
  - d. From Extension 7349 dial \*5601338 (NCIC Supervisor's phone)
    - i. IF YOU MUST FORWARD PHONES WHEN OUTSIDE OF THE OFFICE:  
Call 800-392-3437 (give "DID" forwarding # = 1-866-363-4276)
3. Alert NCIC staff on duty that phones are down.
4. Contact WaTech Service Desk (formerly known as CTS Service Desk) by
  - a. Calling 1-888-241-7597 (using the emergency cell phone in the duty sup office)  
**AND**
  - b. Email: [ctsservicedesk@cts.wa.gov](mailto:ctsservicedesk@cts.wa.gov) [cc Area Administrator, Nicole Muller, Gretlyn Dawson, Janelle Decoteau, Rich Young ([Richard.Young@WaTech.wa.gov](mailto:Richard.Young@WaTech.wa.gov)), and Cindy Connolly ([cindy.connolly@cts.wa.gov](mailto:cindy.connolly@cts.wa.gov))]
5. Contact ISSD Service Desk by
  - a. Calling 1-888-329-4773 (using the emergency cell phone in the duty sup office)  
**AND**
  - b. Email: [issdservicedesk@dshs.wa.gov](mailto:issdservicedesk@dshs.wa.gov) (cc Area Administrator, Nicole Muller, Gretlyn Dawson, Janelle Decoteau, Rich Young, and Cindy Connolly)
6. Contact X5 Solutions by calling 1-888-588-1501 and let them know that our phones are completely down and ask if they are aware of any problems on their end.
7. Send an updated email to AA, Nicole Muller, Gretlyn Dawson, and Janelle Decoteau with all the information you have obtained from each of the 3 agencies above about the outage and what is being done as well as who you spoke with at each agency and their contact phone number.

8. If the phones are still down at 7:00 a.m. (during a planned outage) call the CI AA. Inform them of the situation and determine where the phones will be forwarded to at that time. If the CI AA is unavailable, call the CI Appointing Authority.
9. Contact the AA at the designated office where the calls will be pointed until Central Intake phones are back up and working. Contact information is located in the last tab of the binder titled "General Contacts."
10. Call ISSD at 1-888-329-4773 and have them forward all calls to the designated office which will be coordinated by the CI AA with the other. If there is a dispute regarding where the calls are routed, the CI Appointing Authority will resolve the dispute and make the determination.
11. Send an email to the CA Help Desk at [help300@dshs.wa.gov](mailto:help300@dshs.wa.gov) and inform them that all phones are down at Central Intake.

**APPENDIX F.3: FIELD OFFICE CONTINUITY COORDINATORS (AREA ADMINISTRATORS)**

Function	Location		Name	Telephone Numbers	Additional Information
1. Respond to Child Protective Services Emergent cases  2. Provide foster care support	R1	Spokane/Clarkston	Launi Burdge	509.979.4294	
		Spokane	Richard Volke	509.828.5012	
		Yakima	Marti Miller	509.607.0561	
		Colville Spokane ICW	Geri Phillips	509.209.6206	
		Colfax Spokane Adoptions	Kris Randall	509.671.3057 509.363.3461	
		Omak Wenatchee	Jennifer Godfrey	509.846.8515 509.406.6573	
		Moses Lake	Christine Garcia	509.770.5554	
		Sunnyside	Claudia Rocha-Rodriguez	509.413.8282	
		Ellensburg White Salmon Goldendale Toppenish	Berta Norton	509.493.6180  509.654.4941 509.865.7416	
		Walla Walla Richland	Theresa Malley	509.554.1758 509.585.3002	
	R1 Intake AA	Brett Helling	509.999.4579	509.879.4316 (pers. cell)	
R2	Adoptions Mt. Vernon	Jami Belieu	360.429.3005		

Function	Location		Name	Telephone Numbers	Additional Information
1. Respond to Child Protective Services Emergent cases  2. Provide foster care support	R2	Bellingham	Silvia Johnson	360.391.4760	360.594.6705 Bellingham Esther Parker: 360.594.6703
		Everett	Megan Cordova	425.309.4260	
		Mt. Vernon/ Oak Harbor/Friday Harbor	Forest Jacobson	360.770.3621 MV 360.679.7182 OH 360.679.3072 FH	Nancy Potter: 360.429.3040
		Smokey Point	Ida Keeley	360.651.6954 425-231-3287 cell	Kathy Spade: 360.651.6955
		Everett – Centralized Services	Hanna Van Veen	425.339.3922	
		Lynnwood Sky Valley	Sandra Jewell	425.418.5834 360.805.8435	
		ICW Delridge/ White Center	Diane Shimizu	206.923.4932	Travis Aragon: 206.225.0585
		Bellevue - King East	Stephanie Allison-Noone	425.590.3030	
		Queen Anne - King West	Tabitha Pomeroy	206.691.2497	206.850.2641 cell
		MLK	Rachel Zakopyko	206.760.2464	
		Kent - West	Cleveland King	253.372.6001	206.799.8798 cell
		R2 Intake AA	Michael Behar	206-341-7312	
R2 Intake Deputy AA	Esther Shin-Kirkendall	206.341.7378			

Function	Location		Name	Telephone Numbers	Additional Information
1. Respond to Child Protective Services Emergent cases  2. Provide foster care support	R3	Aberdeen South Bend Long Beach	Melissa Wittmayer	360.688.4074 360.642.6243 360.875.4202	
		Bremerton	Ursula Petters	360.475.3505	
		Centralia Kelso	Cheryl Rich	360.807.7126 360.501.2646	
		Forks Port Angeles Port Townsend	Tom Stokes	360.374.3520 360.286.8109 360.344.3000	
		Puyallup - Pierce East	Betsy Rodgers	253.254.3731	
		Lakewood	Vickie Stock	253.370.6546	
		Tacoma - Pierce West	Stephanie Long	253.208.6193	
		Shelton Tumwater	Kui Hug	360.432.2075 360.725.6729	
		Stevenson/ Vancouver Columbia	Kira Lewis	360.947.1487	
		Vancouver Cascade	Beth Kutzera	360.947.7827	
		Tumwater – Central Services	Hieu Dang	360.725.6798	
		R3 Intake AA Bremerton	Scott Adams	360.475.3680	360.979.8645 cell

**APPENDIX F.4: FIELD OFFICE PHONES/FAX LINES**

<b>DSHS/CA - DCFS Office</b>	<b>MHz</b>	<b>Star phones</b>	<b>Fax Lines</b>	<b>Cell Phones</b>	<b>Analog Phones</b>
<b>REGION 1</b>					
<b>Clarkston</b> 525 5th St Clarkston WA 99403		0	1	10	2
<b>Colfax</b> 418 S Main St Colfax, WA 99111		1	1	5	0
<b>Colville/Republic</b> 1100 South Main Colville, WA 99114		1	2	13	2
<b>Ellensburg</b> 1000 East Jackson Ste 301 Ellensburg, WA 98926	"VHF: 146-174MHz" "UHF: 468-470MHz"	0	1	10	2
<b>Goldendale/White Salmon</b> Po Box 185 Goldendale, WA 98620		0	1	2	2
<b>Moses Lake</b> 1620 S Pioneer Way Ste. A Moses Lake, WA 98837		2	2	36	2
<b>Newport</b> 1600 West First Street Newport, WA 99156		1	1	4	0
<b>Omak</b> 130 South Main Omak, WA 98841		0	1	11	0

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
<b>Richland</b> 1661 Fowler St Richland, WA 99352		2	2	60	2
<b>Spokane</b> 1313 N Atlantic Ste. 2000 Spokane, WA 99201	"VHF: 146-174MHz" "UHF: 468-470MHz"	6	5	162	17
<b>Sunnyside</b> 2010 Yakima Valley Highway Ste. 19 Sunnyside, WA 98944		1	1	9	1
<b>Toppenish</b> 4 East Third Ave Toppenish, WA 98948	"VHF: 146-174MHz" "UHF: 468-470MHz"	3	1	31	3
<b>Walla Walla</b> 206 W Poplar Walla Walla, WA 99362		0	1	12	1
<b>Wenatchee</b> 805 S Mission Wenatchee, WA 98807		1	2	26	1
<b>Yakima Regional Hub Office</b> 315 Holton Ave Ste. 200 Yakima, WA 98902		1	2	60	3
<b>REGION 2</b>					
<b>Bellingham DCFS</b> 1720 Ellis Street, Suite #100 Bellingham, WA 98225 <b>Mail Stop: MS B37-4</b>		1	2	62	5



DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
<b>Oak Harbor</b> 275 SE Pioneer Way Ste. 301 Oak Harbor WA 98277	–	1	1	10	1
<b>Friday Harbor</b> 604 Mullis St. Bldg. A Ste. 104 Friday Harbor WA 98250	–	0	1	0	1
<b>Mt. Vernon</b> 900 E. College Way <b>MS: B29-02</b> Ste. 200 Mt. Vernon WA 98273-5682	UHF 462.5500 467.7125 MHz	0	3	43	0
<b>Smokey Point/Arlington</b> 3906 172nd Street NE Ste. 200 <b>MS: B65-04</b> Arlington WA 98223		1	2	22	0
<b>Everett DCFS</b> 840 N. Broadway Bldg. A Ste. 340 <b>MS: N31-10</b> Everett WA 98201	–	1	2	47	0
<b>Everett Regional</b> 840 N. Broadway Bldg. A Ste. 540 <b>MS: N31-09</b> Everett WA 98201		2	5	28	0
<b>Sky Valley/Monroe</b> 953 Village Way <b>MS: B68-02</b> Ste. 100 Monroe WA 98272	–	2	3	22	1
<b>Lynnwood/Creekside</b> 20311 52nd Ave W Ste. 201 <b>MS:N52-02</b> Lynnwood WA 98036-9712	–	1	3	49	1

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
<b>King West - Harrison</b> 100 W Harrison Ste. S200 MS: N56-2 Seattle WA 98119-4116	-	0	2	41	1
<b>King East - Bellevue</b> 805 156th Ave NE MS: N40-04 Bellevue WA 98007-4614	-	1	3	41	2
<b>Seattle Regional</b> 500 1st Ave S Ste. 300 MS: N17-21 Seattle WA 98104-2830	-	1	3	4	1
<b>MLK - Graham St</b> 3600 S Graham St MS: N41-04 Seattle WA 98118-3034		4	2	59	4
<b>OICW - Delridge</b> 4045 Delridge Way SW Ste. 300 MS: N56-01 Seattle WA 98106	VHF MHz 151-159 UHF MHz 462-470	3	2	29	3
<b>King South - Kent</b> 1313 W. Meeker Street Ste. 102 MS: N43-04 Kent WA 98032	-	6	3	77	6
<b>REGION 3</b>					
<b>Port Angeles DCFS</b> 201 West First Street, Suite 2Port Angeles, WA 98362 <b>Mail Stop: MS B5-2</b>		2	2	9	3

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
<b>Port Townsend DCFS</b> 915 Sheridan, Suite 201 Port Townsend, WA 98368 <b>MailStop: MS B16-2</b>		2	1	7	0
<b>Forks DCFS</b> 421 5th Avenue Forks, WA 98331 <b>MailStop: MS B64-3</b>		1	1	6	0
<b>Bremerton DCFS</b> 3423 6th Street, Suite 217 Bremerton, WA 98312 <b>MailStop: MS W18-3</b>		2	2	50	0
<b>Centralia DCFS</b> 3401 Galvin Road Centralia, WA 98531 <b>MailStop: MS S21-2</b>		2	1	11	0
<b>Shelton DCFS</b> 2505 Olympic Hwy N. Suite 440 PO Box 1127 Shelton, WA 98584 <b>MailStop: MS W23-4</b>		2	1	10	0
<b>Tumwater DCFS</b> 6860 Capitol Blvd., Bldg. 2 Tumwater, WA 98501 <b>MailStop: MS 45715</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	2	3	30	0
<b>Aberdeen DCFS</b> 415 West Wishkah Suite 2C Aberdeen, WA 98520 <b>Mail Stop: MS W14-4</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	2	35	0

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
<b>South Bend DCFS</b> 307 East Robert Bush Dr. PO Box 87 South Bend, WA 98586 No Mailstop	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	1	4	0
<b>Long Beach DCFS</b> 2601 Pacific Avenue NE Long Beach, WA 98631 <b>MailStop: MS B71-02</b>		1	1	5	0
<b>Kelso DCFS</b> 711 Vine PO Box 330 Kelso, WA 98626 <b>MailStop: MS S8-6</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	2	12	0
<b>Vancouver DCFS</b> PO Box 9809 (Mailing Address) 907 Harney St (Physical Location) Vancouver, WA 98666-8809 <b>MailStop: MS S6-7</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	5	3	35	4
<b>Pierce West</b> 1949 South State Street 1st Floor Tacoma, WA 98405 <b>MailStop: MS N27-1</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	2	40	0
<b>Pierce South</b> 1949 South State Street 3rd Floor Tacoma, WA 98405 <b>MailStop: MS N27-31</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	1	25	0

DSHS/CA - DCFS Office	MHz	Star phones	Fax Lines	Cell Phones	Analog Phones
<b>Pierce East</b> 1949 South State Street 2nd Floor Tacoma, WA 98405 <b>MailStop: MS N27-32</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	0	2	50	0
<b>Region 5 - Tacoma Regional</b> 2121 South State Street Tacoma, WA 98405 <b>MailStop: MS N27-30</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	1	2	40	0
<b>Stevenson DCFS</b> 266 SW Second Street PO Box 817 Stevenson, WA 98648 <b>MailStop: MS B30-2</b>		0	1	2	0

<b>Sub Totals</b>		68	88	1354	71
<b>Admin/IT</b>					
Children's Administration Technology Services Mailing: PO Box 45605, Olympia, WA 98504-5605 Street: 7240 Martin Way E Lacey, WA 98516-5533 <b>MailStop: 45605</b> Email: help300@dshs.wa.gov	"VHF: 146-174MHz" "UHF: 468-470MHz"	3	2	121 - CATS & HQ	0
<b>Headquarters</b> 1115 Washington Street SE Mailing: PO Box 45710 Olympia, WA 98504 <b>MailStop: 45710</b>	"VHF: 146-174MHz" "UHF: 468-470MHz"	16	4		0
<b>TOTALS</b>		87	95	1477	71

2018 Annual Progress and Services Report

State of Washington

Department of Social and Health Services

Children's Administration

# Education and Training Voucher Reporting

Attachment G

June 30, 2017

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## Annual Reporting of Education and Training Vouchers Awarded

Name of State: Washington

	Total ETVs Awarded	Number of New ETVs
Final Number: <b>2015-2016 School year</b> (July 1, 2015 to June 30, 2016)	176	58
Number: <b>2016-2017 School year</b> (July 1, 2016 to June 30, 2017)	171	67

Comments: The 2016-2017 award numbers are current as of April 27, 2017.