2022 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

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General Information

The federal Administration on Children, Youth and Families (ACYF), Program Instructions ACFY-CB-PI-20-13, requires that all state agencies responsible for administering or supervising the administration of child welfare programs under Title IV-B subparts 1 and 2, and Title IV-E of the Social Security Act to submit an Annual Progress and Services Report (APSR). This is the second APSR related to the 2020 – 2024 Child and Family Services Plan (CFSP).

In 2017, Washington State enacted House Bill (HB) 1661, which led to the creation of the Department of Children, Youth and Families (DCYF). DCYF encompasses programs and services previously offered through the state Children's Administration (CA), Juvenile Rehabilitation Administration (JR), Department of Early Learning (DEL), Office of Juvenile Justice (OJJ), and Working Connections Child Care (WCCC). The combining of these programs and administrations allows for an opportunity for a unified effort that all Washington's children and youth grow up safe, healthy and thriving. Through this legislation, the Office of Innovation, Alignment and Accountability (OIAA) was also established. OIAA is tasked with reviewing and recommending implementation and advancements in research; supporting the agency to implement data-driven and research-based efforts to improve outcomes for children, youth and families; and support continuous quality improvement.

DCYF is the lead agency for state-funded services that support children, youth, and families to build resilience and health, and to improve educational outcomes. Our focus is to support children, youth, and families at their most vulnerable points, giving them the tools they need to succeed with a focus on prevention and early intervention.

MISSION
Protect children and strengthen families so they flourish.

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

VALUES
- Inclusion
- Respect
- Integrity
- Compassion
- Transparency

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

STRATEGIC PRIORITIES
In 2021, DCYF released our [Strategic and Racial Equity Plan](). This plan incorporates the agency strategic plan and racial equity plan and includes the top six agency priorities in three categories of practice that will guide the work of the agency over the next five years.

Equity
- Eliminate racial disproportionalities and advance racial equity.

Intention
- Safely reduce the number/rate of children in out-of-home care.
- Create successful transitions to adulthood for youth and young adults in our care.
- Create a high-quality integrated B-8 (birth – 8 years) system.

Capacity
- Improve quality and intention of our practice.
- Improve quality and availability of our provider resources.

These strategic priorities will help the agency to meet its outcome goals for children, youth and families in Washington State, with a specific focus on the populations for which we are responsible.

POINT OF CONTACT

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Collaboration

DCYF has a successful structure and culture that supports collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, tribes, courts, youth, parents, caregivers and community partners. The Department engages stakeholders in a continuous improvement cycle by encouraging and facilitating ongoing, year-round stakeholder engagement to successfully implement the strategies and activities identified in the 5-year Child and Family Services Plan (CFSP), including initiatives such as implementation of the Program Improvement Plan (PIP), Family First Prevention Services Act (FFPSA), Family Practice Model, and Permanency From Day One (PFD1) grant. Through this engagement, collaboration, and consultation, DCYF is able to assess the needs of children, youth, and families; use the input to amend strategies; and monitor progress towards achieving outcomes and measures.

AGENCY ADVISORY GROUPS

Currently, DCYF has approximately 50 advisory groups that provide a vital connection and voice to the various communities that we serve. Just a few of these advisory groups include:
- Early Learning Advisory Council (ELAC) – a diverse group of parents, child care providers, health and safety experts, legislators, Tribes, K-12 and higher education and others who are vested in creating a statewide early learning system that helps all children realize their full potential.
- Parent Advisory Group (PAG) – a group made up of parents and family caregivers of children to represent the unique experiences and perspectives of their families and acts as a sounding board for decisions, ideas and questions that shape the future of DCYF.
- State Interagency Coordinating Council (SICC) – a council to assist DCYF in implementing a collaborative and comprehensive statewide system of early intervention services for infants and toddlers who have disabilities and their families.

- Foster Parent 1624 Consultation Team – meetings that bring together caregivers and DCYF to discuss issues of concern to foster parents. These meetings are regionally based.
- Field Advisory Board (FAB) – team of field representatives from various positions (caseworkers, supervisors, etc.) that meet to discuss regional and statewide strengths, barriers and opportunities for improvement. The group provides field feedback and guidance on program and practice changes, initiatives and policy revisions.

In addition there is the DCYF Oversight Board. This board provides monitoring and ensures DCYF achieves the stated outcomes as intended by the legislation and that DCYF complies with administrative acts, statutes, rules and policies pertaining to early learning, juvenile rehabilitation, juvenile justice, and children and family services. The board includes membership from DCYF, foster parents, youth representation, tribal representation, physician, parent stakeholder group representative, legislators, and community subject matter experts in early learning, juvenile justice and child welfare. In 2020, the Oversight Board commended DCYF's response to the COVID-19 pandemic. The board also committed to holding DCYF accountable to fight racism and disproportionality. The board is putting a great emphasis on engagement efforts with populations served stakeholders and ensuring all voices are represented in the work that DCYF does. See the full 2020 Department of Children, Youth, and Families Oversight Board Legislative Report here.

COURT IMPROVEMENT AND COLLABORATION

Over the last year, DCYF has worked closely with the Administrative Office of the Courts (AOC) on a number of initiatives including:

- Innovative Dependency Court Collaborative (IDCC) – The IDCC committee consists of DCYF and AOC (co-facilitators) along with representation from the judiciary, tribes, parent allies, youth, caregivers, Office of Public Defense (OPD), child representation, Attorney General's Office (AGO), CASA/GAL, Juvenile Court Administrators, Family and Juvenile Court Improvement Programs (FJCIP), Casey Family Programs, and Partners for Our Children. During the COVID-19 pandemic, IDCC initially began meeting more frequently to address COVID related issues. As many members of the IDCC were also members of the COVID Rapid Response Work Group of the Commission on Children in Foster Care, the IDCC meetings were eventually put on hold to focus resources on that work group and on pandemic response. Regular IDCC meetings are scheduled to begin again in June 2021.
- DCYF partnered with the Court Improvement Training Academy (CITA) regarding webinars related to Family Time and use of virtual technology as well as the Indigenous Children, Youth and Families Conference.
- DCYF has partnered with AOC and additional judicial and community representatives and stakeholders (AGO, CASA, OPD, the Mockingbird Society, Parents for Parents (P4P), FJCIP Coordinators, the Alliance for Child Welfare Excellence (the Alliance), tribes, etc.) in implementation of Program Improvement Plan (PIP) strategies.
- Through implementation of the PFD1 grant, AOC and additional judicial and community representatives and stakeholders (as mentioned above) are part of the External Advisory Committee that meets quarterly to discuss implementation of the grant initiatives. These conversations have sparked additional questions from some advisory committee representatives around disproportionality. Current data from the grant was shared with these representatives and discussions occurred around how the grant may assist in addressing disparity and disproportionality in achieving permanency. In addition to the statewide advisory committee, there are local office/regional based committees in grant intervention offices to discuss implementation and barriers to permanency.
- The court and court partners have been actively involved in the planning of implementation around FFPSA.

STATE AND LOCAL TRIBAL ADVISORY COMMITTEES

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

See additional information on how DCYF collaborates with tribes in the Consultation and Coordination Between State and Tribes section.

CONTINUOUS QUALITY IMPROVEMENT AND FEEDBACK LOOPS

Through implementation of the CFSP and in development of the APSR, DCYF strives to ensure voices are heard from internal staff, external partners and stakeholders, and from the population that we serve. This includes implementation of the various child welfare initiatives such as the PIP, PFD1 grant, FFPSA, Adoption Call to Action, Family Practice Model and new legislative requirements. In addition, DCYF had extensive communication with staff, providers, caregivers, the courts, youth, and external partners and stakeholders while navigating the COVID-19 pandemic and adjusting how services were able to be provided during this time.

DCYF continues to look for opportunities to enhance and improve our collaborative efforts. Throughout the APSR, you will see examples of stakeholder involvement and feedback in the assessment of our current performance, the update on plan for enacting the state's vision, in working with youth and young adults through the John H. Chafee program and in collaboration with our tribal partners.

Acronyms and Abbreviations

AA	Area Administrator
AAG	Assistant Attorney General
ACTA	Adoption Call to Action
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General's Office
AHCC	Apple Health Core Connections
AOC	Administrative Office of the Courts
ASPR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
BRS	Behavior Rehabilitation Services
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CCRT	Central Case Review Team
CCW	Coordinated Care of Washington
CCWIS	Comprehensive Child Welfare Information System
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CITA	Court Improvement Training Academy
CLIP	Children's Long-Term Inpatient Program
CPS	Child Protective Services
CPS FAR	Child Protective Services Family Assessment Response
CSEC	Commercially Sexually Exploited Children
CQI	Continuous Quality Improvement

CWLT	Child Welfare Leadership Team
DCYF	Department of Children, Youth and Families
DDA	Washington State Developmental Disabilities Administration
DRA	Deputy Regional Administrator
EFC	Extended Foster Care
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ETV	Education and Training Voucher
FAB	Field Advisory Board
FFPSA	Family First Prevention Services Act
FJCIP	Family and Juvenile Court Improvement Program
FRS	Family Reconciliation Services
FTDM	Family Team Decision Making
FVS	Family Voluntary Services
HCA	Washington State Health Care Authority
HQ	Headquarters
ICW	Indian Child Welfare
ICWA	Indian Child Welfare Act
IDCC	Innovative Dependency Court Collaborative
IL	Independent Living
JR	Juvenile Rehabilitation
LBGTQ+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
LD	Licensing Division
MCO	Managed Care Organization
MOU	Memorandum of Understanding
NCANDS	National Child Abuse and Neglect Data System
NAIR	Native American Inquiry Referral
NYTD	National Youth in Transition Database
OIAA	Office of Innovation, Alignment and Accountability
OMH	Ongoing Mental Health (Screener)
OMS	Onsite Monitoring System
OPD	Based on context, could reference Office of Public Defense or Original Placement Date
OSPI	Washington State Office of Superintendent of Public Instruction
OSRI	Onsite Review Instrument
P4C	Partners for Our Children (University of Washington)
P4P	Parents for Parents
PBC	Performance Based Contracting
PFD1	Permanency From Day 1 Grant
PIP	Program Improvement Plan
PPM	Based on context, could reference Permanency Planning Meeting or Priority Performance Measure
QA	Quality Assurance
QRTP	Qualified Residential Treatment Program
RA	Regional Administrator
RAIO	Recognized American Indian Organization
RCW	Revised Code of Washington
RESJ	Racial Equity and Social Justice
SACWIS	Statewide Automated Child Welfare Information System
SCOMIS	Superior Court Management Information System
SUD	Substance Use Disorder
TPAC	Tribal Policy Advisory Committee
TPR	Termination of Parental Rights
WAC	Washington Administrative Code
WISe	Wraparound with Intensive Services

| WSCCR | Washington State Center for Court Research |
| WSRDAC | Washington State Racial Disproportionality Advisory Committee |

Assessment of Current Performance in Improving Outcomes

In reviewing performance on outcomes, DCYF goes through a continuous quality improvement process to identify, describe and analyze strengths and problems. From there, it is determined what interventions may support improvement. Those interventions are implemented and monitored to determine if they are supporting outcome improvement and/or if additional modifications may need to be made.

Collecting Relevant Data and Information to Review

This report provides data from a variety of sources. Data may be reported by an abbreviated or full calendar year, state fiscal year, or federal fiscal year, depending on availability. Data sources, extract dates and operational definitions are included throughout the document. Data utilized in this report includes, but is not limited to:

- **Child and Family Services Review (CFSR) Data Profiles**
  These data profiles are generated from the state's AFCARS data files that are submitted semi-annually to the U.S. Department of Health and Human Services. The semi-annual submissions are considered the official data for determining conformity with the CFSR Federal Data Indicators on safety and permanency.
- **infoFamLink Data Reports**
  This is the reporting system for the DCYF Child Welfare workforce, which is integrated into our information management system, FamLink. This system contains administrative data reports regarding safety, permanency, and well-being. All DCYF staff including caseworkers, supervisors, regional leadership, and program managers have access to run reports.
  — Priority Performance Measures—designed to address two major issues in evaluating practice in child welfare:
    o How can we know that we are on track with improving outcomes for children closer to "real time" to affect those outcomes, and
    o With so many performance measures, how do we know which are the most important to track and improve.
    o Priority Performance Measures include: recurrence of maltreatment, maltreatment in care, CPS intake or placement after CPS case closure, CPS intake or placement after FVS case closure, CPS intake or placement after CFWS case closure, CPS intake or placement after FRS case closure, permanency within 12 months of placement entry, permanency within 12 months for children in care 12 – 23 months, placement stability, median length of stay, re-entry into care for 12 months or less length of stay, and re-entry into care for any length of stay.
    o These measures are updated regularly to account for potential data lag, thus the reflected data may differ slightly from the CFSR data profiles provided by the Children's Bureau.
  — Child Welfare Management Dashboard—created to facilitate continuous monitoring of key performance metrics that DCYF is focusing on for Child Welfare all in one place.
  — Administrative Data Reports – there are numerous data reports available for areas including safety, permanency, well-being, licensing and caregivers and administrative reports.
- **Washington State Center for Court Research (WSCCR) Data**
  — Dependent Children in Washington State: Case Timeliness and Outcomes Annual Report - published by AOC and WSCCR, this report reflects all of the juvenile dependency and termination cases that were filed in Washington's courts from 2016 - 2020. Court records from the AOC's Superior Court

Management and Information System (SCOMIS) are matched with information from DCYFs FamLink system. The complete and most recent annual report can be viewed online here.

— Dependency Dashboard – data available to stakeholders and the public, that is updated monthly and quarterly that reflect dependency case timeliness. The dashboard can be viewed online here.

- **Central Case Review Team (CCRT)**
Qualitative data that is generated by reviewing in-home and out-of-home care cases. The CCRT began utilizing the federal On-Site Review Instrument (OSRI) in calendar year 2017. However, federal oversight of the reviews and interviews of key case participants to inform the ratings did not start occurring until calendar year 2018. Currently, CCRT is reviewing cases for DCYF's Program Improvement Plan (PIP). The measurement plan includes a review of 130 cases during a six-month review period in designated PIP offices across the state. Case review results are submitted to the Children's Bureau through regular reporting per the PIP.

  — For the case review data contained in this report, CY 2020 references those case reviews that were completed for PIP monitoring from January – March 2020 and June – December 2020. Due to the impact of the COVID-19 pandemic, case reviews did not occur between April – May 2020 as the process was transitioned to a virtual format. A total of 201 applicable cases were included in this data set.

Review, Analyze and Interpret the Data

Data is reviewed and analyzed on a regular basis. DCYF engages internal staff and external stakeholders through a variety of feedback loops to discuss the practices underlying the data. From this, DCYF is able to identify strengths and problems (throughout this document, these may be referred to as themes and patterns, strengths and/or barriers). Many of the identified problems in this review are the same as were identified in DCYF's Program Improvement Plan (PIP) as DCYF is in the midst of strategy implementation.

Implement and Monitor Interventions

As mentioned above, many of the identified problems in this review are the same as were identified in the development of our PIP. DCYF is in the midst of implementation of PIP strategies to support practice improvements in all of the outcomes and systemic factors that were noted as needing improvement in our CFSR. DCYF has also implemented Permanency From Day 1 (PFD1) grant interventions to improve outcomes related to permanency and well-being. At this time, there has not been enough time to determine if the interventions are improving outcomes and DCYF will continue to monitor, evaluate and modify strategies and interventions as needed through a CQI framework. In addition, DCYF will be implementing FFPSA in 2022 and is continuing to develop a Family Practice Model. All of these interventions are anticipated to show improvements in outcomes and will be monitored and evaluated through a CQI framework.

Safety Outcomes 1 and 2

Safety Outcomes include: (1) children are first and foremost, protected from abuse and neglect; and (2) children are safely maintained in their own homes whenever possible and appropriate.

	CFSR Round 3	CY2020 Performance	Status	PIP Target
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	86%	83%	⬇	
Item 1: Timeliness of initiating investigations of reports of child maltreatment	86%	83%	⬇	91%

Safety Outcome 2: Children are safely maintained in their home whenever possible and appropriate	64%	60%	⬇	
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of- home care	68%	68%	➡	77%
Item 3: Risk assessment and safety management	65%	61%	⬇	69%

🟩 Federal Target Achieved (95%)	🟨 Within 10% of Federal Target	🟥 Greater than 10% of Federal Target

Data Source: Washington 2018 CFSR Final Report and CFSR Portal, Onsite Review Instrument Report CY2020

Safety Outcome 1: Children Are First and Foremost, Protected From Abuse and Neglect.
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

This item determines whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency polices or state statutes.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 1: Timeliness of Initiating Investigations of Reports of Maltreatment						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	85% (131 of 154)	86% (31 of 36)	78% (7 of 9)	86% (25 of 29)	83% (30 of 36)	92% (12 of 13)	83% (26 of 31)
CY2019	91% (135 of 149)	94% (15 of 16)	90% (37 of 41)	89% (34 of 38)	*	100% (15 of 15)	87% (34 of 39)
CY2020	83% (84/101)	95% (18/19)	25% (1/4)	83% (5/6)	79% (38/48)	93% (14/15)	89% (8/9)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)

The PIP target for this item is 91%.

INFOFAMLINK ADMINISTRATIVE DATA

The table below illustrates the number of allegations of abuse or neglect that were assigned for assessment within either a 24-hour or 72-hour timeframe for CY2018, CY2019 and CY2020.

Timeliness of Initial Face-to-Face with Alleged Victim All Response Times, Statewide					
Year	IFF Within Time Frame	Attempted IFF Within Time Frame	Attempted IFF Within Time Frame (No Visit)	Total Investigations	% IFF and Attempted IFF Compliance
CY2018	56,041 (90.27%)	4,776 (7.69%)	108 (.17%)	62,080	98.14%
CY2019	55,102 (89.91%)	4,719 (7.70%)	86 (.14%)	61,287	97.75%
CY2020	47,117 (90.81%)	3,922 (7.56%)	77 (.15%)	51,888	98.51%

Data Source: Initial face-to-face timeliness report, CY2018, CY2019 & CY2020; infoFamLink; as of January 25, 2021

The table below illustrates timeliness of initial face-to-face contact, by Region, including completed and attempted IFFs for CY2020.

Timeliness of Initial Face-to-Face with Alleged Victim, By Region IFF and Attempted IFF Separated, CY2020						
CY2020	R1	R2	R3	R4	R5	R6
IFF Within Time Frame	92.88%	88.16%	93.06%	88.09%	91.67%	90.40%
Attempted IFF Within Time Frame	5.87%	9.81%	6.13%	9.54%	6.58%	7.93%
IFF and Attempted IFF Within Time Frame Combined	98.75%	97.97%	99.19%	97.63%	98.25%	98.33%
Data Source: Initial face-to-face timeliness report, CY2020; infoFamLink; as of January 25, 2021						

Figure 1 illustrates a trend of statewide performance on IFFs (includes completed and attempted IFFs) over a 13 month time-frame.

FIGURE 1
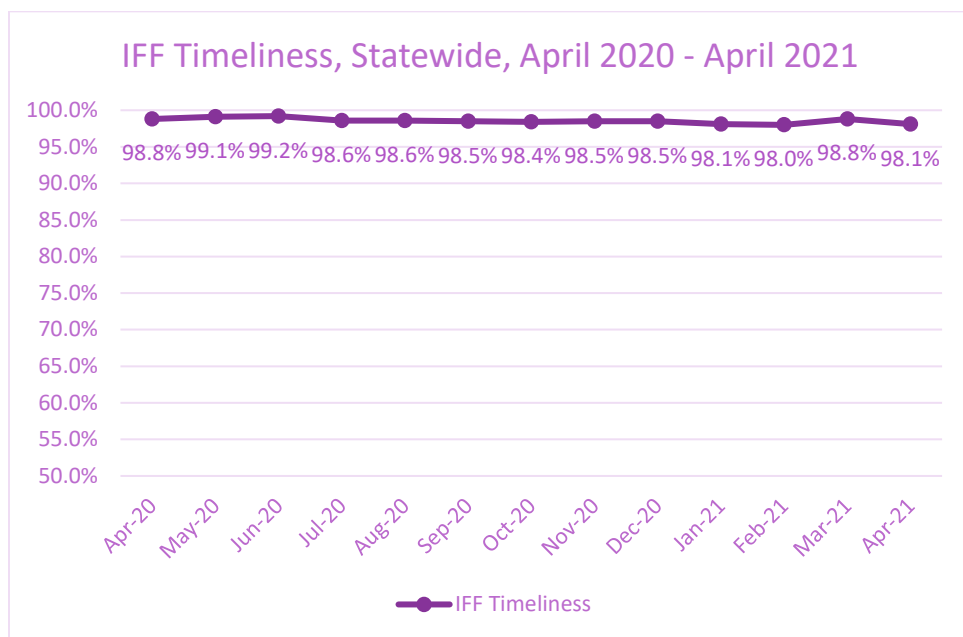
Data Source: Child Welfare Management Dashboard; infoFamLink; May 21, 2021

If an alleged victim(s) is not able to be located within the initial assigned timelines, DCYF Policy 2310.Child Protective Services (CPS) Initial Face-to-Face (IFF) Response allows for a use of an extension of the IFF timeframe to allow for additional attempts to locate and/or an exception to the IFF as long as specified circumstances are met. The use of exceptions and extensions are monitored through the Initial Face-to-Face Timeliness report in infoFamLink. Figure 2 illustrates the percentage of intakes that had an extension and/or exception by Region and statewide in CY 2020.

FIGURE 2

Data Source: Initial face-to-face timeliness report, CY2020; infoFamLink; January 25, 2021

Statewide, in CY2020:
- For 24-hour response intakes, 25.89% (4,307 of 19,121) received had a documented exception or extension. Of those, 3.37% (644) had a documented exception and 22.52% (4,307) had a documented extension.
- For 72-hour response intakes, 17.58% (5,760 of 32,767) received had a documented exception or extension. Of those, 3.54% (1,160) had a documented exception and 14.04% (4,600) had a documented extension.
- The use of exceptions for all response times increased from 2.96% in CY 2019 to 3.48% in CY 2020.
- The use of extensions for all response times decreased from 17.37% in CY 2019 to 17.17% in CY 2020.

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Overall, DCYF performs well in initiating investigations and initial face-to-face contact with alleged victims and documentation of those efforts and attempts. This is an area of focus that has and continues to be emphasized through monitoring of data and practice. Reports regarding monitoring of IFFs are provided through data-driven subscriptions in infoFamLink, through regional data dashboards developed by regional QA/CQI staff and through the Child Welfare Management Dashboard. Discussions about this item and review of quantitative and qualitative data occurs at PIP data analysis review meetings after a case review is completed within an office.

Statewide, in CY2020, the CCRT found:
- The reasons for delays in initiation of investigations or assessments and/or face-to-face contact was due to circumstances beyond the control of the agency in 39% (11 of 28) of the cases.

Circumstances beyond the agency's control can include an inability to locate the alleged victim or victims despite multiple attempts at various locations where the child is believed to be located, concerted efforts were made to locate a child and the agency utilized an appropriate extension per policy after attempts were exhausted within the assigned time frames.

Themes and patterns regarding practice that have been identified through CCRT, qualitative extension reviews, stakeholder discussions and the Licensing Division include:

- Sufficient number of IFF attempts are not consistently completed (during the intake timeframe and after an extension is entered).
- Significant length of time between attempts.
- Extensions for IFFs do not include critical thinking regarding why the attempted IFFs were adequate given the circumstances of the case.
- A lower focus on FAR intakes as the allegations are less serious in nature.
- Referrals are not being made to after hours to complete IFFs. This seems to occur most frequently when an intake comes in late on a Friday afternoon.
- Prioritization of Child Welfare intakes over Licensing Division intakes by after hours.
- Lack of training in after hours to appropriately assess safety in non-family settings (i.e. child care, group care, JR facility, etc.)
- Lack of adequate resources in after hours, including staff that are able to complete IFFs per position description.

Through PIP case reviews by CCRT, it was noted that FAR cases underperformed compared to other in-home and CFWS cases in several CFSR items, including CFSR Item 1. In May 2021, the Statewide Data Accountability and Quality Improvement Manager completed an in-depth review of 30 FAR cases from PIP offices that were reviewed during the first four quarters of PIP case reviews. During this review, it was found that the initial face-to-face contact with the child(ren) did not occur within timeframes in 7 of the 30 cases. Practice themes mirrored those mentioned above including lack of appropriate attempts to locate the identified child(ren) and/or not using extensions appropriately and per policy.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO SAFETY OUTCOME 1
STRENGTHS

- Regional and statewide quality assurance and quality practice staff provide an extensive amount of technical assistance and support to staff to increase their understanding of reasonable efforts to locate a child(ren) during an IFF timeframe and after an extension is entered, as well as on the appropriate use extensions and exceptions. This technical support includes, but is not limited to:
  — Training
  — Coaching
  — Workshops
  — Case Consultations
  — Qualitative Extension Reviews
- In many offices, supervisors and/or AAs are entering exceptions and extensions into FamLink. This has added an additional layer of accountability in which supervisors must thoroughly review efforts that caseworkers have made to locate a child(ren). In turn, this assists caseworkers in articulating and documenting what efforts they have made. Prior to this shift, some supervisors were approving extensions and exceptions that were entered by caseworkers without a thorough review of the efforts to determine if the extension and/or exception was appropriate. Due to the success of this practice, this is recommended to be memorialized in policy and has been included in the draft revision of the IFF policy that is currently occurring through the PIP.

BARRIERS

- It was found through qualitative reviews that, in some circumstances, more exceptions are being entered than necessary due to a computer glitch where one intake is received with one victim listed and then a subsequent intake is received with multiple victims listed. The computer system was showing IFFs needed for the additional victims on the first intake versus the second intake that was received. In order to fix this issue, an exception is being entered on the victims as they were not listed on the original intake.
- In some circumstances, supervisors are closing intakes without extensions and/or exceptions documented when a child(ren) is unable to be located.
- When a Washington child is temporarily located in the bordering states of Idaho or Oregon, by law, the Washington caseworker cannot cross state lines to interview the child. At times, the other state may refuse or be unable to complete a courtesy interview, resulting in a delayed IFF.
- Sustainability of progress. One region noted that they had completed random qualitative extension/exception reviews historically. These stopped prior to implementation of the PIP. It was noted that when these reviews stopped, there was more use of extensions and exceptions inappropriately versus per policy. This was further compounded by new supervisors and staff.
- The administrative data used to monitor IFFs generally looks at the completed and attempted IFFs and does not take into the account the qualitative aspect and if reasonable attempts may or may not have occurred. Therefore, the administrative data may reflect higher rates of performance than qualitative data.

PRACTICE IMPROVEMENTS

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. There is a strategy and related activities to revise the current IFF policy, provide guidance and implement a consistent QA/CQI processes to ensure timely initial assessments of child safety. See Update on Plan for Enacting the State's Vision for current status of implementation of this strategy.
- Washington is currently meeting with bordering states (Idaho and Oregon) to develop a Memoranda of Understanding to address the concern about IFFs occurring in those states.
- Training and coaching is being provided to supervisors to help them support their staff in ongoing learning and application of skills. All of DCYF's improvement efforts include an emphasis on supervisory consultation and articulation and documentation of critical thinking and decision making. There is also an emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies.

COVID-19 IMPACTS

Washington State did not expand timelines for IFF's due to the COVID-19 pandemic. Assessment of child safety and abuse and neglect remained the top priority, which includes seeing children timely. Caseworker responsibilities, if they were in the high risk categories, were adjusted and other workers needed to take on those responsibilities. Some offices with a high rate of at risk caseworkers, struggled to cover these tasks. This, on top of caseworkers having to adjust to finding alternate child care, being scared to go into homes, and families being fearful and refusing access to their children all contributed to additional extensions and a reduction in timeliness. The COVID-19 pandemic added additional stressors to the workforce in a variety of ways including the following:

- Quick shift to remote working and requiring the necessary equipment and technology to complete duties.
- DCYF saw an increase in vacancy rate and decrease in staffing expenditures, primarily from April – September 2020, with the largest decline in July 2020 across all regions and DCYF headquarters.

- Duties of high-risk staff were altered to accommodate their needs. This shifted duties and responsibilities to staff who were able to work in the community.

However, due to a reduction in intakes and resulting workload reduction, the COVID impacts were minimized in this area. Staff were often highly creative during this time and conducted child interviews by phone while seeing the child through the window, met with the child outside when weather permitted and conducted video conferencing interviews with the child. When a family tested positive for COVID and there was no way to safely see children, extensions were entered and additional ways of assessing the safety of children were explored. Forensic interviews through Child Advocacy Centers (CAC)'s were greatly impacted due to decreased capacity.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

CPS has monthly meeting with a group of experts in front end line work from around the state. This group includes intake AAs, CPS regional leads, the Alliance training staff, headquarters staff, regional safety administrators, critical incident staff, licensing division and quality assurance staff. As part of these meetings, IFF timeliness, IFF extension protocol and IFF assessment of child safety are routinely discussed. Staff that participate in these meetings indicate that most staff are aware of policy and the urgency of seeing children timely to assess safety. However, staff need more direction as to what constitutes reasonable efforts to locate a child.

In response to this need and as part of the PIP, a group of stakeholders met on four separate occasions to review the existing IFF policy in an effort to provide more direction to staff around reasonable efforts to locate a child and to relook at standards for extensions and exceptions. This group was comprised of staff who specialized in data, quality assurance, CPS, safety, risk management and policy. Each region was represented and every voice was heard equally. From this workgroup, the policy was revised and sent out to additional stakeholders including Indian Child Welfare experts, the Attorney General's Office and regional leadership. Through this review process and the demand to bargain process through the Washington Federation of State Employees (WFSE), adjustments will be made, as needed, to ensure the policy will be clear and understandable to staff upon rollout.

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

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care

This item determines whether, during a period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry Into Foster Care							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	74% (70 of 94)	77% (20 of 26)	75% (3 of 4)	84% (16 of 19)	63% (12 of 19)	75% (6 of 8)	69% (13 of 18)
CY2019	85% (62 of 73)	80% (4 of 5)	90% (19 of 21)	85% (17 of 20)	*	83% (5 of 6)	81% (17 of 21)
CY2020	68% (44 of 65)	75% (9 of 12)	50% (1 of 2)	67% (2 of 3)	59% (17 of 29)	69% (9 of 13)	100% (6 of 6)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)							

The PIP goal for this item is 77%.

PRIORITY PERFORMANCE MEASURES AND CFSR DATA PROFILES

CPS Intake or Placement After Case Closure

This priority performance measure in infoFamLink is related to the percentage of families who experience a screened-in CPS intake or placement of one or more children within 12 months of case closure. This is a state outcome measure intended to reflect the overall performance of the Washington child welfare system and is broken down by the major program areas of Child Protective Services (CPS – includes investigation and FAR), Family Voluntary Services (FVS), Child and Family Welfare Services (CFWS) and Family Reconciliation Services (FRS). This is a critical outcome measure of child safety that looks at both CPS recidivism (repeate intakes) and the placement of children at the family level. The recurrence of maltreatment measure does not distinguish if an additional founded or additional intake happened during the open case period or after the case was closed, but simply measures the number of days between an initial intake and a subsequent one. There are major differences in the likelihood of new intakes or placements depending on whether the case is open or closed. This measure provides a comprehensive, realistic and detailed look at trends in the overall safety level.

CPS Intake or Placement After Case Closure by Program Area			
Program Area	Timeframe	Desired State Performance	Current State Performance
CPS	October 2018 – September 2019	20% or less	20.9%
FVS	July 2018 – June 2019	20% or less	27.6%
CFWS	October 2018 – September 2019	20% or less	23.2%
FRS	October 2018 – September 2019	20% or less	13.2%
Data Source: Child Welfare Priority Performance Measures, CPS Intake or Placement after Case Closure, infoFamLink			

Re-Entry to Foster Care

This indicator measures whether the agency's programs and practice are effective in supporting reunification and other permanency goals so that children do not return to foster care. Re-entry to foster care has a national performance of 8.1% or less children experiencing re-entry within 12 months of discharge from foster care. National Performance is how the nation as a whole performed on a given date indicator. National performance is used as a reference point to determine if a state performed statistically higher, or no different than the nation after taking into account some of the factors over which the states have little control.

Observed performance describes how a state performed on a given indicator, without any adjustments.

Risk-Standardized Performance (RSP) is used to assess state performance compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control (i.e. ages of children in out-of-home care). This allows for a more fair comparison of each state's performance relative to the national performance.

| CFSR Round 3 Federal Data Indicator: Re-Entry to Foster Care						
	15B-18A*	16A-18B*	16B-19A*	17A-19B*	17B-20A*	18A-20B*
National Performance (at or below)	8.1%	8.1%	8.1%	8.1%	8.1%	8.1%
Washington Risk Standardized Performance (RSP)	7.1%	7.0%	6.4%	7.3%	7.1%	5.7%
Washington Observed Performance	5.7%	5.6%	5.1%	5.9%	5.7%	4.4%
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-15-20 (AFCARS) and 12-15-2019 (NCANDS), February 2021						
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data.						

"A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

During 16B17A and 18A18B, Washington State's risk standardized performance is statistically better than the national performance on this measure. In further analysis on the supplemental context data, the following was noted:

- There was a significant reduction in entries into out of home care for American Indian/Alaskan Native (AI/AN) children. From AFCARS period 15B16A to 20A20B, there was a 33% reduction from 216 to 120 entries. The rate of entry changed from 9.1 to 5.11.
- Re-entry rate into foster care was also very low for the AI/AN population.

DCYF's Priority Performance Measures are complementary data to the CFSR data profile. Figure 3 illustrates the re-entry into foster care measure which is the percentage of all children exiting during a defined period to reunification or guardianship who return to care within 12 months of exit. These measures look only at Washington State's observed performance and, as they are updated monthly, account for any potential data lag that may exist. This re-entry companion measure uses an exit cohort to identify the percentage of all children exiting during a defined period to reunification or guardianship who return to care within 12 months of exit. Research has shown that re-entry rate is influenced by length of stay in care, with children in longer-term care generally being more likely to re-enter care following reunification. The numerator is the number of eligible children who returned to care within 12 months of discharge to reunification or guardianship (exclusions are re-entries occurring within one day of initial removal discharge) and the denominator is the number of eligible children. Washington State's target is 7% or less.

FIGURE 3
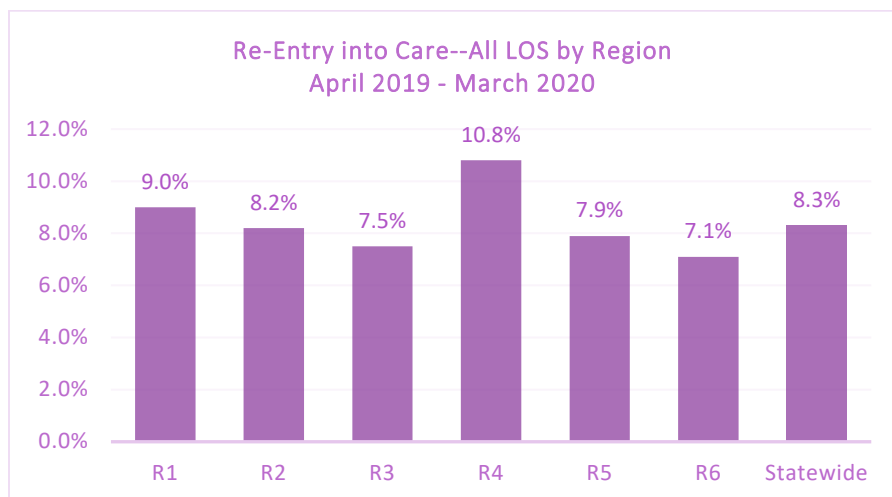
Re-Entry into Care--All LOS by Region
April 2019 - March 2020

R1: 9.0%, R2: 8.2%, R3: 7.5%, R4: 10.8%, R5: 7.9%, R6: 7.1%, Statewide: 8.3%

Data Source: Child Welfare Priority Performance Measures, Re-Entry into Care—All LOS, infoFamLink

Figure 4 illustrates re-entry rate during the same time frame, broken down by race.

FIGURE 4
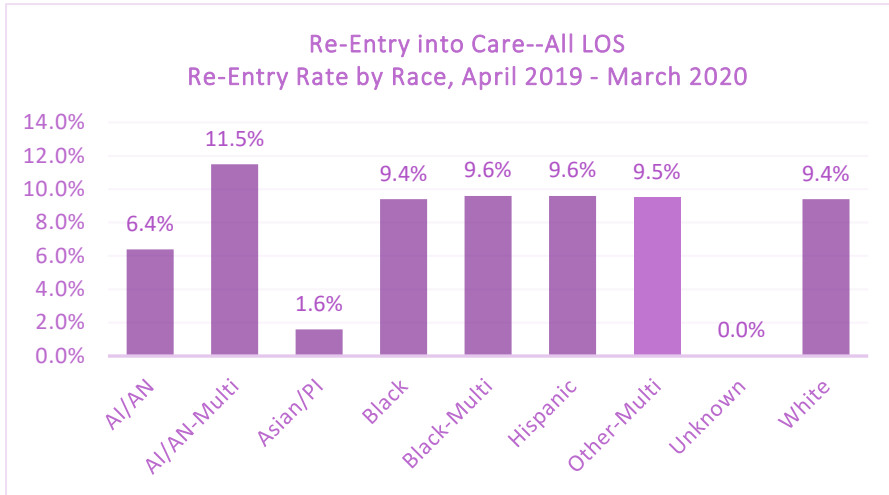
Data Source: Child Welfare Priority Performance Measures, Re-Entry into Care—All LOS, infoFamLink

Figure 5 illustrates re-entry rate during the same time frame, broken down by age.

FIGURE 5
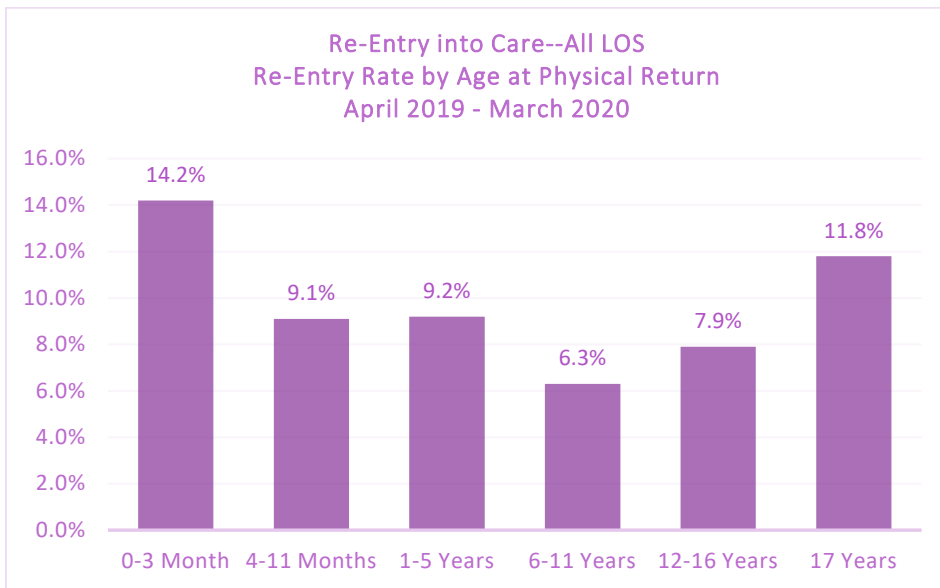
Data Source: Child Welfare Priority Performance Measures, Re-Entry into Care—All LOS, infoFamLink

When we analyze the data by re-entry rate by length of stay, we see the following:

Re-Entry Rate by Length of Stay April 2019 – March 2020			
Length of Stay	Re-Entry Rate	Number of Re-Entries	Total Cases
<8 days	16.4%	154	938
8-65 days	11.4%	89	779
66-365 days	8.3%	47	563
366 to 730 days	5.1%	32	624
Over 730 days	2.9%	42	1,472

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- The agency made concerted efforts provide or arrange for appropriate services for the family to protect the children and prevent their entry or reentry into foster care in 23% (15 of 65) of the cases.
- Although the agency did not make concerted efforts, children were removed from the home because the action was necessary to ensure the child's safety in 45% (29 of 65) of the cases.
- Concerted efforts were not made to provide appropriate safety-related services and the children remained in the home in 20% (13 of 65) of the cases.
- When broken down by case type, Statewide Item 2 data is the following, identifying clear practice differences amongst case types:
  — Foster care – 72% (38/53)
  — CPS FAR – 17% (1/6)
  — In-Home – 83% (5/6)

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- CPS FAR/In-Home
  — No additional services are provided despite recommendations and new screened out intakes.
  — Not facilitating timely engagement in services.
  — Lack of comprehensive assessments of safety to provide safety related services.
  — Safety concerns were identified but the agency did not offer safety related services to maintain the child safely in the home.
- Foster Care Cases
  — Lack of assessment of father.
  — Lack of assessments of paramours in the home.
  — Lack of providing safety related services after trial return home and/or reunification.
  — Lack of providing safety related services to children who remain in the home when another child is in out-of-home care.
  — Lack of services to prevent removal.
  — Removal when a safety threat did not exist.

Through PIP case reviews by CCRT, it was noted that FAR cases underperformed compared to other in-home and CFWS cases in several CFSR items, including CFSR Item 2. In May 2021, the Statewide Data Accountability and Quality Improvement Manager completed an in-depth review of 30 FAR cases from PIP offices that were reviewed during the first four quarters of PIP case reviews. During this review, it was found that concerted efforts and/or a safety plan were made to prevent removal into care in 2 of 7 applicable cases reviewed. In 5 of 7 cases reviewed, efforts were not made to provide safety related services. In three of those cases, efforts were initially made to provide safety related services, but once additional safety related services were recommended, they were not provided prior to closing the case. In the other two case, safety related services were not provided, with one case resulting in the removal of the child.

As the FAR program has evolved, more and more offices have moved away from the model of having separate work streams for FAR and Investigation. This is to have a more flexible work force across the two programs due to variations in workload. This has created competing priorities within the two CPS pathways with the

most severe allegations often taking the priority and leaving FAR cases to linger. On top of this, the two components of FAR, assessment and service delivery, are also competing priorities. Initial assessment timelines, such as initial searches and interviews of children, parents and collateral contacts are often prioritized over less emergent needs such as case planning and service delivery. This lack of focused service delivery and subsequent safety assessment during this time frame leaves families at risk of not receiving the services that are needed to reduce risk factors that can lead to additional maltreatment and intakes. This impacts multiple CFSR items, including items 1, 2, 3, 12, 13, 14 and 15. In response to this, Region 2 has developed a pilot that separates these competing priorities amongst FAR workers and allows for equal attention to both. FAR workers are divided into FAR assessment workers and FAR services workers. This is also being explored as a model within the FFPSA early implementers.

In reviewing the re-entry into care data, we can see that a majority of our re-entries are occurring when there is a short initial length of stay. We can also see that re-entries occur more frequently with young children, which have been identified as our population at greatest risk of maltreatment. The drivers behind performance on re-entry into foster care and the overall trend is related to our areas needing improvement on Items 2 and 3 in relation to a lack of thorough and accurate assessments of safety, inadequately monitored safety plans, and a lack of safety related services being provided instead of removal.

In looking at this data, we also have to consider the reduction in the amount of children that we are leaving in care, in an attempt to offer additional services prior a dependency. This often occurs when law enforcement or hospital administrators place children in care and services have not yet been offered. With this emphasis on reasonable efforts, additional risk is accepted toward the ultimate goal of keeping children safely with families if at all possible. However, if services are unsuccessful, it is more than likely that these children will come back into care.

The decrease in removal rates for AI/AN children was identified and questioned through the DCYF Oversight Board. Rates have declined significantly since 2012. Through stakeholder discussion and data analysis, several thoughts emerged that may explain these declining rates:

- Data changes - the former Children's Administration (now part of DCYF) undertook concerted efforts to improve race/ethnicity and Tribal affiliation data collection accuracy. Substantial clean-up efforts have and continue to be done, thus a decrease in AI/AN rates; however, an increase in multiracial groups.
- Small decrease in disproportionality at intakes for AI/AN children.
- Increased collaboration with tribes, including transferring jurisdiction to tribes.

It is likely that the decrease is due to multiple factors and we are unable to determine at this time the extent each of the above factors (or others) may be contributing to the decrease in removal and re-entry of AI/AN children. We will continue to monitor this data to collaborate with tribal partners to better understand what is impacting the performance.

Washington State has been working towards creating a system that looks at racial equity and disproportionality during every decision making point throughout the life of the case. However, due to historical and systemic racism, we know that families of color have been hit the hardest during COVID with a greater portion of families of color experiencing job loss. This creates even higher stressors for families of color who are already more likely to live in poverty. Poverty and neglect are highly correlated which leads to worsening disproportionality of children of color coming into care. Practice improvement efforts through the PIP include holding case consultations prior to filing dependency petitions to strengthen practice-related decision making. Part of this process is a series of bias related questions that look deeper into whether biases

that the caseworkers and/or agency may have regarding the family's culture or race is impacting the decision to place a child. DCYF is also exploring ways in which a model such as race-blind consultations can be incorporated.

Intakes Opened for Services

In CY2020, almost 20,000 cases were open for some type of service, with 4,262 entries into out-of-home care to ensure child safety.

Child Welfare Overview CY 2020

Published: DCYF OIAA May 2021
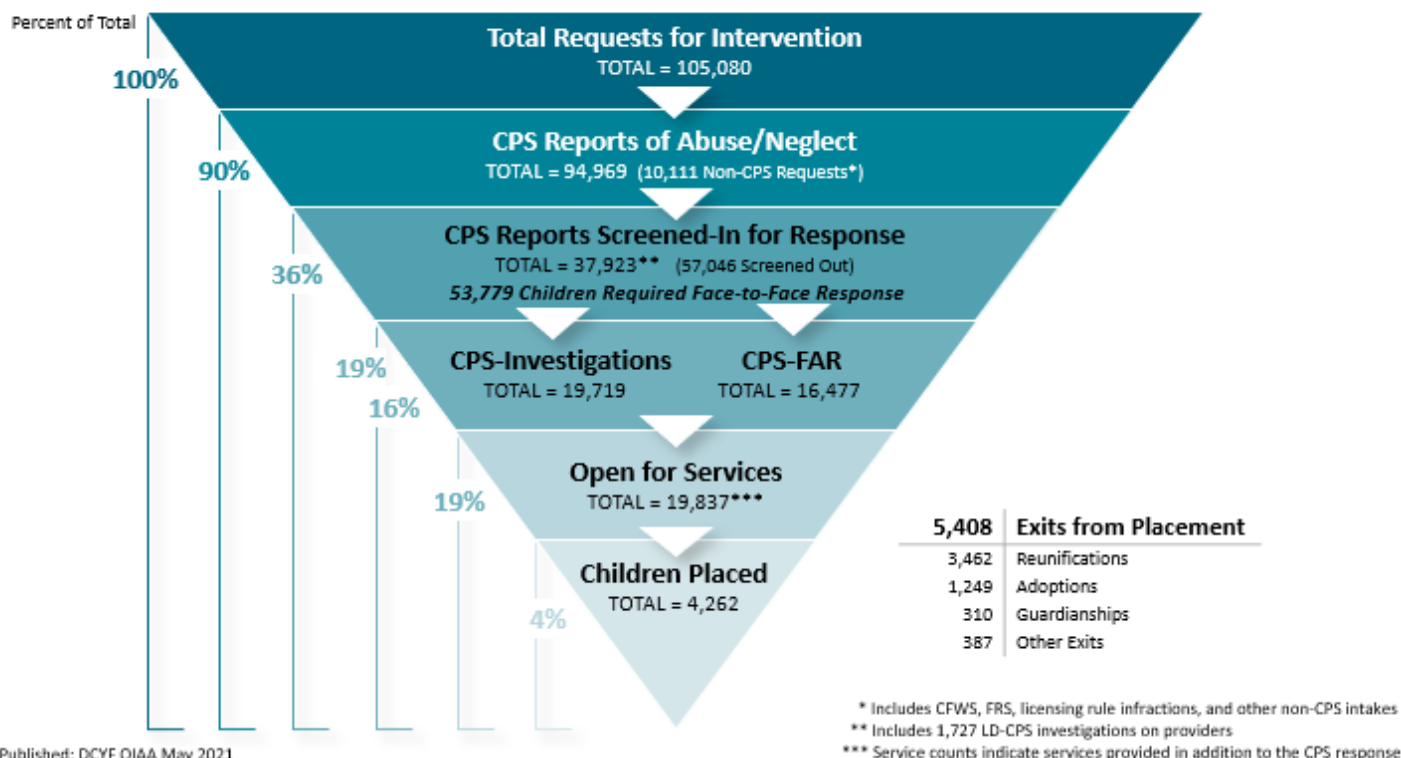
Item 3: Risk and Safety Assessment and Management

This item determines whether, during a period under review, 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 foster care.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 3: Risk and Safety Assessment and Management							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	65% (168 of 257)	60% (39 of 65)	60% (6 of 10)	74% (28 of 38)	63% (41 of 65)	70% (19 of 27)	67% (35 of 52)
CY2019	68% (193 of 282)	90% (27 of 30)	65% (40 of 62)	69% (47 of 68)	*	59% (19 of 32)	67% (60 of 90)
CY2020	61% (122 of 201)	78% (38 of 49)	0% (0 of 4)	60% (6 of 10)	51% (42 of 83)	61% (25 of 41)	79% (11 of 14)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)							

PRIORITY PERFORMANCE MEASURES AND CFSR DATA PROFILES

Maltreatment in Foster Care

This indicator measures whether the agency ensures that children do not experience abuse or neglect while in the State's foster care system and holds the State 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 foster care. Maltreatment in foster care has a national performance of 9.67 or less victimizations per 100,000 days in care. National Performance is how the nation as a whole performed on a given date indicator. National performance is used as a reference point to determine if a state performed statistically higher, or no different than the nation after taking into account some of the factors over which the states have little control.

Observed performance describes how a state performed on a given indicator, without any adjustments.

Risk-Standardized Performance (RSP) is used to assess state performance compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control (i.e. ages of children in out-of-home care). This allows for a more fair comparison of each state's performance relative to the national performance.

CFSR Round 3 Federal Data Indicator: Maltreatment in Care (Victimization/100,000 Days in Care)			
	FY16*	FY17*	FY18*
National Performance (at or below)	9.67	9.7	9.67
Washington Risk Standardized Performance (RSP)	9.77	9.34	10.53
Washington Observed Performance	7.29	6.96	7.89
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-15-20 (AFCARS) and 12-15-2019 (NCANDS), February 2021 **Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).*			

On this measure, Washington State's risk standardized performance is statistically no different than national performance on all reported time frames.

DCYF's Priority Performance Measures are complementary data to the CFSR data profile. Figure 6 illustrates the rate of victimization per 100,000 days for children in care, regardless of perpetrator relationship. These measures look only at Washington State's observed performance and, as they are updated monthly, account for any potential data lag that may exist.

FIGURE 6
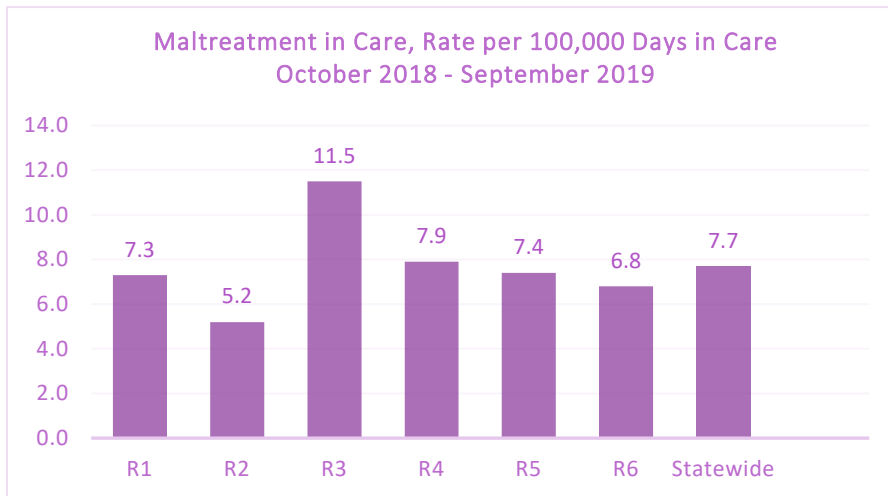
Maltreatment in Care, Rate per 100,000 Days in Care
October 2018 - September 2019

Data Source: Child Welfare Priority Performance Measures, Maltreatment in Care, infoFamLink

Figure 7 illustrates rate of maltreatment in care during the same time frame, broken down by race.

FIGURE 7
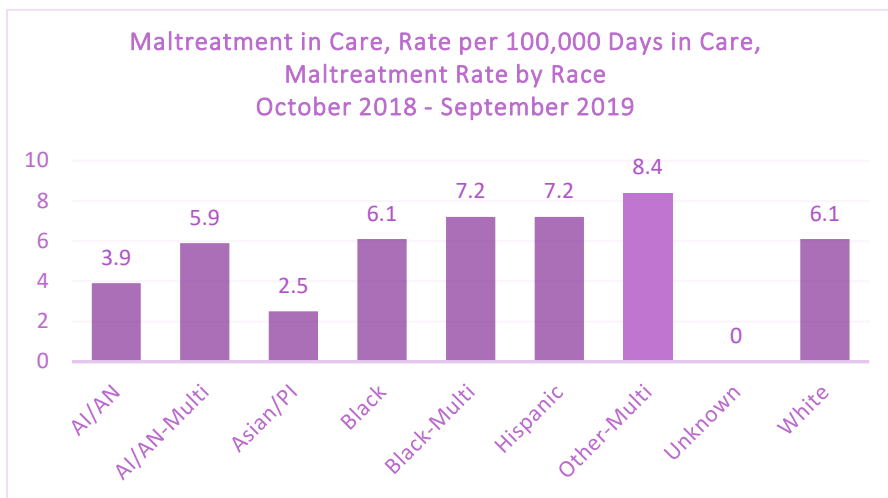
Maltreatment in Care, Rate per 100,000 Days in Care,
Maltreatment Rate by Race
October 2018 - September 2019

Data Source: Child Welfare Priority Performance Measures, Maltreatment in Care, infoFamLink

Rate of Victimization per 100,000 Days in Care by Placement Setting October 2018 – September 2019			
Placement Setting	Rate per 100,000 Days	Number of Victims	Days in Care
Kinship Care	7.6	111	1,453,602
Non-Relative Foster Care	7.0	109	1,558,234
Group Care	2.9	2	68,628
Mixed Settings*	10.1	68	674,917
* Mixed setting is used when the child did <u>not</u> spend at least 75% of their time in one of the other specific settings, but was in multiple settings during the cohort period. *Data Source: Child Welfare Priority Performance Measures, Maltreatment in Care, infoFamLink*			

Recurrence of Maltreatment

This indicator measures whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report of maltreatment. Recurrence of maltreatment has a national performance of 9.5% or less of all children who were victims of a substantiated or indicated maltreatment report during a 12-month period were victims of another substantiated or indicated maltreatment report within 12 months. National Performance is how the nation as a whole performed on a given date indicator. National performance is used as a reference point to determine if a state performed statistically higher, or no different than the nation after taking into account some of the factors over which the states have little control.

Observed performance describes how a state performed on a given indicator, without any adjustments.

Risk-Standardized Performance (RSP) is used to assess state performance compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control (i.e. ages of children in out-of-home care). This allows for a more fair comparison of each state's performance relative to the national performance.

| CFSR Round 3 Federal Data Indicator: Recurrence of Maltreatment			
	FY16-17*	FY17-18*	FY18-19*
National Performance (at or below)	9.5%	9.5%	9.5%
Washington Risk Standardized Performance (RSP)	10.8%	10.4%	12.2%
Washington Observed Performance	8.4%	8.1%	9.6%
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-15-20 (AFCARS) and 12-15-2019 (NCANDS), February 2021 **Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).*			

On this measure, Washington State's risk standardized performance is statistically worse than national performance in two of the three reporting periods reported above (FY16-17 and FY18-19).

DCYF's Priority Performance Measures are complementary data to the CFSR data profile. Figure 8 illustrates the percentage of children named as victims on a CPS intake with a founded allegation of child abuse occurring within 12 month of an initial founded CPS intake allegation. These measures look only at Washington State's observed performance and, as they are updated monthly, account for any potential data lag that may exist.

FIGURE 8
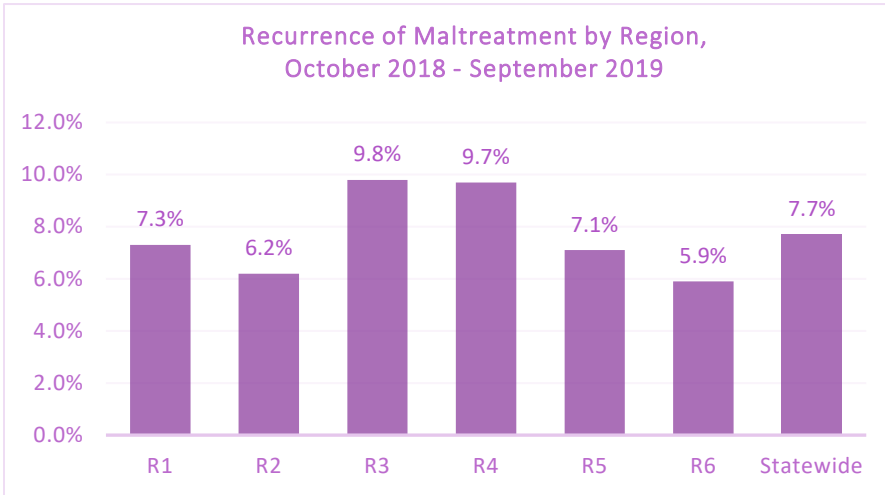
**Recurrence of Maltreatment by Region,
October 2018 - September 2019**

Data for Figure 8:
- R1: 7.3%
- R2: 6.2%
- R3: 9.8%
- R4: 9.7%
- R5: 7.1%
- R6: 5.9%
- Statewide: 7.7%

Data Source: Child Welfare Priority Performance Measures, Recurrence of Maltreatment, infoFamLink

Figure 9 illustrates recurrence of maltreatment during the same time frame, broken down by race.

FIGURE 9
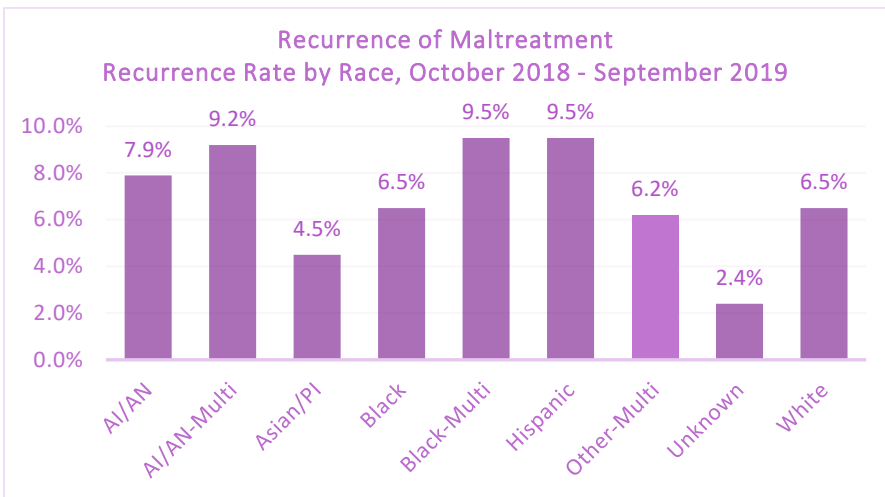
**Recurrence of Maltreatment
Recurrence Rate by Race, October 2018 - September 2019**

Data for Figure 9:
- AI/AN: 7.9%
- AI/AN-Multi: 9.2%
- Asian/PI: 4.5%
- Black: 6.5%
- Black-Multi: 9.5%
- Hispanic: 9.5%
- Other-Multi: 6.2%
- Unknown: 2.4%
- White: 6.5%

Data Source: Child Welfare Priority Performance Measures, Recurrence of Maltreatment, infoFamLink

Figure 10 illustrates recurrence of maltreatment during the same time frame, broken down by allegation type.

FIGURE 10
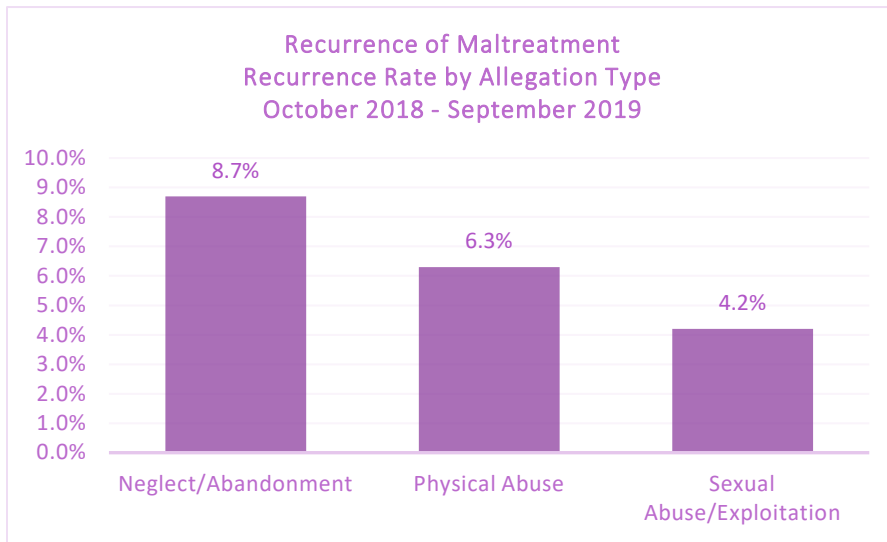
Recurrence of Maltreatment
Recurrence Rate by Allegation Type
October 2018 - September 2019

Data Source: Child Welfare Priority Performance Measures, Recurrence of Maltreatment, infoFamLink

ANALYSIS OF THE DATA AND PRACTICE TRENDS

The safety of every child is the primary and foremost goal of DCYF. Assessing safety is based upon timely and comprehensive gathering of information regarding a family's functioning, behaviors and conditions to identify safety threats and determine if a child is safe or unsafe during the life of a case.

Statewide, in CY2020, the CCRT found:
- The agency conducted an initial assessment that accurately assessed all risk and safety concerns in 57% (43 of 76) of the cases.
- The agency conducted ongoing assessments that accurately assessed all risk and safety concerns in 63% (125 of 198) of the cases.
- When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed in 35% (11 of 31) of the cases.
- There were no concerns for the child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency in 98% (142 of 145) of the cases.
- When broken down by case type, Statewide Item 3 data is the following, identifying clear practice differences amongst case types:
  — Foster care – 66% (96/145)
  — CPS FAR – 32% (8/25)
  — In-Home – 58% (18/31)

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:
- CPS FAR/In-Home
  — Lack of monitoring an in-home safety plan.
  — Lack of ongoing re-assessment of safety and risk or at key points in the case. This was primarily related to a lack of ongoing, quality contacts with children and parents throughout the life of the case and relates to CFSR Items 14 and 15 in Well-Being Outcome 1.
  — Lack of comprehensive assessments of safety and risk versus incident-focused assessments.

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- Foster Care Cases
  — Lack of assessing all children (i.e. children who remain in the parent's care or on trial return home).
  — Lack of private conversations with children at monthly visits.
  — Lack of ongoing re-assessment of safety and risk at key points in the case.
  — Children remaining in out-of-home care and with supervised visitation even though no safety threats have been identified.
  — Lack of comprehensive assessments of safety and risk.

Through PIP case reviews by CCRT, it was noted that FAR cases underperformed compared to other in-home and CFWS cases in several CFSR items, including CFSR Item 3. In May 2021, the Statewide Data Accountability and Quality Improvement Manager completed an in-depth review of 30 FAR cases from PIP offices that were reviewed during the first four quarters of PIP case reviews. During this review, it was found as a strength that when an agency caseworker conducted an initial formal or informal assessment of the family's needs, the services offered and provided were appropriate to address the family's identified risk and safety concerns. Practice trends were noted including that in some cases, there were additional reports made to the agency while the case was open that were not addressed. It was also noted at times, that if the case was open for services, caseworkers were often reliant on those service providers to assess safety and report those concerns to the caseworker. There was a noted pattern of a lack of frequent and quality visits between caseworkers and parents. There were three cases where the non-custodial parent was not assessed and was having regular contact with the child(ren). Often, the cases reviewed were closed without all of the provider reports being received or if the provider recommended additional or different services to reduce the risk and safety concerns, those services were not provided. Similar to the information contained above in Item 2, much of this is attributed to practice drift from the original FAR model implementation.

Performance on CFSR Item 3 directly correlates to performance on CFSR Items 14 and 15 in relation to frequent, quality contacts with children, youth and parents. If the agency is not having regular contact and/or having the right conversations to gather pertinent information, this impacts our ability to complete thorough and accurate assessments.

Thorough, timely and accurate assessments of safety are also correlated to recurrence of maltreatment rates. If the agency is inadequately ensuring that safety and/or risk concerns are identified and addressed, this could lead to a higher rate of recurrence of maltreatment.

The CCRT stopped assessing the accuracy of completion of the Structured Decision Making Risk Assessment (SDMRA) in 2017 or 2018. At that time, the accuracy of completion of the tool was around 38%. There has been internal feedback around the validation of the safety and risk tools used in our practice. The advantage of a predictive framework for the likelihood of future maltreatment is that it can be adjusted, calibrated and weighted to match what's happening in the state and any new changes to research. That is an advantage to ensure we are accurately predicting risk and future maltreatment. For example, some states and/or county child welfare agencies routinely update their SDM risk tool every three to five years. OIAA completed an initial Evaluation of Assessments Project in 2020. This looked at ten assessment tools currently being used by child welfare in Washington State to examine reliability and validity. It was noted that the SDMRA was providing limited information into which families are most likely to be re-referred for child maltreatment; however, many other assessment tools are providing insights into child and family functioning. Each assessment tool provides useful information, creating an opportunity to combine the strengths of the various assessments and develop a cohesive assessment system. This information will assist in informing the development of the Family Practice Model work that is occurring in Washington State.

DCYF has inherited a large number of assessment tools that are being used in child welfare and JR. There are significant decisions that are made based on these tools including, but not limited to:

- Removal of a child from their biological parent.
- Release from JR residential care.
- JR parole eligibility.
- Treatment or program eligibility and access.

There are many ongoing issues that must be monitored to ensure the assessments, and associated algorithms, are held accountable. OIAA will lead an agency wide effort to improve the use of assessments tools in DCYF. This DCYF Assessment Oversight Group (AOG) will be responsible for monitoring the ongoing use of assessments, approving the selection of new tools, and the coordination of assessment tools used in the agency. The work of the AOG is multidisciplinary and requires involvement of experts across the agency.

DCYF's rates of all founded CPS investigations increased steadily between SFY2015 to SFY2019 with 17.16% of investigations receiving a founded finding in SFY2015 to 20.21% of referrals receiving a founded finding in SFY2019. There was a slight decrease in the rate of founded CPS investigations in SFY2020 to 19.09%. An early warning risk factor related to recurrence of maltreatment is the percent of families on screened-in CPS intakes with chronic CPS involvement. This rate increased slightly from 5.52% in SFY2019 to 5.94% in SFY2020.

DCYF recognizes that there is racial and ethnic disparity and disproportionality in child welfare. American Indian/Alaskan Native (AI/AN), Black/African American (Black), AI/AN – Multiracial, Black-Multiracial, and White groups are overrepresented at multiple stages of the child welfare process relative to the underlying population of children and youth living at or below 200% of the federal poverty line. All other groups (Asian/Pacific Islander [PI], Hispanic, and Multiracial) are slightly underrepresented.[1] DCYF is committed to ongoing improvements on measuring, tracking and reporting on racial equity and developing a deeper understanding of what drives differences in services provided to, and outcomes of, the various racial/ethnic groups.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO SAFETY OUTCOME 1
STRENGTHS
- Regional and statewide quality assurance and quality practice staff provide an extensive amount of technical assistance and support to staff in completing safety and risk assessments and the understanding of the tools used. This technical support includes, but is not limited to:
  — Training including Safety Bootcamp, Safety Framework and completion of the SDMRA
  — Coaching
  — Case Consultations
  — New Employee Case Reviews
- During the first few months of CY2021, DCYF is seeing marked improvements in CFSR Item 2 on case reviews with current percentage of 77% strength (33 of 43 applicable cases).

BARRIERS
- COVID presented barriers and challenges related to assessment and access to services. See COVID-19 Impacts below.

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[1] Using Data in DCYF to Advance Racial Equity, The Office of Innovation, Alignment and Accountability, January 2021/Revised May 2021; https://dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf

- There appears to be practice drift in FAR cases with a lack of engagement and assessment of safety and risk by caseworkers and an over-reliance on service providers to assess, manage and monitor safety concerns.
- Caseworkers are not consistently addressing all allegations of abuse and neglect identified in the intake prior to case closure to prevent re-referral for the same concern that may escalate in severity.
- Safety and risk assessments are not being used to drive decision making around appropriate and individualized services for case planning. As indicated in Well-Being Outcome 1, CFSR Item 13, children, youth and families are not consistently involved in the case planning process to help inform services that could prevent removal or re-entry into out-of-home care and/or assist in timely reunification.

PRACTICE IMPROVEMENTS

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. There are multiple strategies and associated activities related to use and alignment of our assessments tools. See Update on Plan for Enacting the State's Vision for current status of implementation of these strategies. Some of the strategies include the following:
  — Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.
  — Hold case consultations prior to filing of dependency petitions and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services to keeping children safety with their parents. As mentioned in CFSR Item 2, DCYF is exploring how these consultations that have been implemented may be transitioned into race-blind consultations. This was also an area of focus presented by a chapter of The Mockingbird Society and DCYF has been in conversations with youth representatives from that group around this idea.
  — DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.
  — Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.
  — Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.
- There is training and coaching being provided to supervisors to help them support their staff in ongoing learning and application of skills. All of DCYF's improvement efforts include an emphasis on supervisory consultation and articulation and documentation of critical thinking and decision making. There is also an emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies.
- As indicated in the Family First Prevention Services Act (FFPSA) section, implementation of the prevention plan is scheduled to begin in January 2022 within identified early implementer offices throughout the State.
- As indicated in the Update on Plan for Enacting the State's Vision section, the Family Practice Model work is currently in development.

- HB 1194 was passed through the Washington State Legislature and signed into effect as of July 25, 2021. This bill is related to strengthening parent-child visitation. However, as the bill requires that visitation occur in the least restrictive setting and be unsupervised unless there is the presence of threats of danger to the child(ren), this will reinforce informal and formal assessments of safety on an ongoing basis in relation to child visitation and reinforces DCYF's current policy 4524.Family Time and Sibling and Relative Visits. The bill also establishes a presumption that if the court previously ordered that visitation between a parent and child be supervised or monitored, such supervision will no longer be necessary at certain stages of child welfare proceedings. This will also reinforce assessment, articulation and documentation of safety threats where supervision may be needed to ensure child safety.

COVID-19 IMPACTS

COVID-19 has greatly impacted this item over the last year. During the pandemic, many services providers either discontinued offering services altogether, had limited capacity or only had virtual services available. Services in rural areas, along with multilingual providers were already difficult to sustain due to the inconsistent need for referrals. Once COVID restrictions were put in place, these issues were amplified as well as emergence of new COVID specific issues.

Providers were afraid to go into homes fearing being infected themselves. Families were afraid to allow providers into their home, especially if there was a high risk family member in the home. Both caseworkers and families had an overall negative response to virtual meetings. Caseworkers have not found virtual services to be as effective in skill development for parents since providers are unable to fully observe interactions, the home environment, and other people in the home and complete an overall assessment of the family. Meeting virtually leaves providers with a much more superficial understanding of the family, their needs and way to provide support and coaching towards change.

Additionally, although intakes initially decreased during the beginning phases of the pandemic, the intakes that were received were more complex and difficult. Families were more isolated with higher stressors. For families with fewer resources and coping skills, increased substance abuse, mental health issues and domestic violence were seen. COVID protocols limited the ability to interview children in private or outside of the family home and limited access to collateral contacts. There were times parents had knowledge of the allegations prior to caseworkers interviewing children. Remote and/or virtual contacts impacted the ability to conduct thorough assessments of safety and risk. Identified needs were greater and because of the reduction in available providers, families were on long waiting lists and lost interest in participating in services. Services that were available were prioritized for high risk cases and cases with active safety threats, leaving cases with lower risk factors less likely to receive services. These are often the FAR cases, as the original allegations are lower risk and less emergent.

For cases where return home was considered, a lack of confidence in home-based evidence based services being provided virtually contributed to longer transition plans, less reunifications and providers being part of less safety plans. Additional eyes on the children and respite for parents has also been reduced as children are doing schooling from home and natural supports were reduced due to Washington's stay at home order. Caseworkers also had more stress and less interoffice support. Lack of dedicated work space and/or access to easily available work support, child care and elder care also contributed to barriers to work productivity.

COVID has reduced the effectiveness of in home services as they were provided virtually. Services in substance abuse, mental health and domestic violence have also been impacted as a portion of these have also been virtual. Barriers in public transportation with COVID and child care limitations also make it more difficult for

families to attend treatment. This has a greater impact on families with younger children as the vulnerability of that child is much greater. Not only have services been less effective during COVID but access to natural supports such as grandparents, who may be high risk older adults has also been reduced.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

CPS has monthly meeting with a group of experts in front end line work from around the state. This group includes intake area administrators, CPS regional leads, Child Welfare Alliance training staff, headquarters staff, regional safety administrators, critical incident staff, licensing division and quality assurance staff. As part of these meetings assessment of safety and risk, reasonable efforts to provide services using safety and risk tools to drive decision making and building the case plan with the family is all regularly discussed.

In response to this need and as part of the PIP, multiple workgroups were developed. Initial internal DCYF workgroups included QA/CQI experts, regional program managers, safety administrators, policy staff, and headquarters program managers. Later workgroup meetings also included deputy regional administrators, regional administrators, supervisors and caseworkers. These workgroups met to align safety related assessments, case planning activities and a structured case planning framework. Recommendations were made and presented and discussed at Child Welfare Leadership Team (CWLT).

A workgroup was also developed to support developing consistent language around safety between DCYF and court partners. A workgroup of representatives from DCYF (child welfare and licensing division), Administrative Office of the Courts (AOC), Court Appointed Special Advocates (CASA), Family and Juvenile Court Improvement Program (FJCIP), Casey Family Program, Parents for Parents (P4P), the Mockingbird Society, the Attorney General's Office (AGO), Guardian Ad Litems (GAL), the Alliance for Child Welfare Excellence, and judges/commissioners met to crosswalk the DCYF Safety Framework and the ABA Child Safety Guide for Judges and Attorneys, as this is the guide that is generally utilized in cross-systems training. Through these discussions, the workgroup members have been able to have a better understanding of the similarities and differences in language related to safety, conditions for return home, out of home care and visitations. This information was used to revise training curriculum and multi-disciplinary training on safety is planned to occur in identified jurisdictions in fall and winter 2021.

Permanency Outcomes 1 and 2

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

	CFSR Round 3	CY2020 Performance	Status	PIP Target
Permanency Outcome 1: Children have permanency and stability in their living situations	17%	21%	⬆	
Item 4: Stability of out-of-home care placement	68%	75%	⬆	74%
Item 5: Establishment of an appropriate permanency goal for the child in a timely manner	60%	66%	⬆	66%
Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangements	23%	30%	⬆	28%
Permanency Outcome 2: The continuity of family relationships and connections is preserved	68%	65%	⬇	

Item 7: Placement with siblings	85%	76%	⬇	N/A
Item 8: Visiting with parents and siblings in out-of-home care	64%	57%	⬇	N/A
Item 9: Preserving connections	82%	76%	⬇	N/A
Item 10: Relative placements	81%	75%	⬇	N/A
Item 11: Maintaining relationships between the child in out-of-home care and their parents	67%	65%	⬇	N/A

🟩 Federal Target Achieved (95%)   🟨 Within 10% of Federal Target   🟥 Greater than 10% of Federal Target

Data Source: Washington 2018 CFSR Final Report and CFSR Portal, Onsite Review Instrument Report CY2020

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

Item 4: Stability of Foster Care Placement

This item determines whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s).

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 4: Stability of Out-of-Home Care Placement						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	65% (120 of 184)	65% (31 of 48)	67% (4 of 6)	67% (16 of 24)	67% (31 of 46)	73% (16 of 22)	58% (22 of 38)
CY2019	74% (151 of 204)	68% (15 of 22)	70% (30 of 43)	76% (37 of 49)	*	63% (15 of 24)	82% (54 of 66)
CY 2020	75% (109 of 145)	78% (29 of 37)	50% (1 of 2)	60% (3 of 5)	74% (43 of 58)	79% (45 of 57)	70% (7 of 10)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. *Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)*							

The PIP goal for this item is 74%. DCYF has met the PIP goal.

PRIORITY PERFORMANCE MEASURES AND CFSR DATA PROFILES

Placement Stability

This indicator measures whether the agency ensures that children who the agency removes from their homes experience stability while they are in foster care. Placement stability has a national performance of 4.44 or less placement moves per 1,000 days in care. National Performance is how the nation as a whole performed on a given date indicator. National performance is used as a reference point to determine if a state performed statistically higher, or no different than the nation after taking into account some of the factors over which the states have little control.

Observed performance describes how a state performed on a given indicator, without any adjustments.

Risk-Standardized Performance (RSP) is used to assess state performance compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have

little control (i.e. ages of children in out-of-home care). This allows for a more fair comparison of each state's performance relative to the national performance.

CFSR Round 3 Federal Data Indicator: Placement Stability (Moves/1,000 Days in Care)						
	17B-18A*	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*
National Performance (at or below)	4.44	4.44	4.44	4.44	4.44	4.44
Washington Risk Standardized Performance (RSP)	6.95	6.71	6.93	7.53	7.38	6.24
Washington Observed Performance	6.28	6.04	6.26	6.88	6.77	5.57

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-15-20 (AFCARS) and 12-15-2019 (NCANDS), February 2021

*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

On this measure, Washington State's risk standardized performance is statistically worse than national performance on all reporting periods.

DCYF's Priority Performance Measures are complementary data to the CFSR data profile. Figure 11 illustrates placement moves in foster care (out-of-home) of children entering care during a 12-month cohort period, for all episodes (total care days) during that 12-month period. Care days include any days in a Trial Return Home period that occur during the cohort period, up to a maximum of 30 days. These measures look only at Washington State's observed performance and, as they are updated monthly, account for any potential data lag that may exist.

FIGURE 11

Placement Stability--Moves per 1,000 Days in Care by Region, January 2020 - December 2020
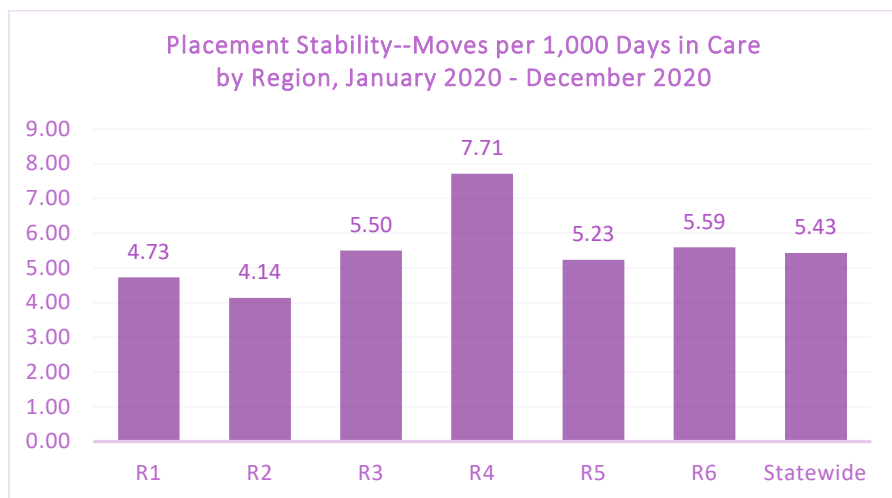
Data Source: Child Welfare Priority Performance Measures, Placement Stability, infoFamLink

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- Placement changes for the child were planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child in 28% (12 of 43) of the cases.
- The child's current or most recent placement setting is stable in 91% (132 of 145) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- Foster parent requests to have children moved. Foster parents have reported getting limited information, lack of support and not feeling part of the team.
- Moves due to behavioral/mental health needs of child. Foster parents lack skillset to deal with increased behaviors. Caregivers request higher level of reimbursement without the higher level of skill capacity.
- Temporary/emergency placements settings.
- Lack of timely inquiry for relative/suitable other placement options.
- Lack of permanent options for children especially surrounding higher needs children in group homes.
- Lengthy background check process delays for placements (including all types of placements). At the onset of the COVID-19 pandemic, many of the contracted electronic fingerprinting sites and local law enforcement who could perform ink and roll fingerprint hard cards closed or had limited availability. This greatly impacted the turnaround time to complete the required fingerprint-based background checks for placing children out-of-home. In February 2020, Governor Inslee signed **Proclamation 20-31** that provided relief for the fingerprint portion of the background check. The Administration for Children and Families (ACF) also granted relief for this requirement through the "Flexibility under the Robert T. Stafford Disaster Relief and Emergency Assistance Act" for the duration of the proclamation. This allowed DCYF to conditionally approve foster parents, relative and other sutiable persons which did provide relief. DCYF is working to get everyone fingerprinted as we near the end of this relief. As DCYF uses DSHS's tracking system for background checks, there is not the ability to track the manual work completed to get a timeframe for the full background check process to identify the specific lag time. The estimated turnaround time is 4 calendar days after DCYF receives results back from DSHS (which includes FBI, Washington State Patrol and other background information). From March 30, 2020 thorugh August 31, 2021, 26,681 child welfare background check applicants were required to complete a fingerprint-based background check. These applicants are primarily foster care, relatives or other suitable persons seeking licensure or placement. During that time, 16,114 (60%) successfully completed fingerprints. Notifications have been sent to the remaining applicatns who still need to complete fingerprints. The actual number of applicants who must still complete fingerprints is unknown and suspected to be much less as it is possible that children have returned home, been placed elsewhere, or cases have been closed during this timeframe.

Within the first 90 days of placement, there is a clear increase in placement instability as a child get older and substantially increases if the youth was removed at age 17. Current culture and access to others through social media give youth the ability to connect with others easily. This can create easier mobility for older youth and can and has impacted placement stability causing these youth to frequently experience placement instability due to running from their placements for reasons such as conflict with the foster family, disagreement about expectations/rules of the placement setting, and/or due to behavioral issues and externalizing behaviors.

As DCYF has seen an increasing number of children and youth experiencing hotel stays, office stays and night-to-night placements, a statewide workgroup of DCYF headquarters and regional staff, licensing division and OIAA met from October – December 2020. The workgroup reviewed data from a descriptive analysis related to hotel stays between January 2016 and June 2019, which identified the most frequently occurring characteristics for children and youth experiencing hotel stays which included aggressive behavior (verbal/physical abuse), mental health needs and oppositional defiant disorder/oppositional behavior. The

workgroup developed a report with a series of recommendations that fall into two categories: 1) recommendations that require multi-agency commitment and partnership and 2) internal practice related recommendations. Some of the recommendations include the following:

- Partnership with the Health Care Authority (HCA) to advocate for appropriate of funds to develop additional placement and care solutions to meet a spectrum of behavioral health needs, specifically targeting the Children's Long-Term Inpatient Program (CLIP) beds and related resources.
- Partner with Coordinated Care and HCA to develop a plan for seamless continuity of care via telehealth while children or youth are experiencing placement stability.
- Establish regional DCYF child welfare mental health liaisons. This would require an additional appropriation of funding to implement.
- Strengthen processes for Developmental Disabilities Administration (DDA) eligible youth, who are turning 18, to access needed services and placement resources upon turning 18.
- Ensure shared planning meetings are being held consistently, ensuring appropriate experts are invited.
- Utilize regional medical consultants to review the medical chart to include psychotropic medications and provide recommendations.
- Refer all youth with complex behavioral health, behaviors and/or medical issues to care coordination through Coordinated Care.
- Establish QA/CQI processes for following up on relative search information to include training and technical assistance for vetting potential placement, permanency and support resources.

Several recommendations are already being implemented as mentioned in the Strengths, Barriers and Practice Improvements section below.

In looking at CFSR data profile supplemental context data, placement stability for AI/AN children and youth has improved with a rate of moves per days in care reducing from 6.23 to 3.83. However, as mentioned in Safety Outcome 2, there were data clean-up efforts to ensure race/ethnicity was being captured correctly. Thus, while we may see a decrease in the AI/AN population, we are seeing an increase in the AI/AN – Multiracial population.

At the end of CY2020, there were 4,927 licensed foster homes, a slight decrease in the number of foster homes since end of CY2019.[2] As of January 1, 2021, 47.3% of all children and youth in out-of-home care in Washington State were placed with kin or relatives. Data suggests that children and youth are more likely to be stable when placed with kin. DCYF has made substantial improvements in timely referrals for home studies. When the PIP was developed, 783 children (21%) of children placed in kinship placements were in a home without a home study referral. As of January 10, 2021, 3,745 (47%) out of 7,324 children with an open out-of-home placement are in a relative home. Of those, 417 (11%) are in unlicensed kinship caregiver home and in need of a home study. There are substantial changes and improvements occurring in the Licensing Division as well as new efforts related to recruitment and retention. Information related to these improvements and efforts can be found in the Foster and Adoptive Parent Licensing, Recruitment and Retention section.

Item 5: Permanency Goal for Child
This item determines whether appropriate permanency goals were established for the child in a timely manner.

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[2] Data Source: DCYF infoFamLink; Data as of December 31 of the identified year

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
ITEM 5: Permanency Goal for Child							
On Site Review Instrument (OSRI)							
CY2018	57% (104 of 184)	54% (26 of 48)	67% (4 of 6)	63% (15 of 24)	43% (20 of 46)	73% (16 of 22)	61% (23 of 38)
CY2019	69% (140 of 204)	59% (13 of 22)	77% (33 of 43)	69% (34 or 49)	*	46% (11 of 24)	74% (49 of 66)
CY 2020	66% (95 of 143)	78% (28 of 36)	100% (2 of 2)	100% (5 of 5)	46% (26 of 57)	79% (44 of 56)	80% (8 of 10)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)							

The PIP goal for this item is 66%. DCYF has met the PIP goal.

INFOFAMLINK ADMINISTRATIVE DATA

Children and youth who have been in out-of-home care for 15 of the last 22 months meet the Adoption and Safe Families Act (ASFA) threshold for filing a termination of parental rights petition or documentation of a compelling reason not to file. DCFY Policy 43061.Termination of Parental Rights (TPR) – Compelling Reasons requires a TPR referral to be submitted to the Attorney General's Office (AGO) when a child has been in out-of-home care 12 of the last 19 months or sooner, unless compelling reasons/good cause exists. This allows time for the AGO to review the information and draft and file the TPR petition with the court to meet the ASFA 15-month timeframe. As of January 2021, 4,266 children and youth are within the timeline qualifying them for ASFA, and of those, 25.6% (1,093), are not on a trial return home, do not have a TPR referral submitted to the AGO, and do not have compelling reason documented.

ASFA Compliance		
	Compliant	
Region	Yes	No
Region 1	566 (80.5%)	137 (19.5%)
Region 2	170 (44.6%)	222 (55.4%)
Region 3	434 (84.8%)	78 (15.2%)
Region 4	555 (56.7%)	424 (43.3%)
Region 5	707 (91.3%)	67 (8.7%)
Region 6	732 (81.6%)	165 (18.4%)
Statewide Total	3,173 (74.4%)	1,093 (25.6%)
Data Source: ASFA Compliance Summary Report, infoFamLink, as of 01/26/2021		

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- Permanency goals in effect during the period under review were established in a timely manner in 77% (110 of 143) of the cases.
- Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and to the circumstances of the case in 79% (113 of 143) of the cases.
- The agency either filed or joined a termination of parental rights petition in a timely manner or an exception applied in 80% (64 of 80) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- Lack of understanding around concurrent planning.
- Permanency goals outside of reunification not being determined timely when reunification is no longer appropriate for the case circumstances.
- Lack of timely filing of TPR referrals/petitions and/or a lack of understanding around documentation that a TPR referral has been submitted or compelling reasons documented in FamLink.
- Data not being entered timely into FamLink and/or inconsistencies as to who enters, how it is entered and when the data is entered into FamLink.
- Cases remaining in shelter care status for extensive amounts of time (there are times where disposition may not occur until 12-18 months after original out-of-home placement date) which not only delays the ability to ensure the permanency goal is appropriate, but delays achieving timely permanency overall.
- For Indian Child Welfare (ICW), delays can occur if reunification no longer appears to be an appropriate permanent plan; however, DCYF cannot get approval from Tribal partners to agree to an alternative permanent plan to achieve timely permanency. There is substantial coordination and collaboration between DCYF offices and tribes, this is particularly true for DCYF's two local ICW offices, located in regions 1 and 4. If a tribe is a party to a case or has intervened in a case, they are invited to FTDMs, SPMs, court hearings and **Local Indian Child Welfare Advisory Committees (LICWAC).** These are all opportuntiies to discuss permanency planning. DCYF is required to have a LICWAC anytime a child's status is pending, a tribe is unavailable, per tribal request or if the child is a member of a non-federally recognized tribe. There are impasse procedures in place when LICWAC and DCYF disagree.

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement
This item determines whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangement.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	28% (52 of 184)	33% (16 of 48)	50% (3 of 6)	38% (9 of 24)	13% (6 of 46)	23% (5 of 22)	34% (13 of 38)
CY2019	35% (73 of 204)	18% (4 or 22)	51% (22 of 43)	31% (15 of 49)	*	29% (7 of 24)	36% (24 of 66)
CY 2020	30% (44 of 145)	38% (14 of 37)	50% (1 of 2)	60% (3 of 5)	17% (10 of 58)	36% (12 of 23)	40% (4 of 10)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. *Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)*							

The PIP goal is 28%. DCYF has met the PIP goal.

PRIORITY PERFORMANCE MEASURES AND CFSR DATA PROFILES
Permanency in 12 months for Children Entering Out-of-Home Care
This indicator measures whether the agency reunifies or places children in safe and permanent homes as soon as possible after removal. Permanency in 12 months for children entering care has a national performance of 42.7% or more children will achieve permanency within 12 months of entering foster care. National Performance is how the nation as a whole performed on a given date indicator. National performance is used

as a reference point to determine if a state performed statistically higher, or no different than the nation after taking into account some of the factors over which the states have little control.

Observed performance describes how a state performed on a given indicator, without any adjustments.

Risk-Standardized Performance (RSP) is used to assess state performance compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control (i.e. ages of children in out-of-home care). This allows for a more fair comparison of each state's performance relative to the national performance.

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (Entries)						
	15B-18A*	16A-18B*	16B-19A*	17A-19B*	17B-20A*	18A-20B*
National Performance (at or above)	42.7%	42.7%	42.7%	42.7%	42.7%	42.7%
Washington Risk Standardized Performance (RSP)	33.0%	34.7%	35.9%	35.3%	35.7%	37.7%
Washington Observed Performance	32.6%	34.3%	35.4%	34.9%	35.2%	36.9%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-15-20 (AFCARS) and 12-15-2019 (NCANDS), February 2021
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

On this measure, Washington State's risk standardized performance is statistically worse than national performance on all reporting periods but has shown improvement since 2015.

DCYF's Priority Performance Measures look at the percentage of children entering care during the cohort period that are discharged to reunification, guardianship or adoption within 12 months (see Figure 12).

FIGURE 12
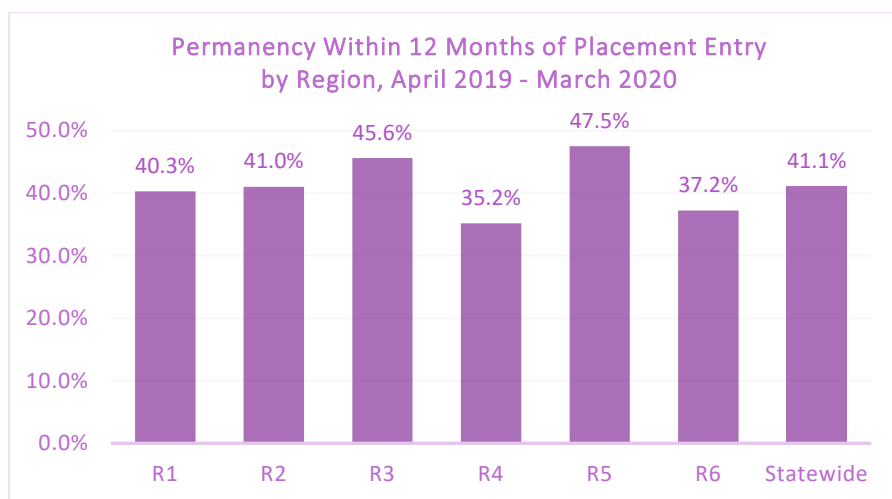
Permanency Within 12 Months of Placement Entry by Region, April 2019 - March 2020

R1: 40.3% R2: 41.0% R3: 45.6% R4: 35.2% R5: 47.5% R6: 37.2% Statewide: 41.1%

Data Source: Child Welfare Priority Performance Measures, Permanency Within 12 Months of Placement Entry, infoFamLink

When we look at discharge type, we can see that of the children and youth who discharge within 12 months, 94.5% are discharged due to reunification, 5.1% of children and youth are discharged due to guardianship, and 0.4% of children and youth are discharged due to adoption.

Number of Children Discharged by Discharge Type, April 2019 – March 2020	
Discharge Type	Number of Children
Adoption	7
Guardianship	89
Reunification	1,652
Total	1,748

Data Source: Child Welfare Priority Performance Measures, Permanency Within 12 Months of Placement Entry, infoFamLink

Permanency in 12 Months for Children in Out-of-Home Care 12 to 23 Months

This indicator measures whether the agency reunifies or places children in safe and permanent homes in a timely manner if permanency was not achieved during the first 12 months of foster care. Permanency in 12 months for children in care 12 to 23 months has a national performance of 45.9% or more children will achieve permanency within 12 months of the first day of the reporting period.

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (12-23 Months)						
	17B-18A*	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*
National Performance (at or above)	45.9%	45.9%	45.9%	45.9%	45.9%	45.9%
Washington Risk Standardized Performance (RSP)	34.5%	35.0%	36.7%	37.5%	38.1%	36.7%
Washington Observed Performance	36.9%	37.8%	39.6%	40.3%	41.0%	39.6%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-15-20 (AFCARS) and 12-15-2019 (NCANDS), February 2021

*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

On this measure, Washington State's risk standardized performance is statistically worse than national performance on all reporting periods.

DCYF's Priority Performance Measures are complementary data to the CFSR data profile. Figure 13 illustrates the percentage of children who have been in care for 12-23 months as of the first day of a 12-month reporting period who are discharged to reunification, guardianship, or adoption, or are transferred to tribal custody, by or before the end of a 12-month reporting period. These measures look only at Washington State's observed performance and, as they are updated monthly, account for any potential data lag that may exist.

FIGURE 13
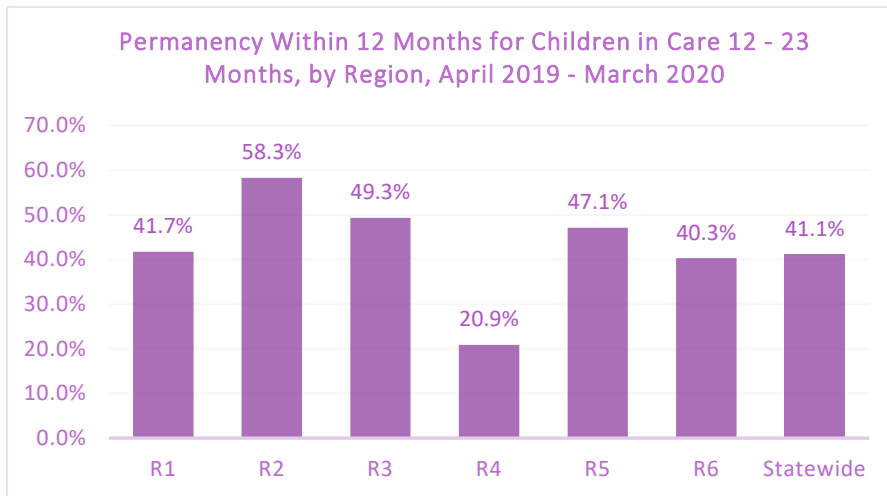
Permanency Within 12 Months for Children in Care 12 - 23 Months, by Region, April 2019 - March 2020

Data Source: Child Welfare Priority Performance Measures, Permanency Within 12 Months for Children in Care 12-23 Months, infoFamLink

When we look at discharge type during this time frame, we can see that 54.5% of children and youth are discharged due to reunification, 8.4% of children and youth are discharged due to guardianship, and 37.1% of children and youth are discharged due to adoption.

Permanency Within 12 Months for Children in Care 12-23 Months Number of Children Discharged by Discharge Type, April 2019 – March 2020	
Discharge Type	Number of Children
Adoption	457
Guardianship	103
Reunification	671
Total	1,231

Data Source: Child Welfare Priority Performance Measures, Permanency Within 12 Months for Children in Care 12-23 Months, infoFamLink

Permanency in 12 Months for Children in Out-of-Home Care for 24 Months or Longer

This indicator measures whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time. Permanency in 12 months for children in care for 24 months or longer has a national performance of 31.8% or more children will achieve permanency within 12 months of the first day of the reporting period.

| CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (24+ Months)						
	17B-18A*	18A-18B*	18B-19A*	19A-19B*	19B-20A*	20A-20B*
National Performance (at or above)	31.8%	31.8%	31.8%	31.8%	31.8%	31.8%
Washington Risk Standardized Performance (RSP)	31.0%	30.0%	30.5%	32.4%	33.9%	33.7%
Washington Observed Performance	40.4%	39.2%	39.9%	42.8%	45.0%	44.6%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-15-20 (AFCARS) and 12-15-2019 (NCANDS), February 2021
Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

On this measure, Washington State's risk standardized performance has improved and Washington's performance has been statistically better than national performance over the last two reporting periods.

DCYF's Priority Performance Measures look at the percentage of children who have been in care for 24 months or longer as of the first day of a 12-month reporting period who are discharged to reunification, guardianship, or adoption, or are transferred to tribal custody before the end of a 12-month reporting period (see Figure 14).

FIGURE 14
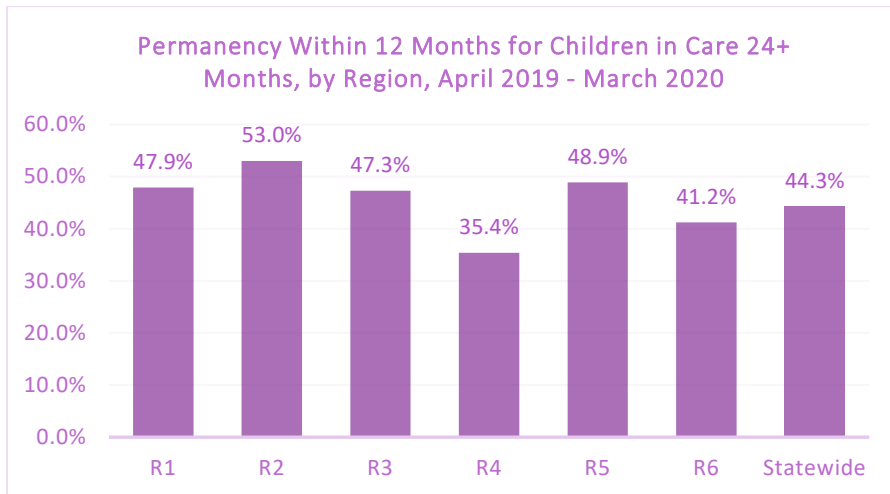
Permanency Within 12 Months for Children in Care 24+ Months, by Region, April 2019 - March 2020

Data Source: Child Welfare Priority Performance Measures, Permanency Within 12 Months for Children in Care 24+ Months, infoFamLink

When we look at discharge type during this time frame, we can see that 29.3% of children and youth are discharged due to reunification, 10.3% of children and youth are discharged due to guardianship, and 60.4% of children and youth are discharged due to adoption.

Permanency Within 12 Months for Children in Care 24+ Months Number of Children Discharged by Discharge Type, April 2019 – March 2020	
Discharge Type	Number of Children
Adoption	988
Guardianship	169
Reunification	479
Total	1,636
Data Source: Child Welfare Priority Performance Measures, Permanency Within 12 Months for Children in Care 24+ Months, infoFamLink	

Figure 15 illustrates permanency achieved within 12 months, 12 – 23 months and 24+ months, broken down by race.

FIGURE 15

Timely Permanency Achieved, by Race,
April 2019 - March 2020
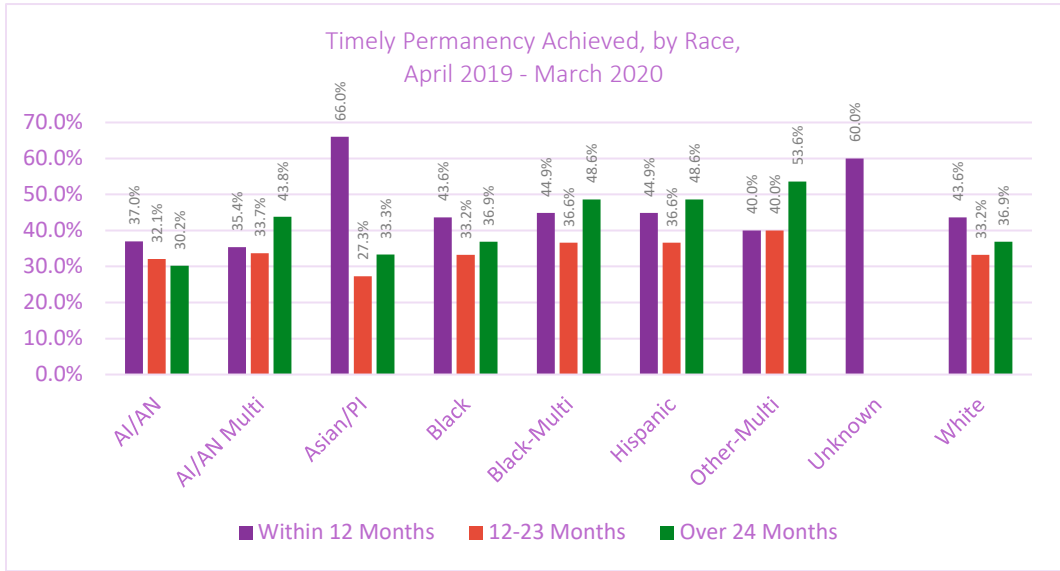
INFOFAMLINK ADMINISTRATIVE DATA

Entries and Exits - Out-of-Home Care

As of April 30, 2021, Washington State has 7,062 children and youth in out-of-home care. This is a substantial decrease of 14% from December 2019 and our last annual report. Figure 16 illustrates a steady decline in the number of children and youth in out of home care over the last 13 months.

FIGURE 16

Children and Youth in Out-of-Home Care, Statewide
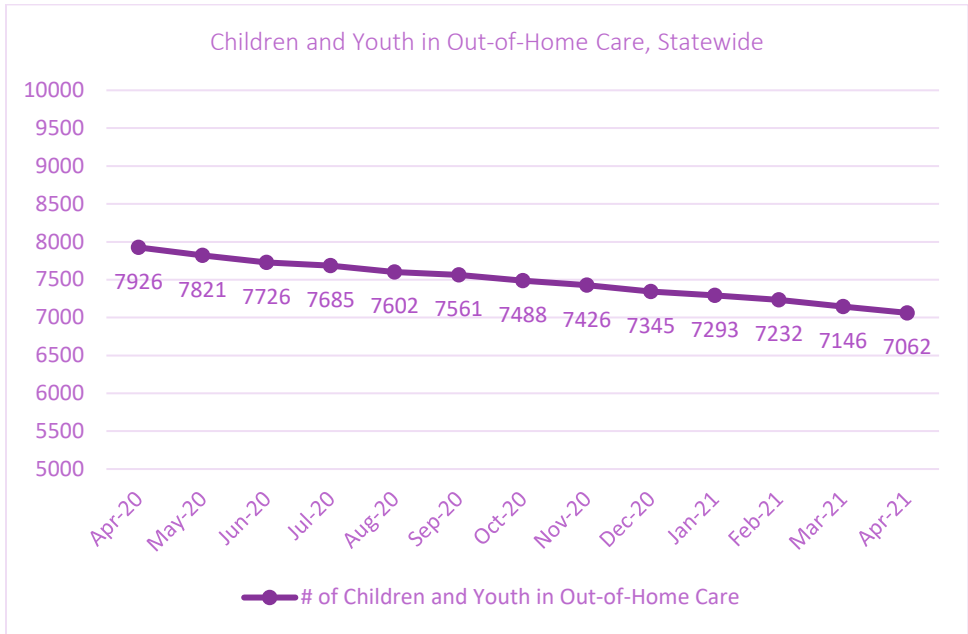
Data Source: Child Welfare Management Dashboard; infoFamLink; May 26, 2021

Figure 17 illustrates the number of children and youth entering and exiting out-of-home care over the last 13 months. As you can see from this figure, overall, more children and youth are exiting care in a given month than are entering care.

FIGURE 17

Entries and Exits (# of children and youth) Into and Out of
Out-of-Home Care, Statewide
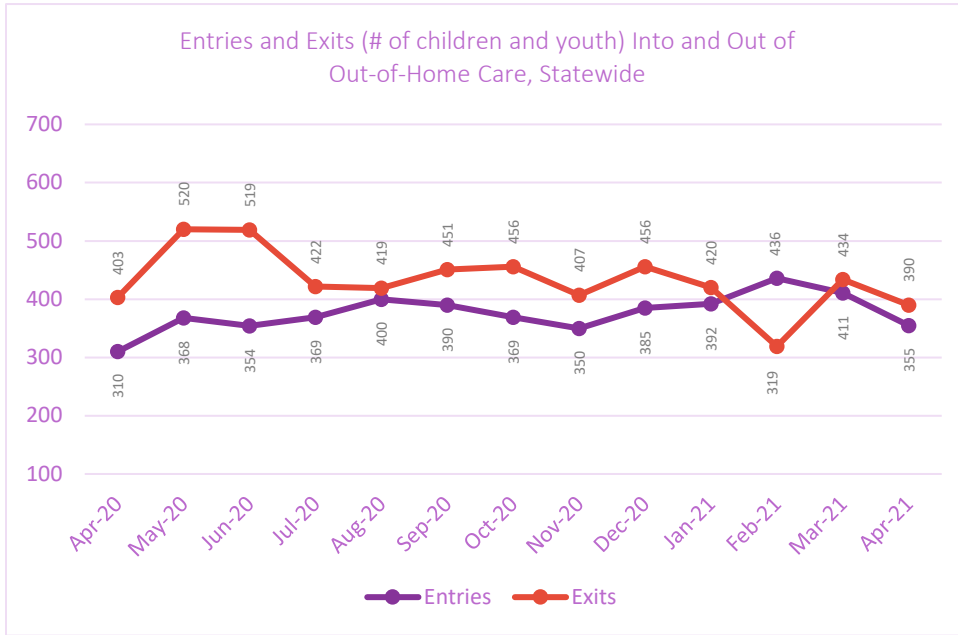
Length of Stay

Length of stay (LOS) in out-of-home placement is related to achievement of timely permanency. DCYF strives to return children and youth home as soon as safely possible and, when this is not possible, to place them in an alternative permanent home. The agency monitors the median length of stay for children or youth in out-of-home care. Figure 18 illustrates the median length of stay for children and youth in out-of-home care more than 60 days over the last 13 months.

FIGURE 18

Median Length of Stay (by days), Statewide
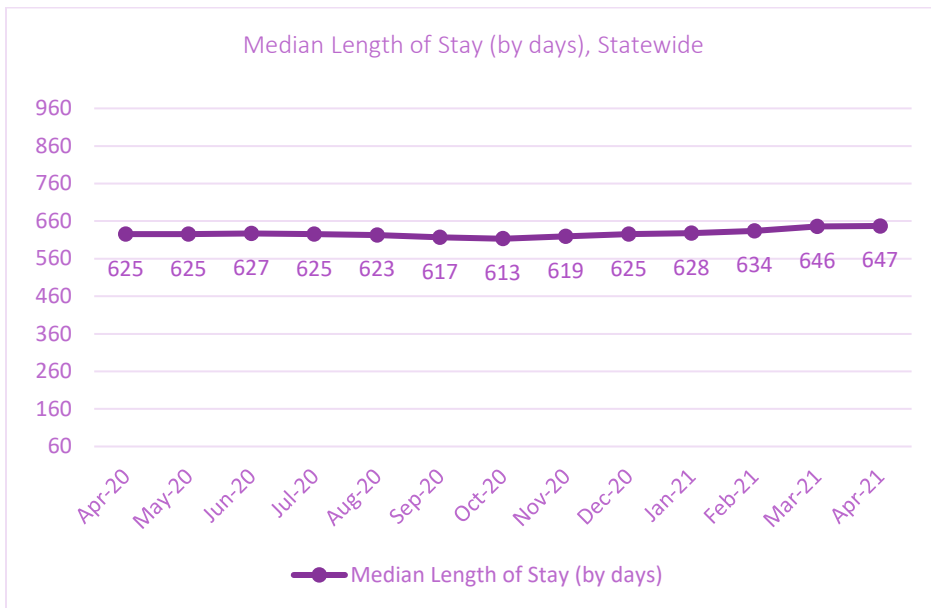
There are regional variations for median length of stay. Figure 19 illustrates the median length of stay for children and youth in out-of-home care more than 60 day over the last 13 months, by region.

FIGURE 19

Median Length of Stay (by days), by Region
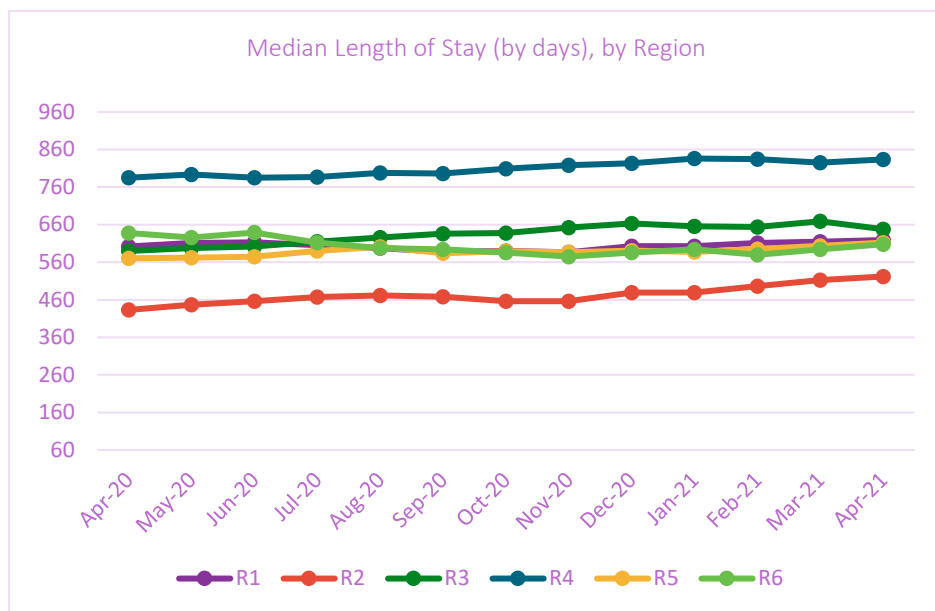
Guardianship

Based on Washington Court data, 268 guardianships were established in juvenile court in CY2020.[3]

Washington State Guardianships						
	Children in Out of home Care*	Children in Out of Home Care w/ Guardianship as Primary Plan*	Children in Out of Home Care with Guardianship as Alternate Plan*	Total Guardianships in CY 2020 (any type)	3rd Party Custody/Superior Court Guardianship in CY 2020	Total T13 Guardianships in CY2020
Region 1	1,472	51	35	50	31	19
Region 2	818	55	101	37	29	8
Region 3	940	101	1	75	31	44
Region 4	1,556	72	99	34	15	19
Region 5	1,385	97	65	64	33	31
Region 6	1,668	92	138	49	18	31
Statewide	7,839	468	439	309	157	152
*This reflects a point in time count as of data pull date of 08/13/2021. Data Source: Removal Episodes, infoFamLink, as of 08/16/2021 Data Source: Out of Home Exits and Entries, infoFamLink, CY2020						

The Washington State Court data differs from DCYF's FamLink data as they are separate data sources. Washington State Court data does not capture cases in which tribes have jurisdiction, are IV-E tribes and are seeking RGAP subsidy for a Title 13 case.

There is not a tracking mechanism in place to specifically identify barriers for every case. Anecdotally, some barriers include the following:
- Knowledge – lack of information to support the discussion of the differences between guardianship and adoption (our program manager is actively working on this).

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[3] Interactive Dependency Reports, Permanency Outcomes, Washington State Center for Court Research (WSCCR), CY2020

- Risk – fear that the guardian will return the child to the biological parents without DCYF's knowledge.
- Time commitment – The process to apply for RGAP is tedious and qualified applicants may opt out of applying.
- Title IV-E – the fiscal qualification to make the child eligible is a barrier in some cases.
- DCYF continues to have a low rate of relatives who pursue foster care licensing.

Termination of Parental Rights and Adoption

FIGURE 20
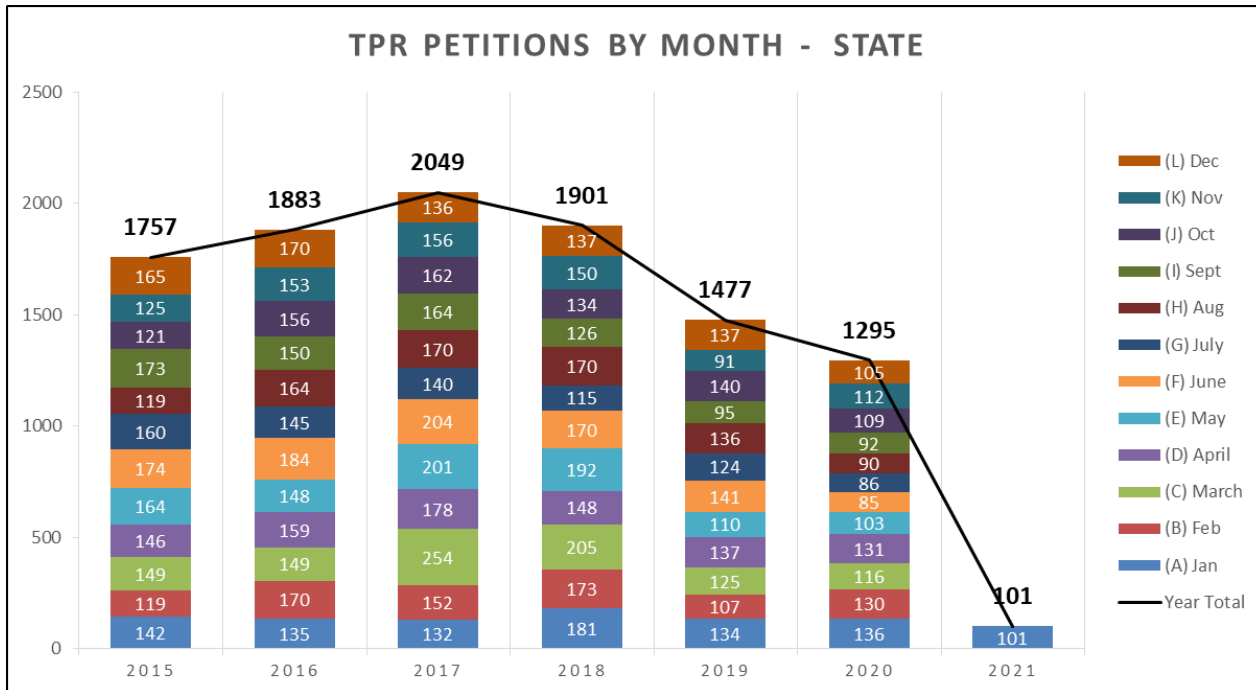
As of December 31, 2020, a total of 1,109 children and youth were legally free statewide[4]. This is a point in time count.

Legally Free Children and Youth by Region							
	Statewide	R1	R2	R3	R4	R5	R6
CY2018	1,898	378	127	302	397	311	383
CY2019	1,527	302	64	202	354	210	337
CY2020	1,101	243	70	168	253	133	234

Of children and youth who were legally free on December 31, 2020:

- 41% (451 of 1,101) were legally free less than six months
- 59% (650 of 1,101) were legally free more than six months
- 538 remained legally free more than one year. Of those children,
  — 39% (209 of 538) were ages 11 years and under
  — 61% (329 of 538) were ages 12 and up
  — 23% (124 of 538) were from Region 1
    o 90% (112 of 124) have a permanent plan of adoption

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[4] Numbers include youth who turned 18 during the point in time pull.

— 3% (18 of 538) were from Region 2
  o   89% (16 of 18) have a permanent plan of adoption
— 16% (85 of 538) were from Region 3
  o   87% (74 of 85) have a permanent plan of adoption
— 25% (136 of 538) were from Region 4
  o   93% (126 of 136) have a permanent plan of adoption
— 12% (65 of 538) were from Region 5
  o   85% (55 of 65) have a permanent plan of adoption
— 21% (110 of 538) were from Region 6
  o   82% (90 of 110) have a permanent plan of adoption

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- The agency and court made concerted efforts to achieve reunification in a timely manner in 29% (25 of 85) of the cases.
- The agency and court made concerted efforts to achieve guardianship in a timely manner in 13% (3 of 23) of the cases.
- The agency and court made concerted efforts to achieve adoption in a timely manner in 20% (14 of 70) of the cases.
- The agency and court made concerted efforts to place a child with a goal of Other Planned Permanent Living Arrangement in a living arrangement that can be considered permanent until discharge from foster care in 73% (11 of 15) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- Goals not being identified and changed timely (as referenced in CFSR Item 5).
- Concurrent goals listed but not working both goals.
- Lack of engagement with parents resulting in lack of assessment of needs and services (related to CFSR Item 12, 13, and 15 in Well-Being Outcome 1).
- Reunification being listed as sole goal when not appropriate for case circumstances.
- Permanency goal being changed to adoption but large lag in filing TPR petition after goal changed (in some circumstances up to 12 - 18 months after goal was changed).
- Court not approving change in permanent plan.
- Court continuances and courts not wanting to proceed with TPR unless the child in an identified permanent home.
- Extensive shelter care continuances (seen mostly in Region 4 but occurs in other regions as well).

Engagement of parents and children in case planning and assessment of needs contribute to timely permanency. During case reviews, at times it is noted that permanency discussions with youth in out-of-home care are insufficient and too infrequent to drive the case towards timely permanency. Lack of frequent and quality contacts between caseworkers and parents also contributes to a lack of comprehensive assessment of parental needs which results in delays of referrals to appropriate services which, ultimately, leads to the inability to achieve timely permanency outcomes. See the Well-Being Outcome 1 section for more information related to this outcome.

As reported in the Safety Outcome 2 section, the lack of comprehensive and accurate assessments of safety were a practice theme. This theme also relates to timely permanency outcomes. Even when informal and formal assessments of safety are conducted, it is noted at times that these tools are not being consistently used to guide decision making in cases. There are times when no safety threats may be identified through formal and informal assessments of safety; however, the parents are still participating in services. In these circumstances, there are times when the child or youth is not reunified as there is a confusion and lack of understanding of the difference between safety and service compliance.

Shared Planning Meetings (SPMs) are an opportunity to engage parents, youth, caregivers, relatives, natural supports and others in the development of a plan that prioritizes safety and meets the support and services needs of the child/youth, parents and caregivers. During an SPM, information can be shared, case plans can be developed and decisions made that will support safety, permanency and well-being. The Shared Permanency Planning Compliance Summary report was developed in infoFamLink in late 2020. This report is a tool to help caseworkers manage the SPM requirements for children on their caseload by providing a list of SPMs that need to be held. This report can also be used by supervisors and administrators to evaluate compliance with the DCYF Policy 1710.Shared Planning Meetings by showing the history of SPM needs and whether they were met. DCYF is looking at a potential research project through OIAA that would conduct a deeper data analysis between the correlation of conducting shared planning meetings and achievement of timely permanency. This would help support and inform the work that is being done through the PFD1 grant and other child welfare initiatives.

Title 13 guardianship with IV-E subsidy through the Relative Guardianship Assistance Program (RGAP) are limited in Washington State because subsidy requires IV-E eligibility and is only available to licensed kinship 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. Staff continue to be confused about the guardianship process and RGAP qualifiers. January 1, 2021, a new guardianship statute went into effect. RCW 11.130 eliminated non-parental or third-party custody orders. It allows for any person to file a petition for guardianship. Under this new guardianship statute, the court must find that guardianship is in the child's best interest and that no parent of the child is willing or able to exercise parenting functions as defined by law or that all parents agree to the guardianship. Under RCW 11.130, the court determines what decisions the parent's retain such as consent to health care and oversight of the minor's funds.

The total number of legally free youth decreased by 418 from 1,527 who were legally free on December 31, 2019 to 1,109 who were legally free on December 31, 2020. At any given time, there are between 200 to 250 youth who are not in their identified adoptive home at the time of termination proceedings. The majority of the youth who become legally free are already placed in an identified adoptive home or are in process of transitioning to an identified adoptive home.

Factors contributing to the decrease in number of legally free youth are complex. Within DCYF and the AGO, there are differing beliefs as to when and if it is appropriate to file for termination of parental rights, especially when a child or youth is not in their identified adoptive home at the time of the filing of termination. However, these beliefs are not consistent across the state as there is a general understanding that many children and youth are not able to fully transition and bond with an adoptive family if the parental rights remain intact. Attempts to shift the culture on this topic have occurred over the course of many years and will continue to be addressed through communication and permanency training.

As mentioned above in CFSR Item 5, a lack of understanding about concurrent planning is also a contributing factor. Despite a number of mandatory and elective trainings available to the field regarding permanency and concurrent planning, many caseworkers lack knowledge in this area and this intensified if they are new to child welfare services and concepts. Application of concurrent planning can be further complicated when the supervisor lacks knowledge in this area and is not able to provide appropriate guidance. This often occurs when a supervisor has minimal child welfare experience prior to promoting to the supervisor level.

As illustrated in Figure 20 above, there has been a steady decline in the number of termination petitions being filed in court since 2018. This may in part be due to the lack of applicable knowledge within DCYF as outlined previously and DCYFs increased efforts to return children home. However, there were a number of COVID-19 related impacts that may have also contributed to a further decline. At the start of the pandemic, DCYF staff were directed to work remotely. Some staff were not set up with the appropriate technology to allow a remote-work environment. This impacted the staff's access to necessary files to begin the process of submitting a referral to the AGO to begin the termination process and proceedings. It took a number of months for DCYF to provide staff equal accessibility to necessary technology as well as protocol for entrance into the field offices.

Court continuances are noted as a large contributing factor to permanency delays. King county court (Region 4), is allowing compelling reason to extend shelter care hearings. This can mean that a case may remain in shelter care status beyond a year. Since dependency has not been established during this timeframe, there is often reluctance by parents to engage with DCYF and services and/or they are advised by their legal counsel not to engage in services until dependency is established. These delays result in longer lengths of stay and delays in the ability to achieve permanency timely. This occurs in other regions of the state as well.

A survey was completed by the Administrative Office of the Courts (AOC) in May 2020, asking all 39 counties for feedback as to what options the local courts were using to facilitate hearings during the COVID-19 pandemic. Out of the 39 counties, 29 responded. Results of the survey indicated the following:
- 18 counties had options of audio and/or video technology,
- 11 counties had access to audio technology,
- 5-12 counties had in-person options, and
- 2-5 counties had no options.

All of the options were dependent upon the type of hearing to include Shelter Care, Reviews, and Permanency Planning hearings. A further break-down provided differentiation for termination trials which included the following options:
- 5 counties had access to audio and/or video technology,
- 5 counties had access to audio only technology,
- 6 counties had an in-person option, and
- 16 counties had no options for termination proceedings.

Three of the 29 counties who responded indicated no plan to utilize video conferencing for court proceedings.

As illustrated in Figure 21[5], it is apparent the initial closures had significant impacts on hearing delays, especially in the area of permanency planning hearings. The delays in these hearings have slowly decreased to minimal disruption as of the last month listed on this graph of October 2020.

FIGURE 21

Hearing Disruptions by Month - State - Includes Counties That Documented PHE
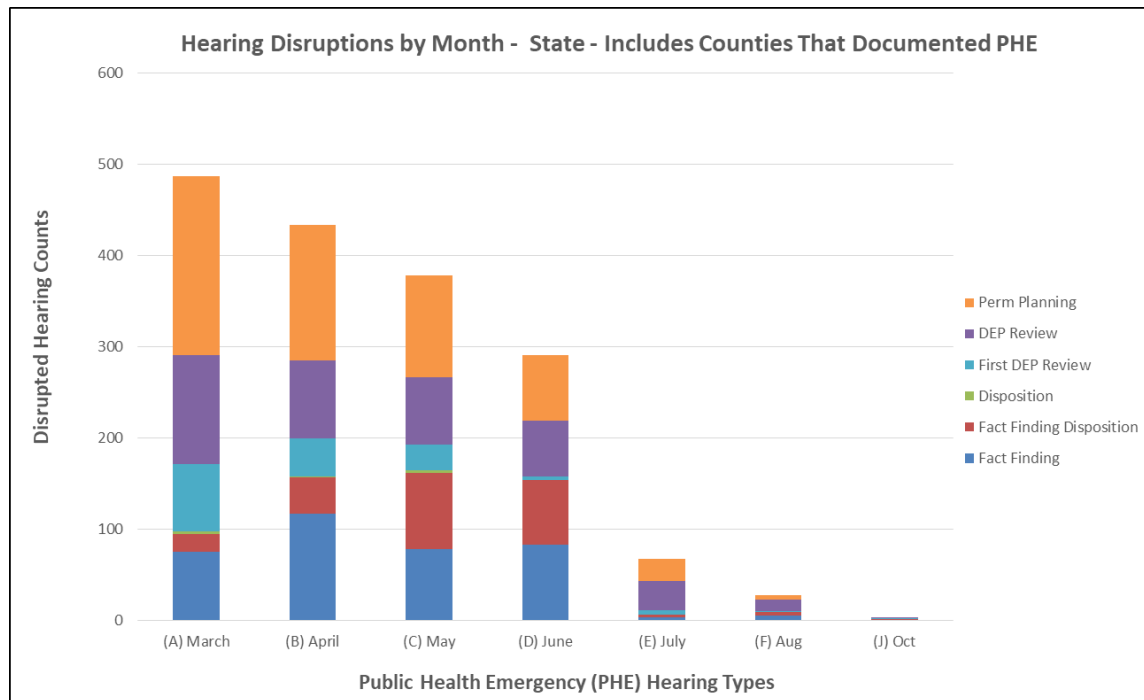
Washington State Courts are concerned regarding the possible legal ramifications for holding hearings, especially termination hearings, through a video or audio format. Additionally, the Children's Bureau weighed in on the subject of COVID-19 impacts on child welfare services as communicated in a letter on June 23, 2020, from Jerry Milner, the Associate Commissioner of the Children's Bureau. The letter provided statutory flexibility for states on a case-by-case basis when determining appropriateness of termination petitions. Concerns regarding service delivery amid interruptions were also addressed. The lack of service availability for parents could have a direct impact on whether or not a court establishes a parent as compliant with services. If the services are not available, child welfare agencies will be unable to provide parents with reasonable efforts as is statutorily mandated. The Washington State Courts has aligned with the guidance from the Children's Bureau and has outlined the guidance in the written guidelines to local courts.

In CY2020, 1,250 adoptions were finalized. This was a decrease of 17.9% (298 adoptions) from 1,548 adoptions finalized in CY2019. As indicated in the COVID-19 Impacts section below, COVID-19 limitations impacted the number of finalized adoptions. These impacts were felt at the field level as well as in the courts. As mentioned above, a number of the county courts did not have the availability of technological options such as video conferencing to finalize an adoption. Some of these courts are opposed to the utilization of technology for these types of hearings. While the lack of court availability did impact the overall adoption finalization numbers, the impact was not as significant as DCYF projected.

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[5] Data Source: Cindy Bricker, Court Improvement Program Director, Washington State Administrative Office of the Courts

One reason the impact may not have been as significant as projected is to some extent due to the on-going work of the Electronic Files Specialist (EFS) unit. This unit was launched in December 2018 but was not fully implemented statewide until July 2019. Per DCYF policy 4330.Adoption Process and disclosure laws, a child specific case regarding the legally free child/youth must be launched, and DCYF must also provide redacted disclosure to potential adoptive families. As the EFS unit was already established to work remotely, technological challenges were minimal. There were initial delays from the field offices in relation to the imaging of paper files into FamLink. This was in part due to field offices not having clear direction as to entrance and access to the field offices to complete this task. Once the protocols were implemented, the disruptions in this task returned to levels seen pre-COVID-19, which were often related to workload.

During CY2020, the six EFS workers completed a total of 934[6] legally free cases and pre-adoption disclosure (PAD) folders for children and youth who became legally free in 2020. The number of hours needed in the creation of the legally free cases and the PAD folders is an average of 7 hours per child. However, the amount of time needed to complete these two tasks can increase significantly depending upon the number of volumes and the number of children or youth within the case file.

In comparison, the EFS unit completed a total of 1,114[7] legally free cases and PAD folders in CY2019. Including issues involving COVID-19, the disparity in the number of cases completed during the past two years involve a number of causes. At the point of full implementation of the EFS unit in July 2019, the unit was providing their service for any legally free cases the caseworkers were not yet able to create prior to the unit's existence. Not only did the EFS unit complete legally free cases and PAD folders for children and youth who became legally free in 2019, but also assisted on cases going back to children and youth who became legally free in 2015. Furthermore, in CY2020, the EFS unit provided redaction assistance to the field which extended the overall amount of time for the process.

Of the 1,114 legally free cases and PADs completed by the EFS unit in CY2019, 947 of those cases have had finalized adoptions as of April 9, 2021. Of the remaining cases, eight cases had the termination overturned and 13 had a change in permanent plan after the child/youth became legally free. Based on a recent qualitative review of remaining cases, 12 are estimated to have a finalized adoption within the following month with an additional 20 cases that are either currently under appeal or the appeal has recently been resolved. Comparatively in CY2020, 934 cases were completed by the EFS unit resulting in the finalization of adoption for 534 youth. Seven of the remaining cases resulted in a change of permanent plan, and 8 cases resulted in either a termination of parental rights reversal or dismissal. Through a qualitative review of the 2020 cases, 72 cases are slated to finalize within following few months and an additional 34 cases are currently under appeal.

As stated previously, one of the main goals of implementing this unit was to assist with decreasing the amount of time between termination of parental rights and adoptions. Considering only cases assembled by the EFS unit which resulted in a finalized adoption, DCYF has seen a 35% decrease in the median number of days between a child or youth becoming legally free and a finalized adoption during CY 2019 and CY2020. Although the EFS unit alone did not contribute to the decrease of the median number of days from the point of termination to the point of adoption, Figure 22[8] illustrates the hard work being done by DCYF staff to establish permanency in a timely manner. This figure demonstrates a downward trend in the number of days from termination to adoption over the past three years constituting in a 61% decrease in the median number of

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[6] Electronic Filing Specialist (EFS) Data Spreadsheet
[7] Electronic Filing Specialist (EFS) Data Spreadsheet
[8] Data pull from infoFamLink: Chart represents only youth who became legally free within the specific year and were eventually discharged due to adoption.

days. There is a huge potential that an additional EFS position could provide further support to the field resulting in more children achieving permanency.

FIGURE 22
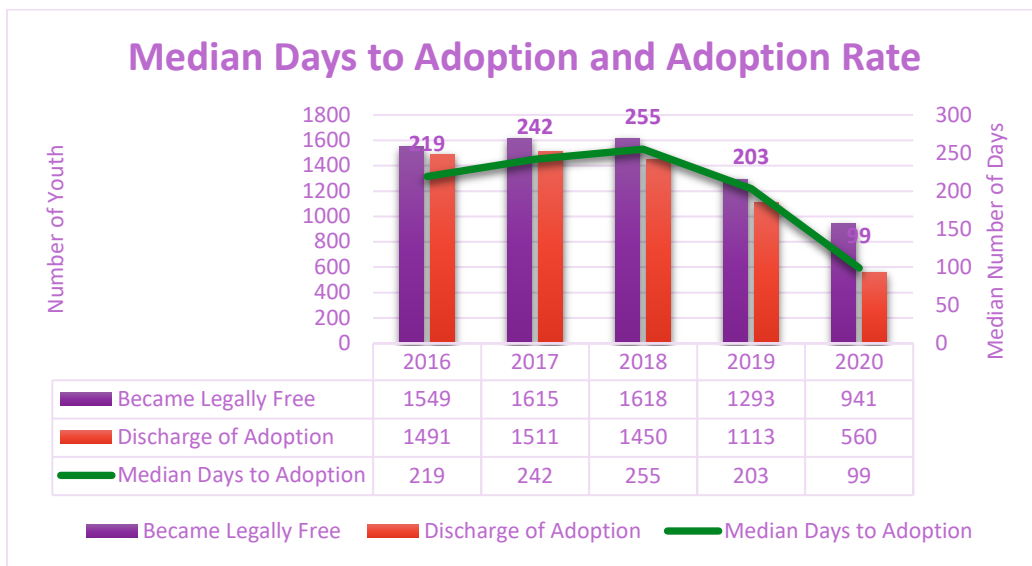
Median Days to Adoption and Adoption Rate

	2016	2017	2018	2019	2020
Became Legally Free	1549	1615	1618	1293	941
Discharge of Adoption	1491	1511	1450	1113	560
Median Days to Adoption	219	242	255	203	99

DCYF recognizes that there is racial and ethnic disparity and disproportionality in child welfare and overrepresentation at multiple stages of the child welfare process. AI/AN children and youth have the lowest permanency rates in all three categories (within 12 months, 12-23 months, 24+months). Relatives and/or suitable persons in disproportionate populations may have more challenges to be approved for their relative children to be placed with them due to systemic biases that exist, such as CPS history, criminal history, socio-economic status, etc. Matching children with culturally appropriate placements is difficult due to lack of resources and limited time. Often, children and youth are placed in whatever placement may be available. As mentioned above, there are substantial changes and improvements occurring in the Licensing Division as well as new efforts related to recruitment and retention. Information related to these improvements and efforts can be found in the Foster and Adoptive Parent Licensing, Recruitment and Retention section. It is also believed the disparities may be impacted through implementation of the PFD1 grant due to the extensive inclusion of families and supports.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO PERMANENCY OUTCOME 1

STRENGTHS

- DCYF has safely reduced the number of children in care by approximately 14% since our last APSR. This is in alignment with our strategic priorities.
- Regional and statewide quality assurance and quality practice staff provide an extensive amount of technical assistance and support to staff in completing safety and risk assessments and the understanding of the tools used. This technical support includes, but is not limited to:
  — Training and coaching
  — Providing data for regional management and leadership regarding children that have been in care over a determined amount of time to identify barriers to permanency
  — Tracking data related to shared planning meetings
- Regions were directed to identify cases with the longest length of stay and to staff those cases to identify and address barriers to permanency.

- Access to Barriers to Permanency funds (through Adoption Savings) helps alleviate financial burdens for families adopting children and youth with special needs.
- Utilization of the EFS unit to prepare the legally free cases and PAD. This takes a significant amount of administrative work away from caseworkers who, in turn, are able to focus on the child, youth and families.

BARRIERS

- COVID presented barriers and challenges related to assessment and access to services. See COVID-19 Impacts below.
- Lack of clear and consistent understanding and practice around concurrent planning with DCYF, the AGO, parent attorneys and the court.
- Lack of consistent process, practice or tracking of when and how a termination of parental rights referral should be completed in all offices.
- Lack of encouragement to openness in relationships between adoptive parents and biological connections for children.
- Lack of consistency in regions as to how supervision in the adoption program is administered and inconsistency in identified regional program experts on permanency and adoption. Five of the six regions have one established adoption area administrator, who have experience in understanding permanency and adoption. The remaining region has three area administrators who administer adoptions in their respective areas. Five of the six regions have identified a regionally based program manager with expertise in permanency and adoptions; however, these positions are not utilized consistency across the state and one region lacks this type of position.
- Limited placement resources and retention issues for foster parents.
- Lack of necessary services or necessity to increase current levels of services to children, youth and families.
- Lack of consistency, accuracy and timeliness for documentation and entry of information into FamLink.
- Cases lingering in shelter care status for extended periods of time.

PRACTICE IMPROVEMENTS

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. There are multiple strategies and associated activities related to permanency. See Update on Plan for Enacting the State's Vision for current status of implementation of these strategies. Some of the strategies include:
  — Improve timely referrals for and completion of home studies.
  — Increase recruitment of foster homes, and expand support resources to caregivers with the goal of improving timely permanency for children and youth in out-of-home care.
  — AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.
  — Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.
  In addition, strategies and activities related to engagement, assessment of safety and risk and service array will also assist in improving outcomes related to permanency.
- There is training and coaching being provided to supervisors to help them support their staff in ongoing learning and application of skills. All of DCYF's improvement efforts include an emphasis on supervisory consultation and articulation and documentation of critical thinking and decision making. There is also an

emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies.

- As indicated in the Update on Plan for Enacting the State's Vision section, implementation of the PFD1 grant began in 2020 and includes two intervention strategies:
  — Enhanced Permanency Planned Meetings (reference "Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.")
  — Enhanced Youth Recruitment (reference "Increase placement stability and permanency for legally free children and youth through strategies that incorporate youth involvement in case planning and recruitment.")
- Four of the six regions have designated Permanency Outcome Facilitators (POFs) to conduct permanency planning meetings. Some of these facilitators were hired through the PFD1 grant and some were hired through regional allocation. In the regions where there are not POFs, there have been concentrated efforts to hire Social and Health Program Consultants (SHPC) positions to assist in this work.
- Region 3 has designated individuals who enter all legal information into FamLink. These identified individuals are responsible for entering the initial permanent plan (reunification) when they first enter the shelter care orders.
- DCYF will continue to fine-tune the EFS unit duties to ensure consistency and the use of this unit to increase timely permanency.
- DCYF will continue to implement the Washington State Adoption Call to Action Plan.

COVID-19 IMPACTS

Due to the COVID-19 pandemic, many hearings and trials were delayed across the state. Continuances were requested and granted due to a lack of court time, lack of resources for virtual court hearings/trials, lack of services being provided to parents due to service providers having to switch to virtual service delivery, and lack of resources readily available to parent to utilize virtual services/meetings/hearings.

Lack of technology and guidance as to COVID-19 related court procedures also had an impact on the number of termination filings as well as other hearing types. Preliminary provisions of written guidelines from Washington State Supreme Court were provided to the local court jurisdictions on April 30, 2020. The initial guidance allowed courts latitude to identify COVID-19 as a "good cause" exception to ordering DCYF to file a petition for termination of parental rights as outlined in RCW 13.34.145(5)(a). On May 29, 2020, the Washington State Supreme Court determined court operations as essential to include trials and hearings while following public health guidance.

Wraparound with Intensive Services (WISe) have been limited to virtual interactions between the provider, caregiver and child. Typically, this service would go directly into homes to support and engage the caregivers and children and youth in-person therapeutically and emergently during times of crisis. During COVID-19, some specialized group homes shut down due to pandemic. There were also strains put upon placement facilities in cases of COVID-19 outbreaks.

The Adoption Call to Action (ACTA) progress stalled due to budget impacts related to COVID-19. In June 2020, a freeze on hiring and personal services contracts was issued. Northwest Resource Associates, the parent agency to Northwest Adoption Resource Exchange (NWAE), holds a personal services contract with DCYF which ended on June 30, 2020. An exception to the freeze for renewing this contract was initiated in June 2020, but was not approved by the Office of Financial Management (OFM) until October 2020.

The lapse in contract had a significant impact in the ability to implement the strategies outlined in the ACTA. As the personal services contract is considered the foundational contract with NWAE, the execution of a supplemental contract for the PDF1 grant caused further delays in the strategies defined in the ACTA plan. Please see the updated Adoption Call to Action plan (Attachment G) for greater details of progress.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

There is a monthly Child and Welfare Services (CFWS) leads meeting with a group of experts in front end line work from around the state. This group includes area administrators, CFWS/permanency regional leads, Child Welfare Alliance training staff, headquarters staff, quality practice specialists and regional quality assurance/continuous quality improvement staff. As part of these meetings discussions related to permanency, visitation, shared planning meeting, PIP implementation, implementation of legislatively mandated requirements and other topics are regularly discussed.

As part of the Permanency from Day 1 (PFD1) grant implementation, quarterly meetings are held with the PFD1 Implementation Team and an External Advisory Team. The PFD1 Implementation Team consists of representatives from the division of child welfare programs, regional field operations, licensing division, adolescent services, the Kempe Center, AOC, the Alliance, parent voice and youth voice. The External Advisory Team consists of representatives from child welfare programs headquarters, field operations, Tribal representation, AOC, AGO, Casey Family Programs, CASA, Foster Parent Association of Washington State (FPAWS), foster parent/kinship provider, Northwest Resource Associates, Office of Civil Legal Aid (OCLA), Office of Public Defense (OPD), Parents for Parents (P4P), the Alliance, parent voice and youth voice. New members are introduced and welcomed to these teams as identified. In addition, each implementation office has a stakeholder implementation team. Meetings with all of these individuals allow an opportunity to share information regarding status of implementation of the PFD1 grant strategies, outcomes related to the interventions, identify and discuss systemic barriers and provide opportunities for problem solving.

Stakeholders have played a great role in providing feedback regarding what is going well in adoptions and what areas in DCYF continue to need improvement. The adoption administrators and the adoption management team are consistently involved in providing ideas for change and the implementation of changes, such as those in policy and practice. There are also a number of youth attorneys, a judge, Guardian ad Litem, tribes, field staff, community partners and youth involved in the development and implementation of the ACTA and strategies established by the PDF1 grant.

The majority of the feedback from stakeholders has been relatively positive regarding permanency outcomes as well as DCYF as a whole. The most significant positive feedback expressed was regarding the execution of the contract with NWAE. Overwhelmingly, the adoption management team as well as many DCYF staff who work directly with this agency, expressed the importance of these services. Additional information is contained in the Strengths, Barriers and Practice Improvements Related to Permanency Outcome 1 section above.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children
Item 7: Placement with Siblings
This item determines whether concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 7: Placement With Siblings

On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (98 of 122)	89% (32 of 36)	80% (4 of 5)	82% (9 of 11)	79% (23 of 29)	88% (15 of 17)	63% (15 of 24)
CY2019	80% (103 of 129)	93% (13 of 14)	79% (22 of 28)	76% (22 of 29)	*	74% (14 of 19)	82% (32 of 39)
CY 2020	76% (75 of 99)	71% (20 of 28)	100% (2 of 2)	75% (3 of 4)	76% (29 of 38)	83% (15 of 18)	67% (6 of 9)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming PIP case reviews.
Data Source: Annual Central Case Review Report CY2019, Central Case Review Team; CFSR Portal, Onsite Review Instrument (OSRI) Report (as of 01/25/2021)

INFOFAMLINK ADMINISTRATIVE DATA

The Sibling Visit report in infoFamLink helps us identify the number of children in DCYF custody and out-of-home care that are not placed with one or more of their siblings. There are 1,969 DCYF cases with sibling groups in out-of-home care or on trial return home. There are 5,011 children in those cases of which 4,003 are currently in out-of-home placement (the remaining are on trial return home or on the run). Of those children, 3,395 (85%) are placed with at least some or all of their siblings.

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

* The child was placed with all siblings who were also in foster care in 38% (38 of 99) of the cases.
* There was a valid reason for the child's separation from the siblings in placement in 61% (37 of 61) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

* Siblings not placed together due to lack of available foster homes in emergent placement situations.
* Lack of concerted efforts to locate relatives who could take a sibling group.
* Lack of follow through to place siblings together and reevaluating placement of siblings who are separated.
* Not asking relatives if they are able to take siblings if they have one child already in their home at initial placement. The Relative Search unit staff does do this when conducting a relative search.
* Lack of thorough discussions with children, youth and caregivers to determine if children can be placed together.

As referenced in the Foster and Adoptive Parent Licensing, Recruitment and Retention section, DCYF has undergone significant changes with respect to diligent recruitment. One of the primary goals for this new recruitment effort is to increase licensed homes that are available for sibling groups through the work of Targeted Recruitment Specialists (TRS).

Item 8: Visiting with Parents and Siblings in Foster Care

This item determines whether concerted efforts were made to ensure that visitation between a child in foster care and their mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 8: Visiting With Parents and Siblings in Foster Care
On Site Review Instrument (OSRI)

	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	60% (88 of 146)	59% (24 of 41)	60% (3 of 5)	59% (10 of 17)	63% (22 of 35)	61% (11 of 18)	60% (18 of 30)
CY2019	63% (111 of 177)	71% (10 of 14)	76% (29 of 38)	51% (24 of 47)	*	62% (13 of 21)	61% (35 of 57)
CY 2020	57% (63 of 110)	65% (17 of 26)	100% (2 of 2)	60% (3 of 5)	43% (19 of 44)	67% (16 of 24)	67% (6 of 9)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming PIP case reviews.
Data Source: Annual Central Case Review Report CY2019, Central Case Review Team; CFSR Portal, Onsite Review Instrument (OSRI) Report (as of 01/25/2021)

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

Visits between the child and mother:
- Concerted efforts were made to ensure that the frequency of visitation between the child and mother was sufficient to maintain and promote a relationship in 82% (70 of 85) of the cases.
- Concerted efforts were made to ensure the quality of visitation between the child and mother was sufficient to maintain and promote a relationship in 77% (62 of 81) of the cases.
- The frequency and quality of visitation between the child and mother was sufficient to maintain and promote a relationship in 69% (59 of 85) of the cases.

Visits between the child and father:
- Concerted efforts were made to ensure that the frequency of visitation between the child and father was sufficient to maintain and promote a relationship in 78% (29 of 37) of the cases.
- Concerted efforts were made to ensure the quality of visitation between the child and father was sufficient to maintain and promote a relationship in 77% (27 of 35) of the cases.
- The frequency and quality of visitation between the child and father was sufficient to maintain and promote a relationship in 65% (24 of 37) of the cases.

Visits between the child and siblings:
- Concerted efforts were made to ensure that the frequency of visitation between the child and siblings was sufficient to maintain and promote a relationship in 66% (39 of 59) of the cases.
- Concerted efforts were made to ensure the quality of visitation between the child and siblings was sufficient to maintain and promote a relationship in 90% (46 of 51) of the cases.
- The frequency and quality of visitation between the child and siblings was sufficient to maintain and promote a relationship in 64% (38 of 59) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:
- Lack of concerted efforts to ensure arrangements were made for siblings to have visitation.
- Lack of consistent efforts for parental visitation once whereabouts were known.
- Difficulty in locating a provider for more frequent visitation.
- Lack of reassessment of safety threats to determine if the supervision level could be decreased.
- Lack of consistent efforts for visitation with incarcerated parents.

As indicated in the 2020 – 2024 CFSP, the new visitation Family Time Model was implemented statewide. Since its implementation and the roll out of Sprout (web-based data system) in March 2020, Washington State and the nation were faced with working through the COVID-19 pandemic. Program adjustments were made

regularly with parents, foster parents, kinship providers and family time contracted providers to organize visitation with safety measures. Although in-person visitation was primary, DCYF supplied devices to families, foster parents, and caregivers to allow for virtual options for visitation if in-person visitation was not able to be conducted safely.

To get a firsthand look at how visitation was progressing through COVID -19, the Office of Innovation Alignment and Accountability (OIAA) and the University of Washington Center for Social Sector Analytics & Technology (CSSAT) developed weekly data pulls that provided DCYF and external stakeholders regional and statewide views on visitation during the pandemic. Data points that were reviewed during this time included looking at the number of in-person and virtual visits being provided; how many visits were missed or had no-shows, and how many visits were not recorded.

Originally, during the last reporting period the following Performance Based Contracting (PBC) quality metrics were anticipated to be implemented effective September 2020:
- 85% of visit referrals are accepted by provider (PBC performance target).
- 85% of visits occur within 5 days of being accepted (PBC performance target).
- Attendance rate of parents.
- Punctuality of parents.
- Status report on how the providers are doing overall (PBC performance target).

However, there have been delays in the ability to implement these metrics due to the pandemic. In addition, through provider and field operations feedback, it was clear that the metrics needed to be revisited and more aligned with the contract. Some of the new metrics being considered include:
- Acceptance rate, factoring in justifiable declines (i.e. provider at capacity and unable to accept a new referral).
- Timeliness of first visit (72 hours).
- Submission of the Unusual Incident Report (UIR) by providers within 24 hours.
- Submission of quality visits reports by providers within 5 days.

Additional feedback and recommendations regarding metrics include consistency of visits, assessment of no shows (i.e. why those are occurring), parent satisfaction surveys and a Family Time Report (i.e. continued supervision level needs, parent/child interaction for court reports, insights and observations to parent child interactions).

More information related to this item and the development of Sprout is contained in the Strengths, Barriers and Practice Improvements for Permanency Outcome 2 section.

Item 9: Preserving Connections
This item determines whether concerted efforts were made to maintain the child's connections to their neighborhood, community, faith, extended family, Tribe, school, and friends.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 9: Preserving Connections							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	77% (139 of 181)	65% (31 of 48)	80% (4 of 5)	92% (22 of 24)	84% (38 of 45)	77% (17 of 22)	73% (27 of 37)

CY2019	85% (172 of 203)	82% (18 of 22)	90% (38 of 42)	78% (38 of 49)	*	83% (20 of 24)	88% (58 of 66)
CY 2020	76% (110 of 145)	73% (27 of 37)	50% (1 of 2)	80% (4 of 5)	76% (44 of 58)	82% (27 of 33)	70% (7 of 10)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- Concerted efforts were made to maintain the child's important connections in 76% (110 of 145) of the cases.
- Sufficient inquiry was conducted to determine whether a child may be a member of, or eligible for membership, of a federally recognized Indian Tribe in 97% (140 of 145) of the cases.
- The Tribe was provided timely notification of its right to intervene in any state court proceedings in 100% (14 of 14) of the cases.
- A child who is a member of, or eligible for membership in, a federally recognized Indian Tribe was placed in foster care in accordance to Indian Child Welfare Act placement preferences or concerted efforts to make such placement were made in 100% (11 of 11) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- Lack of efforts to preserve connections with maternal and paternal extended family members.
- Lack of efforts to preserve connections and relationships with siblings who may be on trial return home or remain in the home.
- The Relative Search Unit's efforts to identify familial connections are documented within FamLink. The lack of follow through by caseworkers of contacting these connections is sometimes reported as a barrier.
- Lack of efforts in follow through when relatives respond to inquiries.
- Exploring relatives for placement options but not for maintaining connection or relationship.

Item 10: Relative Placement

This item determines whether concerted efforts were made to place the child with relative when appropriate.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 10: Relative Placement							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	74% (135 of 183)	73% (35 of 48)	100% (6 of 6)	83% (20 of 24)	76% (34 of 45)	73% (16 of 22)	63% (24 of 38)
CY2019	79% (161 of 203)	73% (16 of 22)	88% (38 of 43)	78% (38 of 49)	*	83% (20 of 24)	75% (49 of 65)
CY 2020	75% (108 of 144)	68% (25 of 37)	50% (1 of 2)	100% (5 of 5)	72% (42 of 58)	84% (27 of 32)	80% (8 of 10)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)

RELATIVE SEARCH

When a child or youth is removed from their home and enters state care, DCYF is required to notify all adult relatives within 30 days. When a relative search is conducted by the Relative Search Unit (RSU), every identified adult family member receives a letter regarding their relative child or youth who is placed in out-of-home care. Relatives are asked to respond within 10 days of receipt and to indicate the level of support they desire to provide. This provides an opportunity for DCYF to receive information from extended family members who are not involved in the case but may have a deeper knowledge of the family's history.

Relative Search Unit			
	CY2018	CY2019	CY2020
Relative Search Referrals	5,361	5,061	4,477
Relative Searches Complete	2,302	3,527	4,198
Relatives Notified by Email	93,309	145,318	137,374
Relatives Interested in Placement	3,405	5,934	4,511
Relatives Interested in Providing Family Support	2,545	4,278	4,229
Telephone Calls/Emails Received from Relatives	8,653	14,093	15,744
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry			

NATIVE AMERICAN INQUIRY REQUEST (NAIR)

Caseworkers are required to inquire about Native American ancestry for both parents during the first contact for each screened in intake. If either parent (or other persons who could reasonably be expected to have information when the parent was unavailable) reports "yes" to Tribal heritage, caseworkers must send a referral to NAIR within 10 working days. The NAIR Unit sends inquiry letters to each identified federally-recognized tribe in attempt to confirm the child's status with the tribe and the level of involvement the tribe may elect to have in the case

Additionally, each letter that is sent from the RSU asks about additional relatives and if there is any Native American ancestry within the family. This provides an opportunity for DCYF to receive information from extended family members who are not involved in the case but may have a deeper knowledge of the family's history.

Relative Search Inquiries with Native American Ancestry			
	CY2018	CY2019	CY2020
Case determined to have Native American heritage based on relative response	64	95	184
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry			

Native American Inquiries Submitted to NAIR			
	CY2018	CY2019	CY2020
Referrals received from field operations	7,854	4,911	4,941
Unable to process because referral received when case is closing or closed	878	1,148	1,014

Inquiries completed	3,560	3,176	2,822

Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry

The table below indicates the number of inquiries completed by NAIR and the number of children determined to be a member or eligible for membership based on Tribal response.

Native American Inquiries Completed by NAIR			
	CY2018	CY2019	CY2020
Total letters sent to Tribes (1st, 2nd, and 3rd letters)	22,574	21,447	19,110
Children determined to be members based on Tribal response	543	283	168
Children determined to be eligible for membership based on Tribal response	864	353	101

Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- The child's current, or most recent, placement was with a relative in 51% (73 of 144) of the cases.
- The child's current, or most recent, placement with a relative was stable or appropriate to the child's needs in 97% (71 of 73) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- Delay in initiating a home study once a relative expressed interest.
- Lack of follow up and evaluation of relatives who respond to relative inquiries.
- Although formal relative searches are completed within the first 30 days of placement, there are times when a new relative search is not requested when paternity is established or additional information is identified.

DCYF continues to believe that the high rate of kinship placement statewide is due to the emphasis on and recognition of the importance of kinship placements and their overall positive impact on long-term well-being and resiliency. This focus has positively impacted the rate of placement with kin. As of January 1, 2021, 47.3% of all children and youth in out-of-home care were placed with kin or relatives. As referenced in the Foster and Adoptive Parent Licensing, Recruiting, and Retention section, there are practice improvements occurring and planned with the Licensing Division to support kin through the home study and licensure process.

In late 2020, the Washington State Supreme Court issued an opinion, holding that a trial court has a "reason to know" that a child is an Indian child when a participant in the proceeding indicates that the child has tribal heritage. This opinion greatly expands the group of children covered by the Washington State Indian Child Welfare Act (WICWA) and the federal Indian Child Welfare Act (ICWA). This will increase DCYF's legal obligations in dependencies, Title 13 guardianships and termination proceedings. This ruling has a large impact on current WACs, policies, practices and technology. Extensive work is underway to revise policies to align with this ruling in collaboration with the Tribes as referenced in the Consultation and Coordination Between the State and Tribes section.

Item 11: Relationship of Child in Care with Parents

This item determines whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and their mother and father or the primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

	ITEM 11: Relationship of Child in Care With Parents						
	On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	63% (85 of 134)	62% (23 of 37)	50% (2 of 4)	59% (10 of 17)	69% (22 of 32)	59% (10 of 17)	67% (18 of 27)
CY2019	64% (103 of 160)	63% (5 of 8)	66% (23 of 35)	64% (29 of 45)	*	63% (12 of 19)	64% (34 of 53)
CY 2020	65% (60 of 93)	74% (14 of 19)	50% (1 of 2)	40% (2 of 5)	57% (21 of 37)	77% (17 of 22)	63% (5 of 8)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- Concerted efforts were made to promote, support and otherwise maintain a positive, nurturing relationship between the child in foster care and their mother in 65% (55 of 85) of the cases.
- Concerted efforts were made to promote, support and otherwise maintain a positive, nurturing relationship between the child in foster care and their father in 81% (29 of 36) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- Lack of efforts or notification to ensure parents are engaged in activities outside of visitation including attendance at medical appointments or involvement in educational activities.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO PERMANENCY OUTCOME 2
STRENGTHS

- Despite impacts related to COVID-19, collaboration between DCYF, providers, community stakeholders, parents and the caregiver community was extensive to ensure continuity of visitation, particularly in-person visitation when safe to do so. This group was able to be adaptive and nimble to the regularly changing guidance at a national and state level. This was a tremendous undertaking and, although there were challenges, there were four quality guidance documents created to manage in-person visitation during the pandemic. DCYF develop a COVID-19 Updates webpage, where information could be regularly stored, located and shared.
- At the onset of the pandemic, DCYF was able to provide children, youth, families and caregivers electronic devices to support virtual visitation. The purpose of these efforts were to provide another option for visitation when it wasn't safe to do visitation in-person. Although in person visitation is always our first approach for parent-child visitation, DCYF is pleased to continue to provide virtual visitation as part of the Family Time continuum. For parents and children that are unable to attend in person visitation, the virtual option can be provided as a short term option.

BARRIERS

- COVID presented barriers and challenges related to assessment and access to services. See COVID-19 Impacts below.
- As mentioned in Permanency Outcome 1, limited placement resources are a barrier in the ability to ensure that siblings are able to be placed together.
- While a relative search is conducted upon a child's entry into out-of-home care, caseworkers are not conducting ongoing searches for relatives throughout the case. The lack of ongoing relative search efforts by caseworkers has much to do with the time it takes them to contact and assess a relative.

PRACTICE IMPROVEMENTS

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. There are multiple strategies and associated activities related to engagement and permanency. See Update on Plan for Enacting the State's Vision for current status of implementation of these strategies. Some of the strategies include the following:
  — Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.
  — Improve timely referrals for and completion of home studies.
- Engaging family more during Family Team Decision Making (FTDM) meetings. At this time, there is a high level of focus with FTDM facilitators engaging in conversations with families and teams around how the parents and/or family can work to mitigate and/or eliminate any safety threats to have children return home and enhancing documentation around this discussion. By doing this, the facilitators are showing the road map to conditions for return home.
- HB 1194 was passed through the Washington State Legislature and signed into effect as of July 25, 2021. This statute requires DCYF to conduct at initial visit within 72 hours once a child has been removed from their parent's home and placed into out-of-home care. Implementation meetings are occurring to accommodate this change in current practice. This bill also addresses the supervision levels of visitation. The intent of the legislation is that all visitation will be unsupervised unless DCYF brings safety concerns forward to the courts to support monitored or supervised visitation. This will be at the judge or commissioner's discretion to make a ruling based on the safety related information provided to the court. If the department does not bring concerns forward, the visit will be considered unsupervised.
- DCYF policy 4254.Family Time and Sibling and Relative Visits will be revised and updated with Sprout language and enhancements that will encompass HB 1194 statute requirements.
- The Family Time contract is also being updated with HB 1194 changes that will directly affect contracted providers. Providers will be receiving a rate increase due to these changes.
- The Engagement Program Manager is currently meeting with Oregon and Utah Child Welfare agencies to learn about their visitation processes to get ideas that may help inform and enhance Family Time for Washington families.
- As a result of COVID-19 there was an increased need to monitor visitation through the pandemic. Although Sprout was able to show each child's visitation plan, there still is a need for more child level data as it pertains to visitation. Through recent work with the regional visit leads and discussions with OIAA and CSSAT (Sprout developers), it was identified that the new data stories were needed to get an overarching look at the actual health of the visitation program. Additional information is located in the Update on Plan for Enacting the State's Vision section.

COVID-19 IMPACTS

On March 26, 2020 an interim policy and guidance was developed in response to COVID-19 related to Family Time and sibling and relative visits. The provision of in-person Family Time and sibling and relative visits with children and youth in out-of-home care was suspended and, when possible, substituted with remote visits conducted using video conferencing platforms when technology was available. If technology was not available then Family Time would occur through another remote alternative including telephone, email, or mailing pictures, drawings, and letters. Resources were provided to caseworkers to access technology needs for families who did not have technology readily available for visitation.

In May 2020, DCYF began work to reinstate in-person visits working within the provisions and limitations of the COVID-19 pandemic variances across the state. On May 22, 2020, DCYF issued interim policy guidance for considerations, questions, safety protocols, transportation, and cleaning to determine that safe conditions exist to conduct in-person Family Time.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

There is a monthly Child and Family Welfare Services (CFWS) leads meeting with a group of experts from around the state. This group includes AAs, CFWS/permanency regional leads, the Alliance training staff, headquarters staff, quality practice specialists and regional QA/CQI staff. As part of these meetings discussions related to permanency, visitation, shared planning meetings, PIP implementation, implementation of legislatively mandated requirements and other topics are regularly discussed.

During the pandemic, there were regular meetings and discussions with visitation providers and stakeholders in order to be responsive to the various changes that were occurring within the Family Time program in response to the Governor's orders and/or local health data. DCYF is partnering with visitation providers and stakeholders throughout the process of planning and implementation for HB1194.

Well-Being Outcomes 1, 2 and 3

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

	CFSR Round 3	CY2020 Performance	Status	PIP Target
Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs	47%	40%	⬇	
Item 12: Needs and services of child, parents, and foster parents	50%	42%	⬇	56%
Item 13: Child and family involvement in case planning	62%	46%	⬇	67%
Item14: Caseworker visits with child	80%	69%	⬇	84%
Item 15: Caseworker visits with parents	53%	40%	⬇	58%
Well-being Outcome 2: Children receive appropriate services to meet their educational needs	94%	95%	⬆	
Item 16: Educational needs of the child	94%	95%	⬆	N/A

Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	54%	73%	⬆	
Item 17: Physical health of the child	59%	81%	⬆	N/A
Item 18: Mental/behavioral health of the child	60%	74%	⬆	N/A

🟩 Federal Target Achieved (95%)	🟧 Within 10% of Federal Target	🟥 Greater than 10% of Federal Target

Data Source: Washington 2018 CFSR Final Report and CFSR Portal, Onsite Review Instrument Report CY2020

Well-being Outcome 1: Families Have Enhanced Capacity to Provide for Their Children's Needs

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

This item determines whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 12: Needs and Services of Child, Parents and Foster Parents						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	52% (132 of 256)	54% (35 of 65)	50% (5 of 10)	47% (18 of 38)	49% (32 of 65)	35% (9 of 26)	63% (33 of 52)
CY2019	51% (144 of 282)	67% (20 of 30)	53% (33 of 62)	49% (33 of 68)	*	41% (13 of 32)	50% (45 of 90)
CY2020	42% (83 of 200)	59% (29 of 49)	25% (1 of 4)	50% (5 of 10)	24% (20 of 82)	46% (19 of 41)	64% (9 of 14)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)

ITEM 12: Needs and Services of Child, Parents and Foster Parents, Sub-Items, State Level Data			
	Item 12-A (Needs Assessment and Services to Children)	Item 12-B (Needs Assessment and Services to Parents)	Item 12-C (Needs Assessment and Services to Foster Parents)
CY2018 CFSR	79% (102 of 129)	58% (69 of 118)	70% (64 of 92)
CY2018 Non-CFSR	85% (105 of 123)	53% (60 of 113)	85% (67 of 79)
CY2019	83% (233 of 282)	55% (146 of 267)	79% (157 of 200)
CY2020	70% (140 of 200)	41% (72 of 174)	80% (109 of 136)

Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)

The PIP target for this item is 56%.

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

Needs assessment and services to children –

- The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the child's needs in 75% (150 of 200) of the cases.
- Appropriate services were provided to meet the child's needs in 58% (76 of 131) of the cases.

Needs assessment and services to parents –

- The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs in 51% (82 of 161) of the cases.
- Appropriate services were provided to meet the mother's needs in 50% (78 of 156) of the cases.
- Concerted efforts were made both to assess and address the needs of mothers in 49% (79 of 161) of the cases.
- The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs in 45% (58 of 129) of the cases.
- Appropriate services were provided to meet the father's needs in 44% (50 of 113) of the cases.
- Concerted efforts were made both to assess and address the needs of father in 43% (55 of 129) of the cases.

Needs assessment and services to foster parents –

- The agency adequately assessed the needs of the foster or pre-adoptive parents related to caring for children in their care on an ongoing basis in 89% (119 of 137) of the cases.
- The agency provided appropriate services to foster and pre-adoptive parents related to caring for children in their care in 73% (76 of 104) of the cases.

When broken down by case type, Statewide Item 12 data is the following, identifying clear practice differences amongst case types:

Item 12 overall -

- Foster care – 40% (58/145)
- CPS FAR – 32% (8/25)
- In-Home – 57% (17/30)

Item 12A (needs assessment and services to children) –

- Foster care – 76% (110/145)
- CPS FAR – 48% (12/25)
- In-Home – 60% (18/30)

Item 12B (needs assessment and services to parents) -

- Foster care – 39% (46/119)
- CPS FAR – 32% (8/25)
- In-Home – 60% (18/30)

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

Children and youth -

- Lack of in-depth conversations and assessments with children and youth to identify needs.
- Lack of ongoing contact between child and siblings/parents to support identified emotional needs.
- Lack of efforts to address identified needs on CHET.
- Lack of timely ILS services or re-assessment of ILS skills.

Parents -

- Lack of referrals to services when assessments are complete.
- Lack of comprehensive and sufficient assessments.
- Delays in establishing paternity.
- Missed opportunities to meet with and assess incarcerated parents.

Item 13: Child and Family Involvement in Case Planning
This item determines whether concerted efforts were made, or are being made, to involve parents and children (if developmentally appropriate) in the case planning process and on an ongoing basis.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 13: Child and Family Involvement in Case Planning						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	61% (153 of 250)	59% (38 of 64)	70% (7 of 10)	68% (25 of 37)	56% (35 of 62)	67% (18 of 27)	60% (30 of 50)
CY2019	53% (146 of 276)	64% (18 of 28)	59% (34 of 58)	47% (32 of 68)	*	50% (16 of 32)	51% (46 of 90)
CY 2020	46% (86 of 189)	63% (29 of 46)	0% (0 of 4)	40% (4 of 10)	28% (21 of 76)	55% (22 of 40)	77% (10 of 13)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)						

The PIP target for this item is 56%.

ANALYSIS OF THE DATA AND PRACTICE TRENDS
Statewide, in CY2020, the CCRT found:
- The agency made concerted efforts to actively involve the child in the case planning process in 57% (68 of 119) of the cases.
- The agency made concerted efforts to actively involve the mother in the case planning process in 50% (80 of 159) of the cases.
- The agency made concerted efforts to actively involve the father in the case planning process in 45% (50 of 112) of the cases.
- When broken down by case type, Statewide Item 13 data is the following, identifying clear practice differences amongst case types:
  — Foster care – 47% (63/134)
  — CPS FAR – 28% (7/25)
  — In-Home – 53% (16/30)

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:
- For FAR cases, area needing improvement seemed to be directly tied to lack of frequency and/or quality contacts with children and parents.
- For foster care cases, areas needing improvement seemed to be directly tied to the lack of quality conversations around case planning, identification of barriers, and how to address those barriers. At times, a lack of frequency of contact and engagement was also noted.

Item 14: Caseworker Visits with Child
This item determines that the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 14: Caseworker Visits With Child						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (205 of 257)	71% (46 of 65)	80% (8 of 10)	89% (34 of 38)	80% (52 of 65)	81% (22 of 27)	83% (43 of 52)
CY2019	74% (201 of 282)	83% (25 of 30)	74% (46 of 62)	79% (54 of 68)	*	72% (23 of 32)	69% (62 of 90)
CY2020	69% (138 of 201)	82% (40 of 49)	50% (2 of 4)	60% (6 of 10)	58% (48 of 83)	73% (30 of 41)	86% (12 of 14)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)							

The PIP target for this item is 84%.

INFOFAMLINK ADMINISTRATIVE DATA

Figure 23 illustrates a trend of statewide performance on caseworker health and safety visits with children (this include the out-of-home population only) over a 12 month time-frame.

FIGURE 23
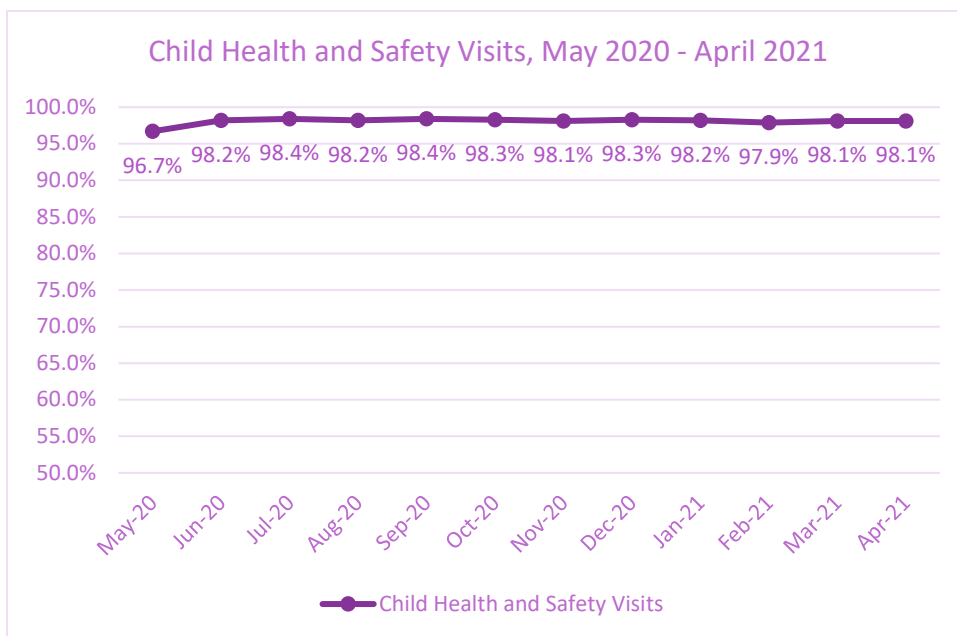
Data Source: Child Welfare Management Dashboard; infoFamLink; June 4, 2021

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- The caseworker never had visits with the child(ren) in 1% (2 of 201) of the cases.
- The typical pattern of visits between the caseworker and the child(ren) was sufficient in 83% (166 of 201) of the cases.
- The quality of the visits between the caseworker and the child(ren) was sufficient in 75% (150 of 199) of the cases.

- When broken down by case type, Statewide Item 14 data is the following, identifying clear practice differences amongst case types:
  — Foster care – 77% (111/45)
  — CPS FAR – 32% (8/25)
  — In-Home – 61% (19/31)

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- For FAR and in-home cases, it was noted that quality and frequency were a concern (frequency was noted most).
- In foster care cases, concerns center more on quality versus frequency (although frequency was noted in a few cases, it was not the primary concern).
  — Lack of in-depth, comprehensive and thorough contacts including missed opportunities to involve children and youth in case planning and permanency and discuss service needs.
  — Lack of private conversations.

Administratively, DCYF's performance is high in this area, particularly with children in out-of-home care. This is an area of focus that has and continues to be emphasized through monitoring of data and practice. Health and safety visits with children in out-of-home care is included as a metric on the Child Welfare Management Dashboard. The CFWS Monthly Social Worker Visits report is a data driven subscription that is automatically generated through the system and is sent to caseworkers and supervisors weekly and to AAs two times per month. There is also a report available that provided that indicates which children on a caseworker's caseload need to be seen in a given month.

There is also an In-Home FVS Health and Safety Visit Report available in infoFamLink. This report identifies if monthly visits occurred with children and youth with an FVS in-home services assignment, if two visits were documented for children under the age of 6 per DCYF policy [4420.Health and Safety visits with Children and Youth and Monthly Visits with Parents or Guardians and Caregivers](#), and if a visit was documented within 7 days of a return home. From May 2020 through April 2021, statewide, DCYF met all of the above mentioned requirements as outlined above 80.2% of the time. There were additional circumstances in which visits were made, late or attempted that did not meet all of the above requirements.

Administrative data regarding monitoring of regular, ongoing health and safety visits on FAR cases is difficult. However, the FAR & Investigation Intake Summary report in infoFamLink does identify the number of open intakes past 60 days without a health and safety visit documented. This is one of the data indicators that is discussed during PIP data analysis meetings and during regional and local office conversations.

Item 15: Caseworker Visits With Parents
This item determines that the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 15: Caseworker Visits With Parents
On Site Review Instrument (OSRI)

	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	51% (117 of 228)	53% (32 of 60)	78% (7 of 9)	53% (17 of 32)	46% (26 of 56)	48% (12 of 25)	50% (23 of 46)
CY2019	48% (126 of 265)	59% (13 of 22)	50% (29 of 58)	49% (33 of 68)	*	35% (11 of 31)	47% (40 of 86)
CY2020	40% (68 of 170)	55% (22 of 40)	0% (0 of 4)	40% (4 of 10)	22% (15 of 67)	47% (17 of 36)	77% (10 of 13)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. *Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)*							

The PIP target for this item is 58%.

INFOFAMLINK ADMINISTRATIVE DATA

Figure 24 illustrates a trend of statewide performance on frequency of caseworker health and safety visits with parents (this include the out-of-home population and includes if the mother or father was seen during the given time frame) over a 12 month time-frame. This data does not take into account quality of the contact. Quality is reflected in the Item 15 data above.

FIGURE 24
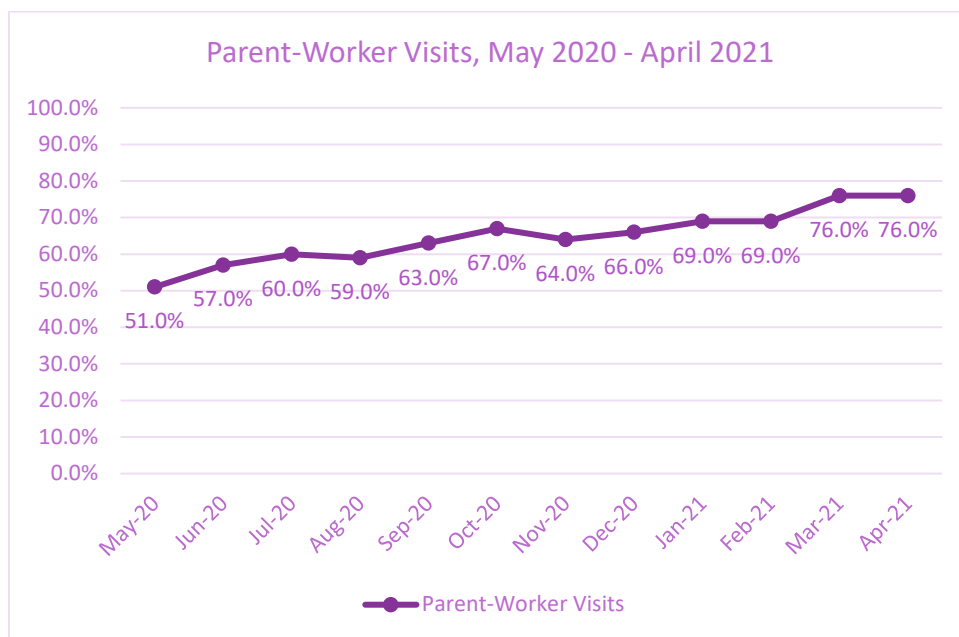
Data Source: Child Welfare Management Dashboard; infoFamLink; June 4, 2021

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

Visits with mother –

- The caseworker never had visits with the mother in 8% (13 of 160) of the cases.
- The typical pattern of visits between the caseworker and the mother was sufficient in 58% (93 of 160) of the cases.
- The quality of the visits between the caseworker and the mother was sufficient in 59% (87 of 147) of the cases.

- Both the frequency and quality of caseworker visitation with the mother were sufficient in 45% (72 of 160) of the cases.

Visits with father –

- The caseworker never had visits with the father in 15% (17 of 113) of the cases.
- The typical pattern of visits between the caseworker and the father was sufficient in 54% (61 of 113) of the cases.
- The quality of the visits between the caseworker and the father was sufficient in 57% (54 of 94) of the cases.
- Both the frequency and quality of caseworker visitation with the father were sufficient in 43% (49 of 113) of the cases.

When broken down by case type, Statewide Item 15 data is the following, identifying clear practice differences amongst case types:

- Foster care – 39% (44/114)
- CPS FAR – 28 (7/25)
- In-Home – 53% (17/31)

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- Lack of frequency and quality.
  — Of all of the cases noted as areas needing improvement, frequency was a concern in 68% of the cases; quality was noted as a concern in 69% of the cases.
- Some of the frequency concerns were related to a systemic barrier of all communication needing to go through the parent attorney in some cases.
- Lack of discussions around barriers to visitation, services and permanency were noted.

Through additional analysis around contacts and engagement, some regions noted the following:

- Lack of father engagement;
- A reliance on historical information versus an assessment of current needs;
- Inaccurate assessments (safety, risk, needs, services) resulting from a lack of consistent, monthly contact; and
- Impacts of service identification at shelter care and lack of ongoing assessments in order to inform service modifications due to a focus on allegations versus a global, comprehensive assessment.

As referenced in Figure 24, DCYF has made a concentrated effort to focus on engagement and contacts with parents. Performance has steadily improved over the last 12 months on this measure.

CFSR Items 12, 13, 14 and 15 are closely related and are all tied to engagement efforts. Generally, when performance is noted as an area needing improvement on CFSR Items 14 and 15, there are impacts seen in the other Well-being items as well. Also, as noted in the safety and permanency sections above, performance on these items have impacts on safety and permanency outcomes in relation to comprehensive and ongoing assessments of safety and ability to achieve timely permanency and maintain connectedness within families. Therefore, these items are generally looked at collectively to identify areas of strength and areas of practice improvement.

Through PIP case reviews by CCRT, it was noted that FAR cases underperformed compared to other in-home and CFWS cases in the well-being outcome 1 CFSR measures. In May 2021, the Statewide Data Accountability and Quality Improvement Manager completed an in-depth review of 30 FAR cases from PIP

offices that were reviewed during the first four quarters of PIP case reviews. During this review, practice strengths were noted including that several cases indicated that the family received appropriate services in the home that addressed the identified issues. It was noted that in those cases, the caseworker conducted quality visits with the children and parents at least monthly and involved them in the case planning process. For areas needing improvement it was noted that in several cases that were open for services and had service providers in the home, quality caseworker visits with the children and/or parents did not occur and they did not appear to be engaged in the case planning process. The lack of engagement in the case planning process and in ongoing assessment of safety, needs and services may have contributed to the fact that in 10 of the 30 cases, a new intake was received within a year or less after the case was closed. In 3 of the 10 cases with a new intake, there were increased safety concerns that resulted in a higher level of screening into an investigation.

As mentioned in Safety Outcome 2, it was additionally noted through stakeholder discussions that, at times, FAR cases would get referred for a service and the engagement and assessment work would be placed upon the service provider with minimal contact from the DCYF caseworker. It was additionally noted that contacts on FAR cases are often viewed as a task needing to be completed in order to close the case versus being needed on a regular, ongoing basis. In addition, incident focused assessments versus global assessments are not accurately capturing needs and children in FAR cases are routinely interviewed in front of their parents. As FAR cases are voluntary versus court involved, it can also be difficult at times to locate and have regular contact with parents and there is less oversight by external agencies.

There is an ease to seeing children who are in out-of-home care. Health and safety visits are often more accessible for children who are in out-of-home care versus in-home and FAR cases. There is also an increased emphasis on ensuring contacts are made with children in out-of-home care and their parents. In addition, it was noted that since CFWS cases (and potentially FVS cases) are longer in duration than FAR cases, those caseworkers may have time to build better rapport resulting in more opportunities to engage with those children and parents.

It has been noted that caseworkers lack understanding of how to appropriately document contacts and reasonable efforts to engage and locate. DCYF is emphasizing the need to document all reasonable efforts to locate and engage with families on a monthly basis.

Engagement has been a strong focus area for DCYF. There are multiple engagement strategies contained in DCYF's PIP that lay the foundation for the work that is being planned, implemented and staged through FFPSA and the Family Practice Model.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO WELL-BEING OUTCOME 1
STRENGTHS
- Regional and statewide quality assurance and quality practice staff provide an extensive amount of technical assistance and support to staff in completing safety and risk assessments and the understanding of the tools used. This technical support includes, but is not limited to:
  — Training around engagement and documentation of contacts
  — Coaching
  — Messaging around quality of contacts
  — Qualitative reviews of contacts and providing practice feedback
  — Regular discussions, reminders and reports related to data
- Our administrative data reflects that we have made steady improvement in monthly contact with parents.

- It was noted that in some regions with Family Recovery Court (FRC), families are receiving a higher level of case management. Part of the agreement with FRC judicial officers, based on research, is to have dedicated caseworkers with a lower case load. This allows opportunities for increased engagement, wraparound and accountability.
- DCYF has encouraged supervisors and caseworkers to focus on the agency's efforts to engage parents on a monthly basis so that the agency is actively supporting parent engagement.

BARRIERS

- There is an increased emphasis on engagement and contacts for children in out-of-home care and their parents. The Child Welfare Management Dashboard measures engagement for out-of-home care cases, but overlooks parent-agency engagement for FAR and in-home cases.
- Children who are missing from care (MFC) and/or on an ICPC may be coded incorrectly in FamLink by caseworkers, resulting in inaccuracy of data.
- Caseworker vacancy rate and turnover.
- DCYF struggles with encouraging caseworkers to meet in-person with caregivers on a monthly basis in cases with plans of reunification, especially with fathers. There needs to be improvement on conducting and documenting meaningful attempts at engagement.
- Due to union negotiations that were not originally anticipated, there is a delay to the revised health and safety policy and monthly visit with parents and caregivers policy rollout, although the new coding for parent contacts in FamLink was rolled out in March 2021.
- When contact has to go solely through parents attorneys, it can be difficult to schedule and engage with parents.

PRACTICE IMPROVEMENTS

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. There are multiple strategies and associated activities related to use and alignment of our assessments tools. See Update on Plan for Enacting the State's Vision for current status of implementation of these strategies. Some of the strategies include the following:
  — Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.
  — Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.
  — Develop and implement a new parent-child visitation model and infrastructure with the goal of increasing early positive parent engagement in service planning and completion.
  — Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.
  — Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.
  — Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.
- Training and coaching is being provided to supervisors to help them support their staff in ongoing learning and application of skills. All of DCYF's improvement efforts include an emphasis on supervisory consultation and articulation and documentation of critical thinking and decision making. There is also an

emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies.

- As indicated in the Family First Prevention Services Act (FFPSA) section, implementation of the prevention plan is scheduled to begin in January 2022 within identified early implementer offices throughout the State.
- As indicated in the Update on Plan for Enacting the State's Vision section, the Family Practice Model work is currently in development.
- As indicated in the Update on Plan for Enacting the State's Vision section, implementation of the Permanency from Day 1 (PFD1) grant began in 2020.

COVID-19 IMPACTS

The COVID-19 pandemic had a large impact on contacts. Fear of the pandemic and virus exposure limited the ability to have in-person contacts. Many in-person contact were able to be virtual, however, initially there was a lack of technology to engage in virtual visits and it took time to access the necessary resources and adjust to this new way of conducting contacts.

As mentioned in Safety Outcome 2 and Permanency Outcome 1, the pandemic had an impact on available assessments and services to children, parent and foster parents as service providers were not equipped to handle a change to virtual sessions. It took time to get proper equipment and scheduling issues resolved to offer services. In addition, we had to ensure equipment was available to parents, children and foster parents to engage in virtual services when they could be offered. Service providers also dealt with their own issues surrounding staff exposures and lack of staff to support services.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

As mentioned in the safety and permanency outcome sections, there are monthly meetings with CPS and CFWS leads. In addition, there are monthly meetings with the FTDM leads. The meetings allow opportunities to discuss strengths, areas needing improvement and share practice improvement efforts around the state in relation to well-being outcome 1 items.

Through the PIP, there is dedicated work being done with the Parents for Parents (P4P) program to help support engagement with parents who are involved in the child welfare dependency court system.

As mentioned in the Permanency Outcome 1 section, there are regular meetings held with internal staff and external stakeholders and partners, including parent and youth voice, in the implementation of the PFD1 grant.

There are collaborative efforts occurring through implementation of FFPSA. DCYF is meeting with internal staff, parents, youth, and Tribes to seek input on the FFPSA work and will also be meeting with advisory and community groups to build momentum in implementation of FFPSA. In the summer of 2021, DCYF will host a webinar for stakeholders and staff to ask questions and provide feedback.

Well-being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs
Item 16: Educational Needs of Children
This item determines whether the agency made concerted efforts to assess children's educational needs at the initial contact with the child or on an ongoing basis, and the identified needs were appropriately addressed in case planning and case management activities.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 16: Educational Needs of Children						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	93% (147 of 158)	98% (42 of 43)	83% (5 of 6)	95% (19 of 20)	95% (37 of 39)	91% (20 of 22)	86% (24 of 28)
CY2019	90% (149 of 166)	100% (20 of 20)	94% (30 of 32)	89% (33 of 37)	*	95% (21 of 22)	82% (45 of 55)
CY2020	95% (116 of 122)	100% (31 of 31)	100% (2 of 2)	100% (5 of 5)	90% (46 of 51)	96% (24 of 25)	100% (8 of 8)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews. Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)							

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:
- The agency made concerted efforts to accurately assess the children's educational needs in 98% (120 of 122) of the cases.
- The agency made concerted efforts to address the children's educational needs through appropriate services in 92% (65 of 71) of the cases.

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:
- Additional supports (tutoring or advocating for 504 plans and IEPs) did not occur regularly.
- Lack of follow-up on if home schooling was being completed.
- Lack of follow-up on if children and youth were enrolled in school.
- Delay in providing information to get children and youth enrolled in school.

In 2019, negotiations occurred to amend the data sharing agreement to allow for DCYF to use the Office of Superintendent of Public Instruction (OSPI) information gained from the interface agreement to build reports that will help the Education/ETV Program Manager, regional education leads and child welfare field operations supervisors track educational progress of children in out-of-home care and support caseworkers in making appropriate referrals and follow-up for educational services. OSPI and DCYF are continually working to improve their data share agreements. Work began in January 2020 to build reports and the database infrastructure. However due to the COVID-19 pandemic, resources were shifted to safely moving our workforce to being remote and the project was postponed. The work was picked back up in spring of 2021. During the summer of 2020, an addendum was added to the OSPI/DCYF data share agreement which added DCYF assigned caseworker and supervisor name and contact information to the outgoing DCYF file to OSPI. This additional information will be included in school districts lists of foster students. The availability of this information should expedite and strengthen collaborations allowing students to better receive foster care provisions. The information will be available to school district staff in fall of 2021.

Child Health and Education Tracking (CHET) Educational Domain[9]

Every child that enters and remains in out-of-home care for 30 days or more receives a CHET screen. The CHET screening identifies each child's long-term needs at initial out-of-home placement by evaluating their well-

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[9] 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.

being and includes the domain of education. The education domain includes children and youth between six and 18-years old. The statewide completion rate for the education domain in CY2020 was 96%.

Graduation Rate for Children and Youth in Foster Care

For the class of 2020, out of 635 foster care students in Washington State that were eligible, approximately 50.4% of those students graduated. Of that cohort, 133 (20.9%) students remained enrolled after the fourth year to persue obtaining their high school degree and 177 (27.9%) students did not enroll after the fourth year. This is in comparison to the global school population in Washington State, which is 83,799 students in the class of 2020. Of that cohort of students, 82.9% graduated from high school, 8% remained enrolled to continue, and 9% of that cohort of students dropped out[10]. The rate rose from 46.2% from the previous year which is believed to be due to schools being more flexible with credits due to distance learning as well as many schools using the grades students had on the books when schools closed in March 2020.

Currently, one of the strongest supports for students in foster care is the Graduation Success program through Treehouse; however, due to insufficient funding, their programs and services have not been available statewide. During this year's legislative session, the program was granted additional funding for full state expansion. Treehouse will be expanding to the remaining 100 of 295 school districts over the next two years.

DCYF is involved in several advisory groups and committees that are looking at graduation rates of foster youth from varied directions and with specific partnerships. The education program manager is a DCYF representative to:

- The Superintendent's Special Education Advisory Committee (SEAC)
- Graduation: A Team Effort (GATE)
  — Under the umbrella of Building Bridges, OSPI and partners across the state, the GATE initiative is a collective effort, aligned with Building Bridges primary recommendations, that coordinates and shares what is working across systems that serve youth and families. The goal of the initiative is to increase high school graduation rates by developing and sustaining a dropout prevention/intervention system and reengaging youth who have dropped out. The Building Bridges workgroup convenes annually as the GATE Steering Committee and provides guidance, policy alignment and recommendations to increase graduation rates for all of Washington's youth. A smaller group of representatives from core agencies (DCYF, Workforce Training and Education Coordinating Board, educational services districts, and school districts) meet monthly to develop dropout prevention, intervention and reengagement (DPIR) strategies and coordinate available resources.
- Project Education Impact (PEI)
  — A state policy workgroup where leadership and program managers of state and nonprofit agencies come together to strategize and support working for education equality for children and youth experiencing out-of-home placement or homelessness.
  — 2021 PEI Partner and Community Engagement Plan goal and objectives:
    o Goal – gather input from the people most affected by foster care and/or homelessness, including young people in foster care or experiencing homelessness; parents, guardians, and caregivers; and service providers to inform development of the 2021 PEI Report to the Legislature and future PEI actions.
    o Objectives

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[10] Data Source: Washington State Office of Superintendent of Public Instruction, Report Card
https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300

- Between June and September 2021, engage young people; parents, guardians, and caregivers; and services providers using a range of safe and effective outreach tactics to gather their input on current barriers and potential solutions to improve academic outcomes and address racial disparities.
  - In September 2021, summarize outcomes of engagement and convene PEI to review, discuss and incorporate into the plan for 2022-2023.
  - In October 2021, include summary of outreach outcomes and action agenda based on those outcomes in the Legislative Report.
- This year, in the wake of the pandemic, the American Bar Association (ABA) pulled together a Foster Care Continuum of Practice series where state's foster care education representatives from state education and child welfare agencies could come together and share guidance and ask questions about other state's practices. Washington OSPI and DCYF foster care education program managers participated in the monthly meetings.

Treehouse Educational Advocacy Program[11]

The Treehouse Educational Advocacy Program is a public-private partnership and collaboration with OSPI, DCYF and Treehouse. The program provides short-term interventions intended to have long-term impacts that result in youth graduating from high school. There are 13 Education Advocates co-located in DCYF offices across the state who collaborate with caseworkers, caregivers and schools to improve education outcomes for youth in out-of-home care. There has been an advocacy vacancy that Treehouse has not been able to fill this year during the pandemic so waitlists have been longer than usual for referrals; however, Treehouse has worked to mitigate this by having advocates in other areas of the state work cases remotely. This strategy has worked well due to the large amount of education and work that moved to remote access this year.

From July 1, 2020 – December 31, 2020:
- Treehouse received 766 referrals for youth to the Educational Advocacy Program.
  - Of those referrals, 83% were from the DCYF caseworker, 10% from the CHET screener, 2.6% from tribes/other, and 0.4% from school personnel. Although there was a drop-in referrals in spring of 2020 after schools closed down due to the pandemic, the number of referrals received at the beginning of the school year was consistent with the previous few years.
  - 712 youth were served through the Educational Advocacy Program.
    - Out of the 712 youth served, 586 youth received either a direct intervention or consultation.
- Education Advocates provided 585 Information and Referral (I&R) interventions.
  - That breaks down to 470 youth-specific I&R contacts delivered to 226 unique youth and 115 general knowledge I&R interactions.
  - Education Advocates provided 29 trainings, workshops and presentations statewide for 420 attendees including caseworkers, caregivers, CASA/GAL, Education Liaisons, community providers and school personnel. These training, workshops and presentations address a variety of topics such as school enrollment, special education, discipline and general trainings on how to be the best educational advocate for children and youth. All of the trainings, workshops, and presentations are based on state and federal education laws. Treehouse also provides youth advocacy trainings as requested. Due to COVID- 19 pandemic, trainings have been facilitated by Education Advocates remotely.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO WELL-BEING OUTCOME 2
STRENGTHS

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[11] Data Source: Treehouse Educational Advocacy Program Mid-Year Report 2020-21

- DCYF is performing well in this area, having met the 95% federal target on CFSR Item 16 in CY 2020.
- OSPI user interface allows education data to populate FamLink, allowing improved caseworker access to key education information. As mentioned above, additional data share addendums have been made to further improve data collection and monitoring.
- Despite barriers related to the COVID-19 pandemic, educational needs were able to be addressed. See the COVID-19 Impacts section below.

BARRIERS

- The COVID-19 pandemic created barriers that impacted education efforts. See the COVID-19 Impact section below.
- Inability to analyze the data available and the lack of a link between education and transition planning.
- Continue to strengthen documentation of education needs and services to meet those needs.
- Caseworkers need to increase referrals for services to Treehouse for advocacy and follow up with the school/district regarding special education services when needs are identified.

PRACTICE IMPROVEMENTS

- Addendum to data sharing agreement between DCYF and OSPI to add caseworker and supervisor names and contact information to OSPI file to be sent to school districts so they may connect with a student's caseworker more easily.
- The Graduation Success program 2021 legislature budget provided for a full state expansion. Expansion will occur across a two-year period.
- Planned updates to the DCYF Education Case Planning policy with language and guidance around Every Student Succeeds Act (ESSA) and best determination decisions that occur whenever a student moves schools.
- DCYF and OSPI developed a Shared Transportation Billing Form in 2016 in response to ESSA (2015) requirements. The funding was based on an OSPI state transportation reimbursement formula. After hearing feedback from caseworkers and the school districts that the funding formula used to share cost was not meeting the actual transportation cost, DCYF and OSPI began meeting to reevaluate. Several meetings were held between OSPI's transportation director and DCYF's fiscal director. DCYF agreed to continue to partner with school districts by either helping to arrange transportation or by sharing the excess costs of transportation at the rate of 50 percent. Guidance and the form were posted on OSPI and DCYF's sites for staff in February 2021. DCYF conducted a series of 6 identical trainings for staff on the new process and, in total, trained 300 caseworkers and supervisors.
- The School Notification form, which DCYF caseworkers submit to the school when a youth comes into care, changes placements or returns home, was updated to allow for documentation of the state and federal mandate for the Best Interest Determination (BID). Updates to this form included a BID checklist, ability to document the determination, who was part of the decision and a link to the school district foster care liaison contact list for submission. Prior to updating this form, the only way to record the best interest determination was through a case note and there was no clear process for engaging the school in the determination or for sending documentation to the district that this requirement had occurred.
- Continued joint outreach, in collaboration with OSPI, to school district staff and DCYF caseworkers through emails, listservs, in-person trainings and networking opportunities.
- Partnering with FamLink trainers to develop an eLearning about how to enter education (early learning, K-12, and postsecondary) information into FamLink. This is part of RCT and the goal is to

embed additional practice tips in the training regarding why gathering and assessing education information is mandated and beneficial. This work will be complete by the summer of 2021.

COVID-19 IMPACTS

There were multiple challenged that occurred during the COVID-19 pandemic that impacted educational efforts. There were DCYF staff adjustment to remote work. Early in the pandemic, there were mandatory staff furlough days due to anticipated budgetary shortfalls. Staff had to take off work due to having COVID, exposure to COVID, and/or caring for relatives with COVID. Schools also went remote during the COVID-19 pandemic. There were children, youth and caregivers who needed additional supports with online learning. There is inequity across the state regarding broadband access and internet connectivity to support online learning opportunities. There was a lack of public internet opportunities for youth who may be at DCYF offices in between placements or for those in night-to-night placements. Requests were made throughout the year for statewide access to internet in local offices. The request has been approved by DCYF IT leadership, but has not been able to be fully implemented statewide at this time. School districts had inconsistent approaches to online learning. The pressures of the pandemic also caused delays in reviewing and updating IEPs.

Despite these challenges, many strengths occurred during the pandemic to support children and youth. As soon as school buildings closed in the spring of 2020, DCYF, OSPI and Treehouse collaboratively held statewide and regional virtual trainings and Q&A sessions. In addition, back to school tip sheets were developed for caregivers, caseworkers and school foster care liaisons. There were multiple articles related to education placed in the Caregiver Connection that goes out to foster and kinship parents. Region 6 developed a forum for impromptu virtual meetings to staff individual cases and support a student's team with suggestions, resources and available services. They call themselves the Regional Education SWAT team. Through these collaborations, DCYF was able to identify areas in the state where school resources for technology needed for distance learning was limited. DCYF regional offices purchased chrome books and hots spots to help supplement this need.

During the pandemic, an exception was made to DCYF policy [4302A.Eductional Services and Planning: Early Childhood Development, K-12, and Post-Secondary.](#) The exception allowed caregivers to choose distance learning if health and safety was a concern for their family. Before the exception, a court order was required for a student to be able to participate in public school distance learning/alternative learning.

OSPI gave guidance to school districts about school reopening plans and priority of students for in person education, which included students in foster care and students with special education needs that would be challenging to meet in distance learning. All school opening guidance was shared with the regional DCYF education leads and Treehouse contractors so they could help advocate for student's placements.

Treehouse provided tremendous support during the COVID-19 pandemic. The Educational Advocacy program remained committed to maintaining the same level of service to children, youth and adults. During the pandemic, that included:

- Advocate for necessary resources for out-of-school supports and special education accommodations.
- Encourage youth to remain academically engaged.
- Collaborate with caseworkers, foster care liaisons, school and caregivers to ensure youth have access to resources.
- Support distance learning, including navigating school expectations and insuring access to devices, internet and school work.

- Provide resources to caregivers, including facilitating communication with school personnel, navigating resources and assisting in determining how to best support their youth.
- Address inequitable delivery of education in distance learning across school districts statewide.

Feedback was gathered throughout the year though Treehouse surveys, DCYF staff and school district updates. As a result, DCYF awarded a $1.345 million federal CARES Act grant to Treehouse who will provide tutoring and eliminate financial barriers to success in school for both youth in foster care and young adults in Extended Foster Care (EFC). The twelve-month contract was signed in February 2021.

The contract covers experiences that support social-emotional development and encourage youth to engage in school such as:
- Paid tutoring (virtual or in-person)
- School supplies and equipment
- Extra-curricular activities
- Summer school/summer camp

STAKEHOLDER INVOLVEMENT AND FEEDBACK
The DCYF Education Programs Manager meets with OSPI weekly and with OSPI and Treehouse monthly to discuss trends and available data. As described throughout this section, these collaborations have helped this year specifically to meet the concrete needs of students, such as DCYF paying for technology and hotspots when the districts' funding were depleted, and to identify needs for tutoring and connecting CARES act dollars to students through Treehouse.

Well-being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs
Item 17: Physical Health of the Child
This item determines whether the agency addressed the physical and dental health needs of the children.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 17: Physical Health of the Child						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	64% (141 of 222)	65% (37 of 57)	78% (7 of 9)	57% (17 of 30)	53% (28 of 53)	73% (19 of 26)	70% (33 of 47)
CY2019	64% (150 of 234)	80% (20 of 25)	57% (29 of 51)	62% (33 of 53)	*	65% (17 of 26)	65% (51 of 79)
CY2020	81% (130 of 161)	97% (38 of 39)	50% (1 of 2)	86% (6 of 7)	73% (49 of 67)	81% (29 of 36)	70% (7 of 10)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)

ANALYSIS OF THE DATA AND PRACTICE TRENDS
Statewide, in CY2020, the CCRT found:
- The agency accurately assessed the children's physical health needs in 92% (148 of 161) of the cases.
  — Foster Care – 94% (137/145)
  — In-Home – 70% (7/10)
  — CPS FAR – 67% (4/6)
- The agency accurately assessed the children's dental health needs in 87% (122 of 140) of the cases.
  — Foster Care – 87% (121/139)

— In-Home – N/A
— CPS FAR – 100% (1/1)
- The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care in 94% (49 of 52) of the cases (all foster care cases).
- The agency ensured that appropriate services were provided to the children to address all identified physical health needs in 88% (130 of 148) of the cases.
  — Foster Care – 91% (121/133)
  — In-Home – 60% (6/10)
  — CPS FAR – 60% (3/5)
- The agency ensured that appropriate services were provided to children to address all identified dental health needs in 86% (111 of 129) of the cases (all foster care cases).

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:
- Waitlist for speech therapy, occupational therapy, physical therapy.
- Lack of follow-up dental appointments.
- Lack of follow-up with parents on medical follow-up for children.
- Lack of assessment by medical provider for potential injuries.
- Lack of follow-up and ongoing assessment of needs.

Child Health and Education Tracking (CHET) Physical Health Domain

The physical health domain includes an initial Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) exam and results are documented in the completed CHET report. The statewide completion rate for the physical health domain in CY2020 was 94% in the first 30 days of placement. The mandated shutdowns during the COVID-19 pandemic had an impact on the ability for children and youth to receive an EPSDT in the first 30 days of placement, especially during the months of March and April 2020. Children who were not able to see a provider within 30 days were kept open in the CHET process until they could be seen. Providers began establishing strategies to continue conducting well child examinations in May 2020, and the completion rates returned to more typical program averages of 95-98% completion in the first 30 days. When children and youth do not receive an EPSDT exam during the CHET process, the need for the exam is included in the "Items Needing Follow-Up" section of the CHET report. These items can then be tracked by the caseworker and the caregiver and can be referred to Apple Heath Core Connection (AHCC) for care coordination efforts, as appropriate.

Item 18: Mental/Behavioral Health of the Child
This item determines whether the agency addressed the mental/behavioral health needs of the children.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 18: Mental/Behavioral Health of the Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	67% (99 of 148)	73% (27 of 37)	86% (6 of 7)	78% (14 of 18)	73% (27 of 37)	26% (5 of 19)	67% (20 of 30)
CY2019	67% (97 of 145)	75% (12 of 16)	69% (18 of 26)	58% (19 of 33)	*	74% (14 of 19)	67% (34 of 51)
CY2020	74% (73 of 98)	91% (20 of 22)	100% (3 of 3)	80% (4 of 5)	63% (26 of 41)	71% (15 of 21)	83% (5 of 6)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and the 2020 PIP reviews.
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 01/25/2021)

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Statewide, in CY2020, the CCRT found:

- The agency accurately assessed the children's mental/behavioral health needs in 81% (79 of 98) of the cases.
  — Foster Care – 84% (63/75)
  — In-Home – 63% (10/16)
  — CPS FAR – 86% (6/7)
- The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care in 96% (24 of 25) of the cases (all foster care cases).
- The agency ensured that appropriate services were provided to the children to address all identified mental/behavioral health needs in 76% (71 of 94) of the cases.
  — Foster Care – 81% (59/73)
  — In-Home – 60% (9/15)
  — CPS FAR – 50% (3/6)

Themes and patterns regarding practice that have been identified through CCRT and stakeholder discussions include:

- Not following up or delay in following up on formal recommendations of CHET screen.
- Lack of follow up with families and/or providers to ensure services were being accessed
- Lack of ongoing, comprehensive assessment and reassessment at key points in the case (ties into CFSR Items 12, 14, and 15).

Child Health and Education Tracking (CHET) Emotional and Behavioral Health Domain

The emotional and behavioral health domain includes an assessment of emotional and behavioral health using validated tools. Results from the assessment are used to develop an appropriate case plan and assist in placement decisions for the child. The statewide completion rate for the emotional and behavioral health domain in CY2020 was 98%.

Ongoing Mental Health

Ongoing Mental Health (OMH) screening is a follow up to the emotional/behavioral health screening that occurs during the Child Health and Education Tracking (CHET) process, and a quick check for any unmet physical health needs. Children or youth ages three through 17 who have been in out-of-home care for more than six months, are eligible for OMH Screening. An OMH screener will call the caregiver and ask questions about how the child or youth is doing. Youth 11 years and older can talk to the OMH screener directly if they are available and would like to participate in the screening.

OMH screens usually occur after a child/youth is in care over 6 months. However, they can be screened at any point in time at the request of the caseworker or other department staff. The OMH screening is a screening, or a point in time indication of needs, it is not a formal mental health assessment. The OMH screening may indicate that further assessment is appropriate. The need for further assessment will be noted in the OMH report. The OMH report is sent to the caregiver or youth and the caseworker for further follow-up and referrals to services.

The OMH program was started as part of a five-year grant between 2014 and 2018. An evaluation was conducted during this time on the efficacy of the program. DCYF was able to find a combination of dollars to

sustain the program; however, no longer has the evaluation component. At this time, there is no formalized mechanism established to collect and report data regarding OMH.

Coordination of Care for Physical and Behavioral Health Concerns

Apple Health Core Connections (AHCC) is part of Coordinated Care of Washington's (CCW) contract with the Health Care Authority (HCA) to provide a single, statewide, managed care plan for all eligible children and youth in foster care, adoption support, and extended foster care. AHCC reviews all newly enrolled children and youth to determine their level of need for care management and/or care coordination services.

DSHS Aging and Long-Term Support Administration (ALTSA): Fostering Well-Being (FWB) has wrap-around care coordination responsibilities for dependent children (ages 0 – 18) in the Apple Health fee-for-service program. FWB also provides consultation to caseworkers and caregivers, clinical expertise for licensing and contracts monitoring of Behavior Rehabilitation Services (BRS) group homes and Medically Fragile group homes, quality assurance review of CHET screening reports for identification of medically fragile children, referral of CHET screening reports to AHCC for children enrolled in the plan, and coordination of services not covered by AHCC.

DCYF has a process set up with FWB for CHET to send expedited referrals while the CHET process is being completed. These expedited referrals receive immediate attention from the AHCC Care Coordinators. When caregivers receive the CHET report, they also receive information to call Coordinated Care to review the results and get assistance with health care coordination. If Coordinated Care does not hear from the caregiver by 45 days of enrollment, they make outreach calls to the caregiver to welcome them and review the CHET report with them.

Apple Health Core Connections (Managed Care Plan) Children and Youth Served CY 2020	
Health Care Coordination	8,398
Care Management	4,962
Health Care Coordination Tasks Completed by CCW Member Services	15,004
Number of Unique Members who Received Mental Health Services	9,171
Data Source: Health Care Authority, Coordinated Care of Washington (CCW)	

In CY2020, health care coordination, care management and number of unique members who received mental health services all increased from CY2019. There have been concentrated efforts over the past year and continuing to ensure that DCYF staff and caregivers know how to and are able to access care coordination services.

Fostering Well-being (FWB) Children and Youth Served CY 2020	
Received Care Coordination Services for Physical, Behavioral, and Co-Occurring Concerns	740
Medicaid Fee for Service Medically Fragile Ongoing Care Coordination Case Load	15
Comprehensive Health Overviews Completed	139
Medicaid Coverage/Benefit Questions Answered	200
Medicaid Fee for Service Prior Authorization Denial Issues Resolved	7
Medically Complex/Medically Fragile Clinical Determinations Made	2955
Contacts Made	13,701
Data Source: Fostering Well-Being (FWB)	

Fostering Well-being (FWB), Regional Medical Consultants Children and Youth Served CY 2020	
"At Risk Statements" – Possible Child Physical and Behavioral Risk Prior to Adoption	107
Chart Note Reviews – Medication and Treatment Plans*	182
General Consultations Provided to Caseworkers and Caregivers	263
Completed at the request of the caseworker. *Data Source: Fostering Well-Being (FWB)*	

Oversight of Prescription Medications

In 2020, Coordinated Care implemented an improvement process to proactively screen pharmacy data that could potentially trigger the need for a Second Opinion Network (SON) review. This process starts at the point of sale to reject the pharmacy fill request based on the established SON referral criteria. Coordinated Care's Pharmacy Benefit Management system receives the rejection, flags the request through the need for a prior authorization review, and it is sent directly to Coordinated Care's Pharmacy Team for further evaluation. If Coordinated Care's Pharmacy Team determines that a SON referral is needed, the team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This process has decreased unnecessary referrals to the SON by 56%; from over 700 in 2019 to 308 in 2020.

Wraparound with Intensive Services (WISe) Utilization

WISe is an approach to help Medicaid-eligible children, youth, and their families with intensive mental health care. Services are available in the home and community settings and offer a system of care based on the individualized needs of the child or youth. WISe is available to Medicaid-eligible children and youth 20 years of age or younger with complex emotional, behavioral, and social issues who meet medical necessity criteria for WISe services. In CY2020, a total of 8,052 children and youth received WISe across Washington State, and there were 627 children and youth in BRS that received WISe concurrently.

Washington State Family Youth System Partner Round Tables (FYSPRT)

FYSPRT provide a forum for families, youth, state agencies and communities to strengthen sustainable resources that provide community-based approaches to address the behavioral health needs of children, youth and families. FYSPRT also inform and provide oversight for high-level policymaking, program planning, and decision-making regarding provision of behavioral health services in Washington State. FYSPRT provide additional support for the implementation of WISe. DCYF partners with HCA in organizing statewide FYSPRT and participate in reoccurring meetings.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO WELL-BEING OUTCOME 3
STRENGTHS

- DCYF made significant improvements on CFSR item 17, having increased 17% statewide from CY2019 to CY2020.
- DCYF made improvements in CFSR item 18, having increased 7% statewide from CY2019 to CY2020.
- DCYF partners with HCA and AHCC to provide oversight of prescription medications for children and youth in out-of-home care. Based on CCW data, oversight of prescription medications is a strength for DCYF.
- CCW liaisons are connecting with staff to answer questions and assist in access to care issues.
- CCW has an email inbox for caseworkers to use to refer children and youth for care coordination services.
- DCYF is utilizing the BRS and WISe programs concurrently to increase service intensity for children and youth who have high-level, complex needs.

- CANS screens are being completed for youth receiving BRS 90 days prior to admit/discharge or 30 days after admit/discharge to ensure that screens are current and reflecting the current eligibility and needs of the youth
- The number of unique individuals who received mental health services through AHCC almost doubled this calendar year. This most certainly has impacted the increase in the data for CFSR item 18.
- AHCC paid over 38,000 telehealth claims in the last 12 months. Telehealth emerged as a way to meet needs during COVID as access to in-person services was suspended or severely restricted.

Barriers

- The CHET and OMH programs can only be utilized for children and youth who are in out-of-home placement via a court order.
- WISe capacity and accessibility varies county by county. Certain counties have interest lists when services are not immediately available. There is difficulty engaging WISe services if the child is in an unstable placement.
- There is difficulty in developing services in smaller, rural communities.
- There is lack of choice of provider in rural communities.
- High-level (residential treatment) mental health and Substance Use Disorder (SUD) services are only available through Medicaid and private insurance. This is separate from contracted services available through BRS.

Practice Improvements

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. There are multiple strategies and associated activities related to physical, dental and mental health. See Update on Plan for Enacting the State's Vision for current status of implementation of these strategies. Some of the strategies include the following:
  — Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.
  — Improve availability and access to services to address children, youth, and their family's behavioral health through data collection, analysis, and integration with systemic partners.
- In 2020, Psychological Services rates were reviewed against current HCA Medicaid rates. The recommendation was to keep the DCYF rates for evaluations, individual and group therapies, as the DCYF rate was higher than the Medicaid rates. For psychotherapy with a family group of 2 or more, with or without the client, the recommendation was to increase the DCYF rate to match the Medicaid rate.
- In 2020, Psychiatric Services rates were reviewed against current HCA Medicaid rates. The recommendation was to keep the DCYF rates for evaluations, psychotherapy, and professional consultation, as the DCYF rate was higher than the Medicaid rates. For medication management, the recommendation was to increase the DCYF rate to match the Medicaid rate.
- In 2020, Substance Use Disorder (SUD) Services rates were reviewed against current HCA Medicaid rates. The recommendation was to increase the rates for assessments, case management, individual and group therapies, to align with HCA rates. In implementing rate increases, SUD services are the first priority as all of the rates of payment for services are currently lower than the current Medicaid reimbursement rates.

Covid-19 Impacts

The COVID-19 pandemic has presented many challenges to children and families, direct service providers and child-serving systems. These include significant rates of depression and anxiety among children and youth, increasing financial burden and mental/emotional toll on families and higher risk of abuse and neglect. In-person behavioral health services decreased dramatically due to the risk of COVID transmission, and behavioral health (BH) services were mainly delivered via telehealth, including telephone sessions and internet video platforms. In some cases, telehealth was not as effective for some populations, including WISe involved youth and families, and younger children. Routine medical, dental, orthodontic and in-person services appointments such as in person therapies were significantly impacted by COVID related shutdowns of non-essential medical services. Providers struggled to catch up on needed preventative and in-person exams and services once they were allowed to resume those services.

The use of telehealth expanded across the BH service array to include crisis services. Mobile crisis outreach teams also began using telehealth as a platform to address crises, and requesting in-person crisis intervention became increasingly difficult. Although the sense of connection and effectiveness of BH services were complicated with the transition to telehealth platforms, access to BH services improved as the factors of transportation and finances were removed with the implementation of telehealth as a main source of delivery. Children and youth were able to access BH services from their home environments, along with online schooling. The massive shift towards telehealth as a primary form of service delivery shows promise for the future of accessing needed BH services.

STAKEHOLDER INVOLVEMENT AND FEEDBACK
DCYF regularly collaborates with internal staff and external stakeholders. Some examples of this collaboration include the following:
- DCYF/Health Care Authority (HCA)/Children's Long-Term Inpatient Program (CLIP) Process Improvement Meeting - to develop streamlined processes for caseworkers and CLIP staff to coordinate care and plan for discharge
- DCYF/Coordination Care of Washington (CCW) Care Coordination bi-weekly check-in – to develop processes and resources for caseworkers to access care coordination services with CCW.
- DCYF/HCA/CCW/Developmental Disabilities Administration (DDA) Multi-System Weekly case staffing meeting – to staff high needs/high risk cases of children and youth involved in multiple systems and to collaborate on treatment planning.
- WISe Data Meeting with HCA and Research and Data Analysis (RDA) – to discuss and analyze WISe data in accordance with the T.R. Settlement Agreement and identify systems issues and quality improvement opportunities.
- DCYF met weekly with Combined In-Home services providers throughout the pandemic in order to problem solve and respond to the ever-changing dynamics that COVID presented.
- As part of the PIP, there was a workgroup of DCYF headquarters and field staff, HCA, and AHCC to have discussions around data and to work on the development of a care coordination process with Managed Care Organizations (MCOs) for children and youth that are served through in-home cases and for parents involved in the child welfare system.

Statewide Information System

Item 19: Statewide Information System
DCYF's statewide information system, FamLink, is available statewide to all department staff and is fully operational at all times, with the exception of brief maintenance and operations down time, which are scheduled during slow operational hours and coordinated with after-hours and centralized intake to ensure

backup operations are in place while the system is down. FamLink supports consistent casework and business practices 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 throughout Washington.

Overall, FamLink is functioning well. It is used currently for all case management services and data, supporting approximately 3,900 DCYF employees. In addition to DCYF staff, over 750 tribal representatives, external partners and/or stakeholders have access to FamLink, some with input capability; others with view only access based on identified business needs and role based security. These external entities include:

- Tribes
- Independent Living Services (ILS) Providers
- Office of the Family and Children's Ombuds
- Attorney General's Office
- Community Services Office (CSO – TANF)
- Foster Care Meds Team
- Foster Care Trainers and Recruitment
- Department of Social and Health Services

Adoption and Foster Care Analysis Reporting System (AFCARS)

DCYF just completed its 2021A AFCARS submission. The 2020B and 2021A submissions continues to reflect that WA had no elements with error rates above 10%, which meets the "exceeds standards" threshold. Washington runs regular data checks and quality reports using the AFCARS data elements throughout the year. AFCARS data elements specific to systemic factor item 19 from the most recent AFCARS submission demonstrate Washington's ongoing commitment to accurate data collection.

AFCARS SUBMISSION TIMELINESS ERRORS					
Data Element	2019A Errors	2019B Errors	2020A Errors	2020B Errors	2021A Errors
FC-22 Removal Transaction Date	56 Errors (0.39% failing)	65 Errors (0.46% failing)	81 Errors (0.60% failing)	57 Errors (0.46% failing)	58 Errors (.49% failing)
FC-57 Foster Care Discharge Transaction Date	148 Errors (5.0% failing)	161 Errors (5.15% failing)	176 Errors (5.37% failing)	143 Errors (5.42% failing)	99 Errors (4.11% failing)
Data Source: DCYF AFCARS Submissions Reports					

Demographic Characteristics

Demographic characteristics are collected in FamLink within the person management page. Not only are these demographics required for federal reporting (e.g. AFCARS, NYTD), they are key components in defining logic for all other reporting that looks at child's 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 four (4); and
- Overcapacity/waivers – foster home licensing when a child is being placed that is outside the demographics of the license capacity.

Analysis and requirements are underway to incorporate the new AFCARS rules, published May 12, 2020, into the FamLink application. These new rules will require significant modifications to our system by adding new data elements, modifying existing elements, new utilities, batch work and a new extraction batch. The new race/ethnicity will now align with NYTD values. In addition, several new ICW elements will be added to the system. While ICW information is currently documented, it is not captured in reportable data elements as required under the new AFCARS rules.

The new AFCARS will continue to only support two options for mapping on gender, male and female, which does not align with Washington's three options for gender (male, female, and gender X) implemented on Washington State birth certificates in January 2018. This is not unique to only Washington and was raised as an issue by Washington and other states during the AFCARS comment period. Unfortunately, the proposed rules were not modified through the comments to accommodate this gender option for states that have more than two gender options on legal documentation. Washington has not yet added the gender X to the CCWIS system; however, there is a pending request to make this change. This will be essential as neither male or female will apply once an individual legally changes their sex to X. Washington State will continue conversations with our federal partners in AFCARS to determine how this gender will be mapped to AFCARS values.

Status and Permanency Goal

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

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 DCYF will continue to focus on for improvement by reducing the number of missing records and goals. Through PIP data analysis meetings and the PFD1 grant, DCYF is having conversations regarding identification of appropriate permanent plans and concurrent planning to help ensure information is current and reflected in the FamLink system. We can use the Permanency Monitoring report in infoFamLink to identify primary and alternative plans and determine any potential missing records and/or documentation. A barrier is that the report pulls data directly from the legal section in FamLink and there is variance on who enters and what information is entered in that section. Information on permanent plans, particularly around concurrent planning and alternate plans, may be found in other areas of documentation (i.e. case notes, court reports, shared planning meeting module, etc.).

Documentation of Placement Entry, Changes and Closing

DCYF was rated an overall rating of Area Needing Improvement for Statewide Information System, as the state cannot readily identify the location of every child because of delays of entering placement information for children in foster care into FamLink. Although Washington is within the acceptable AFCARS threshold for timeliness, DCYF policy requires entry of placement within three calendar days and there is lag in data entry for placement entries and closures. DCYF implemented the Placement Entry Tool (PET) form in 2016 and the Child Location Application in 2018 to improve timeliness of placement entry. The Child Location Application is available through FamLink and mobile application and allows for easy access to placement entry.

Average Lag in Placement Entry, By Days			
Calendar Year	Average Lag in FamLink Services Entry	Average Lag Child Location Application	Average Lag in Placement Entry
CY2018	16	1	14
CY2019	15	1	12
CY2020	16	<1	8

Data Source: Lag Placement Entry Detail, infoFamLink, as of 05/12/2021

Entry of Placement Events			
	CY2018	CY2019	CY2020
Total Placement Events Entered	16,156	17,255	10,622
Entered Via Child Location Application	5,094 (31.5%)	9,312 (54%)	5,898 (55.5%)
Entered directly via PET Tool	11,062 (68.5%)	7,943 (46%)	4,724 (44.5%)
Entries Made Within 3 days	8,750 (54%)	11,206 (65%)	7,121 (67%)
Data Source: Lag Placement Entry Detail, infoFamLink, as of 05/12/2021			

Placement Entry Data for CY 2020			
	Placement Moves	Removals	Total
Total Placement Events Entered	7,037 (66.2%)	3,585 (33.8%)	10,622 (100%)
Entered through Child Location Application	3,837 (54.5%)	2,061 (57.4%)	5,898 (55.5%)
Entered directly via PET Tool	3,200 (45.4%)	1,524 (42.5%)	4,724 (44.5%)
Data Source: Lag Placement Entry Detail, infoFamLink, as of 05/12/2021			

Data indicates that as the use of the Child Location Application has increased as has the percentage of placements entered within the three-day policy time frame. As of CY2020, 55.5% of placement events were entered using the Child Location Application within three days of placement. Of the total placement events entered, 67% (7,121 of 10,622) were made within the three-day policy time frame. Data also indicates that average number of days of placement entry lag has decreased by almost half over the last two years.

One of the continued barriers of timely entry is related to the need for providers to be created in the DCYF system with a Provider ID before a placement can be entered. If a provider has not been created and given a provider number, they will not show up in the Child Location Application for the placement to be entered. This happens most frequently with relative/kinship placements and there may be delays in getting a provider number created. As the process generally involves multiple individuals and units to get a provider created, it can become complex and cause delays in placement entry. Through the PIP, DCYF developed a multidisciplinary workgroup to develop recommendations regarding the placement entry process. As a result, a change request has been submitted for a system modification that would allow a relative/kinship placement to be entered into the Child Location feature without a Provider ID; while the Provider Record and Provider ID would not be created through the Child Location, it would document the names(s) and physical location information of the child, allowing for a Provider ID to be created after the placement. User stories are being developed through IT for these modifications and work on this project is anticipated to begin in late 2021.

DCYF continues to use the InfoFamLink Data Lag in Closing Episodes report to provide clarity on the status of documentation and to support staff in reducing the time lag of closing episodes. Late data entry may lead to overpayments, cause late payments to providers, and means that FamLink has less accurate information regarding the current placement settings for children in out-of-home care. Improvements continue in the reducing the lag in closing of placement episodes timely and this will continue to remain an area of focus. This is being accomplished through training and an emphasis on ensuring data is accurate in the FamLink system. Figure 25 illustrates the percentages of data lag in closing episodes by number of days. Figure 26 illustrates the percentage of lag within five days after the closing episode.

FIGURE 25
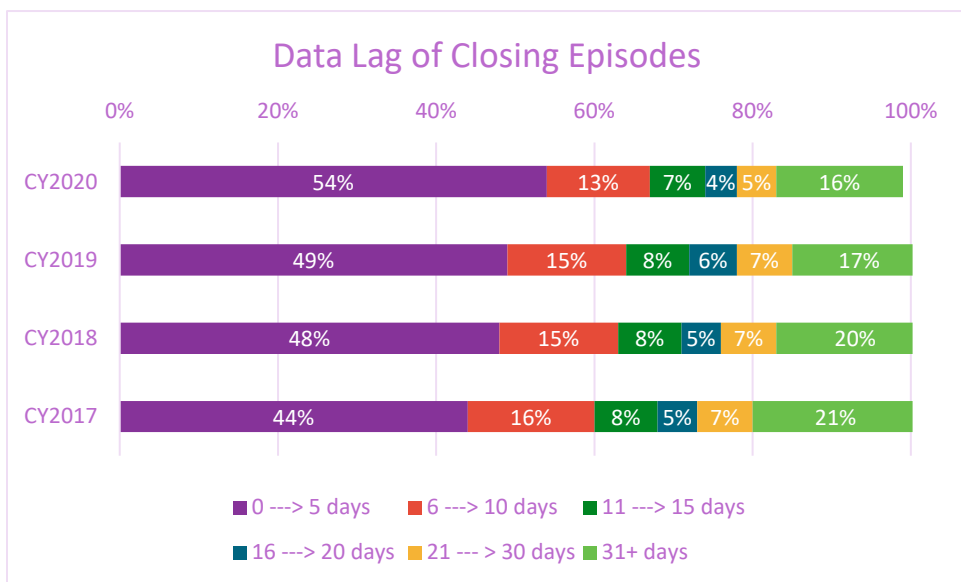
Data Lag of Closing Episodes

	0 ---> 5 days	6 ---> 10 days	11 ---> 15 days	16 ---> 20 days	21 --- > 30 days	31+ days
CY2020	54%	13%	7%	4%	5%	16%
CY2019	49%	15%	8%	6%	7%	17%
CY2018	48%	15%	8%	5%	7%	20%
CY2017	44%	16%	8%	5%	7%	21%

Data Source: Data Lag in Closing Episodes, infoFamLink

FIGURE 26

0 ---> 5 days

	CY2017	CY2018	CY2019	CY2020
0 ---> 5 days	44%	48%	49%	54%
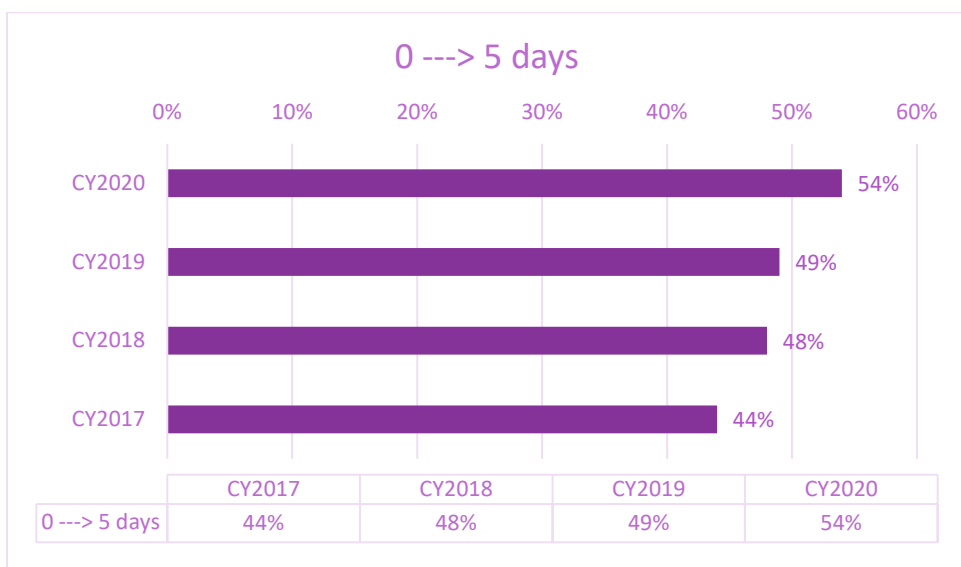
Data Source: Data Lag in Closing Episodes, infoFamLink

As illustrated in the figures above, DYCF continues to make improvements in ensuring placement episodes are closed timely, with a higher percentage occurring in CY2020 within the first five days after the end of the placement episode.

Data Quality

DCYF has created a Data Quality Plan in compliance with CCWIS Regulation 1355.52. These regulations require the title IV-E agency's CCWIS to support the efficient, effective, and economical administration of the programs including:

- Federal reporting.

- Data required for title IV-E eligibility determinations, authorizations of services, and expenditures under IV-B and IV-E.
- Data to support federal and state child welfare laws, regulations, and policies; requirements, audits, program evaluations, and reviews.
- Case management data to support federal audits, reviews, and other monitoring activities.
- Data to support specific measures taken to comply with the Indian Child Welfare requirements in section 422(b) (9) of the Act.

Washington's Data Quality plan builds on existing data quality efforts spanning from federal reporting data (e.g. AFCARS) to targeted case reviews (e.g. Intake, ICW, case review, etc.) and identifies planned data quality initiatives. The first data quality review will occur this summer, bringing together the existing data quality efforts included in the plan for an overall review of findings and strategies to target areas of improvement, as well as looking at areas where standard can be implemented in IT to support quality data at the time of entry into the system.

Technical Assistance

The Child Welfare focused Tech Training Team consists of 10 collaborative individuals:

- Six field technical trainers across the state who provide learning opportunities using multiple modalities (one-on-one training, group training, online training and micro-learnings) on a variety of child welfare applications including, but not limited to: FamLink, mobile applications, iPhone Usage, virtual connectivity, database usage, and all Microsoft products.
- Two Curriculum Specialists who develop, test and pilot technical training material in multiple modalities including online and mobile resources, and eLearning modules for all enterprise applications used by DCYF.
- The Training Technicians provide support for all modalities of training including video production and manages the LMS system used statewide.
- The Technology Training Manager, who develops the strategic direction of the training team, works closely with the Alliance in support of direct training efforts provided through core trainings, and manages overall training content and delivery services. This position leads coordination and implementation of the long-term technical training roadmap, strategies, and cross-organizational technical training development.

Centralized technology service/help desk and field IT staff located within all regions to provide direct systems support to staff at the local office level.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO STATEWIDE INFORMATION SYSTEM

STRENGTHS

- Collection and support of data utilized by InfoFamLink for operational reports on child welfare outcomes and practices.
- Provides statewide access to information regarding children and families involved in the DCYF system.
- Continued improvements in functionality to support the use of the system by DCYF staff and new development opportunities to expand usage to Child Welfare Contributing Agencies (CWCAs) with the Foster Parent Application Portal project.

BARRIERS

- Timely placement entry continues to be an area needing improvement. As discussed earlier, focus has been on training and policy to support timely entry. We are now also doing analysis on a change request to make system modifications to support data quality in this area, allowing for more timely entry when a

Provider ID does not exist in the case of a relative/kinship placement. Timely entry is a high priority for safety of knowing where children are placed and physically located at all times.

- The FamLink application was implemented using a transfer system consisting of architecture and code developed originally around the year 2000. The system is dependent on Internet Explorer (IE) in order to login and to open the pages within the application. While we have struggled with various version of IE over the years and often had to run in compatibility mode, we have not had to make significant modifications to the system for it to continue to operate. Support of IE is ending in July 2021, forcing DCYF to address the Browser dependencies. Work is currently underway to modify the application (and each screen within the application) to allow the system to work on other, more modern Browsers (e.g. Chrome, Microsoft Edge). This is critical work, which will also result in the application being more responsive on various devices and screen sizes.
- Another barrier, also related to the dated architecture of the application, is due to the monolithic design and logic built into the front end of the FamLink application. This makes new development within this architecture and maintenance/operations an ongoing challenge. The system is extremely complex and the code is very intertwined (spaghetti code), requiring experienced developers and significant testing and regression testing for all development work done on the application.
- DCYF has faced challenges in hiring experienced IT staff to resource the needs of the work within the IT Division to support applications critical for our program staff. Challenges arise from budgetary constraints (wages are not competitive with private sector competition in the area for IT), and limited resources within the area of experienced Java developers.

PRACTICE IMPROVEMENTS

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. See Update on Plan for Enacting the State's Vision for current status of implementation of these strategies. A strategy in the PIP related to our Statewide Information System includes:
  — Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known. This includes the information as stated above regarding the modifications to the Child Location Application.
- The DCYF Licensing Division is currently working with stakeholders and internal teams to streamline processes in foster care licensing and home studies, partnering with the IT Division to procure and implement a new Foster Parent Application Portal solution. Washington has successfully completed the RFP process and procured Binti as a Commercial Off the Shelf (COTS) application. While this project has suffered some delays in timeline due to COVID, it is well underway in development toward implementation. We are projecting full implementation before the end of CY2021.
- Improvements were made to access of the OurKids app, which is now refactored as a responsive web page instead of a native mobile application, allowing access from computers or mobile devices. This removed the need for the Maas360 wrapper to be installed on the foster parents' phone, which was causing a barrier to access. Data is protected on entry through Secured Access Washington (SAW).

There are a number of projects underway in addition to future planned activities with regulatory deadlines. These are all areas with direct impact to improvements and maintenance of the Statewide Information System (FamLink). Fortunately, we have come out ahead from our earlier pandemic budget shortfalls and have received funding that is in support of the amount of work involved in moving these planned activities forward. Unfortunately, that does not alleviate challenges to hire experienced staff with the skills necessary to support the system. DCYF IT Division is currently in the process of developing a RFP for procurement of staff

augmentation to assist in meeting these needs in the short term to meet regulatory deadlines and until we can reach staffing levels that allow us support the system for future planned work. Planned activities include:

- AFCARS changes – new AFCARS rules published May 12, 2020. Analysis and requirements for this work have been completed and we are in the process of resourcing the project in order to meet federal timelines.
- The National Electronic Interstate Compact Enterprise (NEICE) development and implementation for FFPSA. This will improve timeliness of placements and permanency across stateliness by streamlining and automating the ICPC paperwork process to a more efficient, economical and effective automated data exchange.
- FFPSA changes and implementation of the prevention plan.
- Modifications to the Child Location application to support timely entry.

Washington Legislature has also passed recent legislation that will require significant changes in the Statewide Information System. Funding related to this legislation will assist in the planning work necessary toward a CCWIS replacement/new CCWIS necessary to support future work. An incremental replacement of the system over the next few years is being evaluated as part of this work. CCWIS requirements of additional interfaces will be built into this roadmap, including, but not limited to:

- A court interface is one of the new interfaces required under the 2016 CCWIS rules. In 2007, state law passed requiring the Administrative Office of the Courts (AOC), in consultation DCYF and AGO, to compile an annual report providing information about dependent children whose cases did not meet statutory guidelines for achieving permanency. This partnership created a shared ownership for improved outcomes for children involved in the child welfare and court systems. The development of an automated exchange through an interface between FamLink and the court's electronic data system will streamline a heavily person dependent process and provide timely, accurate data into FamLink to allow better tracking of timelines toward permanency.

COVID-19 IMPACTS

Washington State had been expanding mobile capabilities for direct service caseworkers over the last several years through laptops, iPhones, remote access (VPN), mobile applications and responsive design of supporting functions within our CCWIS. Child Welfare staff had to continue to provide direct client services throughout the pandemic and, fortunately, this process allowed them to do so with the proper tools and technology to support them.

DCYF IT staff were also able to utilize mobile technology and remote access to continuously support IT functions and field staff, limiting the number of staff that had to provide direct service of equipment. Throughout the pandemic, IT staff were able to utilize these tools to continuously provide service desk functions, continued system maintenance and operations, and remote deployments.

Two major projects were underway when the pandemic response was initiated, a DCYF domain migration and procurement of a COTS solution for our Licensing Division (foster care licensing, home studies, etc.). While timelines have been impacted for these projects as the IT Division shifted resources to ensure remote support was top priority, we were able to adjust and continue to move these projects forward.

Through the first several months of the pandemic, Washington State was also faced with a significant budget shortfall and extremely concerning project projections being a state that is heavily dependent on sales tax as a major source of the operating budget. With the economy shutdowns that resulted from the pandemic (closure of retail, restaurants, etc.), several days of furlough were implemented for state staff

during the months of July through November 2020. This also contributed to the delays in some of the projects underway directly related to the support of the information system and DCYF operations.

Case Review System

Item 20: Written Case Plan

In the Round 3 CFSR, DCYF was rated an overall rating of Area Needing Improvement for Written Case Plan as Washington did not ensure ever child in foster care has a case plan that included the required provisions and the state is unable to determine how many case plans are completed timely and with the family's involvement.

The CCRT found that, of the cases reviewed during CY2020, 67% (54 of 81) of out-of-home cases had involved children and youth in case planning. Mothers were identified as being involved in case planning in 54% (58 of 107) of the out-of-home cases and fathers were identified as being involved in case planning in 43% (37 of 72) of the out-of-home cases.

Through the interviews held via the CCRT case review process, we can conclude that documentation is not the primary issue for performance on this item. Children, youth and parents are met with during monthly face to face visits and are also involved in shared planning meetings; however, as stated in the Well-being Outcome 1 section, conversations do not always include information related to case planning and identification of needs, barriers and service progression. Field operations staff agree that they have not been fully capturing how they are engaging children, youth and parents in case planning in their documentation. Additional training, support and guidance is being provided through DCYF's PIP to enhance engagement efforts with children, youth, parents and caregivers.

In addition, there is not a mechanism available in infoFamLink to have administrative data that identifies how many case plans are completed within a specified time frame and if children, youth and parents are involved in the case planning process. Thus, the information can only be determined through qualitative reviews. In addition to CCRT case reviews, DCYF is conducting office-based targeted qualitative reviews through the PIP on items related to assessment of safety, engagement in case planning and court report documentation. This information is being used to help identify practice strengths and areas needing improvement at an office, regional and statewide level to develop and monitor improvement strategies.

Item 21: Periodic Reviews

In the Round 3 CFSR, DCYF was rated an overall rating of Area Needing Improvement for Periodic Reviews as there were barriers identified to timely review hearings and court continuances contributed to agency work turnover.

As of April 30, 2021, there are 7,026 children and youth in out-of-home care. AOC and Washington State Center for Court Research (WSCCR) track all of the juvenile dependency and termination cases that were filed in Washington's courts. Due to King County transitioning to a locally implemented and maintained case management system, there was lack of ability to obtain and integrate data from King County in 2018 and 2019. However, in 2020, extensive work was performed to verify data and implement the statewide data warehouse to report on dependency efforts. This made it possible to return to a statewide reporting of dependency timeliness data for CY2020, including King County. Court records from the AOC's Superior Court Management and Information System (SCOMIS) are matched with information from the DCYF's FamLink system.

ADMINISTRATIVE OFFICE OF THE COURTS (AOC)/WASHINGTON STATE CENTER FOR COURT RESEARCH (WSCCR) DATA

Fact-finding is one of the first major judicial events in the dependency process, and significant delays in fact-finding may prolong court involvement and increase the amount of time a child spends in foster care.[12]

Figure 27 illustrates the percentage of cases with fact-finding within 75 days of the filing of the dependency petition.

FIGURE 27
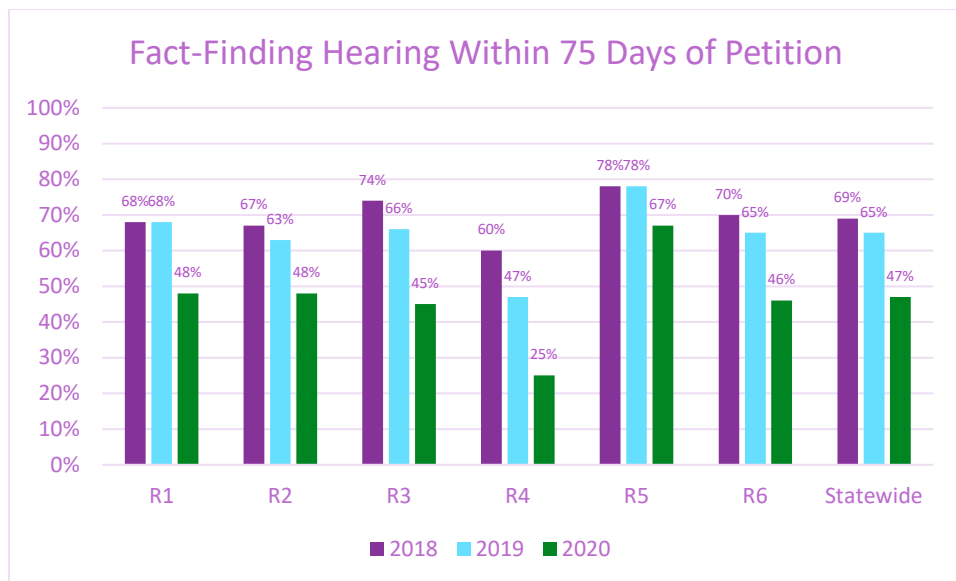
Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018, CY 2019 & CY2020

The purpose of a review hearing is to assess the progress of the parties and determine whether court supervision should continue.[13]

Figure 28 illustrates the percentage of first dependency review hearings within six months.

Figure 29 illustrates the percentage of all dependency review hearings within six month.

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[12] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

[13] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

FIGURE 28

First Dependency Review Hearing Within 6 Months

Chart showing percentages by region for years 2018, 2019, 2020:

Region	2018	2019	2020
R1	91%	91%	81%
R2	77%	78%	71%
R3	86%	83%	59%
R4	69%	64%	37%
R5	90%	88%	84%
R6	83%	77%	62%
Statewide	83%	80%	67%

Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018, CY 2019 & CY2020

FIGURE 29

All Review Hearings Held Within 6 Months of Previous Hearings

Chart showing percentages by region for years 2018, 2019, 2020:

Region	2018	2019	2020
R1	93%	95%	90%
R2	89%	94%	85%
R3	91%	92%	80%
R4	92%	90%	73%
R5	97%	97%	91%
R6	92%	90%	79%
Statewide	93%	93%	83%
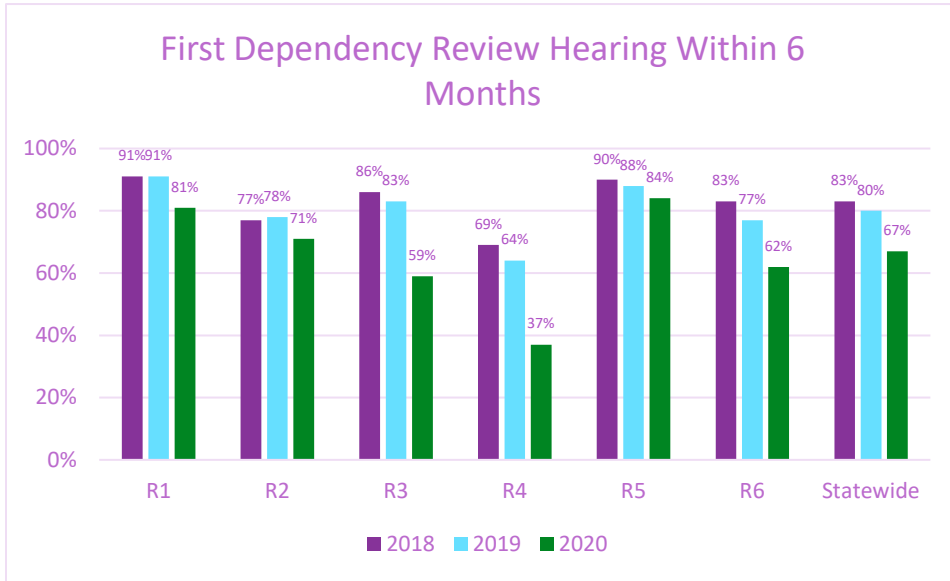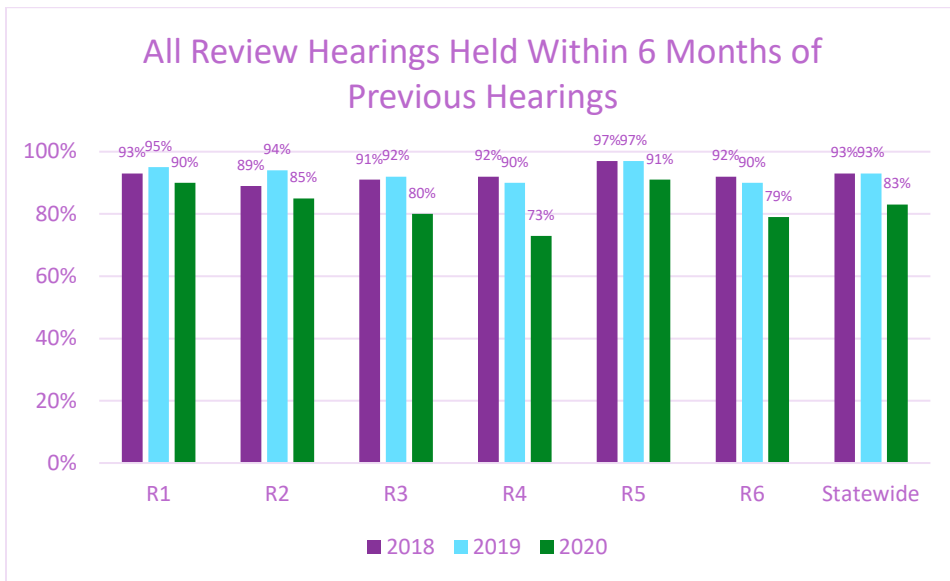
Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018, CY 2019 & CY2020

Item 22: Permanency Hearings

The purpose of a permanency planning hearing is to inquire into the welfare of the child and progress of the case, and to reach decisions regarding permanent placement.[14]

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[14] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

Figure 30 illustrates the percent of cases with first permanency planning hearing within 12 months of placement.

Figure 31 illustrates the percent of all dependency permanency planning hearings within 12 months.

FIGURE 30
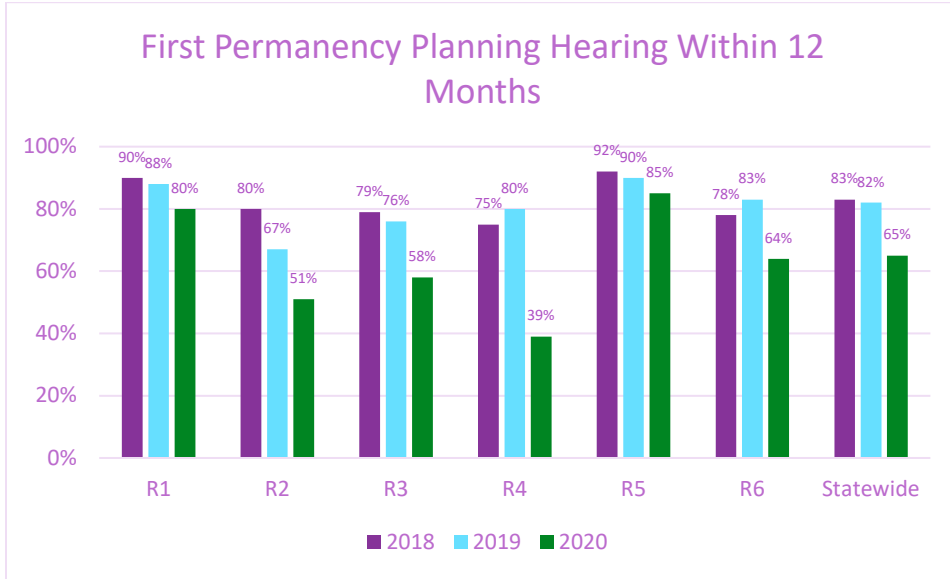
First Permanency Planning Hearing Within 12 Months

Legend: 2018, 2019, 2020

Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018, CY 2019 & CY2020

FIGURE 31

All Permanency Planning Hearings Within 12 Months of Previous Hearing

Legend: 2018, 2019, 2020
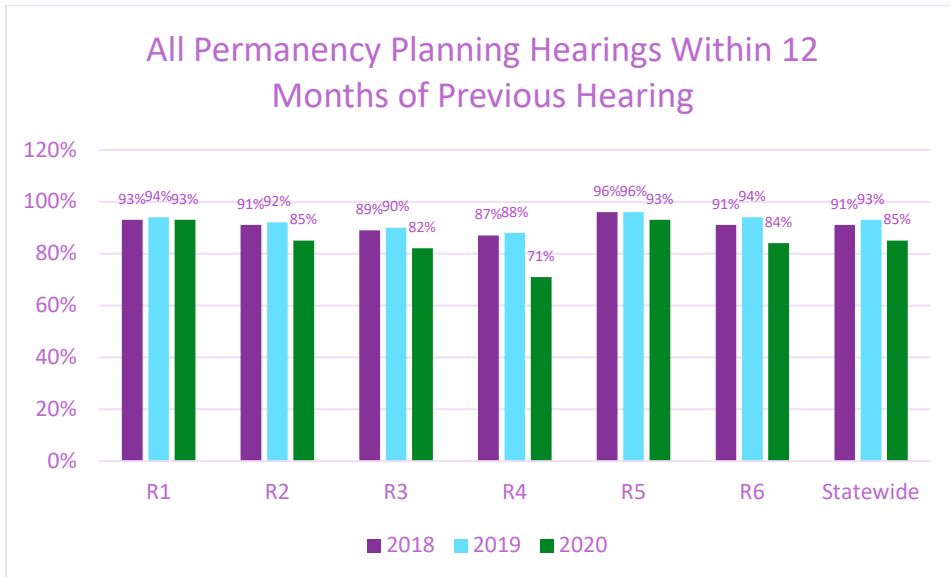
Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018, CY 2019 & CY2020

Item 23: Termination of Parental Rights (TPR)

In the Round 3 CFSR, DCYF was rated an overall rating of Area Needing Improvement for Termination of Parental Rights (TPR) as the filing of termination of parental rights proceedings and documentation of a compelling reason not to file was not occurring as required statewide.

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

Figure 32 illustrates the number of TPR petitions filed, by calendar year.

FIGURE 32
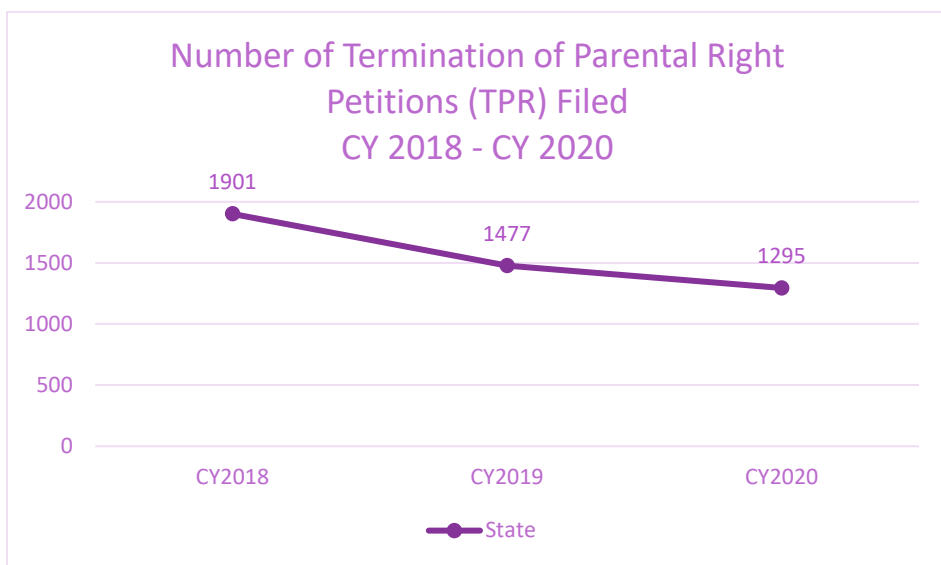
Number of Termination of Parental Right Petitions (TPR) Filed CY 2018 - CY 2020

Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018, CY 2019 & CY2020

Figures 33 - 38 illustrate the county rankings in the state of TPR petitions filed within 15 months, broken down by region. This information is beneficial in determining local efforts and collaboration needed with judicial partners in each individual jurisdiction.

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[15] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

FIGURE 33

County Ranking - TRP Petition Within 15 Months
Region 1 - CY2020

FIGURE 34

County Ranking - TRP Petition Within 15 Months
Region 2 - CY2020

FIGURE 35

County Ranking - TRP Petition Within 15 Months
Region 3 - CY2020

FIGURE 36

County Ranking - TRP Petition Within 15 Months
Region 4 - CY2020

FIGURE 37

**County Ranking - TRP Petition Within 15 Months
Region 5 - CY2020**

Kitsap: 84%
Pierce: 51%

Legend: CY2020

FIGURE 38

**County Ranking - TRP Petition Within 15 Months
Region 6 - CY2020**

Wahkiakum: 100%
Mason: 76%
Thurston: 59%
Pacific: 57%
Skamania: 50%
Clallam: 45%
Jefferson: 43%
Lewis: 42%
Cowlitz: 30%
Clark: 29%
Grays Harbor: 28%

Legend: CY2020

Data Source: Washington State Center for Court Research Dependency Interactive Data; County Rankings – Monthly Updates; CY 2020

ANALYSIS OF THE DATA AND PRACTICE TRENDS

As stated in the COVID Impacts section below, COVID had a significant impact on court processes and procedures in CY2020.

However, in looking at the data globally, there is some ability to analyze practice trends over time. Washington State does not have a centralized court system. Each court system in the counties varies and the

culture within the court can change frequently. Judges and Commissioners that oversee dependency proceedings can and do change in some jurisdictions regularly. As there is no mandatory trainings that these judicial officers must take on the dependency process, there is a learning curve associated whenever there is court turnover. As courts are acting independently, there are vast differences in data and timeliness in each county.

In addition, in some circumstances, there are also differences in perspective between DCYF, judicial officers and parent attorneys on federal timelines towards permanency. Some parent attorneys do not philosophically agree with the timelines and will request continuances as a means to extend the court process. Generally, during this time, they may advise their clients (the parents) to not engage with and/or participate in any services offered through DCYF. This can cause significant delays in establishing dependency. Once the process is delayed from fact-finding and establishing dependency, this delays the entire court process and, ultimately, timely permanency for the child(ren) and/or youth. There have been multiple cases reviewed through CCRT where dependency (fact-finding) was not established until 12, 15 and even 18 months post filing of the dependency petition. This is more frequently noted in some jurisdictions over others.

In addition to continuances, courts may be delayed due to scheduling difficulty. Criminal cases take top priority for scheduling over dependency cases. In some smaller jurisdictions, days that judicial officers are available to hear dependency proceedings are limited, further extending continuances and delays.

There are some courts that are more hesitant than others to approve or move forward with termination proceedings, even if it is within the ASFA timelines. In addition, there are also some courts that will not move forward with termination proceedings if the child and/or youth is not in an identified permanent home.

Item 24: Caregiver Notification of Hearings and Right to be Heard

The annual dependency timeliness report is legislatively mandated to include information regarding whether foster parents received timely notification of dependency hearings as required by RCW 13.34.096 and 13.34.145, and whether caregivers submitted reports to the court. The table below is based on a query of the SCOMIS data. Changes to the court pattern forms used for dependency hearings were made in order to track whether adequate and timely notice was given to the child's caregiver and if the court received a caregiver report.

ITEM 24: Caregiver Court Hearing Notification			
Court Name	Adequate and Timely Notice was Given to the Child's Caregiver		The Court Received a Caregiver Report
	YES	NO	
Adams	-	-	-
Asotin	-	-	-
Benton	541	1	-
Chelan	480	-	4
Clallam	326	1	21
Clark	11	-	56
Columbia	-	-	-
Cowlitz	380	-	71
Douglas	-	-	17
Ferry	14	-	5
Franklin	305	-	1
Garfield	-	-	-
Grant	-	-	3
Grays Harbor	655	-	56

Island	110	-	29
Jefferson	5	1	-
King	3,585	96	491
Kitsap	784	-	61
Kittitas	-	-	-
Klickitat	89	-	3
Lewis	478	-	-
Lincoln	-	-	-
Mason	276	-	14
Okanogan	-	-	-
Pacific	-	-	19
Pend Oreille	4	-	-
Pierce	2,343	-	195
San Juan	18	-	1
Skagit	-	-	25
Skamania	40	-	7
Snohomish	1,529	-	134
Spokane	1,832	28	70
Stevens	143	2	19
Thurston	867	-	42
Wahkiakum	-	-	-
Walla Walla	247	-	-
Whatcom	-	-	-
Whitman	-	-	29
Yakima	1	-	20
Grand Total 2020	15,063	129	1,393

Data Source: Washington State Center for Court Research Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report

While there has been improvements on reporting over the years, there is a gap between the number of dependency hearings where notice to the caregiver should have been given and the documentation of whether adequate notice was given. Additional training has been and will continue to be provided to improve data collection. There was a multidisciplinary workgroup out of the Innovative Dependency Court Collaborative (IDCC) that was beginning work on improving this process pre-COVID. However, once the COVID pandemic hit, resources and priorities shifted to address COVID impacts and to ensure courts could still function during the pandemic. Recently, the FJCIP coordinators began re-looking at this process. A new court docket code was recently approved to document when the caregiver's report was provided orally (versus solely in writing). There are discussions currently occurring about what additional collaborative work can be done to assist in improving this item.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO CASE REVIEW SYSTEM

Many of the strengths, barriers and practice improvements mirror what was stated in Permanency Outcome 1 and Well-being Outcome 1. This is particularly true with CFSR Item 20. As mentioned throughout our assessment of performance, DCYF is making concentrated efforts on improving engagement, intentionality and quality of contacts with children, youth, parents and caregivers. This includes efforts to engage those parties in case planning development and process.

STRENGTHS

- Regional and statewide quality assurance and quality practice staff provide an extensive amount of technical assistance and support to staff. This technical support includes, but is not limited to:

— Training (for new and experienced staff)
— Coaching
— Use of data to identify and support practice improvements

- Four of six regions have Permanency Outcome Facilitators (POFs), either through their own staffing or through the PFD1 grant. These positions help track permanency timelines and facilitate shared planning meetings that include judicial partners (i.e. parent and youth attorneys, CASA, GAL, etc.). Through the PFD1 grant, there has been extensive effort to include judicial partners in the local implementation process.
- FJCIP operates in 10 counties in Washington State: Spokane, Chelan, Snohomish, Island, King, Pierce, Kitsap, Thurston, Jefferson and Clallam. Through this program, funding is provided to superior courts to implement enhancements to their family and juvenile court operations. Generally, compliance percentages are higher than the statewide average on dependency measures in FJCIP courts.

BARRIERS

- Caseworkers lack understanding of what topics need to be discussed with children, youth and parents and how to include parties in the case planning process.
- Courts and judicial partners lack understanding of state and federal permanency timelines as well as concurrent planning from the initial stages of a case.
- Not all counties have strong relationships between DCYF and judicial partners. Judicial partners are more open in some counties than others about regular, transparent conversations including looking at data and performance outcomes.
- There is a barrier to timely filing of TPR petitions and continuances that occur once petitions are filed that delays timely permanency.
- Lack of consistent and timely data entry into FamLink.

PRACTICE IMPROVEMENTS

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. There are multiple strategies and associated activities related to use and alignment of our assessments tools. See Update on Plan for Enacting the State's Vision for current status of implementation of these strategies. Some of the strategies include the following:
  — Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.
  — DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.
  — AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.
  — Improve timely referrals for and completion of home studies.
- As indicated in the Update on Plan for Enacting the State's Vision section, implementation of the PFD1 grant began in 2020.
- Many counties have Tables of Ten. This is a gathering of individuals from the child welfare legal community to look at court improvement efforts through review of data, looking at work processes and determining where interventions may be able to occur. Although most of these gatherings were paused during the pandemic, there have been some opportunities to connect via a virtual platform. In those counties that do

not have an official Tables of Ten gathering, there are still efforts to engage and have discussions with judicial partners.

COVID-19 IMPACTS

As previously stated in the Permanency Outcome 1 and 2 section, the impacts of the COVID-19 pandemic have been pervasive. Some of these impacts include the following[16]:

- Court closures and virtual hearings created a challenge for courts to provide essential court functions, implement new technologies, and keep information flowing across the court community.
- With pandemic-related court closures and reduced capacity to hear cases, hearing schedules were thrown into disarray and continuances granted. The impact on all timeliness indicators was predictable as case processing slowed substantially.
- The AOC and courts sought to record the pandemic's impact and so created a new public health emergency code to track hearing continuances due to COVID.
- There was a sharp decline in the number of dependency cases filed in court. Some experts predict that dependency case filings will increase when the pandemic restrictions are lifted and mandated reporters have more direct contact with children and families.

Many courts within the state struggled to function during the pandemic. Some courts shut down completely, some only held shelter care hearings and others were able to transition to virtual hearings but that took time to navigate and get started. Courts had to restructure processes, including technology, so cases fell behind. The filing of termination petitions and hearings were greatly delayed due to impacts from a lack of service availability due to provider closures and/or limited resources. Once courts, DCYF and other judicial partners were able to adjust to the new way of conducting business, there was already a significant delay and backlog of cases. The state is still working on catching up from hearings and trials that were delayed due to the pandemic. AOC has a Dependency Court Recovery Analyst that will be conducting an assessment of each of the 39 dependency courts in the State to see how they are doing, determine needs, and provide resources where needed. Part of this assessment will include finding out if each court has a backlog of dependency cases, what their plan of action is and what kind of resources they may need.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

DCYF partners extensively with courts and judicial partners. As mentioned previously, court partners have been actively involved in the development and implementation of the PIP, PFD1 grant and FFPSA initiatives. Regular meetings are held through these initiatives to ensure there is a cross-system understanding and engagement in the full child welfare spectrum of service delivery.

At a local level, as mentioned above, many counties have Tables of Ten to engage judicial partners in court improvement efforts. In FJCIP counties, FJCIP coordinators assist in convening dependency stakeholders to review data and identify trends impacting performance.

Additional information on Washington State court performance and improvement efforts can be found in the following two resources:

[Dependent Children in Washington State: Case Timeliness and Outcomes 2020 Annual Report](#)
[Family and Juvenile Court Improvement Program 2020 Report to the Legislature](#)

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[16] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf

Quality Assurance System

Item 25: Quality Assurance System

DCYF has a well-functioning QA/CQI system statewide that is operating in all areas across the state. Each region has a QA/CQI team that works closely with office staff, regional leadership, and the HQ Child Welfare QA/CQI section, as well as other divisions to make improvements statewide.

System Functioning – Operating Where Services Are Provided

The HQ Child Welfare QA/CQI section consists of one central case review team (one supervisor and eight staff), two QA/CQI managers (statewide implementation lead and data analyst), fatality review team (one supervisor and three staff), constituent relations (one supervisor and three staff), and the Statewide QA/CQI Administrator. There was a change in a statewide implementation lead due to the retirement of one worker and the subsequent recruitment of a new lead during CY2020. Due to a statewide hiring freeze, the position was vacant for over four months. In addition, in Child Welfare Programs, is the Performance Measurement Administrator that serves as the federal lead for reporting along with two QA/CQI managers (federal/program support and PFD1 grant). Due to a statewide hiring freeze, the federal/program support position was vacant for over a year and the position was able to be filled in June 2021. These two QA/CQI sections at headquarters work very closely on implementation, review and monitoring of program and practice initiatives. In addition, the HQ QA/CQI teams work very closely with the regional QA/CQI teams as described below.

Washington's QA and CQI processes are operating across the state in each of the regions. The regional teams report directly to regional leadership. Each regional QA/CQI team, like the HQ Child Welfare QA/CQI section, gather and analyze data from a variety of internal and external stakeholders including, but not limited to:

- Foster parents meetings
- Court meetings
- Tribal meetings
- Office unit and all staff meetings
- Regional leadership meetings

Regional QA/CQI teams meet monthly to discuss the results of qualitative and quantitative reviews within each region, share information regarding regional projects, discuss successes and areas needing improvement. The regional and HQ teams, in partnership with QA/CQI from LD, a member of AOC, and the Alliance, meet each month to discuss a specific portion of the On-Site Review Instrument (OSRI). During the meetings, there is a discussion of the federal expectations for this particular element, along with the rating criteria and definitions. The team is provided with case review rating rationale statements from all cases reviewed during a particular timeframe. Themes and trends are identified by reviewing the rationale statements. Data regarding that particular section is provided by region and program for analysis. There is a discussion regarding what is working well that can be replicated in other areas of the state, and where adjustments can be made to improve outcomes for children and families. The same regional QA/CQI teams also meet quarterly with OIAA to specifically discuss data reports, what future reports would be beneficial, what enhancements to current reports would improve functionality and prioritization of report requests. The regional QA/CQI team members each participate in their respective regional leadership team meetings where they are able to share the data and information learned from their partners across the state.

DCYFs Central Case Review Team (CCRT) is fully operational across the state and is currently active in all regions. 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. The

CCRT utilizes the Online Monitoring System (OMS) when reviewing cases according to the OSRI standards. To ensure that there is QA/CQI in the oversight of the case review process, the following procedure occurs:

- The lead reviewer and/or CCRT supervisor monitors OMS for cases that are in "data entry complete".
- The lead reviewer and/or CCRT supervisor assigns QA duties to other reviewers as they complete the reviews on their assigned cases.
- First level QA is completed and resolved prior to the commencement of a second level QA.
- If there are difficult cases, an internal staffing may be held about the case ratings during the first and second level QA.
- If, through these staffings, the team is unable to reach a consensus about the ratings, the CCRT supervisor notifies the Children's Bureau about the need for technical assistance regarding that particular case.

System Functioning – Standards to Evaluate the Quality of Services

In 2020, the HQ Child Welfare QA/CQI section continued to meet with offices following the field office review. While an office case review is being conducted, the QA/CQI data analyst gathers quantitative data regarding that particular office performance for the same period under review as the qualitative case review. Quantitative information is gathered from infoFamLink, along with information from the fatality reviews which were conducted at that office during the last 13 months. The QA/CQI Administrator, analyst, and implementation lead also gather information from the Constituent Relations team regarding any calls they received concerning that field office during the last year. Within three weeks of the office case review, a data analysis meeting is held with the RA, DRA, AA, supervisors, and regional QA/CQI manager. Data indicators are utilized in combination with the strengths and areas needing improvement identified during the qualitative case review. During the data analysis meeting, information is gathered from the office and regional management to identify specific areas where further in-depth root cause analysis is required. The data indicators utilized during the analysis meeting are changed every 6 months in order to keep the conversation engaging and address specific areas of statewide practice and improve outcomes.

The plan to incorporate external partner feedback during the analysis meeting was impacted by the COVID-19 pandemic. At the onset of the pandemic, the QA/CQI Administrator had just met with and gathered external partner contact information from each of the field offices. The implementation of feedback session via a "town hall" style session was just beginning when the pandemic impacted the coordination. As workers continued to move the work forward as the pandemic continued, the retirement of the implementation lead and hiring freeze further impacted implementation of this important feedback aspect. In the future, information will also be gathered from external stakeholders from the office catchment area such as judicial partners, parents, youth, tribal partners and service providers. The information gathered from the external stakeholders will be included in the data analysis meeting with the RA, DRA, AA, supervisors and regional program managers in order to identify areas of focus for the office over the coming three to six-month period and in alignment with DCYF's PIP strategies.

System Functioning – Identifies Strengths and Needs of Service Delivery System

Through our QA/CQI processes, Washington regularly identifies strengths and needs of the service delivery system including the analysis of data, reviewing feedback surveys, participation in stakeholder workgroup meetings, and other process improvement activities such as stakeholder feedback and contract monitoring. The following are examples of how DCYF identifies strengths and improvement areas in our delivery of services:

- Case Review
- CFSR Data Profile

- Ad Hoc Reviews: Each of the six regions conduct ad hoc reviews. The process is regionally driven and implemented differently depending on staff resources and specific office or regional needs. Most recent ad hoc reviews have been utilized to review newly hired staff at intervals of 3, 6, and 9 months post initial hire and training.
- Service needs are identified during the office data analysis meetings while the Child Welfare Field Operations Assistant Secretary is present with the RA, DRA, and AA. This level of conversation brings immediate attention to a service need at the level of leadership where impactful change can occur.
- The results of the review processes, data analysis meetings, and implemented strategies are provided to various levels of leadership within DCYF.
  — DCYF Strategic Leadership Team
  — DCYF Executive Leadership Team
  — DCYF Child Welfare Leadership Team

System Functioning – Provides Relevant Reports

As part of the CQI process, DCYF 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. Reports provided include:

- Local office case review reports.
- Monthly informational report.
- Washington Center for Court Research.

Agency QA/CQI Assessment

From January 2021 through May 2021, OIAA convened a QA/CQI Advisory Group to assess the functioning of the QA/CQI system across DCYF as a whole. The Advisory Group made recommendations with the following goals in mind:

- Provide a unified vision of QA/CQI across the entire agency.
- Foster a strong culture and capacity to continuously learn, improve, and build upon success.
- Create intentional alignment across the agency in order to cultivate innovation and promote diversity of perspective.

The recommendations were informed by interviews with division leadership and a 15-member QA/CQI User Experience Group to ensure their needs were addressed. The User Experience Group included QA/CQI practitioners from across the agency. The Advisory Group used the DCYF Equity Priority to eliminate racial disproportionalities and advance racial equity for strategic guidance. One of the recommendations included the following:

- Establish a small, centralized QA/CQI support team within OIAA as an enterprise resource.
  A team of two QA/CQI experts in OIAA would provide support to the agency service lines to further strengthen QA/CQI practice across the agency. The team would be responsible for developing and implementing an agency QA/CQI framework and Community of Practice and develop structural guardrails for programmatically embedded QA/CQI practitioner functions. The team would also develop a process for tracking the various experimental practice implementation efforts and evaluation projects which occur within the child welfare regions, and across DCYF division lines. This team will **not** have supervisory authority over existing QA/CQI teams within programs and service lines. The majority of QA/CQI functions are performed by practitioners embedded within the programs they support. These staff are responsible for discovering problems and facilitating improvements, which require a degree of objectivity and autonomy to function effectively. The assessment found that the current system of embedded QA/CQI

staff functions well. However, while the assessment showed no evidence of overt avoidance of problem discovery or resistance to addressing problems within the service lines, implementing agency-level checks and balances is prudent to avoid a chilling effect, which is possible given most practitioners report through the same line of authority as the program(s) they support.

In addition, efforts are underway within OIAA to develop a cross-walk of contact points regarding shared cases across the different division lines within DCYF. For instance, if a youth is involved with the Juvenile Justice system and the Child Welfare system, what type of automated alerts, data sharing, and notifications can be developed so that each division is aware of the efforts being made to support the youth and family.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO QUALITY ASSURANCE SYSTEM
STRENGTHS

- Use of the OSRI tool has allowed DCYF to better identify strengths and areas needing improvement in our system. Utilization of the seven practice outcomes to better frame our work and the language is becoming part of DCYF culture. Consistent use of the tool and language allows:
  — QA/CQI staff to better communicate findings at the leadership level, front line level, and with external stakeholders.
  — More visibility and understanding of the available data, as well as, an understanding of DCYF performance and underlying issues.
- The increased use of reports with the level of detail at the case level allows DCYF to better identify practice improvement strategies.
- The Office of Innovation, Accountability, and Alignment (OIAA) recently conducted an assessment of the QA/CQI functioning across all of DCYF and all of the service lines associated with the Department. The Child Welfare QA/CQI section was assessed as functioning well and viewed as a model to emulate across all DCYF. The child welfare QA/CQI section utilizes a hub and spoke model wherein the HQ child welfare section is at the center of the hub with each of the regions and programs being a spoke of the hub. The spokes of the hub do not have direct chain of command reporting to the HQ Child Welfare section. This model was assessed as functioning well and there is a recommendation that a hub and spoke model be developed for all DCYF with a centralized DCYF QA/CQI section at the center of the hub and each of the service lines becoming a spoke of the hub. Child Welfare would be one of those spokes.

BARRIERS

- Because the child welfare system is extremely complex, DCYF cannot focus on just one data report. DCYF utilizes data from multiple sources and the more data you offer, the more complicated understanding the data can become. To mitigate this risk and support a consistent understanding of performance, the Child Welfare Management Dashboard allows users access to the same set of data at the same point in time.
- The HQ Child Welfare QA/CQI section is located within the Administrative Services division of DCYF. The Administrative Services division serves the entire agency and not only the service line of child welfare. The HQ Child Welfare QA/CQI section is the only QA/CQI section agency wide which is not embedded within its service division. This had advantages of not being influenced by child welfare field operations and/or programs; however, can be a barrier to accessing the chain of command where practice and program improvement decisions are being made.

PRACTICE IMPROVEMENTS

- As part of the DCYF's CQI process, ongoing evaluation of implemented program improvement strategies to improve practice and service delivery for children and families is conducted to determine if the strategies are effective.
- There are a number of targeted reviews which have occurred over the last year based on the PIP strategies which have been implemented. Results of the targeted reviews are discussed with the regions during the monthly statewide QA/CQI meeting to assist in determining if the strategy is improving outcomes and how the information from the targeted review is being utilized to improve outcomes.
- CCRT will conduct reviews throughout the DCYF Child Welfare PIP offices to measure improvements on outcomes related to the PIP strategies.
- PIP strategies include ongoing QA/CQI processes for monitoring at the local office, regional and statewide level including, but not limited to, review of administrative data, review of qualitative data and targeted case reviews.
- As part of the CQI process, local office training, coaching and supports will continue to be provided by regional QA/CQI staff and AA Cohorts to assist in ongoing local office practice and program improvement strategies.
- Provide statewide PROSCI change management training materials to support and assist the regions and local offices to move through the people side of change to gain the needed knowledge to sustain long term practice changes.
- HQ Child Welfare QA/CQI section will develop a leadership approved implementation plan to hold statewide local office stakeholder meetings bi-annually to gain feedback on improvement strategies.
- Work with the DCYF web master and the Communications Director to build a CQI website that will include CQI supports, training and templates for all staff to access and use to identify and implement local office improvement plans.

Staff and Provider Training

In November 2020, Washington State's Learning Management System (LMS) was replaced by the new Washington State Learning Center (The Learning Center - TLC) with better functionality and performance. The new platform is easier to maintain and can be used by all state agencies and organizations.

Item 26: Initial Staff Training

DCYF is meeting the requirement to provide initial staff training that includes the basic skills and knowledge required for the social service specialist positions.

Regional Core Training

The initial staff training is known as Regional Core Training (RCT) and is provided through a contract with the University of Washington's (UW) Alliance for Child Welfare Excellence (the Alliance). RCT is Washington State's foundational training designed to prepare newly hired caseworkers with the basic knowledge, skills, and understanding of child welfare. Cohorts are traditionally offered bi-monthly in each region across the state. In March 2020, the COVID-19 pandemic significantly impacted the delivery of RCT and the Alliance moved quickly to convert the RCT course, including simulation to a statewide virtual delivery. In CY2020, a total of 53 cohorts were offered.[17] A total of 262 DCYF trainees were registered to participate in RCT and 239 completed the

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[17] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2020; April – June 2020; July – September 2020; October – December 2020.

course. Over the course of the CY, TLC data showed 23 enrollees were dropped from the course. The TLC does not capture the specific reasons for dropped enrollments; however, some of the common reasons are:

- Participant left the agency.
- Participant enrolled in the incorrect cohort.
- Supervisor enrolled the participant in error.

Training policy guides new workers to complete RCT within the 8-week time frame. Occasionally, a participant will be marked "in-progress" in the TLC if they cannot complete the course in the designated timeframe. Alliance coaches work with the supervisor and participant to make up for the missed session and complete the course immediately.

In May 2020, Washington State's PIP identified several improvement strategies that required RCT curriculum updates. A previously formed RCT steering committee reconvened in December 2020 to begin working on the PIP revisions. The identified PIP revisions include PIP strategies 2.1, 3.1, 3.2, 3.3, and 3.6. The updated RCT course will be available to newly hired social service specialists beginning in July 2021.

- **Strategy 2.1:** Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.
- **Strategy 3.1:** Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.
- **Strategy 3.2:** Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.
- **Strategy 3.3:** Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.
- **Strategy 3.6:** Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.

In consultation between DCYF and the Alliance, the revisions identified will not have a significant impact to the curriculum. Strategy 3.6 will add minimal hours of additional classroom time, but the sub workgroups are identifying areas where pieces may be updated or incorporated and substituted in appropriate areas of the curriculum. The Alliance will take this opportunity to more thoroughly define learning objectives that touch these strategies in order to better evaluate the specific skill building for learners that happens within the revised areas of the curriculum. The steering committee will continue to meet to discuss evaluative data to identify potential changes and revisions needed to ensure successful compliance with the PIP revisions.

Moving forward, the Alliance will also begin looking into a third-party evaluator to assess the structure, curriculum format, and design of RCT. This work will have a long-term scope with a goal to provide objective recommendations that support adult learning theory, establishes advanced preparation for foundational learning, ensures experiences in what has been taught, and integrates values in the lessons.

Licensing Division (LD) Staff Training Customization
In spring of 2020, an RCT analysis was conducted by LD program experts, including Home Study Specialists, assessment staff and LD CPS staff, who made recommendations regarding applicability and relevancy of RCT

curriculum to their job duties. The analysis was focused on identifying training gaps and ensuring foundational professional competencies were addressed in future training plans. The experts concluded that while parts of RCT are highly beneficial, the entire eight-week training program is not necessary for certain program staff.

Beginning December 14, 2020, all LD staff onboarding training is customized and adapted to fit specific job duties of different LD programs, roles and duties. LD staff participation in the Alliance RCT series will be customized based on applicability to LD staff job duties by role.

In addition to the customized approach to required RCT training for new staff, the Licensing Division Workforce Development Team is currently developing specialized onboarding training plans for all LD programs. These specialized onboarding training plans map out the required RCT, Supervisor Core Training (SCT), DCYF and LD specific trainings required for all staff in a given program and role. These training plans, in addition to identifying required training, indicate the ideal time periods and sequence in which trainings should occur for newly hired LD employees in a given program and role in a user-friendly format.

Initial Staff Training for Tribal Staff
Washington State is home to 29 federally recognized Indian tribes. In 1978, Congress passed the Indian Child Welfare Act (ICWA) in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies and placed with non-Indian families. Tribal caseworkers support families in tribes and help tribal communities protect Indian children in the spirit and letter of the ICWA. The Alliance is dedicated to providing training for tribal caseworkers, along with any caregivers, caseworkers, administrators or other staff who need to understand the needs of tribal communities and Indian children. Tribal caseworkers are encouraged to attend any available trainings and participate along with DCYF caseworkers and supervisors.

The two-day Washington State Indian Child Welfare training is mandatory for all DCYF social service specialists within the first year of employment. A total of 12 training sessions were provided. With the inclusion of Tribal staff and some community members (CPA licensors); this virtual format has been able to combine a good variety of staff statewide. Coaching for ICWA in 2020 started off well, with requests for coaching sessions being made by Tribes and DCYF staff; however, COVID had immediate impacts to the offerings. The Native American Inquiry Referral (NAIR) eLearning was requested by offices during this time with coaching support following.

In CY2020, the Alliance created an internal Indigenous Child Youth and Family (ICYF) Wellness group to provide culturally relevant leadership to Alliance staff and partners in effective engagement with Indigenous communities and building allies with, and within, child, youth and family serving organizations in Washington State.

The group's focus is on gaining a deeper understanding of the impacts of colonization on family serving organizations and how these impacts are experienced by Indigenous peoples and communities. The focus of ICYF Wellness will be to bring this understanding to the Alliance and the broader Partnership, remain connected to communities served, to empower the Indigenous communities' wellness, communicate support for education and awareness for Alliance staff, and to ultimately address the needs of Indigenous children, youth, families and communities.

ICYF Wellness Group has adopted and embodies the following values:
- Honor the voice of tribal *knowledge keepers.*
- Honor the experiences of Indigenous communities and people.

- Amplify the voices of Indigenous people.

The primary goals of ICYF Wellness are to:
- Promote the seamless integration of Indigenous wellness in the development and delivery of all Alliance programs and services across our reach; and
- Ensure timely, culturally meaningful and indigenized curriculum through the creation of a relevant, applicable, and value-based curriculum guideline document for the development, review, and revision of curriculum. This guidance will also serve as a tool for ensuring that externally created curricula meets minimum Alliance standards.

To date, the group has contributed to development of continuous quality assessment tools to be used in the development of curriculum and assessing current curriculum (the Alliance Curriculum Assessment Tool and a Rubric for Curriculum Development). The ICYF Wellness Group is also working with the Whitener Group to solidify the Qualified Expert Witness training objectives and dates for the training to be offered.

Home Study Training Track Sessions
The LD Work Force Development Team developed and implemented a three-day Home Study Training session in August and December of 2020 for 35 new staff. This onboarding training was developed to prepare and educate newly hired staff to meet the performance standards for the Home Study process and understand the interconnectivity of program partners.

The objectives of the learning sessions were for LD staff to:
- Gain an understanding of their role as it relates to RCW 74.15.050, DCYF Policy 5100.Applying as a Foster parent or Unlicensed Caregiver and WAC 110-148, Licensing Requirements for Child Foster Homes.
- Develop a foundational understanding of LD work flow, systems and logistics as they relate to LD home study performance goals and process.
- Realize the importance of critical thinking, examining the evidence, bias awareness, shared decision making and assessing caregiver competence.
- Gain an understanding about the role of racial equity, tribal relations and LGBTQ+ support in the home study process.
- Gain an understanding of family centered and confidential assessments and information gathering that help foster a relationship with the family and support accurate identification of a family's needs, risk factors, strengths, resources and goals.
- Engage with staff, caregivers, informational technology trainers and legal experts involved with LD home study assessments.
- To develop partnership and integration between LD programs.

Quantitative and qualitative feedback from the Home Study Training session participants was positive overall. Participants indicated the training was informative and engaging. Specifically, participants thought the guest panels and LGBTQ+ presentation were supportive and informative. Although the training was rated positive overall, participants indicated a need for more time allocated to case specific situations and questions. From the first session, participants shared that the FamLink training, although helpful, had not been delivered in a timely manner and participants expressed the need to have this training immediately upon hire. This issue was remedied in the second session.

Additionally, in both sessions, participants expressed a need for more developed training on how to write

home studies efficiently and effectively. This training will be launched in late summer of 2021 with an in-depth exploration and practice in writing clear, concise and thorough home studies through a racial equity and cultural humility lens. This new training will also establish conceptual changes toward cultural, relational and legal permanency, interview techniques as well as mitigation strategies while writing home studies with a strength-based approach.

In February 2020, DCYF also sponsored a five-day extensive LD CPS Training Track session for new staff to learn about investigative skills, critical thinking, safety assessments, collaboration with law enforcement, legal components, medical assessments, program partnerships and self-care. Due to COVID-19 and virtual limitations, this track training was modified to a 3-day session for new staff in 2021. The Workforce Development team will be absorbing this training track series in 2022 and will continue to use experts in the field to present and provide field related experiences.

Training Evaluation
Partners for Our Children (P4C) at the University of Washington School of Social Work is the evaluation partner for the Alliance for Child Welfare Excellence. The training evaluation approach is informed by implementation research, recognizing that improved client outcomes are impacted by the competencies of the workforce, organizational drivers (such as data systems and administrative support) and agency leadership. The implementation of RCT is monitored and guided by a statewide workgroup with broad representation from DCYF program leaders, regional staff, Alliance curriculum developers, coaches and evaluators.

The RCT workgroup gathers input, reviews data and makes recommendations to optimize the achievement of the goals of the training. In CY2020, the course was converted for webinar delivery and the workgroup has been focused on the development of new content related to interviews and documentation of contacts with children, parents and caregiver and the use and application of safety and risk assessments.

Methods used to evaluate RCT include:
- Trainee surveys throughout the course for self-assessment of skills and feedback on course delivery.
- Observations and feedback on the delivery of the RCT webinar.
- Regular feedback sessions with coaches and curriculum developers regarding delivery and content, pacing and sequencing of learning, with a focus on the logistics and insights of coaches on the webinar delivery.

P4C collects, analyzes and discusses data findings at a statewide workgroup with representation from DCYF program and field staff.

In CY 2020, 247 participants completed RCT. Across three points in time, survey response rates were 98% for the pre-survey, 52% for the midpoint survey and 44% for the post survey. In the pre- and post-surveys, participants assess their knowledge across 14 targeted competencies using a four point Likert scale. Increases were noted across all competencies and 90% of participants reported moderate to high levels of confidence across all targeted competencies at the post survey. See figures 39 and 40.

FIGURE 39

Confidence Levels at Pre-Survey

Statement	None	Low	Moderate	High
I have strategies to engage in difficult conversations that may include delivering bad news, addressing conflict and managing strong emotions.	1%	16%	48%	35%
I can complete assessments based on my program assignment (IA, FARFA, CFE).	28%	46%	19%	7%
I understand the policies, timelines and practices for permanency planning for children in care.	13%	37%	41%	9%
I have foundational knowledge of family poverty, substance abuse, mental health and domestic violence to support assessment of child safety and…	2%	9%	44%	45%
I can provide court testimony regarding my role and the facts related to a dependency case.	20%	36%	24%	19%
I understand the juvenile dependency system as it relates to child placement and permanency.	15%	41%	33%	11%
I know how to plan for child placement, engage with relatives, and manage visitation with parents and among siblings.	16%	33%	36%	16%
I can effectively interview children and adults to gather information and complete assessments.	7%	27%	45%	21%
I can use FamLink to search for information and complete documentation on my cases.	21%	28%	32%	18%
I know when and how to access a Medical Consultant (MedCon).	40%	39%	17%	4%
I understand and comply with federal and state Indian Child Welfare policies regarding Native American children and tribal sovereignty.	7%	31%	37%	25%
I understand racial disproportionality in child welfare and efforts to improve equity and culturally competent practice.		6%	44%	50%
I understand the effects of maltreatment and neglect on infant, child, and youth development.		8%	40%	52%
I can identify and assess child maltreatment and neglect using the Child Safety Framework.		5%	25%	50%	20%

Legend: ■ None ■ Low ■ Moderate ■ High

FIGURE 40

Confidence Levels at Post-Survey

Statement	None	Low	Moderate	High
I have strategies to engage in difficult conversations that may include delivering bad news, addressing conflict and managing strong emotions.		2%	34%	65%
I can complete assessments based on my program assignment (IA, FARFA, CFE).		3%	34%	64%
I understand the policies, timelines and practices for permanency planning for children in care.	1%	5%	39%	55%
I have foundational knowledge of family poverty, substance abuse, mental health and domestic violence to support assessment of child safety and access to…		6%	56%	38%
I can provide court testimony regarding my role and the facts related to a dependency case.		1%	22%	77%
I understand the juvenile dependency system as it relates to child placement and permanency.		9%	49%	42%
I know how to plan for child placement, engage with relatives, and manage visitation with parents and among siblings.	1%	10%	49%	40%
I can effectively interview children and adults to gather information and complete assessments.		8%	37%	55%
I can use FamLink to search for information and complete documentation on my cases.			39%	61%
I know when and how to access a Medical Consultant (MedCon).	1%	3%	22%	74%
I understand and comply with federal and state Indian Child Welfare policies regarding Native American children and tribal sovereignty.	1%	8%	50%	41%
I understand racial disproportionality in child welfare and efforts to improve equity and culturally competent practice.		2%	19%	78%
I understand the effects of maltreatment and neglect on infant, child, and youth development.			16%	85%
I can identify and assess child maltreatment and neglect using the Child Safety Framework.		1%	44%	56%

■ None ■ Low ■ Moderate ■ High

Out of 87 comments received, 88% of individuals thought the simulation activities related to child and adult interviewing and court testimony were helpful. An additional 5% though that some of the simulations were helpful. The top themes that emerged regarding RCT included:

- Experiential learning and practice in the classroom and in the field yields the most skill development and confidence in the day-to-day activities of the job.
- Having to try an activity highlighted gaps in knowledge or thinking for learners.
- Some participants felt they needed more preparation for the court simulation.

Out of 56 comments received about webinar delivery, 29% of participants shared that they appreciated virtual delivery and felt it was going well. Yet, the most common frustration that emerged was that there are a fair number of quirks and technical challenges that get in the way (reported on 29% of surveys).

Out of 105 comments received about the coaches, almost all were very positive, and participants most often noted that coaches were knowledgeable, supportive and engaging.

Some respondents felt that RCT could be strengthened with more meaningful instruction on the day-to-day work that they will be held accountable to. Similarly, some discussed a desire for more learning about specifically how to organize their cases. Other wrote that they would have preferred that RCT be organized more around the life of the case, especially since they struggled to identify at which stage in the case they should perform specific tasks (e.g., reaching out to collateral contacts).

Item 27: Ongoing Staff Training
DCYF contracts with the Alliance to offer ongoing or in-service training to caseworkers and supervisors. Following the completion of RCT, DCYF caseworkers must successfully complete specific trainings within the first and second years of employment. Additionally, existing caseworkers must complete program specific training within one year of transferring to a new position. DCYF's training policy is currently in the process of being revised. The Alliance relies on DCYF's guidance as to which training is mandatory. The updated policy will reflect which training is required based on an employee's program and position. All training registrations and completions are tracked through the TLC. There is not a required number of training hours designated for each employee. The Alliance coaches facilitating RCT currently provide a written training plan to new employees and their supervisors upon completion of RCT. DCYF supervisors are responsible for managing an employee's required training.

In addition to the array of in-service trainings the Alliance provided, there were several other in-service training created or revised to address PIP related items:

- **PIP item 3.2.3**-In collaboration with DCYF, the Alliance will implement training on the application of the Safety Framework and risk assessment to supervisors, AAs, and Alliance coaches. Training will first be completed with all current supervisors and AAs and then will be made available on a quarterly basis for new AAs and supervisors. In response, the following trainings were developed and implemented:
  — *Supervising for Safety: Decision Making Tools for Supervisors* (1 hour eLearning)
  — *Supervising for Safety: Remain or Return Home Decisions* (3 hour webinar)
  — *Supervising for Safety: Removal Decisions* (3 hour webinar)
  — *Supervising for Safety: Out of Home Care* (3 our webinar)
- **PIP Item 3.2.9**- The Alliance in consultation with HQ program managers, QA/CQI staff, and identified field staff will develop and provide a multi-modality training and skill development system addressing implementation of the Safety Framework throughout the life of a case for out-of-home cases.
  — This course is currently under development.

- **PIP Items 3.3.4 and 3.3.5-**The Alliance, in consultation with HQ program manager and regional leads, will review current training curriculum for guidance and expectations regarding case planning on in-home and FAR cases, and revise curriculum as needed to align with revised policy and practice. The Alliance, in consultation with HQ program staff and identified regional staff, will develop and implement a multi-modality training and skill development for case planning structure to in-home and FAR caseworkers and supervisors. In response, the following trainings are being revised and/or developed:
  — Revision are under way for *Child Protective Services In-Service* training and *Family Voluntary Services In-Service* training.
  — An eLearning is under development as a refresher training.
- **PIP Item 4.1.1-**The Alliance, in consultation with HQ program managers, will revise current permanency planning training curriculum for caseworkers and supervisors to ensure it comprehensively covers practice related to key permanency outcomes. In response, the following training was revised and implemented:
  — The *Permanency for Every Child* training was revised to strengthen course materials and skill building activities around the safety framework and policy changes. These additions increased the course hours to 12. This course was released in February 2021.
  — In addition, the *Making the Most of Shared Planning Meetings* training was developed and implemented. This training is an overview of the shared planning meeting process. This training was developed to support the work of the PFD1 grant and the PIP.
- **PIP Item 4.1.2 and the Permanency from Day 1 Grant-**The Alliance, in partnership with HQ program managers, will train permanency planning facilitators, FTDM facilitators, and others responsible for facilitating Permanency Planning Meetings to reinforce consistent, structured facilitation of permanency planning meetings. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision. In response, the following training was developed and implemented.
  — The *Facilitating Permanency Planning Meetings* training was developed and released in September 2020. The training was initially designed to meet the needs of the PFD1 grant facilitators. The training was slightly revised in December 2020 to meet the needs for permanency planning meetings more broadly versus the grant specific intervention. This is an 11-hour course.

The Alliance offers training through multiple modalities including a traditional classroom setting, webinar, and eLearning. In CY2020, DCYF workforce staff completed 2,145 in-service trainings and 5,024 workforce participants utilized eLearning trainings[18]. Supervisors have access to staff training records and are required to review their staff's training annually during their Performance and Development Plan (PDP) to ensure that mandatory training requirements are met. Development of new in-service training is assessed for priority and developed to meet the needs of the workforce. Training is reviewed annually to ensure that outdated training is archived. Each new or updated in-service training is developed through a workgroup process involving Alliance curriculum developers and coaches, and DCYF subject matter experts. Often, new training workgroups include external stakeholders including tribal members, partner agencies and caregivers.

New training released in CY2020 included:
- Advanced Guidelines for Difficult Conversations
- Learner Centered Coaching Skills for AA's and Supervisors
- Facilitating Permanency Planning Meetings

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[18] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2020; April – June 2020; July – September 2020; October – December 2020.

- Making the Most out of Shared Planning Meetings
- Random Moment Time Study (RTMS) Roles and Responsibilities for DCYF staff (eLearning)
- Supporting LBGTQ+ Children, Youth and Families
- Tools for CFWS/Adoption Supervisors

In addition to newly released courses, a significant amount of time was designated to the conversion of core and in-service classroom course material to virtual platforms to minimize the disruption to training delivery. Updated in-service trainings to webinar and/or eLearnings include:

- Appropriate Interventions for Chronic Neglect (webinar)
- Child Abuse Interviewing and Assessment Training (CAIA) (webinar)
- Child Protective In-Service (webinar)
- Child and Family Welfare In-Service (webinar)
- Domestic Violence in Child Welfare (webinar)
- Family Voluntary In-Service (webinar)
- Informing Decisions Through Critical Thinking (webinar)
- Identifying and Supporting Commercially Sexually Exploited Children (webinar)
- Car Seat Safety: Select, Fit and Install Correctly (eLearning for workforce)
- De-escalation for Meeting Facilitators Part 1: Tools for Tense Situations (eLearning)
- De-escalation for Meeting Facilitators Part 2: Managing Safety and Crisis (eLearning)
- Family Time with Incarcerated Parents (eLearning)
- Family Time: Relationships and Reassurance (eLearning)
- Infant Safety: Assessing the Infant's Environment (webinar)
- Infant Safety: Period of PURPLE Crying (webinar
- Infant Safety: Plan of Safe Care (webinar)
- Interstate Placements: Fundamentals and Your Role (eLearning)
- NCAST (webinar)
- Partners Make Better Decisions (webinar)
- Pregnant and Parenting Youth for DCYF staff (eLearning)
- Random Moment Time Study (RTMS) Roles and Responsibilities for DCYF Coordinators (eLearning)
- Right Response Training (webinar)
- Working with Dependent Adolescents (webinar)

Safety and Monitoring Staff Training

In September 2020, a general overview on Provider Maintenance fundamentals was delivered by the LD Workforce Development Team in collaboration with Safety and Monitoring (SAM), Foster Care Assessment leadership and the IT team to approximately 35 staff. To further support learning, the SAM Provider Maintenance Initial Transition Training series was delivered as a staggered training approach to all DCYF LD SAM staff. This training series was initially launched in December of 2020 and concluded in March 2021. The SAM Provider Maintenance Initial Transition Training series consists of multiple training products and delivery methods. The primary training deliverables were a practice training webinar series and a FamLink eLearning series. All eLearning modules developed by the Workforce Development Team are ADA compliant. Specific deliverables for each webinar training module were:

- Instructor Led Webinar Training
- Live QA Session with SAM Leadership

- Learning Activities
- Follow-up Survey
- QA Support Document
- Supporting Resources and Forms
- Washington State Learning Center (TLC) Module

The final training products were built into eLearning modules in TLC and assigned to SAM staff by the Workforce Development Team. The technical support tip sheets are also available on the DCYF Intranet for quick access and use by SAM staff.

Over the past year, the Workforce Development Team has embedded multiple refresher components specific to critical thinking. In collaboration, the Alliance shared curriculum that has been embedded in both RCT and SCT. This shared curriculum will ensure that the Workforce Development team's efforts will build upon foundational training offered by the Alliance and thread learning objectives throughout current or future training opportunities. Critical thinking and appropriate analysis are imperative skills across all LD programs and will continue to be a priority for training objectives.

Learner Centered Coaching (LCC) for Supervisors and Area Administrators
In the first quarter of PIP implementation (July 2020 – September 2020), the Alliance launched an evidence informed Learner Centered Coaching (LCC) Model for AAs and supervisors. LCC aligns well with the agency priorities identified in the PIP by incorporating reflective supervision and targeted action planning with staff to promote critical thinking, increased competence and confidence in child welfare practice. Coaching is an important part of a braided strategy to support PIP goals related to child safety, permanency and well-being. The Alliance worked closely with DCYF leadership to support the implementation of LCC in the identified PIP measured offices across the state. Initial launch was started in Region 4, in all King County offices. Offerings were then provided to Region 3, Region 5 and Region 6. Regions 1 and 2 are scheduled to occur in April 2021. The rollout will conclude in June 2021 with full implementation to the PIP offices. LCC will then be available quarterly, beginning in July 2021, for all other DCYF offices in the State.

The LCC course consists of a pre-coaching session, five 3-hour webinars that include specific skill development opportunities with feedback, as well as follow-up coaching activities to support the integration of coaching into supervisory practice. Additionally, the Alliance coaches facilitate regional quarterly reflective supervisor workshops in each region. Upon completion of LCC, supervisors are required to attend the quarterly sessions. The focus of the session is for supervisors to hear from their peers the successes and challenges they may be experiencing as they implement coaching with their staff. The groups also identify coaching skills they want to work on within the group. Since December 2020, there have been nine quarterly sessions held with 46 participants attending. The average group attendance is six. The Alliance has been able to support the initial facilitation of the quarterly workshops with the overall goal of supporting DCYF supervisors as they eventually take ownership and begin facilitating the workshops in the fall of 2021. The LCC curriculum has recently been incorporated into the revised Supervisor Core Training (SCT) which launched in February 2021. Supervisors who have engaged in the LCC course or are enrolled in SCT are assigned an Alliance coach who supports them as they learn new coaching skills and apply the model in supervision.

Evaluation of LCC in partnership with Partners for Our Children (P4C), includes participant surveys, phone interviews, process notes from quarterly reflective supervision sessions, observations and feedback to supervisors regarding their use of coaching skills, and follow-up surveys of supervisors and social service specialists (planned for Spring/Summer of 2021 and 2022). Early survey findings from participants indicated

that the webinar sessions were too rushed and that the course workbook was difficult to use. The Alliance adapted the webinars from a total of 10 hours (five 2-hour sessions) to a total of 15 hours (five 3-hour sessions) and modified the workbook. The next participant surveys found that supervisors generally were "motivated to continue learning coaching skills to improve their supervisory practice," but had not yet made plans to implement coaching with their staff. Supervisors strongly agreed that Alliance coaches "asked for and understood their perspectives" in the course, and during individual coaching sessions learners noted that the coach's expertise and different perspectives were helpful. They also expressed wanting longer coaching sessions.

Alliance Coaching

Coaching sessions are an effective method in responding to and providing immediate attention to the DCYF workforce. In CY2020, the Alliance provided 1054 sessions of coaching to 1,499 DCYF staff.[19] In CY2020, the Alliance specifically provided 467.5 hours of coaching to DCYF supervisors.

In addition to LCC for AAs and supervisors, the Alliance currently offers individual skill development opportunities such as:
- Coaching for Ad Hoc Needs
- Coaching for Assessment
- Coaching for Organization and Case Prioritization
- Coaching for Child Safety Throughout the Life of a Case
- Coaching for Indian Child Welfare: Working with Tribes and Tribal Families
- Coaching for Permanency
- Coaching for Area Administrators and Supervisors

Child Welfare Training and Advancement Program (CWTAP)

The COVID-19 pandemic has had a tremendous impact on how the three CWTAP programs operationalized both in the classroom and in the field. Educational seminars went from in-person teaching to remote online learning via the Zoom platform. During the initial transition, this meant having to re-examine curriculum and restructure it so that it fit an online format. This meant replacing some activities and/or finding creative ways to offer the activity online while still providing quality learning to the students.

The three universities, University of Washington Seattle (UW Seattle), University of Washington Tacoma (UW Tacoma) and Eastern Washington University (EWU) did regular check-ins with the students and quickly learned that with a cohort model, they needed to have interactions and connections with their peers and faculty/Field Instructors. Teaching was adjusted to include weekly Zoom meetings with group activities and projects so that students could interact with their peers.

CWTAP offers generalist and specialized practicums to students. With COVID and remote work, this presented a major challenge to both students and Field Instructors. DCYF, like most agencies, moved to remote work in efforts to protect staff and the families they work with. It was a time of uncertainty with the pandemic and therefore students were unable to be in the field. The three CWTAP programs quickly brainstormed ways they could offer students a virtual practicum. The programs connected students to DCYF caseworkers (mentors) to assist in virtual work until DCYF could deploy laptops to all practicum students enrolled in the CWTAP programs.

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[19] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2020; April – June 2020; July – September 2020; October – December 2020.

Strong partnerships with DCYF, the Alliance and our tribal and community partners assisted the CWTAP programs in giving students a quality practicum (given the circumstances of the pandemic and the many unknowns during this time). DCYF staff participated in Zoom meetings and shared their expertise on DCYF policy and practices. The Alliance made available all of their on-line eLearnings so that the CWTAP programs could link them to the content being covered each week and students could get credit for taking the different eLearnings. The UW Tacoma CWTAP program had Tribal and community partners participate in Zoom meetings and agreed to be recorded so that their knowledge and expertise could be shared with students. For example, they had a Zoom session with parents who were involved with DCYF. Parents shared their experiences and how, for some, they were able to reunify with their children. The parents also agreed to be interviewed by the students. Each parent was linked to one or two students in breakout groups to be interviewed. Students then had to write a case note on the interview.

Evaluation of CWTAP

Among 85 graduating students, 89% responded to surveys assessing satisfaction, competencies and preparation for the field. Respondents reported a high level of satisfaction with the training they received through CWTAP. The aspects that they liked best about the program were support received from peers, mentors, and program staff. Many students who are current DCYF employees cited the financial support through tuition assistance and paid internships as positive aspects of the program. Across 18 child welfare competencies, students rated themselves from 4.1 to 4.5 on a five point scale. They were most confident in their ability to engage with families and gather information, to recognize and manage personal biases, and to understand racial disproportionality and disparities for children and families involved in the system.

Supervisor Core Training

Supervisor Core Training (SCT) is administered through a contract with the Alliance and 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 child welfare. In CY2020, the Alliance provided three statewide cohorts and had 32 participant completions. In August 2020, an identified SCT workgroup that included representatives from DCYF and the Alliance developed a plan identifying priorities for change and revisions that reflected legislation and PIP recommendations.

SCT launched its first pilot of these revisions in February 2021. The new SCT learning objectives are linked to Senate Bill (SSB) 5955 and DCYF's PIP, providing support to better prepare candidates for effective supervisory and leadership roles, adding simulation and coaching designed to improve trauma-informed care and reflective supervision principles along with critical thinking skills.

SCT has been increased from forty-two (42) hours/seven (7) days spread over a three month period to 113 hours spread over five months. The design of SCT is divided into three parts. Each new hire will be able to begin part 1 on their first day in their new position. Each part of SCT runs consecutively and new supervisors are integrated into small groups for peer-based activities. Upon completion of part 2, the new supervisor will receive coaching and professional development support as needed. The goal for completion of all three parts is within 12 months from the date of hire.

The three sections of SCT are broken down as follows:
● **Part 1**: The new hire can begin with eLearnings with a focus on FamLink, Administrative Incident Reporting System (AIRS), Aidan's Act, personnel files, and everyday leadership. They will also connect with a coach and get assigned to their small group for team building activities in part 2. If time allows before starting part 2, this is a great opportunity for the new hire to develop skills in leadership-focused trainings outside

of SCT by attending the in-service training in their program area, or connecting with a coach for 1:1 support.

- **Part 2**: Webinar/classroom trainings are the focus of this section and include team-based activities and simulations. It is important that the new hire complete part 2 in the same cohort, both to support team dynamics and to move toward completion efficiently, since part 2 only runs three times per year.
- **Part 3**: Coaching that is based on the individualized need of the learner.

The increased time developed for SCT was necessary to ensure all of the PIP and legislative mandates were included. Out of respect for supervisors' schedules, there are no full days where a supervisor is required to be in the classroom.

SCT is a competency-based training program that covers topics including:

- Becoming a Supervisor
- Workload and Caseload Management
- Navigating FamLink for Effective Supervision
- Supervising with Data
- Elements of Administrative Supervision
- Talent Management
- Elements of Clinical Supervision
- Self-Care
- Secondary Trauma

- Burnout Prevention and Conflict Management
- Building and Facilitating Effective Teams
- Role of the Supervisor in Critical Incidents and AIRS
- Professional Ethics
- ICW Government to Government

Added learning to the curriculum:
- Partnership with peer support
- Supporting individual wellness of supervisees
- Learner-Centered Coaching
- Trauma-informed/reflective supervision
- Debriefing with Good Judgement
- Supervisor case review
- Peer based learning.

One of the Alliance's fundamental goals is to provide professional development and support to DCYF's workforce and leadership. The curriculum development experts built this training to advance the skills needed to ensure supervisors' ongoing success in their new role. Supervisors will walk away with advanced knowledge and various opportunities to practice their skill development to do the best job they can upon completion of SCT.

The Alliance strives to be nimble and responsive to the needs of the supervisors. This includes working with P4C in developing surveys that are responsive to what learners are experiencing during this initial pilot. The Alliance will continue to work with the SCT steering committee with a focus on evaluation, feedback, and revisions that can be incorporated into the second roll out of this training in July 2021.

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

Surveys from 81% of the 21 learners in this course rated the training at 5.0, and commented on the instructor's expertise and knowledge.

Regional Advisory Groups

The regions and the Alliance have worked within their Regional Advisory Groups (RAGs) to assess current training content and delivery for both caregiver and workforce trainings. These groups, which consist of University partners, the Alliance, DCYF, Tribal and community stakeholders meet quarterly to discuss marketing strategies for upcoming new course releases and training evaluation data, including participant numbers and survey analysis. The groups also strategize methods for increasing training participation in the regions. Additionally, the RAGs are key in providing essential training recommendations for the annual APSR planning.

Item 28: Foster and Adoptive Parent Training

Caregiver Core Training

The Alliance is contracted by DCYF to provide pre-service training known as Caregiver Core Training (CCT) and ongoing in-service training for licensed foster parents, adoptive parents and unlicensed caregivers.
CCT is a competency-based training available to all potential foster parents, kinship caregivers and suitable other caregivers. Completion of CCT is mandatory in order to become a caregiver licensed directly by DCYF and totals 24-hours of training. The 24-hour training is made up of eight sessions, each three hours long, and a field experience. CCT can be taken either online or in the classroom. The online training also requires an individual support/coaching session with an Alliance Child Welfare Trainer, as a review of the sessions and an opportunity for learners to raise questions.

In CY2020, 133 caregivers completed classroom CCT in the first quarter and 1,765 completed the CCT online eLearning throughout the year.[20] It is unknown how many of these prospective caregivers fulfilled all of the licensing requirements and became licensed.

P4C completed an analysis of survey data from 188 eLearning participants (response rate 11%). Overall satisfaction with the course was 4.7 out of 5.0. Participant self-report of learning was high, especially regarding their knowledge of children's experience in the system. Out of 154 comments, the top three areas that impacted respondents the most were:
- Personal stories from caregivers, youth in the system, birth parents and others,
- Content regarding trauma and grief and loss, and
- Positive discipline and behavior management.

Some kinship caregivers requested more information that is relevant to kinship caregivers and more support in holding boundaries of DCYF requirements when you know the parent well. Regarding online learning, about 10% of participants experienced some frustration with the login process. Similarly, about one in ten respondents shared that they would have preferred to take the class in-person or at least synchronous online training. Five percent of respondents thought the course could be improved by including more and better representation of people of color, LGBTQ+ individuals, and single parents.

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[20] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2020; April – June 2020; July – September 2020; October – December 2020.

Out of 164 comments on the CCT coaching session, the majority found the following aspects of the coaching session helpful:

- The opportunity to ask questions and receive thorough and nonjudgmental answers,
- Coaching provided encouragement and improved their confidence, and
- It was helpful to hear about the personal experience of the trainer.

A small number of respondents shared concerns that the coaching session was redundant, too long, they felt "put on the spot," or there was nothing to talk about.

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 categories (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. Newly licensed foster parents are provided the Foster Parent Continuing Education Tool, which identifies the number of caregiver in-service trainings hours required and the acceptable types of trainings. 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.

In CY2020, caregivers completed 3,822 in-service training through in-person training, webinars and videos; 10,332 completed eLearnings. In CY 2020, 122 Individual Learner Centered Skill Development/coaching sessions were provided to 170 learners.

New training releases in CY2020 included:

- Advanced Adoption: The Effects of Trauma and Loss on Adopted Children (eLearning)
- Advanced Adoption: The Effects of Trauma and Loss on Adopted Children (webinar)
- Car Seat Safety: Select, Fit, and Install Correctly (eLearning for Caregivers)
- Caregiver's Responsibilities in Supervising Family Time (webinar)
- Caregiver's Responsibility in Supporting Family Time (webinar)
- Caregiving for Children with Physically Aggressive Behavior Concerns (eLearning)
- Caregiving for Children with Sexual Behavior Concerns (eLearning)
- CPR, First Aid and Blood-Borne Pathogens Certification for Initial Foster Parent License(eLearning)
- CPR and First Aid Recertification for Foster Parents (eLearning)
- Healthy Sexual Development (webinar)
- Honoring Their History: Memory Preservation for Children in Care (webinar)
- Infant Safety and Care for Caregivers (webinar)
- Paper Trail: Documentation Training for Caregivers-updated (classroom & webinar)
- Relative/Kinship Caregiving: Navigating Change in Family Dynamics (webinar)
- Relative/Kinship Caregiving: Supporting the Child in Your Care (webinar)

Caregiver In-Service Training Evaluation

Participant surveys are administered by P4C at the end of in-service courses. A summary analysis across 20 caregiver in-service webinar courses with a response rate of 31% found that the average overall ratings of

course satisfaction ranged from 4.2 to 4.9, with a median of 4.8 out of 5.0. Regarding webinars, caregivers appreciated the availability of remote learning. Cohort sizes for webinars were generally larger than those for in-person caregiver courses in the previous year. Some learners expressed fatigue or challenges with engagement in classes that ran for three or more hours. Respondents appreciated the trainers sharing from their experiences, being able to ask their questions and to make connections with the caregiving community during this time of isolation.

A recently developed eLearning titled "Connecting: Sexual Orientation and Gender Identity Expression for Caregivers and Kinship Providers" has been well received with 359 completions and a 36% survey response rate. Among strategies and skills addressed in the eLearning, participants most often reported they will listen better to youth, ask open-ended questions and utilize other motivational interviewing skills. They also will engage in safety planning with youth and look more actively for signs of suicidality. Participants found information on terminology and respectful language, strategies for communicating with LGBTQ+ teenagers, and personal testimonies of LGBTQ+ youth to be the most helpful components.

Office of Administrative Hearings (OAH) Training Series

Since January 2021, several DCYF members have delivered training to the Administrative Law Judges (ALJs) with the Office of Administrative Hearings (OAH). The ALJs learned about child care, foster care and other interconnected programs through six different 2-hour sessions. The six sessions were:

- Navigation, Duties and Intent of Child Care
- Navigation, Duties and Intent of Foster Care
- Exempt, Certified, Kinship, Family, Friend and Neighbors and Unlawful Care of Child Care and Foster Care
- Child Care Licensing 110-300 Updates
- Suitability of Providers, Background Checks, Equitable Assessments and Licensor's Role of Child Care and Foster Care
- Child Care Subsidy Program (CCSP), Overpayments and Electronic Attendance Records

RCW 43.216.345 has requirements for training for ALJs. The last training that the department has had the opportunity to provide to ALJs was in 2003. The 2021 OAH training package included PowerPoint presentations, resource guides, acronym keys and supportive learning materials to enhance the learning experience for the ALJs. Additionally, questions that were posed during the webinars were answered live or captured in a formal Q&A document that was later delivered to OAH to support the learning environment. DCYF has completed our 2021 training series and all webinars were recorded with transition into the TLC system for access to those ALJs unable to attend the live webinars. Moving forward, ALJs will be participating in eLearning modules created by the Alliance to fulfill all other legal requirements for their training. This training package will equip the ALJs with a deeper level of understanding regarding the regulations, investigative standards, child development and DCYF practices to improve administrative hearing outcomes or decisions.

Foster Parent Survey

The 2020 DCYF Caregiver Survey Report was completed in April 2021. Between November 2019 and September 2020, the Department of Social and Health Services (DSHS) surveyed 1,346 caregivers (591 foster and 755 kinship) who had a child in care within six months of the sampling date (August and November, 2019; February and May, 2020). These caregivers were asked about their satisfaction with support, licensing, training, and information provided by DCYF and private agencies contracted by the department. They were also asked to offer recommendations for change.

The majority of caregivers are pleased with the training they receive from DCYF, private agencies or specific programs. Ninety percent responded positively to being prepared by the training they received to care for the needs of foster children in their homes. They especially like the training on trauma and brain development and training on behavior management and strategies like Trust-Based Relational Intervention (TBRI) and Positive Discipline. Caregivers seek to connect the training material to daily life with the help of practical techniques and examples. They liked to explore real-life scenarios through multiple interactive approaches, such as question and answer panels or hands-on activities.

The survey also included more comments about online training, perhaps because in-person trainings were not available due to the COVID-19 pandemic. Caregivers appreciate the convenience of taking online training without the need to travel or secure child care but others say they prefer in-person training for the community building. Many specifically mentioned the value they place on in-person training for this very reason. They want to create dynamic communities and support systems. Once in-person training resumes, caregivers want increased availability of child care with training, more variety in course schedules, and more classes near them all across the state.

Caregivers appreciated trainers who came from a background that helps to provide insight. This Includes experienced caregivers, foster children, parents, caseworkers and subject matter specialists. All of these individuals are able to bring a unique perspective to training that allows caregivers to gain a more accurate picture of daily life with foster children. Ultimately, they want to understand more about foster children and their circumstances in order to provide the best care possible.

Caregivers had comments on a number of other aspects of training.
- Some caregivers stated they liked the variety of training topics available, the flexibility to take what was relevant to the needs of their children and the foundational courses.
- Some commented that there was repetition in the training, but that it might be useful in helping the ideas "sink in."
- On the other hand, several wanted more updated training materials and less repetition. Kinship caregivers asked for more training tailored to their roles as both family members and caregivers.
- Foster caregivers requested newer training rather than repeating content.
- Some caregivers wanted the training flexibility to include credit for relevant training they had taken in their work roles.
- Some caregivers wanted additional training in subjects such as trauma and the effects of parental drug or alcohol use on children.
- Many caregivers praised a training topic while also asking for more detailed and relevant information on that topic.
- Many wanted child-specific training about issues they experience in the home or opportunities to delve more deeply into those issues.
- Kinship caregivers are interested in training that would address their unique position and provide information and support for handling challenging situations.

Office of the Family and Children's Ombuds Report 2020
The 2020 Office of the Family and Children's Ombuds (OFCO) Annual Report indicates levels of specialized training for foster parents and state workers that should be considered for future training needs. There were 821 complaints received and 830 investigations completed which involved 1,228 children. The report demonstrates that the department's conduct regarding separation and reunification of families or the department's services are the main themes of these complaints. The pandemic has had a significant impact to

all services, caregivers' comfort level in taking new placements and, most importantly, the children and families served by the department.

Over the last five years, OFCO has reported the department practice of placing children or youth in hotels or office buildings due to lack of appropriate or willing foster placements. Initial reporting in 2015 indicated there were 72 children spending a combined total of 120 overnight exceptional placements, meaning in a hotel or a state office building. Unfortunately, this year's report identified there were 1,863 placement exceptions (use of hotel stays and DCYF offices as emergency placements) involving 220 children. Of these 220 children or youth, there were 62.3% were male and 37.7 were female. Through the data research, this year's report indicated that "physical aggression, mental health needs, a history of running from placements, and suicidal ideation as the most common characteristics among the youth in placement exceptions." The systemic issue identified is that placement resources are ill equipped to meet the needs of all children and youth in state care. In order to prepare or equip these caregivers, there continues to be a recommendation for training, tools and resources to be able to receive a new placement with challenging behaviors or maintain a current placement.

As identified earlier, the population of youth entering the system continues to change and if caregivers are properly and thoroughly trained to support challenging behaviors of children including in home supports to maintain a placement, the disruption of children or cause for hotel stays may decrease. The report reflects that lack of placements may not be tied to a lack of foster homes but potentially that the existing caregivers may not be fully equipped to appropriately and confidently care for today's youth. Additionally, during the pandemic, many foster homes stopped taking placements due to their own or their family's health concerns. There were a variety of creative solutions to safely care for youth during outbreaks and how to keep staff, youth and others safe with appropriate supervision levels. Although the report recommends normalizing hotel and office stays for children, a stronger emphasis and focus could be made on recruitment, training and support services for caregivers and development of a placement continuum capable of meeting the exceptional needs of these youth.

Although there is a small number of children or youth that account for the majority of placement exceptions, the impact to these individual lives must be considered in future planning, training and active supports for caregivers to avoid these types of placements. There were 19 children or youth that spent 10-19 nights in exceptional placements and 24 children or youth that spent 20 or more nights in exceptional placements. Making up 75% of all placement exceptions, this group of 43 children or youth spent a combined total of 1,395 nights in hotels or DCYF offices. An analysis was completed specifically on the 24 children and youth who were placed in a hotel 20 or more nights this past year. The following takeaways were found:
- 19 were male and 5 were female.
- 12 were white, 7 were multi-racial, and 5 were black.
- 17 were reported to have unique mental health needs including past inpatient psychiatric care or have diagnosed mental health disorders.
- Half of this group had a history of physically aggressive behaviors toward caregivers, DCYF staff and their peers.
- Half of this group demonstrated suicidal ideation and self-harming behaviors.
- Nine of these refused placements throughout the year.
- Five of these children or youth were waiting transport for a BRS or out-of-state placement.

As stated in the Foster and Adoptive Parent Licensing, Recruitment and Retention section, one of the goals for the recruitment and retention program is to reduce the utilization of placement exceptions for children and youth.

Knowing that exceptional placements of hotel rooms or office buildings are destabilizing for children and youth, strong efforts should be made toward aggressive recruitment, retention and tangible support services for caregivers. This year's OFCO report summarizes that the gaps in education, inadequate nutritional practices, emotional dysregulation, loss of the few individual belongings in their possession and several other issues is strong motivation toward systemic change and providing a more humane experience for children or youth in care.

COVID-19 Impacts

All in-person training came to a sudden halt in March 2020, due to the COVID-19 pandemic, and a number of previously scheduled classes were cancelled. Initially, the Alliance was only able to provide a few courses that were available via webinar and the catalog of eLearning courses. Over the remainder of 2020, many Alliance courses were developed as webinars or were converted from classroom to a webinar format. Webinars have proved valuable as a means of training that does not require travel or childcare, for caregivers. Many webinars were provided to a statewide audience with corresponding increased enrollment and attendance.

Due to the COVID-19 pandemic and the "Stay Home Stay Healthy" proclamation issued by the Governor, DCYF discontinued many of the in-person oversight functions according to the Washington Safe Start Recovery Plan Phases. As a safety measure to limit staff and provider exposure to the virus, LD began developing emergency protocol and methods to transition as much of the workload as possible to a virtual environment. Due to concern for both staff and public safety, leadership decided that field work would be completed differently as of July 1, 2020 and ending no earlier than June 30, 2021. In order to limit contact with the public, the emergency plan states that some work will still be done in the field, some virtually and some as a combination. Under LD leadership, program specific tables were developed to guide staff with what portions of their practice could be done virtually or in the field. Additionally, there continues to be assessment and evaluation regarding returning to the field and what components may still be appropriate to complete with virtual tools.

Virtual work, to this extent, has never been done in government licensing work. This required DCYF to create and implement quick and emergent practice changes. Unfortunately, the length of time virtual field practices will need to be in place is unknown and may be considered, to some extent, as permanent changes. Through the pandemic, there was a significant increase in emergent waivers across all programs and impacted workload for many LD staff both through leadership and field staff levels. As recovery unfolds, further analysis will be conducted for remedial training or practice adjustments.

When the pandemic hit, the LD Workforce Development Team quickly changed gears and priorities based on LD needs. Most of the team in the beginning months dedicated over 25% of their work time with several of the team devoting over 80% of work time supporting LD, agency and community needs. These supports included, but not limited to:
- Teleworking Webinar
- PPE and Staff Safety Webinar
- Initial Licensing for Kinship Caregivers Webinar
- Emergency procedures for Foster Care (FC) and Child Care (CC) Webinar
- Virtual platform and meeting framework tip sheets

- Licensor Wellness eLearning modules for both FC and CC
- CC Capacity Expansion Project
- Community Emergency Exempt Care Project
- FC and Group Care Hotline Phone Scripts
- COVID-19 Scrum meetings
- Child Care Aware (CCA) Partnership meetings
- Reopening guidance and tip sheets

The Workforce Development Team is currently rescheduling and framing the 2021 training schedule based on potential all virtual delivery. The most effective and preferred training will always be live instructor led delivery which enhances the adult learning experience and also lends itself to increased interaction and discussion with learners. There are significant limitations when training virtually to fully engage participants and also the ability to "read" the room and adjust or alter training style based on the audience needs. All adult learning styles, group discussion or activities, active engagement and experiences are severely limited with virtual trainings. Connectivity issues are experienced on a regular basis which distracts learners, presenters and causes learning gaps due to inability to clearly communicate content. In consideration of e-learning and delivery, the time element for the Workforce Development Team workload is continuously increasing due to the ADA requirements and building quality learning modules.

Due to COVID-19, caregivers are not able to attend First Aid and CPR in-person courses, which are required for licensed caregivers. Historically, these exclusions would have an impact on IV-E eligibility because the home did not complete all the requirements for licensure. However, the title IV-E agency and DCYF, may request flexibility under the Stafford Act to allow claiming of title IV-E reimbursement on behalf of an otherwise eligible child who is placed in a foster family home that is provisionally or conditionally approved or licensed. The title IV-E agency must complete as many of the requirements for licensure considering local requirements related to physical/social distancing guidelines and shelter in place orders by state and local authorities. The remaining licensing requirements must be completed when it is safe to do so. Waivers have been completed with all caregivers who fall into this category.

LD worked with the Alliance to develop an on-line CPR version for the course that was launched August 4, 2020. As of March 2021, there are 1,420 new licensed caregivers who have completed online CPR and First Aid and 1,201 recertifications. LD and the Alliance are working on a plan to complete the in-person portion of the training to over 2,600 applicants, when it is safe to do so, in accordance with state and local authorities.

Stakeholder Engagement, Involvement and Feedback
Training needs are determined through a combination of learner requests, learner surveys, the Alliance and DCYF Field Operations, Licensing Division and Child Welfare Programs input. Each spring, the Alliance and DCYF Leadership teams meet to determine the following year's allocations of existing trainings and which new training topics will be developed into new curriculum for DCYF staff and caregiver providers.

Strengths, Barriers and Practice Improvements Related to Staff and Provider Training
Strengths
- Initial and ongoing training for the workforce and caregivers is reviewed regularly through use of qualitative and quantitative feedback data to improve curriculum and delivery of training.
- In general, post-survey results of RCT participants indicate moderate to high confidence levels in caseworkers having the knowledge and skills for casework practice.

- Additional feedback is communicated by the LD Workforce Development Team as training concerns or needs arise from the field.
- The LD Workforce Development Team continues to assess and monitor additional ongoing and onboarding training needs.
- The LD Workforce Development Team is actively involved in curriculum development and reviews to ensure learning objectives are met and current field practices are illustrated.
- DCYF is committed to making training accessible to staff. The new Washington State Learning Center (TLC) has functionality that eases the searching for particular courses, has some user friendly reporting features, and the capacity for specific learning course links to be sent directly to learners.

BARRIERS

- Although the TLC provides additional functionality, it was just launched in fall of 2020 and staff are still navigating how to use this system and are becoming acclimated to the new functionalities and workflows.
- There have been challenges to a shift toward virtual training implementation as a result of the COVID-19 pandemic. Emulating the instructor-led model in a virtual environment has been a barrier to delivering optimal training and meaningful group activities or discussions.
- The reduction and near elimination of face-to-face social interaction has reduced or minimized some learners' growth or concept implementation due to differences in learning styles or the need for a hands-on instructional approach.
- An evaluation is needed to address enhanced learning for veteran staff when RCT, SCT or other modules are updated for onboarding. When RCT is changed and improved, it is important to address any learning gaps created for veteran staff, supervisory or management staff. An assurance that all field staff and levels are working from the same framework or latest research is vital.
- The need for a 360 degree approach to the evaluative process of learning brings challenges. However, an all-encompassing evaluative approach is needed to fully realize the transfer and application of learning concepts or objectives. How this may be realized in the caregiver environment or staff field or practices requires strategic and meaningful framework.
- The Workforce Development Team serves all of LD and the customized or general training needs are robust. There continues to be prioritization of training and program needs moving forward.

PRACTICE IMPROVEMENTS

- The learner's experience has been a driving factor in the improvement of the Alliance Catalog of courses. In the past year, the Alliance has:
  — Continued spotlights to the main website page and to each audience page so learners can see the most recent developments and releases quickly and easily.
  — Continued to use of direct emailing via Constant Contact to alert caregivers to newly available webinars each month so that they can continue training while sheltering at home. Individual notices of new trainings are sent to highlight their content and availability.
  — Modified several course descriptions and titles for improved learner understanding of training content.
  — Focused on the development of webinars to assure easy access and availability of training during times of COVID. Caregivers have expressed appreciate for being able to access training without travel or the need for childcare.
  — Enabled advanced course catalog search features including by audience, modality, distance from your address, date range and, most recently, an easy to read calendar.
- The LCC Model is now under development for caregiver providers.

- The Alliance continues to collaborate with DCYF in utilizing a prioritization matrix for new training requests that are made. Priority is given to PIP, legislative mandates, policy changes and tort related trainings.
- In December 2020, the Alliance was awarded a DCYF contract for caregiver retention and support, statewide. The Alliance CaRES (Caregiver Retention, Education, and Support) Program offers resources, support and community to caregivers. The new program includes outreach and support to prospective caregivers on their journey to licensure as well as ongoing support for licensed and kinship caregivers at the point of licensure, first placement, and beyond. The CaRES Program is also focused on increasing retention through the provision of support groups, the FIRST line (which prepares for how to navigate an investigation) and social media. Support groups are based on a model known as "Communities in Practice" and uses supportive, facilitated group discussions as the format. Support group topics are being determined though surveys of caregivers and on-going feedback gathered through the daily operation of the program. Participation in these support groups count as continuing education requirements for caregivers to maintain their foster care license. The CaRES Program continues to grow and will be launching a mentorship program and a warm line in coming months. Learn more at www.alliancecarescommunity.org
- All courses created through the LD Workforce Development Team include a leadership component to solidify and support training messages, resource documents to support learning, the PowerPoint presentation for follow up reference, and an FAQ document that is generated by learners, answered by leadership and dispersed to all learners and a follow up survey evaluation.
- All curricula developed by the LD Workforce Development Team is reviewed by subject matter experts (SMEs) in the field to ensure accuracy and applicability to the learning required. Additionally, all training deliveries have included a field presence in guest presenters to ensure a connection and representation of the field.
- The Workforce Development Team has implemented a Retention and Succession Framework. The framework is designed to help inform LD leadership about staff's experiences working in LD. More specifically, this framework is intended to gain an understanding about what staff enjoy about their jobs, what supports they need to do their jobs well, what LD can do to better engage with them, and what will keep them happy and thriving as valued staff members of the DCYF LD. In addition to supporting and engaging LD staff, LD is committed to providing staff appropriate opportunities for professional development to support them to thrive in their roles. LD is currently developing a model for equitable and consistent succession planning to better prepare for vacancies, to develop leaders, to provide LD staff with opportunities for growth and to promote continuity of service delivery to the children, youth, and families that we serve.
- All LD programs will have onboarding plans developed to address field needs specific to daily job duties, policy and procedure reviews and enhanced growth opportunities.

Service Array

Item 29: Array of Services

In Round 3 of the CFSR reviews completed in 2018, Washington was rated as an area needing improvement on this systemic factor. DCYF has demonstrated the availability of essential services statewide. However, improvements can be made regarding timeliness and access of these services to meet the needs of children, youth, and families across Washington State regions.

INFOFAMLINK ADMINISTRATIVE DATA

Combined In-Home Services By Program

SFY2016, SFY2018 & SFY2019 Comparison								
Combined In-Home Services	SFY2016			SFY2018			SFY2019		
Program Types	Total	Adult	Children	Total	Adult	Children	Total	Adult	Children
Family Preservation Services (FPS)	6,844	2,670	4,174	10,756	4,293	6,472	11,136	4,437	6,699
Crisis Family Intervention (CFI)	997	465	532	688	325	363	570	271	299
Functional Family Therapy (FFT)	2,242	951	1,291	2,669	1,115	1,554	2,404	1,005	1,399
Homebuilders	2,360	909	1,451	2,368	949	1,419	2,221	855	1,366
Incredible Years (IY)	1,315	609	706	1,658	729	929	1,807	815	992
Parent-Child Interaction Therapy (PCIT)	597	226	371	643	232	411	637	232	405
SafeCare	1,546	720	826	1,764	846	918	1,742	878	864
Positive Parenting Program (Triple P)	4,333	1,650	2,683	4,612	1,769	2,843	5,241	1,976	3,265
Promoting First Relationships (PFR)	1,088	533	555	1,431	707	724	1,537	746	791
Unduplicated Total	18,901	7,867	11,034	22,999	9,649	13,350	23,536	9,840	13,696
NOTE: Client list generated from FamLink Service Referral Participant table in conjunction with other FamLink tables to identify service referrals that are associated with a payment for a combined in-home service. Adults are >=18 years old on the date of the first SFY 2016 paid service; Children are <18 years old on the date of the first SFY 2016 paid service. Data Source: FamLink, 2019									

ANALYSIS OF THE DATA AND PRACTICE TRENDS

Between SFY2016 and SFY2019, the majority of programs included in the Combined In-Home Services have increased the number of services provided. There were 4,635 more clients served in SFY2019 than in SFY2016.

One of the challenges Washington State continues to face is working with allied child-serving systems to provide Medicaid-funded mental health (MH) and substance use disorder (SUD) services. DCYF is focused on enhancing caseworker knowledge and understanding of the Washington State Medicaid service array, in order to identify and develop the necessary specialized contracts for non-Medicaid funded services needed by our children, youth and families.

DCYF has developed clear strategies to improve availability and access to behavioral health services through data collection, analysis and collaboration with allied child-serving partners. DCYF developed a workgroup that met for three successful sessions involving the Washington State Health Care Authority (HCA), Managed Care Organizations (MCO), DCYF headquarters and field operations staff. The workgroup established a mechanism that ensures that all MCOs are responsive to their child welfare involved members regarding access to care coordination services. The mechanism is a Memorandum of Understanding (MOU) that details the process by which child welfare involved children, youth and families can access care coordination services. The multi-system workgroup also identified barriers to accessing behavioral health services, as well as opportunities to analyze HCA and MCO data regarding Medicaid behavioral health service penetration rates and network capacity.

DCYF has also updated and refined the Service Array Assessment Survey that was originally conducted in 2019. The purpose of the survey is to identify region-specific needs for Medicaid and DCYF contracted behavioral

health services. The survey results will inform and assist DCYF in the development of resource guides, workforce education strategies and targeted expansion of provider capacity for both Medicaid and DCYF contracted services.

Family First Prevention Services & Service Array

Since Washington's Family First Prevention Services Prevention Plan was approved in late 2020, DCYF has been working on implementation planning in order to meet the new federal requirements. Implementation of Family First is a transformation effort that will take multiple years to fully implement.

DCYF would like to expand voluntary prevention services among the identified FFPSA candidacy groups. In order to support this increase, the agency will need to invest in additional resources and develop an infrastructure to support expansion. A slow and steady ramp-up in expansion of services, guided by implementation science, is needed to avoid the unintended consequence of displacing existing services for families with children in foster care and to support the necessary focus on state caseworkers, training and fidelity for EBP providers, curation of network providers and program administration. DCYF intends to take an incremental approach with service expansion – with multiple rounds of expanding priority services in targeted geographic areas and onboarding new service providers. Additionally, we will need additional capacity that the agency will need to build in contract management and monitoring, CQI and evaluation. In January 2021, DCYF received approval to use Family First Transition Act (FFTA) funds. In the FFTA budget, we have identified dollars to support the FFPSA EBP Prevention expansion needs. This funding is anticipated to be spent in FY2021 – FY2024.

When DCYF was formed as a new agency, it brought together prevention services that originated from different agencies and different funding authorizers. Currently, contracting, data tracking, referral processes, case management, and billing varies greatly within these various programs. In our implementation planning, we discovered that more work is needed to meet the Act requirements for claiming IV-E funding for Home Visiting and Juvenile Rehabilitation services. The primary barriers for Home Visiting (HV) and Juvenile Rehabilitation (JR) Evidence Based Services are lack of integration into the systems that are established for billing to IV-E, specifically the internal IT systems and linkages with financial systems. Combined In-Home Services (CIHS) meets the federal requirements for IV-E claiming currently; therefore, we will be able to draw down IV-E funding for those services as part of the first phase of Family First implementation. DCYF will continue to work on integration of our systems so that we will be able to claim IV-E funding for HV and JR EBPs in the future.

This delay in no way impacts the ability of caseworkers to refer to those community services funded in HV or in the JR service array. Through the Family First planning process, there will be exploration for continued opportunities for referral to HV and JR services.

Item 30: Individualizing Services

In Round 3 of the CFSR reviews completed in 2018, Washington was rated as an area needing improvement on this systemic factor. During the statewide assessment, stakeholders described concerns with DCYF's ability to individualize services because staff are not aware of available services and are not ensuring that family assessments identify specific needs that inform tailored services. It was noted that SPMs are not consistently used statewide to ensure that services are individualized.

There are several factors that make individualizing services difficult. One factor is the limited service capacity of both community and Medicaid-funded services, as well as DCYF contracted services. When there is limited

capacity, services are provided based on availability, rather than on the unique needs of the child, youth, or family.

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

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

As mentioned in the safety, permanency and well-being outcome sections, DCYF is focusing on engagement and quality contacts with children, youth, parents and caregivers. Having the right conversations with children, youth and families allows caseworkers to engage children, youth and families in case planning, conduct more thorough and accurate assessment of safety and identify service needs that meet the unique needs of the family. In addition, a focus on shared planning meetings, particularly through the PFD1 grant, is also anticipated to help improve the ability to match services with the family's identified needs and specific circumstances.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO SERVICE ARRAY

STRENGTHS

- DCYF has developed an online services guidance tool for available Evidence Based Practices (EBPs) to help caseworkers better match identified needs to available services. This resource currently focuses on contracted EBPs.
- Greater access to concrete goods utilizing on-line purchasing capability including the ability to directly ship items to family's homes.
- Enhanced capacity to provide remote/telehealth services utilizing available technology.
- Service usage for combined in-home providers continues to increase between SFY2016 and SFY2019.

BARRIERS

- Timely access to mental health and SUD services through Medicaid contracted service providers, particularly for children and youth who are in-home non-dependent, and parents who are not members of AHCC program.
- Knowledge about what DCYF services and resources are available to families:
  — Increase clarity on when services can be offered.
  — Improve consistency on what services are available throughout the state.
- Difficulty in developing service availability in rural parts of the state.
- Systemic understanding of the service capacity needs. DCYF Child Welfare Programs is exploring methods to work with DCYF staff and community partners to document, analyze, and improve the process of:
  — Identifying service needs for families by using data from providers and from FamLink.
  — Authorizing services.
  — Obtaining services.
- Although Washington State is data rich, there are still difficulties in accessing child welfare specific data regarding services provided for children in-home and parents involved in the child welfare system. As this population is captured in the general population served, there is currently not a mechanism to break this data down specifically into the child welfare population. Data regarding children and youth in out-of-home care is much more readily available and tracked.

PRACTICE IMPROVEMENTS

- Implementation of DCYF's Program Improvement Plan (PIP) strategies began in July 2020. There is a strategy and associated activities related to service array. See Update on Plan for Enacting the State's Vision for current status of implementation of these strategies. The strategy includes the following:
  — Improve availability and access to services to address children, youth, and their family's behavioral health through data collection, analysis, and integration with systemic partners.
- As indicated in the Family First Prevention Services Act (FFPSA) section, implementation of the prevention plan is scheduled to begin in January 2022 within identified early implementer offices throughout the State.
- As indicated in the Update on Plan for Enacting the State's Vision section, implementation of the Permanency from Day 1 (PFD1) grant began in 2020.
- In 2019, the Washington State Health and Human Services Sub-Cabinet asked HCA, DDA, and DCYF to create a workgroup to address ongoing BH service delivery issues, and the Cross Agency Coordination of Children in Complex Situations project was launched. The project focused on
  — Submitting a cross agency decision package.
  — Reduce the number of children placed outside of Washington State.
  — If a child does receive treatment out of state, ensure the MCO is responsible for payment.
  — Define hierarchy of services between DCYF and DDA.
  — Identify roles of MCOs.
  — Policy legal, fiscal and resource changes to overcome challenges.

  This project led to the submission of a supplemental budget request and funding of additional MH specialized bed capacities which included 20 new beds for DCYF under BRS program for Intensive Mental Health. The project team was not able to put forward a Decision Package for the 2021-23 biennium due to the originally projected $4.2 billion budget shortfall caused by the ongoing COVID-19 pandemic; however, many of the project objectives are transferred to and being carried on by other workgroups that have direct authority in the respective sections.

- DCYF is in the process of rolling out Performance Based Contracting (PBC) for all client service contracts. PBC standards include:
  — Service standard—number and/or description of service and products to be provided to clients, reporting of services and products provided, and number of clients served.
  — Quality—contract incorporates quality measures and clearly defined data matrix and target.
  — Outcomes—include clearly defined outcomes and target goals.

  There are 8 Child Welfare PBC contract groups. Four of those contract groups (Placement Services, Placement Support Services, Child Welfare Physical Health & Safety and Child Welfare Behavioral Health) are currently in Phase 1, which includes working to meet the service standard and quality metric. The four additional contract groups (Combined In-Home Services, BRS, Family Time and Adoption) are currently in Phase 2, which includes working to meet the outcome metric identified. More information regarding PBC can be located here.

- DCYF has an identified a single MCO with AHCC specifically designed to serve children and youth in foster care, children and youth in adoption support, young adults in extended foster care, young adults who aged out of foster care on or after their 18th birthday, and children and youth reunified with their parents. The AHCC program provides care coordination services to children, youth, parents, caregivers and caseworkers to support navigating Medicaid contracted services to improve timely access to appropriate services. The AHCC program's success to connect clients with service utilizing care coordination became the model for

partnering with other MCOs to also improve access to services by utilizing their care coordination service, targeting non-dependent children and youth, and parents involved in the child welfare system.

- Utilizing the expertise and support of the Harvard Government Performance Lab, DCYF is now piloting non-CPS intake response to pregnant persons struggling with SUD. There are two pilots in the state:
  — Region 1 - the intake is sent directly to the service provider, and
  — Region 5 - the intake is sent to Community Intermediary, an alternative community response.
  The pilots will continue until June 2021 and outcome data will be analyzed to assess effectiveness of the pilots.
- DCYF is exploring a web-based application to manage referrals, assessments and billing of service sets, including Combined In-Home Services (CIHS). All CIHS contracted providers utilize CANS-F Assessment to drive the treatment. As of January 2021, CANS-F Assessment has begun transitioning to an online platform from the previous Excel worksheet format. Providers are switching over to the online platform for CANS for newly referred cases, and full transition is expected to be completed by July 2021.

COVID-19 IMPACTS

The COVID-19 pandemic had a significant impact to the DCYF operations and the service array. Initial and immediate implications were felt at the placements and direct care settings of all levels, particularly hitting hard on the congregate settings. The lack of the treatment options at hospitals and acute inpatient settings had a cascading impact to all level of care and services, particularly the community MH and SUD agencies, intensive outpatient/wraparound services, outpatient, and community based services. The significant impacts were also felt within the DCYF contracted MH and SUD services, BRS, Child Placing Agencies (CPAs), Family Time and in-home EBP services. Social distancing, self-isolation and travel restrictions have led to reduced workforce and service capacity across the placement and service continuum. The socio-economic implications of COVID-19 and uncertainty has ignited frustrations and concerns for an anticipated economic crisis and recession led to a large scale personal service contract freeze and hiring freeze of non-direct service workforce statewide.

Isolation of children, youth and families, and infrequent contact with mandatory reporters meant reduced numbers of child welfare intakes. Contracted service providers, especially Family Time and In-Home Family Preservations Services providers, received reduced numbers of service referrals. In response, DCYF immediately transitioned its services to remote/telehealth provision whenever feasible and statutorily permitted. DCYF also adjusted provider payment methodology from fee-for-service type model to a value-based model in order to support and maintain provider capacity through the crisis.

Transition to primarily remote/telehealth service provision required DCYF to urgently develop a strategy to provide equitable access to technology, including hardware and software. DCYF also reduced restrictions for child welfare involved children, youth and families to access concrete goods, targeting food and essentials.

Though responding to the pandemic had been extremely difficult, it forced DCYF to think creatively to meet the needs of the children, youth and families. In order to rapidly respond to the changing public health crisis, DCYF worked closely and coordinated with allied agencies including the Washington State Department of Health (DOH), HCA, and Emergency Operations Center. Each of the DCYF programs produced and maintained program specific service provider guidance specifically addressing COVID-19 protocols, and programs with larger provider portfolios followed up with reoccurring statewide virtual meetings with the providers to be able to stay current and respond to issues as they arose. The Foster and Kinship Care program, CPAs, BRS, Family Time and Combined In-Home Services programs held reoccurring

meetings with the provider community at a minimum on a monthly basis and, at the height of the crisis, met with providers on a weekly basis. DCYF was met with incredible dedication, resiliency and adaptability of the service providers and caregivers to partner with to support and serve children, youth, and families through the unforeseen public health crisis.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

Aside from the program specific provider engagement efforts in response to the pandemic as mentioned above, DCYF continued its effort to advance on PBC, the PIP and FFPSA implementation and rollout, and actively engaged with both DCYF internal and external stakeholders including, but not limited to:

- Coordinated Care of Washington (CCW) – Identified areas throughout the year that would increase rates of access to physical health care. CCW, DCYF and HCA coordinate monthly to assure operation of the AHCC managed care plan continues to address the needs of the foster care, alumni and adoption support populations.
- Child Welfare Field Operations Staff – Provide feedback and input on communications to field operations regarding health care, BH and in-home services. Provide information to the DCYF HQ about challenges the child welfare staff are encountering about access to physical and mental health services.
- Health Care Operations group comprised of HCA, DCYF and Fostering Well-Being (FWB) members. The group meets monthly to assure internal issues regarding operation of the AHCC managed care plan and the services provided to the fee-for-service populations are addressed.
- Washington State Family Youth System Partner Round Tables (FYSPRT) provide a forum for families, youth, state agencies and communities to strengthen sustainable resources that provide community-based approaches to address the behavioral health needs of children, youth, and families. The FYSPRT gathers community feedback and provides oversight for high-level policy-making, program planning, and decision making regarding the provision of behavioral health services in Washington State. The FYSPRT also provides additional support for the implementation of WISe. DCYF partners with HCA in the statewide and local/regional FYSPRT meetings to ensure that the needs of child welfare involved youth and families are highlighted, and that services are developed for the specific needs of the foster care population.
- Regional Medical Consultants (RMCs) provide guidance regarding health care concerns for the foster care population. The RMCs provided feedback and suggestions for implementing education and information about management of diabetes in children and youth.

Agency Responsiveness to the Community

In Round 3 of the CFSR reviews completed in 2018, Washington was rated as in substantial conformity on this systemic factor.

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

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

DCYF collaborates and consults with diverse groups of stakeholders through advisory groups, oversight committees, provider meetings, improvement initiatives and implementation of new legislative requirements.

Regularly scheduled meetings are held with specific stakeholder groups, including but not limited to, courts, tribes, behavioral health representatives, youth and youth serving organizations, parent representatives, foster parents, kinship caregivers, contracted providers, and internal staff to assess the needs of children and families to monitor progress towards achieving identified outcomes and measures. Through this stakeholder feedback, DCYF is able to identify areas of strength, areas needing improvement, discuss best practices and develop strategies for improvement.

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

Examples of engagement and collaboration include the following:
- During the 2020 Youth Leadership Summit, The Mockingbird Society Tacoma Chapter focused on addressing racial disproportionality and systemic bias within CPS with an equity toolkit that includes youth voice. They had referenced consultations they had heard occurred in their region (Region 5) prior to filing depending petitions. DCYF was able to have an additional meeting and have conversations regarding the pre-filing consultation process that was being implemented across the state as part of program improvement efforts. Through further conversations, this also prompted DCYF to look further into a race blind staffing approach and that is currently being assessed for a pilot project in Region 5.
- The Family Practice Model (FPM) is using a co-design methodology. Co-design means learning continuously from and with people closest to the work. In the case of FPM, that means caseworkers and lived experts. The co-design methodology challenges historic imbalances of power in systems where leaders make important decisions about other people's lives and families. Co-design sessions for caseworkers occurred in winter of 2020 and spring of 2021. In addition, co-design sessions for foster parents occurred in spring of 2021. Co-design sessions for foster parents, youth and young adults, parents, tribal communities, relatives and stakeholders are scheduled and will occur through the summer of 2021. Information, input and themes from these sessions will inform the work for the core design team, which also includes those closest to the work.

DCYF publishes a variety of legislative, federal, program and OIAA reports on the department's internet site.[21]

During the COVID-19 pandemic, DCYF collaborated closely with internal staff, tribes, providers, courts, foster parents, kinship caregivers, youth, parents and families to develop and implement responses to the changing dynamics of the pandemic. DCYF hosted webinars, developed tip sheets and guidance documents, and sent out communications regarding temporary changes in practice, procedures and service delivery. DCYF developed an email inbox, specific to requests regarding COVID-19. DCYF also developed a COVID-19 Updates webpage that contains program specific information regarding impacts and changes related to the pandemic.

Item 32: Coordination of CFSP Services with Other Federal Programs
DCYF engages in ongoing coordination of services with other federal or federally assisted programs serving the same population. The Title IV-E program is coordinated with other programs available to children in the state of Washington funded under titles IV-A (TANF), IV-B (Child Welfare Services), XVI (Supplemental Security

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[21] Department of Children, Youth and Families Internet site, OIAA, Reports, **https://dcyf.wa.gov/practice/oiaa/reports**

Income), XIX (Medicaid), and II (SSA) of the Social Security Act in accordance with all appropriate provisions under federal law. Examples of this coordination include, but are not limited, to:

- Coordination with the DSHS Economic Services Administration (ESA) of concurrent benefits for Title IV-E eligibility and TANF child-only eligibility for children placed in kinship caregivers.
- Supporting tribes in their delivery of child welfare services through IV-E agreements.
- Coordination with the Office of Homeless Youth Prevention Programs (OHYPP) at the Department of Commerce.
- Memorandum of Understanding with DCYF, ESA and statewide Housing Authorities.
- DCYF obtains information from federal and state databases through data-sharing agreements. Examples of database access includes:
  — ACES (determines eligibility, issues of benefits, management support, and data sharing)
  — SEMS (DSHS Division of Child Support)
  — UTAB (Unemployment Tax and Benefit system)
  — Department of Health Vital Statistics
  — eJAS (Basic Food and Employment System)
  — VIPS (vehicle registration database)
  — Federal Bureau of Prisons Inmate Locator

Examples of coordination with other federal programs include the following:

- DCYF Parent Locators and other staff daily use federal and state databases to continuously and actively search for parents whose whereabouts are unknown. Use of these resources has allowed staff to locate parents and engage them in child welfare services.
- DCYF Adolescent Programs and Juvenile Rehabilitation are partnering with Career Connect Washington (funded by the Workforce Education Investment Act). This program provides students with an opportunity to develop career awareness, exploration, preparedness and launch. This will help DCYF support youth in achieving their highest potential.

DCYF will continue to engage internal and external stakeholders in the development, implementation and monitoring of the CFSP, APSR, PIP, PFD1 initiative, FFPSA, strategic planning and other performance improvement and legislatively mandated initiatives.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally
DCYF Licensing Division (LD) ensures state standards are applied equally to all foster family home and childcare institutions through the use of standardized materials and processes, consensus building within LD, and CQI activities.

Only fully licensed foster home and childcare institutions are claimed by the State for federal funding reimbursement. Placements in approved, unlicensed kinship caregiver homes are important to maintain family connections; however, IV-E and IV-B funding is not claimed for these homes unless the kinship caregiver completes the licensing process. Unlicensed kinship 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.

Policy 45274. Placements with Unlicensed Relatives or Suitable Persons requires the assigned caseworker to make a home study referral to the LD within 30 days of the start of the placement. The referral includes an application completed by the caregiver and proof that background checks were submitted. A report was

developed in FamLink that identifies all children placed in unlicensed homes that do not have a complete home study or a home study in process. As of January 10, 2021, 3,745 (47%) out of 7,324 children with an open out-of-home placement are in a relative home. Of those, 417 (11%) are in unlicensed kinship caregiver home and in need of a home study. DCYF has made significant improvements in this area.

The effort to license more kinship caregivers in Washington State continues. This year, DCYF sought legislation to establish "child specific" licenses for kinship caregivers. The legislation passed and planning for implementation will begin in summer of 2021. LD has finalized the expanded list of items in the Washington Administrative Code (WAC) that do not pertain to safety so that "non-safety waivers" can be used to license kin who otherwise might not be able to become licensed. The expanded list of "non-safety waivers" will begin with the implementation of the child specific licenses. The timing of both the non-safety waivers and child specific licenses align with the implementation of an online application portal for caregivers. We anticipate that the rules, procedures and staff training will be developed and ready in time for the application portal to go live late in 2021. It is expected that the online application portal, the expanded non-safety waivers and the ability to do child specific licenses will create a friendlier and streamlined licensing process for kinship caregivers.

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:

- A fingerprint-based background check through the FBI and the Washington State Patrol (WSP), to include a child abuse and neglect history check of every state the adult individual has lived in the five years preceding the background check application.
- A WSP criminal background check is required for any household members, ages 16 through 17. Additional licensing requirements include an approved home study/family home inspection, CPR and First Aid training, HIV/AIDS training, and completion of orientation and Caregiver Core Training (CCT).

At the end of CY2020, there were 4,908 licensed foster homes, a slight decrease from the 5,045 licensed foster homes at the end of CY2019.[22]

During 2020, LD has continued to examine business processes, tasks and staff capacity within the various sections of LD across the state. After field testing, provider licensing maintenance tasks were moved to the Safety and Monitoring (SAM) section of LD, allowing those in the assessment section to primarily focus on completing home studies. Most of the state was fully transitioned in February 2021, and each SAM worker is responsible for a caseload of approximately 125 licensed homes.

Number of DCYF and Private Agency Licensed Foster Homes		
Calendar Year	# of First New Licenses Issued In Calendar Year	# of Renewal Licenses Issues in Calendar Year
CY2019	1,138	667
CY2020	1,039	578
Data Source: Count of DCYF Licensed Providers by Location and Type and Licensing Timeliness Report, CW Licensing Metrics (data warehouse), infoFamLink		

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[22] Data Source: DCYF infoFamLink; Data as of December 31 of the identified year

Application and assessment materials maintained and utilized by LD are consistent statewide. A Lean event was held in February 2019 to review the home study application and required forms and streamline whatever paperwork possible. The outcomes of the group included:

- Discontinuing four (4) forms.
- Changing two (2) forms.
- Leaving six (6) forms the same.

The application and assessment materials required decreased by approximately 50%. There has been a slight decrease in overall timeliness for licensing homes. Additionally, LD has been working diligently to decrease the backlog (applications pending over 120 days). Figure 41 illustrates the trends for applications pending over 120 days.

Average Days Application to Licensure (State & Private Agency Homes)	
2019	160.5
2020	156.7

Pending > 120 Days	
Apr-20	265
May-20	293
Jun-20	312
Jul-20	308
Aug-20	312
Sep-20	314
Oct-20	320
Nov-20	307
Dec-20	294
Jan-21	281
Feb-21	260
Mar-21	208
Apr-21	191

FIGURE 41

Applications Pending > 120 Days
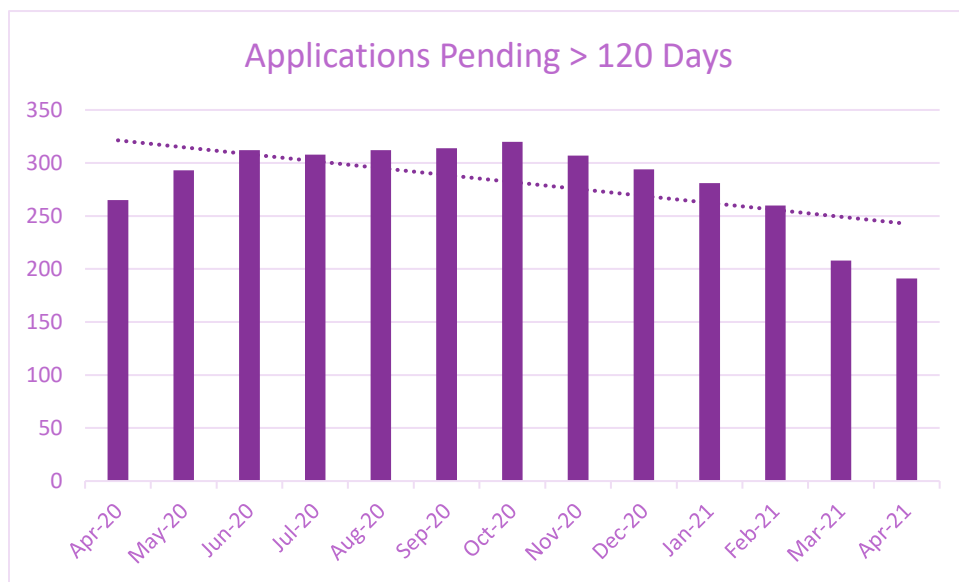
It is anticipated that the following changes will improve how applicants experience our system as well as improve timeliness of completed licenses:

- Caregiver Engagement Unit (CEU) - specialized staff who assist kinship caregivers navigate the home study/licensing process. This pilot started in Regions 1 and 2 and we are seeing promising results. There has been an increase in number of kinship caregivers getting licensed. In Region 1, it increased from 23.7% to 29.2% and Region 2 increased from 18.9% to 33.3%. There has been a significant improvement in timeliness as well.

CEU Pilot - Licensed Kinship Caregivers		
Region	Avg Days to license Jan 2019-June 2019	Avg Days to License Oct 2020-March 2021
1	143	109
2	146	113

- Child specific licenses - new legislation was passed that allows caregivers to become licensed for a specific child. This will make the process more efficient and tailored to the needs of kinship caregivers.
- Expanded use of non-safety waivers.
- Online application portal.

A file checklist is used by home study licensors to ensure that licensing standards are applied equally to all family foster homes, including kinship 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 LD licensing supervisor who must review and approve 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 state. Homes that do not meet standards are denied a license (new applications) or their license is revoked (existing licenses). In 2020, 13 families were denied a license.

Child Care Institutions

Application and assessment materials maintained by LD 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. LD has developed standardized checklists for each type of group care facility, depending upon the specific license being issued (group home, crisis residential centers, etc.).

There are five supervisors statewide who oversee 22 regional licensors who regulate group care facilities in each 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.

All group care facilities contracted for BRS receive a biannual health and safety monitoring visit from the regional licensor. Due to the COVID 19 pandemic, these were done virtually. Normally, there would also be a comprehensive program review midway through their three-year licensing period; however, due to COVID 19 these were suspended. LD has taken this time to develop a new approach to monitor group care facilities with a BRS contract. A workgroup was held and it was decided that the current comprehensive review policy will sunset and a new strategy will be implemented. This will be a coordinated approach between licensing, contracts and Child Welfare Programs and Field Operations. The focus will be on:

- Quality assurance and continuous quality improvement (CQI) aligned with better outcomes for children and youth.
- Supporting providers in pursuit of quality and CQI.
- Being responsive to providers needs and creating efficiencies for both providers and DCYF.

FFPSA was embraced by Washington State in 2019. Initially, Regional Licensing staff expressed concerns regarding the extensive requirements of accreditation. The LD provided technical assistance to providers as Contracts worked with Qualified Residential Treatment Programs (QRTP) requirements to become accredited. A form titled Family First Prevention Services Act Evidence of Compliance is used for all QRTP providers[23]. All sites have been accredited.

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 caregiver's training needs are met. It is anticipated that the online portal will make the process much more efficient for foster parents

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[23] Family First Prevention Service Act QRTP Requirements, **https://www.dcyf.wa.gov/sites/default/files/pdf/FFPSA-QRTPRequirements.pdf**

and DCYF staff. Training, background checks, expiration dates and the renewal assessment will be able to be tracked and managed online.

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 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 LD based on the requirements in Washington Administrative Code. Normally, 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; however due to the COVID 19 pandemic, these inspections were conducted virtually. 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

The provider home study review has been conducted annually through a random sample of provider files selected from the total population of home studies completed by LD during the six-month period under review. In 2019, a new tool and process for the home study review was developed after feedback was collected from internal stakeholders. The new tool achieves the following:

- Reviews current practice,
- Identifies strengths and areas of improvement,
- Analyzes trends and
- Develops recommendations that will increase consistency in family assessments and promote best practice.

The 2020 home study audit team was comprised of licensors and/or home study writers, supervisors and program management staff. On March 23, 2020, a "Stay Home, Stay Healthy" order was put into place due to COVID-19 resulting in the need to adjust the review. Because much of the file documentation is on paper, the tool was revised so that the review could be done by viewing only online materials.

There are six questions in this review which evaluate practice by measuring compliance with key elements of DCYF policy. They are based on previous audit findings as well as federal requirements.

Two independent evaluators reviewed each home study and file. The home study audit lead compared the tools after each provider (home study and file) had been reviewed twice. If the evaluators do not have consensus on each question/item, a third evaluator or the audit lead reviewed the home study and/or required document(s) to answer the item(s) in question.

Based on the outcome of the review, each region was tasked with developing an action plan to address any areas of improvement (defined as lower than 80% performance, when the sample size is greater than four). Action plans were compiled to monitor progress annually.

The provider home study review occurred during the summer months of 2020. The period under review was October 2, 2019 through March 31, 2020. There were 112 home studies reviewed in total. After all answer sheets were compiled, there were 52 home studies that required a third review of at least one item. This was completed by the audit lead and documented in Excel.

The home study audit demonstrated the level of excellence staff strive for. There were 136 individual strengths noted. The following strengths were noted most commonly:

- Well-written.
- Organized.
- Clear and concise.
- Detailed, descriptive, thorough.
- All audit markers met.

Overall, areas of improvement include:

- Culture section needs more information.
- LGBTQ+ needs to be addressed in further detail, include gender identity and expression, not sexual orientation only.
- Adoption updates should "stand alone" and not refer to previous home studies, explain purpose of update (or additional home study).

Three regions needed to complete action plans. The items that needed to be addressed were the following:

- Item 2: Were background checks completed for all persons living in the household or on the property?
- Item 5: When the applicant(s) identified living adult children, did all adult children provide a reference *OR* were diligent efforts at contact (at least two attempts) documented?
- Item 6: Did the home study assess the applicant's ability to care for and support children/youth who identify as LGBTQ+?

Item 34: Requirements for Criminal Background Checks

Washington State's comprehensive background checks for adoptive and foster care exceeds the federal Adam Walsh Protection and Safety Act requirements. This background check includes adverse and negative action information from licensed programs, Washington courts dispositions that may not be reflected in the in-state or national background check result, and is required for all household individuals age 16 and older and not just the prospective adoptive or foster parents.

DCYF's crimes list goes beyond the federally disqualifying crimes, but an individual with these additional crimes undergoes an individualized assessment of their character, suitability and competence to determine if these crimes or negative actions relate directly to child safety, permanency or well-being.

Unfortunately, DCYF's background check process lacks automation and relies on other governmental agencies to facilitate the process. Although DCYF makes the final background check decision, the process is dependent on the applicant, child placing and group care (child care institution) agencies to submit and participate in the background check process.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

DCYF has undergone significant changes with respect to the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children placed in out-of-home care. At this time, Washington's statewide diligent recruitment plan is in the early stages of change. The new approach

focuses on methods that are data-driven, targeted and measurable. In July 2020, DCYF ended the long-standing recruitment and retention contracts and moved toward implementing a new model, including both internal and external elements.
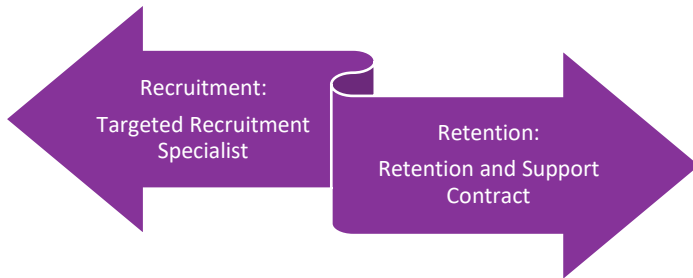
DCYF's Caregiver Recruitment and Retention Program consists of two key components including Targeted Recruitment and Retention and Support.

Targeted Recruitment
These are newly created DCYF Targeted Recruitment Specialists (TRS) positions tasked to develop and implement recruitment campaigns targeting quality, diverse caregivers able to meet the needs of children placed in out-of-home care. The TRS will build specific strategies unique to the region in which they cover. Their role includes, but is not limited to:

- Interfacing with specific communities wanting to learn more or raise awareness about foster care.
- Building relationships with community-based organizations serving target populations.
- Participating in community-based meetings about the foster care community.
- Generating and building individual-level interest that results in inquiries through targeted activities.
- Using data to identify the target market, analyze the target market, and develop of strategies to deliver recruitment messages to the target market.
- Gathering and analyzing data specific to assigned region to drive recruitment efforts and strategies unique to the community.

Retention and Support
Through a competitive procurement process in the spring of 2020, the Alliance for Child Welfare Excellence was named the apparent successful bidder for DCYF's new Retention and Support Contract. There are many components included in this contract that differentiate it from prior work involving caregiver retention. Most notable is implementing key performance measures and data tracking to provide more than an anecdotal assessment of retention and support related needs of caregivers. The Alliance successfully launched the CaRES Program in March 2021.

Within this contract, retention is defined in two ways—retention of an individual at point of inquiry to becoming a foster parent (pre-licensure retention) and retention after initial licensure and/or placement (post-licensure retention). The contract has the following deliverables:
- Prospective foster parent inquiry management.
- Initial license and first placement mentoring.
- Facilitate support groups with a caregiver training model.
- Community resource sharing and development.
- Foster Intervention and Retention Support Team (FIRST).

Recruitment Focus & Deliverables
DCYF continues to utilize three strategies to recruit caregivers: general recruitment, targeted recruitment, and child-specific recruitment. DCYF is implementing all three types of recruitment strategies to care for children in need.

In reviewing the current population of children placed in out-of-home care, DCYF recognizes there are gaps in available resources. This challenge is particularly acute for the targeted populations of children and youth:

- Racially, ethnically, and culturally diverse.
- LGBTQ+.
- Sibling groups.
- Medically fragile.
- Children with complex physical, emotional, and behavioral needs.

With these target areas of need, DCYF's TRS positions will focus on the following recruitment goals:

- Increase racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.
- Increase caregivers who are and/or are affirming and supportive of LGBTQ+.
- Increase licensed homes for sibling groups of three or more children.
- Increase caregivers who are able to meet the needs of medically fragile children.
- Focus recruitment efforts on reducing the use of exceptional cost placements
- Develop existing pool of caregivers available to provide care for children with extensive emotional, behavioral and physical needs.

At the beginning of 2021, DCYF maintained 4,911[24] licensed foster homes. The number has remained relatively consistent for the past several years, with slight variations from year to year. Of the total number of licensed foster homes, only 25% includes at least one caregiver who identifies as a person of color, while 52% of children in out-of-home care are children of color.

Race/Ethnicity of Children in Out-of-Home Care Compared to Race/Ethnicity of Licensed Caregivers	
American Indian/Alaskan Native (includes multi-racial AI/AN) Children	1,062
Foster Homes with AI/AN Caregiver	201
Hispanic Children	1,151
Foster Homes with Hispanic Caregiver	522
Black Children (includes Black-Multiracial)	1,277
Foster Homes with Black Caregiver	355
Total Children of Color	3,812
Total Foster Homes with a Caregiver of Color	1,239
Caregiver counts include State, CPA and Tribal homes. *Data Source: Minority, Licensed Providers by Location and Type and Relative vs. Non-Relative, infoFamLink, January 1, 2021*	

Percentage of Licensed Foster Home with Caregiver of Color Compared to Percentage of Children of Color in Out-of-Home Care		
Area	% Caregivers of Color	% Children of Color
Region 1	17.9%	45.7%
Region 2	35.1%	61.8%
Region 3	19.6%	48.8%
Region 4	29.1%	65.9%
Region 5	32.9%	56.7%
Region 6	20.5%	37.4%
Statewide	25.2%	51.4%

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[24] Data Source: infoFamLink, Count of CA Licensed Homes as of January 1, 2021.

Data Source: infoFamLink, Caregiver Recruitment and Retention Report, Statewide & Region-Specific January 1, 2021 Note: Unknown Race/Ethnicity Category included in Child of Color Percentage

DCYF is lacking in diversity when comparing the race/ethnicity of children placed in out-of-home care to the race/ethnicity of licensed foster parents. DCYF would like the pool of available caregivers to align with that of the children and families served by the child welfare system. The TRS will strategize on multiple efforts to recruit homes that reflect the racial, ethnic and cultural backgrounds of the children and youth who experience foster care. By doing so, there is a higher likelihood a child will be placed with those who match their race/ethnic/cultural identity, are in proximity to culture in their daily lives and are able to maintain cultural norms and activities.

Strategies will include:
- Marketing materials that are inclusive, reflect diverse families and represent the needs of children placed in out-of-home care.
- Intentional outreach in communities to bring awareness and build relationships with diverse community organizations and stakeholders.
- Partnering with Child Placing Agencies to collectively address disproportionalities.
- Provide opportunity for genuine feedback from community members, prospective foster parents and existing caregivers around barriers to engagement.

Due to historical, institutional racism, many factors impact why Black, Indigenous, and people of color (BIPOC) are hesitant to engage with the child welfare system. DCYF has implemented a race, equity and social justice (RESJ) framework that will support continued efforts to address inequities. DCYF's Caregiver Recruitment and Retention team will advocate for equitable system change, work to build trust throughout diverse communities and implement a RESJ lens to all aspects of the work.

A particular area of relevance is the dire need of placement resources for children experiencing complex physical, emotional and behavioral needs who require special supervision and a skilled caregiver. Children in this category often experience exceptional placement episodes to include hotel, office and night-to-night stays. The utilization of exceptional placements has continued to rise. There was a 58% increase in hotel or office night stays in CY2020 from CY2019. COVID-19 most certainly had an impact on these figures; however, DCYF is still relying on hotel and office stays as a solution to house high needs children while searching for placement resources.

Exceptional Placement Utilization	
Calendar Year	Hotel/Office Bed Nights Per year
CY2018	1,460
CY2019	1,650
CY2020	2,603
Data Source: AIRS Monthly Report Summary, 2018, 2019, & 2020	

While the number of children and youth who experience exceptional placements is small as a percentage of the overall number of children and youth in out-of-home care, these children and youth frequently present with complex needs that are not easily met and require significant resources.

To comprehensively address the increasing problem of exceptional placements including hotel stays, office stays and night-to-night foster care placements for children and youth, a statewide workgroup was formed to review available data and provide their experience and expertise to more clearly frame the problem and

develop proposed solutions. Information on the workgroup and recommendations can be found in the Permanency Outcome 1 section.

Recruitment related to this population of children and youth is complex. There are systemic factors that impact why children are unable to be placed in foster care settings. This includes placement practices, ability to support caregivers with services such as respite and case aide support, available mental and behavioral health services, resources for short term placement settings and crisis care/stabilization support.

The TRS are working hard to understand the utilization of exceptional placements within their respective regions. OIAA recently developed a report within FamLink that tracks hotel and office stays, breaking the information down by location; region and office. This is helpful as it provides an opportunity to further understand the data around where resource development is needed. There is a second phase of this report that will provide child demographics, stays per child and other practice-related indicators. The goal is to develop further text extraction capabilities with the data and a drillable dashboard.

When reviewing exceptional placements usage for 2020, 88% of the exceptional placements were used in Regions 4 and 6. With this new report available to the TRS team, further analysis of this information can occur. For example, Region 4 data in 2020 shows that of all the offices, the highest user of hotel stays and office stays is the King South, Kent office. For Region 6, the highest user of hotel and office stays was the Kelso office, using significantly higher than all other offices within that region. The TRS can then further target recruitment efforts specific to a particular office catchment area.

Recruitment, Development, Support (RDS) Team Transition
During the past year, DCYF reviewed and envisioned how the agency partners with internal and external stakeholders through Recruitment, Development, Support (RDS) teams.

For the past several years, approximately 35 unique RDS teams, composed of both internal and external community partners, were facilitated by DCYF staff across the state. As with many resource-constrained programs, the model and structure of RDS changed over time and by locale.

In May 2020, a project team was created to address structural and functional challenges related to RDS. The team included representatives from Child Welfare Field Operations, Licensing Division, and Community Engagement and was led by the Organizational Change Management Office (OCMO) Administrator. The project team collaborated to further evaluate the work of RDS and develop a new framework and statewide approach to guide the work moving forward.

The project team concluded that the original purpose and intent of RDS was still merited. In the fall of 2020, the project team provided recommendations to DCYF leadership with an updated framework that included a similar approach to the Annie E. Casey model, with recommendations for increased accountability, measurability and standard approaches across the state. However, due to ongoing resource limitations and competing priorities, the project team was asked to provide a recommendation on a scaled-back approach to the work. With these considerations in mind, the project team created an alternative framework that reflected a structure achievable given DCYF's resource limitation.

The new body of work is called the Recruitment and Retention Collaborative (RRC). RRC will maintain elements of the original RDS model, however, will shift to provide an advisory role and technical assistance for recruitment and retention, act as an independent sounding board for recruitment and retention planning and activities, inform planning and activities related to recruitment and retention, and enhance DCYF's relationship with regions and local communities.

RRC teams will be regionally based, meet quarterly and be facilitated by DCYF staff.

The goals of RRC are to:
- Provide a platform to bring together DCYF and community partners to discuss ongoing needs, strategies, and barriers to a data-driven approach for recruitment and retention.
- Recruit and retain a diverse pool of quality caregivers able to meet the child's specific needs, inclusive of ensuring connectivity and positive relationships with the child's kin and community and who reflect and support the child's ethnicity, culture, and race.
- Enhance the community's awareness of placement needs for youth in their community and support available.

Region based RRC teams are in the development and implementation stage, with the new model launching in July 2021.

Prospective Foster Parent Data and Inquiry Management

DCYF continues to contract with Northwest Resource Associates to operate the Statewide Recruitment Information Center (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. Prospective foster and adoptive families contact information is automatically entered into the SRIC, with no additional work required by the contractor. DCYF's contract with the SRIC expires on December 31, 2021. New technology has been obtained to support the online application/licensing process for LD. The online provider portal will launch in the fall of 2021 and many of the current features performed by the SRIC will be managed within the foster care portal. DCYF continues to explore effective ways to manage interested individuals in the inquiry stage before they are ready to commit to starting the licensing process.

The new retention and support contract resulted in changes to the model for inquiry management. A new engagement strategy was developed in partnership with the Alliance CaRES team to manage the high volume of inquiries received on a monthly basis. The strategy takes DCYF's top 25 high removal zip code areas for 2020 and pairs that with the type of care that prospective foster parents indicate being interested in providing, to sort prospective foster parent inquiries. The model entails providing a friendly, engaging, electronic response to all prospective foster parent inquiries. This includes information on the journey to licensure, ways to connect on social media and how to contact the CaRES team for more support. When a prospective foster parent (PFP) is from a high removal zip code and indicates interest in general foster care or kinship, those PFP's receive a personal outreach phone call and additional follow-up.

This engagement strategy initiated on March 2021, with the CaRES program launch. DCYF and CaRES will assess and evaluate the identified engagement strategy to measure effectiveness. Success will include an increase in licensing applications and placement resources to those high need areas.

The online questionnaire was updated to gather additional information on the type of care the individual is interested in providing. The options are now:
- General Foster Care (Short or Long Term).
- Adoption from Foster Care.
- Kinship.
- Short Term Foster Care (Respite Care).
- Extended Foster Care (Youth 18-21).

The high removal zip codes determined for the engagement strategy are:

Zip Code	City	Region	Licensed Foster Homes	Child Removals	Current Placements (Licensed and Unlicensed Kinship)
98902	Yakima	2	27	73	59
99207	Spokane	1	11	68	65
98404	Tacoma	5	26	64	72
98661	Vancouver	6	24	63	59
99336	Kennewick	2	28	57	59
98444	Parkland	5	21	55	73
98531	Centralia	6	18	52	54
98901	Yakima	2	15	52	39
98632	Longview	6	38	51	55
98387	Spanaway	5	45	50	85
99206	Spokane	1	35	48	116
98837	Moses Lake	1	42	46	106
98501	Olympia/Tumwater	6	57	44	61
99301	Pasco	2	51	42	81
98362	Port Angeles	6	22	41	46
98520	Aberdeen	6	21	40	43
99362	Walla Walla	2	31	40	75
98584	Shelton	6	45	39	83
98405	Tacoma	5	24	38	47
98499	Lakewood	5	16	38	45
98003	Federal Way	4	16	36	56
99201	Spokane	1	7	36	16
98225	Bellingham	3	17	35	27
99208	Spokane	1	60	34	103
99205	Spokane	1	36	30	67
Data Source: infoFamLink, Caregiver Recruitment and Retention Report, Statewide Pull 1/20/2020 to 1/20/2021					

Starting July 1, 2020, DCYF no longer had an active recruitment and retention contract. Due to the delays caused by the COVID-19 pandemic and budget constraints impacting the new approach to recruitment and retention, there was a gap in effective inquiry management. DCYF received individual inquiries and sent a bulk e-mail response to PFP's and followed up with individuals who reached out with specific questions and/or concerns. In March 2021, CaRES became responsible for inquiry management and individuals are now receiving timely, effective, comprehensive support.

Inquiries are coded by intake source to include DCYF website, NWAE/AUSK website, SRIC Hotline, and Other. The "Other" section is used when an individual inquiry is entered directly by the contracted staff. PFP inquiries can be broken down by geographical location to include region, county and zip code. This data provides vital information to the amount of interest certain areas have toward fostering, as well as identifies areas where there is limited activity.

King County accounted for 20% of all inquiries received in 2020, with 1,258 in total. Garfield County received the lowest amount for the year, only generating 2 inquiries. That may seem insignificant; however, there are no licensed foster homes in Garfield County. According to the 2010 census, the population of Garfield County was 2,266, making it the least populated county in Washington. Two inquiries in an area like this is an extremely positive gain.

PFP Inquiries County Breakdown				
King	1258	Franklin	62	
Pierce	974	Mason	51	
Snohomish	734	Stevens	46	
Clark	563	Pacific	36	
Spokane	533	Kittitas	34	
Thurston	339	Whitman	31	
Kitsap	249	Okanogan	30	
Whatcom	171	Douglas	25	
Benton	157	Klickitat	24	
Yakima	138	Jefferson	19	
Cowlitz	129	San Juan	16	
Skagit	109	Pend Oreille	16	
Clallam	98	Asotin	14	
Lewis	91	Skamania	12	
Island	77	Adams	11	
Grays Harbor	77	Lincoln	8	
Chelan	68	Wahkiakum	7	
Walla Walla	69	Ferry	6	
Grant	63	Columbia	4	
		Garfield	2	

Data Source: Northwest Resources Associates, State Recruitment Information Center (SRIC); Inquiries by prospective foster parents, CY2020

The SRIC provides a monthly analysis of PFP information essential for guiding recruitment efforts. For example, when asked what encouraged you to apply today, DCYF is able to analyze what is drawing individuals in. Of inquiries received in 2020, 41% of individuals noted "Other" as the reason for applying, followed by hearing from an existing foster or adoptive parent. The "Other" section allows for comments to be added. Themes for the narrative provided include:

- Always wanting to do this.
- Desire to help children.
- In my heart.
- Knew someone in foster care.
- Seeking a specific child.

SRIC: What Encouraged you to Apply Responses	
Other	40.74%
Foster or Adoptive Parent	12.99%
Liaison or Mentor	10.97%
Website	9.13%
Social Media	6.46%
TV/Radio	1.31%
School	1.15%
Print Media	1.12%

Internet Search	0.08%
Contractor Facebook Page	0.05%
Friend	0.05%
Contractor Website	0.03%
Data Source: SRIC, What Encouraged You to Apply Categories, CY2020	

DCYF made recent changes to the categories available and will further refine these in the upcoming year. The options for 2021 are:

- Faith Based Organization.
- DCYF Staff.
- DCYF website.
- Foster or Adoptive Parent.
- Print Media.
- School.
- Social Media.
- TV/Radio.
- Website.
- Targeted Recruitment Specialist.
- Alliance.
- Other.

The TRS will begin tracking recruitment events in relation to inquiries received, by using source and geographical data, to determine what efforts are successful at promoting interest.

For CY2020, DCYF received 6,351 prospective foster parent inquiries, a 20% reduction from the previous year. This significant decline resulted from the COVID-19 pandemic and ending the retention and support contracts on June 30, 2020.

SRIC Regional Intake Breakdown CY2020						
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
853	488	1,107	1,258	1,223	1,422	6,351
Data Source: Northwest Resources Associates, State Recruitment Information Center (SRIC); Inquiries by prospective foster parents, CY2020						

SRIC Regional Intake Breakdown CY2020												
Source	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
DCYF Website	253	222	239	284	280	229	253	309	281	319	342	329
AUSK/NWAE Website	61	66	57	56	52	47	48	56	52	42	50	48
SRIC Hotline	22	18	15	6	12	7	12	16	13	8	4	6
Other	347	407	418	671	261	132	1	0	0	0	0	0
Total	683	713	729	1017	605	415	314	381	346	369	396	383

What is important to highlight about this decline is that the primary source of PFP decline is from the "Other" section. Starting in July 2020, this section has been practically non-existent. DCYF understood that by eliminating the contract there would be a significant decline in PFP inquires generated by the contractor. Although the "Other" section did experience this decline, the DCYF website intake source not only remained consistent, but actually increased after July 1, 2020, as shown below. One of the concerns with the previous inquiry management approach was the sheer volume of PFP's received monthly. With the new targeted recruitment approach and engagement strategy, DCYF is confident that quality versus quantity will allow individuals to feel better supported with a greater likelihood to engage in the licensing process.

The PFP inquiries received in 2020 continue to show a diverse pool of caregivers interested in becoming licensed foster parents. DCYF saw an increase in PFP inquiries for individual's identifying as African American (+0.4%), Asian/Pacific Islander (+0.7%), American Indian/Alaska Native (+1.1%), and Caucasian (+7.8%)[25]. There was a slight decrease in the number of Hispanic PFP's (-0.5%). This may be a result of DCYF adding three new race/ethnicities categories to include Multiracial American Indian/Alaska Native, Multiracial Black, Multiracial other (=2.56% of PFP's received).

Prospective Foster Parent Inquiry by Race and Ethnicity									
	Calendar Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Spanish Speaking	Race/ Ethnicity Total
African American*	2019	28	16	31	137	114	70	0	399 (4.8%)
	2020	22	14	37	128	88	55	0	344 (5.2%)
Asian/Pacific Islander	2019	16	9	26	69	52	43	0	216 (2.6%)
	2020	15	7	40	90	35	29	0	216 (3.3%)
Caucasian*	2019	641	329	431	452	498	664	0	3031 (36.7%)
	2020	494	249	457	517	500	738	0	2955 (44.5%2)
Latino/Hispanic	2019	132	172	80	95	86	82	0	651 (7.9%)
	2020	82	84	57	105	77	71	15	491 (7.4%)
American Indian/Alaska Native	2019	41	32	27	35	35	57	0	227 (2.7%)
	2020	39	26	49	34	46	56	0	250 (3.8%)
Multiracial American	2020	1	0	1	1	3	1	0	7 (.1%)

[25] *The race/ethnicity options captured on the SRIC questionnaire do not match what is in FamLink. With the onset of a new provider portal, these options will be aligned.*

Indian/Alaska Native									
Multiracial Black	2020	6	4	7	13	20	7	0	57 (.86%)
Multiracial Other	2020	18	5	10	29	24	19	0	105 (1.6%)
Prefer Not to Disclose	2019	566	255	740	683	625	821	0	3694 (44.7%)
	2020	210	112	495	404	491	502	0	2214 (33.3%)
Statewide Grand Total	2019	1,429	817	1,341	1,481	1,420	1,743	0	8,260
	2020	887	501	1,153	1,321	1,284	1,478	15	6,639

The race/ethnicity options captured on the SRIC questionnaire do not match what is in FamLink.

Data Source: Northwest Resources Associates, State Recruitment Information Center (SRIC); Inquiries by prospective foster parents, CY2019 & CY2020

In previous years, DCYF witnessed an increase in the utilization of the "Prefer Not to Disclose" category when previous contract staff would enter individuals into the SRIC and not have the race/ethnicity information available at the time. Increases were observed in the use of this category in 2017 to 30.2%, 2018 to 36%, and 2019 to 44.7%. DCYF had hoped to reduce the usage of "Prefer Not to Disclose" for PFP's. The category usage for 2020 was 33.3%, highlighting an 11.4% reduction in the use of this category, indicating more accurate race/ethnicity categories are being captured.

As DCYF continues to work diligently to include a race, equity, and social justice lens to all aspects of programing, additional changes are needed. OIAA and RESJ have made recommendation for all programs of DCYF that ensures obtaining race/ethnicity is person centered, consistently captured and utilized to further illustrate outcomes and areas where disproportionately exists. Currently the race/ethnicity options captured on the SRIC questionnaire do not match what is in FamLink. With the onset of the new provider portal these will align and provide a comprehensive analysis of race/ethnicity as it relates to outcomes in the licensing pipeline.

DCYF experienced a 19% reduction in the number of licensing applications received for state, CPA, or tribal agencies compared to 2019. DCYF is hopeful that 2021 will have improved numbers of applications submitted by implementing recruitment strategies, a statewide retention and support contract, online provider portal, and improvements to the state's economic and health condition as it relates to the COVID-19 pandemic.

Licensing Applications Submitted, Statewide													
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2019 Statewide	285	157	214	207	217	194	227	208	166	206	165	175	2,394
2020 Statewide	170	174	182	175	165	163	159	163	151	168	134	138	1,942

Data Source: infoFamLink, Foster Home Applications by Month, CY2019 & CY2020

Licensing Pipeline and Data Collection

There have been data limitations in utilizing the SRIC system, which is not connected to LD data. It is difficult to track the progress of an individual person from point of inquiry, through the licensing process, and beyond

without individually cross-referencing activities within the various database systems. Updating individual records for hundreds of PFP's monthly is unrealistic, challenging, and an inefficient use of time.

The online provider portal launching in the fall of 2021 will create a system that captures progress of an individual before, during and after licensure. It will allow for pre-licensure tracking including prospective foster parent progress from point of inquiry through the licensing pipeline. Post-licensure tracking will include retention milestones, support interventions provided, reasons for withdrawals and closure. The system will maintain technology to report on multiple factors including, but not limited to, individual demographics, motivation, recruitment source, dates between identified stages, license issuance, initial placement, interventions and support provided.

DCYF is confident a combination of targeted recruitment efforts and streamlined licensing process will result in an increase of diverse, quality caregivers.

Licensed and Kinship Caregivers and Diversity

If we take away the PFP's who preferred not to disclose their race/ethnicity in 2020, it leaves 4,425 PFP's who identified a specific race/ethnicity. Of those that reported, 67% indicated a race/ethnicity outside of white. When looking at the diversity of licensed foster homes for 2020, 25.2% have a caregiver who identified with a race/ethnicity outside of white. There is a disconnect in the number of PFP's identifying as Black, Indigenous, Persons of color (BIPOC) to the number of licensed foster parents who are BIPOC. DCYF will continue to explore these data values. Having PFP information live in one system within the new portal will tell a comprehensive story to help understand what barriers, roadblocks and issues are preventing all interested caregivers from moving forward.

DCYF experienced a slight increase in the number of diverse homes in 2020, up 20 individual homes from the previous year. There were gains in caregivers identifying as American Indian/Alaska Native, Black/African American, and Asian; with losses in Hispanic and Hawaiian/Pacific Islander caregivers. The table below breaks these data points down by state, private agency and tribal foster homes.

Race/Ethnicity of Licensed Foster Homes*								
	Foster Home		Private Agency Foster Home		Tribal Licensed Foster Homes		Total	
	As of 01/01/2020	As of 01/01/2021	As of 01/01/2020	As of 01/01/2021	As of 01/01/2020	As of 01/01/2021	As of 01/01/2020	As of 01/01/2021
Any Licensed Home w/ Caregiver of Color	21.7% (701)	23.3% (731)	27.9% (504)	28.1% (493)	82.4% (14)	83.3% (15)	24% (1,219)	25.2% (1,239)
Any American Indian/Alaska Native Providers	102	119	82	68	13	14	197	201
Any Asian Providers	86	97	108	105	0	0	194	202
Any Black/African American Providers	192	209	143	145	1	1	336	355
Any Hawaiian/Pacific Islander Providers	41	38	25	24	0	0	66	62
Any Hispanic Providers	335	327	195	193	2	2	532	522
This report does not provide a sub-group for 143 mixed-race minority families contained within the population of any minority families. *Data Source: Licensed Foster Homes by Minority and Licensed Provider Report Summary, infoFamLink, Date in time pull as of January 1st of identified year*								

DCYF strives to place children with kinship caregivers (relative and suitable others) who are able to preserve the child's family connections and cultural values, along with emotional and community ties. When a kinship caregiver is unavailable, it is essential DCYF have a diverse pool of quality caregivers able to meet the unique needs of children placed in out-of-home care.

DCYF has demonstrated a strong and ongoing commitment to place children with kinship caregivers. As seen in the table below, in 2020 DCYF placed children with kinship caregivers 47% of the time; a 2% increase from the previous year.

Children Placed in Kinship Care Versus Non-Kinship Care by Region and Race/Ethnicity, CY2020					
Statewide					
Race/Ethnicity	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
AI/AN	114	115	229	50%	50%
AI/AN-Multi	390	444	834	47%	53%
Asian/PI	68	68	136	50%	50%
Black	277	303	580	48%	52%
Black-Multi	312	385	697	45%	55%
Hispanic	620	531	1151	54%	46%
Other-Multi	73	112	185	39%	61%
White	1577	1927	3504	45%	55%
Grand Total	3439	3894	7333	47%	53%
Region 1					
Race/Ethnicity	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
Total	588	773	1361	43%	57%
AI/AN	13	15	28	46%	54%
AI/AN-Multi	99	119	218	45%	55%
Asian/PI	*	*	*	0%	100%
Black	*	21	30	30%	70%
Black-Multi	36	50	86	42%	58%
Hispanic	126	100	226	56%	44%
Other-Multi	13	16	29	45%	55%
White	292	448	740	39%	61%

Region 2					
Race/Ethnicity	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
Total	391	333	724	54%	46%
AI/AN	*	*	11	36%	64%
AI/AN-Multi	43	36	79	54%	46%
Asian/PI	*	*	*	0%	100%
Black	*	*	15	53%	47%
Black-Multi	21	23	44	48%	52%
Hispanic	190	126	316	60%	40%
Other-Multi	*	*	*	33%	67%
White	123	128	251	49%	51%
Region 3					
Race/Ethnicity	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
Total	480	452	932	52%	48%
AI/AN	49	41	90	54%	46%
AI/AN-Multi	25	40	65	38%	62%
Asian/PI	11	10	21	52%	48%
Black	10	18	28	36%	64%
Black-Multi	35	37	72	49%	51%
Hispanic	78	45	123	63%	37%
Other-Multi	10	17	27	37%	63%
White	261	243	504	52%	48%
Region 4					
Race/Ethnicity	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
Total	729	713	1442	51%	49%
AI/AN	15	13	28	54%	46%
AI/AN-Multi	82	69	151	54%	46%
Asian/PI	36	41	77	47%	53%

Black	174	145	319	55%	45%
Black-Multi	100	99	199	50%	50%
Hispanic	93	94	187	50%	50%
Other-Multi	18	21	39	46%	54%
White	210	230	440	48%	52%
Region 5					
Race/Ethnicity	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
Total	596	649	1245	48%	52%
AI/AN	14	14	28	50%	50%
AI/AN-Multi	90	99	189	48%	52%
Asian/PI	19	*	28	68%	32%
Black	54	65	119	45%	55%
Black-Multi	89	99	188	47%	53%
Hispanic	62	37	99	63%	37%
Other-Multi	22	29	51	43%	57%
White	242	293	535	45%	55%
Region 6					
Race/Ethnicity	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
Total	655	974	1629	40%	60%
AI/AN	19	25	44	43%	57%
AI/AN-Multi	51	81	132	39%	61%
Asian/PI	*	*	*	40%	60%
Black	22	47	69	32%	68%
Black-Multi	31	77	108	29%	71%
Hispanic	71	129	200	36%	65%
Other-Multi	*	25	33	24%	76%
White	449	585	1034	43%	57%

Data Source: infoFamLink, Kinship versus Non-Kinship Report, Pulled as of January 1, 2021

Notes: Total Children means Total Count of Children, ages 0-17, placed in Out of Home Care with DCYF Custody, Counts between 0-9 may not be distributed and are shown as ""*

Region 1: 43% of children were placed in kinship care, while 57% were not. Most notable, of Black children, only 30% were placed into kinship care, while 70% were not. Hispanic children were most likely to be placed in kinship care with 54%.

Region 2: 52% of children were placed in kinship care, while 45% were not. 60% of Hispanic children placed in out-of-home care went with kin. Children identifying as American Indian/Alaska Native and Multi-Racial Other were least likely to be placed with kin, falling under 40%.

Region 3: 52% of children were placed into kinship care, while 48% were not. Children who identified as Multi-Racial (American Indian/Alaska Native, Other) and Black children were less likely to be placed in kinship care compared to others, falling under 40%.

Region 4: 51% of children were placed into kinship care, while 49% were not. The values were relatively even for all children in placement, with the highest number of Black children being placed into kinship care at 55%.

Region 5: 48% of children were placed into kinship care, while 52% were not. Strongest kinship placement practices were seen for children identifying as Asian/Pacific Islander (68% placed with kin) and Hispanic (63%).

Region 6: 40% of children were placed into kinship care, while 60% were not. Children who identified as Multi-Racial (American Indian/Alaska Native, Black, Other) and Black children were less likely to be placed into kinship care compared to others, falling under 40%.

Breaking this information down from statewide to region is important as DCYF can examine placement practices and identify areas of improvement. As the TRS team gains understanding around regional placement practices and available resources, targeted recruitment strategies can be implemented. For example, in Region 1, 70% of children identifying as Black were placed into non-kinship care in 2020. Only 17.9% of licensed foster homes in Region 1 include a caregiver of color, and of those homes only 3.5% identify as Black/African American[26]. With this insight, the TRS cover that area will develop region specific areas of need, looking at kinship placement practices and potential challenges and barriers around this, along with increasing resources of Black/African American caregivers.

DCYF continues to encourage a "kin first" culture where placement within the child's family are explored as the first option. This includes strengthening placement practices and implementing family finding strategies. In addition to placing with kin, LD has implemented additional practice changes to help support kin complete a home study and obtain licensure. This includes the Caregiver Engagement Unit pilot and utilizing child-specific licenses.

Preserving a child's relationship with their parents, siblings, family, and kin is essential. Family connections are critical to children's healthy development, sense of belonging, and preserve children's cultural identity and relationship to their community.[27] When children cannot be placed with their parents or kinship care, then having a caregiver to support their race, ethnicity, and culture is paramount. The importance of these

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[26] Data Source: infoFamLink, Caregiver Recruitment and Retention Report, January 1, 2021

[27] **Source:** Stefansson, A. H. (2019, November 21). *Supporting Cultural Identity for Children in Foster Care*. American Bar Association. https://www.americanbar.org/groups/public_interest/child_law/resources/child_law_practiceonline/january---december-2019/supporting-cultural-identity-for-children-in-foster-care/.

connections must be supported by the licensed foster parent or kinship caregiver. Recognizing the need to not only support legal permanency, but relational permanency as well.

Washington Adoption Resource Exchange (WARE) Resources

Between January and December 2020, there were 90 children registered on WARE and a total of 227 children served. Children are considered served by the exchange if they had an open case during the time period. That includes children that were active on the photo listing site, where families can connect with caseworkers, as well as children who were on hold pending a status change, such as if a child was awaiting an ICPC placement transition to occur.

Of the 227 children served during this period, 69 have a placed status for recruitment purposes, indicating that they have physically moved into their home of choice. Additionally, of those children served:

- 68.7% were ages 12 or older.
- 50.7% were minority youth.
- 65.2% were males.
- 33.0% were females.
- 5.5% identified as transgender.
- 1.8% identified as non-binary.

Purchase of Services (POS) Contracts

Similar to the COVID-19 ramifications discussed in the COVID-19 Impacts section, there was a 90% decrease in the number of contracts requested for placement of Washington youth. One of the central reasons indicated by field staff for the decrease in contract requests was due to the uncertainties of whether or not youth could be placed in another state during the pandemic. During CY2020, caseworkers requested a total of 7 POS contracts but only two of those requests resulted in a fully implemented contract. Both of these contracts ultimately ended in a disruption.

Washington State Adoption Call to Action

In June 2019, the Children's Bureau launched a call to action to develop strategies across all jurisdictions to achieve timely permanency for children and youth waiting to be adopted. DCYF convened a team of internal staff and external partners in community mental health, private placement agencies, and recruitment agencies such as NWAE and Wendy's Wonderful Kids (WWK). From this initiative, DCYF established six strategies related to the barriers to permanency in Washington. Multiple themes where identified including:

- Lack of timeliness for completion of redaction for disclosure to adoptive families.
- Lack of a pathway to facilitate placement with home studied families who primarily wish to adopt.
- Lack of a pathway to support all families interested in adoption of dependent children and youth.
- Minimal youth-directed recruitment strategies.
- Lack of understanding within the BRS community regarding permanency and their role in establishing permanency.
- Need to provide in-home evidence-based intensive therapies in identified adoptive homes where a child or youth's behaviors have been identified as a barrier to finalizing an adoption.

The Adoption Call to Action (ACTA) progress stalled due to budget impacts related to COVID-19. Despite the pandemic's impact, DCYF has been able to make progress in a number of areas:

- DCYF has established adoption only home study contracts with four private agencies. Continued review of the process and quality will occur.

- DCYF has established a process to minimize barriers to permanency specifically for those families who need additional equipment or supports prior to an adoption occurring. This includes Hoyer lifts, wheelchair ramps, etc. DCYF will continue to assess this process and work toward further EBP services that may be helpful to adoptive families prior to and after adoption occurs.
- DCYF has provided the BRS community with information about permanency. DCYF and NWAE will continue to assess the need for a training based on responses from BRS staff.

As stated in prior sections, the most significant progress has been seen in youth directed recruitment. Two strategies are in progress that will allow for youth voice and engagement. The first virtual Reverse Matching Event (RME) was held on April 30, 2021 with 8 youth participating. In addition, substantial progress has been made with the Youth Engagement Permanency Plan (YEPP). The application of concepts of youth engagement are incorporated in the document through a guidebook which is being developed. The form and the guidebook will be used as educational tools for caseworkers to obtain a better grasp on the necessity to involve youth in their life planning and accentuate that the youth are experts on their lives. Additional detailed information regarding these strategies can be reviewed in the Permanency Outcome 1 section and the Update on Plan for Enacting the State's Vision section.

Item 36: State Use of Cross-Jurisdictional Resources for Permanency Placements
Interstate Compact on the Placement of Children (ICPC) Referrals to Washington for Placement
Interstate Compact on the Placement of Children (ICPC) is the legal binding agreement/law in all states, the District of Columbia and the Virgin Islands that provides protection to children placed through an approved ICPC across state lines. A Compact is a uniform law; all states have the Articles of the ICPC in their state law.

A challenge with ICPC is states vary in home study requirements, such as licensing relatives or not accepting an adoption home study request prior to termination of parental rights. Planning and encouraging families to respond timely and engage in the home study quickly should be a part of the assigned caseworker's ongoing engagement work with the family.

Permanent plans through ICPC can include return to parent, adoption, guardianship or other court approved permanent options based on the sending state that holds jurisdiction. Achieving permanency for an ICPC case occurs after a period of stable supervision. Article V of the ICPC requires the concurrence of the receiving state's ICPC office. [28]

Article III of the ICPC law requires states to have a home study and placement approval from another state prior to placement.[29] The Safe and Timely Interstate Placement of Foster Care Act of 2006[30] requires states to complete home studies within 60 days. If the home study is not completed in 60 days, the receiving state generally provides a preliminary report to the sending state indicating the reason for delay. This 60 day home study time frame for most states is impractical. States generally do not complete home studies for children in their own state custody in under 60 days, yet caseworkers, agencies and courts often have these unrealistic expectations placed on states when it is an ICPC home study. A completed home study, under ICPC regulations, is due as soon as possible and no later than 180 days, to accommodate licensure or state's adoption home study requirements.

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[28] Interstate Compact on Placement of Children. WA RCW 26.34.010 (1971 ex.s c 168 § 1)
[29] Interstate Compact on Placement of Children. WA RCW 26.34.010 (1971 ex.s c 168 § 1)
[30] Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239.

From January through December 2020, 18% of home studies completed from another state were within 60 days. This is lower than CY2019 data at 30% and takes into consideration states' challenges during the COVID-19 pandemic. States had to adjust to doing work in a different way including office closures, limited staff and use of electronic means that were not in place prior to 2020. The DCYF HQ ICPC unit regularly requests status checks to other states on outstanding home studies and works to alleviate barriers.

In CY2020, DCYF received 723 referrals with 115 adoptive placements identified from other states. During 2020, 92 children achieved permanency through adoption from other states. It is important to note that children placed through ICPC achieve permanency in ways other than adoption; guardianship, return to parent and other court-approved plans identified by the jurisdictional state are also permanent plans achievable through ICPC placements.

During CY2020, HQ ICPC started to capture data on how many requests were placements with kinship caregivers. Eighty-one percent (81%) of the incoming referrals and 82% of the outgoing referrals were with kinship families. The high number of referrals sent with kinship families shows DCYF's priority to place children with kinship families to maintain family and cultural connections.

In CY2020, DCYF sent 686 referrals with adoptive placements identified to other states. During 2020, 114 children achieved permanency through adoption.

The following table shows the numbers of referrals DCYF received from other states.

ICPC Referrals to Washington State for Placement				
Calendar Year	Total ICPC Referrals Received	ICPC Request with Relative/Kinship	Potential Adoptive Placement Identified	WA ICPC Adoptions
CY2019	906	-	177	93
CY2020	723	585 (81%)	115	92
Data Source: PQR 1438, infoFamLink, CY2019 & CY2020				

The following table identifies the number of interstate requests into specific regions in Washington State and the percentage and number of home studies, approvals, denials or preliminary reports that met the 60 days or less timeframe.

Timely ICPC Home Study Decisions Provided by Washington to Sending State in 60 Days or Less								
CY	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	HQ	Total
CY2019	52% (94)	32% (25)	67% (73)	72% (92)	47% (87)	56% (122)	100% (4)	55% (497)
CY2020	34% (33)	27% (19)	35% (35)	29% (31)	31% (42)	20% (43)	100% (1)	28% (204)
Data Source: PQR 1438, infoFamLink, CY2019 & CY2020								

In CY2020 DCYF sent 686 ICPC requests to other states, 82% of those requests with kinship care providers.

DCYF Referrals Out of State for Placement				
Calendar Year	Total ICPC Referrals Sent	Potential Adoptive Placement Identified	Children Achieving Adoption	ICPC Relative Requests
CY2019	901	199	131	-
CY2020	686	116	114	564 (82%)
Data Source: PQR 1438, infoFamLink, CY2019 & CY2020				

DCYF Referrals Out of State for Adoptive Placements		
	CY2019	CY2020

Total WA Out-of-State ICPC Referrals	901	723
Identified as Relative Homes	-	585
ICPC Permanent Adoptive Placements	199	116
WA Children Placed in ICPC Permanent Adoptive Placement	112	77
WA Children Achieved Permanency through Adoption in ICPC Placements	131	114
Data Source: PQR 1438, infoFamLink, CY2019 & CY2020		

Count of ICPC Placement Referrals by Race and Ethnicity		
	CY2019	CY2020
Asian/Pacific Islander	12	14
Black	79	78
Black Multiracial	84	70
Hispanic	124	75
American Indian/Alaska Native	31	22
American Indian/Alaska Native Multiracial	77	66
Other Multiracial	26	13
White/Caucasian	466	347
Unknown	2	1
Data Source: PQR 1438, infoFamLink, CY2019 & CY2020		

COVID-19 IMPACTS

Due to significant and unforeseen impacts stemming from the COVID-19 pandemic, launching the new Recruitment and Retention program was delayed. DCYF hired the Targeted Recruitment Specialist positions mid-October 2020, and the Retention and Support contract was funded and signed in December 2020. Since the program was brand new, a 90 day transition period is provided for services to become functional and the Alliance held accountable for the contract deliverables.

COVID-19 had broad impacts on the contract between DCYF and WARE during 2020. In summer of 2020, statewide, there was a freeze on personal services contracts and a process developed for approval through the Office of Financial Management (OFM). Northwest Resource Associates who is the parent agency to Northwest Adoption Resource Exchange (NWAE) and WARE holds a personal services contract with DCYF which ended on June 30, 2020. An exception to the freeze for renewing this contract was initiated immediately and was approved at the DCYF secretary level in June 2020 but was not approved by OFM until October. Due to the lack of contract, WARE staff took down all profiles related to Washington youth. Once the contract was renegotiated, there were further delays in the relaunch of these profiles due to the additional work necessary to determine if the youth were still in need of profiles, as well as responding to the flood of new requests for WARE profiles. The lapse in contract resulted in a 33% decrease in the number of youth registered.

The number of ICPC home study requests received and sent to other states is significantly lower than in previous years. This can be attributed to the lower number of CPS intakes and investigations and placement suspensions around the nation. DCYF suspended placements into and out of the state of Washington from March 30, 2020 through June 12, 2020, to help mitigate the spread of COVID-19. Youth placed into group care or youth experiencing hotel stays were an exception to the placement suspension. While Washington continued to accept ICPC home study requests, there were some states that were not accepting home study requests for different periods of time.

The American Association of Interstate Compact on the Placement of Children (AAICPC) held an all-state call in March 2020. Collaboration with states during that call determined states would report on four changes as they occur:
1) Communication/electronic transmissions,
2) Workforce process (teleworking/staffing),
3) ICPC business/case processes (e.g. timeframes, ICPC forms, supervision), and
4) Interstate movement (e.g. travel bans, disruptions, COVID-Screening etc.).

The AAICPC national office compiled and reported out weekly to all states. During the beginning of the pandemic, the changes were frequent and HQ ICPC office had to check the list for each state to determine accepting requests and/or the types of restrictions occurring. This stabilized around mid-summer 2020.

During the pandemic, ICPC offices had to adapt to doing their work electronically. Initially only two DCYF HQ ICPC managers had laptops and it took approximately three weeks for all HQ ICPC staff to acquire the needed equipment in order to work virtually. Virtual interviews, delays and closures in fingerprinting locations have contributed to some of the ICPC home study delays completed by Washington. HQ ICPC communicated with LD to be aware of these delays and provided information to other state partners. HQ ICPC unit adjusted to some staff absences due to personal needs during the pandemic. This attributed to timeliness of processing requests within the HQ ICPC office.

The timeliness of home studies decreased in most regions of the state compared to 2019. ICPC & LD collaborated in looking at the delays in home studies. It was determined several factors contributed to the home study time frames including ICPC processing home study request time frames were delayed due to staff shortages and learning to process interstate work electronically due to teleworking requirements contributed to the delays; and data is pulled by the date 100A is received, not the date the home study is processed and assigned to the field. This will be a data change for the next year. Current data does not capture when another state withdraws the home study request. This will also be a data change for the next year. LD had turnover in staff and changes in how they assigned ICPC cases and this work is no longer specialized in regions. Some of the preliminary reports were not recorded in the data if a completed home study was received within a month of receiving the preliminary report, due to workload issues within ICPC unit.

In August 2020, HQ ICPC was able to use the National Electronic Interstate Compact Enterprise (NEICE) Secure Documentation Portal, which assisted in sending documents to states that may not have previously accepted electronic documentation if states were not actively on NEICE. In August 2020, HQ ICPC unit began accepting all ICPC packet requests and documents electronically from field offices, due to limited access to state office buildings. This has been an adjustment in not working in hard copy paper files. There have been some challenges in reviewing complex and large files electronically. By eliminating time frames to mail packets to the HQ ICPC offices and out to receiving states, this has streamlined some of the ICPC process.

STAKEHOLDER INVOLVEMENT AND FEEDBACK
As stated throughout Items 33, 34, 35 and 36, DCYF collaborates regularly with internal staff and external stakeholders and partners (particularly caregivers and foster parents) related to kinship, foster and adoptive parents recruitment and retention efforts.

In addition, HQ ICPC meets with other state ICPC offices during monthly all state meetings. Yearly conferences with a training component also occur; however, it is up to each state if they have staff in attendance. DCYF makes this a priority to have a least one staff in attendance. Current discussion includes consideration of a uniform home study for all ICPC cases. This is in the beginning stages and legislation would be required for this

to occur. In fall of 2020, the conference was virtual, which allowed all HQ ICPC staff to attend at no cost. HQ ICPC collaborates with state partners regarding processing home studies and timeliness. Understanding state differences and policies is beneficial for case planning. HQ ICPC and LD discuss timeliness of ICPC home studies and upcoming home study changes and how these potential changes fit within ICPC parameters.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

STRENGTHS

- In Round 3 of the CFSR reviews completed in 2018, Washington was rated as in substantial conformity on this systemic factor.
- LD has standards that are applied equally to all foster family homes and childcare institutions. The state has monitoring processes in place to ensure standards are met.
- Washington's comprehensive state criminal history record check goes above and beyond federal requirements (inclusion of adverse and negative action information from licensed programs and Washington courts dispositions that may not be reflected in the in-state or national background check result).
- DCYF sought legislation to establish "child specific" licenses for kinship caregivers. The legislation passed and planning for implementation will begin in summer of 2021. LD has finalized the expanded list of items in the Washington Administrative Code (WAC) that do not pertain to safety so that "non-safety waivers" can be used to license kin who otherwise might not be able to become licensed. The expanded list of "non-safety waivers" will begin with the implementation of the child specific licenses.
- The application and assessment materials required to be completed for licensure decreased by approximately 50%.
- LD has continued to examine business processes, tasks and staff capacity within the various sections of LD across the state. Due to this, LD has been able to shift some tasks to different staff in order to streamline processes.
- At 82%, the majority of cross-jurisdictional placements are with relatives.
- DCYF ICPC has positive relationships with ICPC offices in other states.

BARRIERS

- The background check process lacks automation, relies on other governmental agencies to facilitate the process and is dependent on the applicant, child placing and group care agencies to complete the comprehensive background check in a timely manner.
- There is a disconnect in the number of PFP's identifying as Black, Indigenous, Persons of color (BIPOC) to the number of licensed foster parents who are BIPOC. DCYF will continue to explore these data values. Having PFP information live in one system within the new portal will tell a comprehensive story to help understand what barriers, roadblocks and issues are preventing all interested caregivers from moving forward.
- The number of exceptional placements has increased, indicating that there are more night-to-night stays in hotels and DCYF offices for some children and youth.
- The ICPC requirement to complete home studies within 60 days remains a barrier.
- During CY2020 the timeliness of home studies declined. This likely has occurred due to COVID-19 adjustments with home studies and background check delays and/or closures.

- A major focus of this year was working to change ICPC work from paper to electronic. Some staff struggle with reviewing documents electronically and working solely with an electronic format. Ongoing training and problem solving of barriers occur. Estimations are that this will improve some of the delays with receiving home study placement decisions, as this eliminates mailing time to review the home study back to the sending state.

PRACTICE IMPROVEMENTS

- DCYF is developing an online [Foster Parent Application Portal](). This system will include an online application, digital case management tools and the ability to upload documents. This system will assist in expediting the process for home study referrals, thus speeding up permanency for children and youth. The project will result in better outcomes by:
  — Decreasing the time to qualify families as caregivers.
  — Decreasing placement interruptions for children in care.
  — Decreasing the drop-out rate of licensed homes.
  — Increasing the number of licensed kinship caregivers to improve access to resources.
  — Decreasing the total number of placements experienced by children in care.
  — Creating portal access for caregivers, CPAs and tribal partners.
- The Caregiver Engagement Unit (CEU) pilot is occurring in Regions 1 and 2. Based on results of the pilot, there may be opportunities to expand this program statewide.
- DCYF updated its Caregiver and Retention Program including the hiring of Targeted Recruitment Specialists (TRS) and executed a contract with the Alliance for retention and support through the CaRES program.
- DCYF will continue to implement the Washington State Adoption Call to Action Plan.
- HQ ICPC staff were able to attend the AAICPC National virtual training in October 2020.
- HQ ICPC unit staff have been trained on using the NEICE Secure Document Portal. HQ ICPC will continue to collaborate with IT staff and FFPSA Administrator to get a resource assigned or contract with a provider for the NEICE project.
- HQ ICPC updated the Interstate Placements: Fundamentals and your Role eLearning training with the Alliance in December 2020. This training is available to all staff and provides law and policy information; expectations for case management of an interstate case; roles and responsibilities; instructions on completing a referral packet and safety and practice tips.
- HQ ICPC will look at data to determine which state(s) the majority of requests are sent to and request to collaborate with those states to work on timeliness of home studies.
- The HQ ICPC Program Manager will continue to strategize with LD and the DCYF data team regarding the reasons for home study delays, identification of barriers, and create a plan to increase the completion of timely placement decisions. HQ ICPC will request data quarterly in a new report, that will show home study time frames, this will assist in collaboration with LD to determine home study completion barriers

Update on Plan for Enacting the State's Vision

Over the course of the next year, DCYF will focus on implementation of strategies related to the identification and implementation of a practice model, Family Time, PFD1, ACTA and the CFSR-PIP. Additional strategies and activities related to FFPSA will be identified as the prevention plan is finalized.

Family First Prevention Services Act (FFPSA)
Washington State's Family First Prevention Plan was approved by the Children's Bureau in October 2020. The approved plan can be found [here.]()

Implementation of FFPSA is a multi-year, multi-phased initiative that will focus on building various pathways for prevention. Changes to processes, procedures, policies and technical changes will be necessary in order to successfully comply with FFPSA requirements. Implementation is starting with our Family Assessment Response (FAR) and Family Voluntary Service (FVS) programs. FAR and FVS focus to support families when they are in crisis and help connect them with their communities which aligns well with the intent and vision of Family First.

To better understand the impacts on the FAR and FVS programs, DCYF will slowly roll out the Family First changes to allow time to assess and adjust. The first phase of the rollout will involve a group of offices we are referring to as "Early Implementers". There will be 8 to 10 Family First Early Implementer offices, located throughout Washington State. We are including a mix of small, medium, and large offices, as well as a mix of rural and urban offices. The information we learn from the Early Implementer offices will be critical to understanding the impact on caseloads, the resources necessary to implement statewide, what is working for our families and what is not, and what strategies are needed to align with the Family First Act.

Over the past eight months, DCYF has been focused on developing new tools, streamlining processes and gathering requirements necessary to meet the new federal requirements. One of those new requirements is the Individual Child Prevention Plan. DCYF developed a Prevention Plan that focuses on understanding the family's needs, develops strategies that will meet those needs, identifies the appropriate services and supports, provides a clear timeline of events and documents progress. This Prevention Plan will replace the current case plan that FVS and FAR programs are using. The Prevention Plan also includes a CANS Screener tool, which helps identify global areas of need so the caseworker can better connect the caregiver and family to the right supports and services. Both of these tools will be in our FamLink system.

Figure 42 illustrates a high-level look at the activities and deliverables that have occurred in 2020 and will occur in 2021 and 2022. Part of the work in 2021 will be future candidacy implementation planning. The timeline and work plan will be updated as decisions are made regarding future phases of the project.

FIGURE 42

Family First Prevention Plan Timeline 2020 – 2022
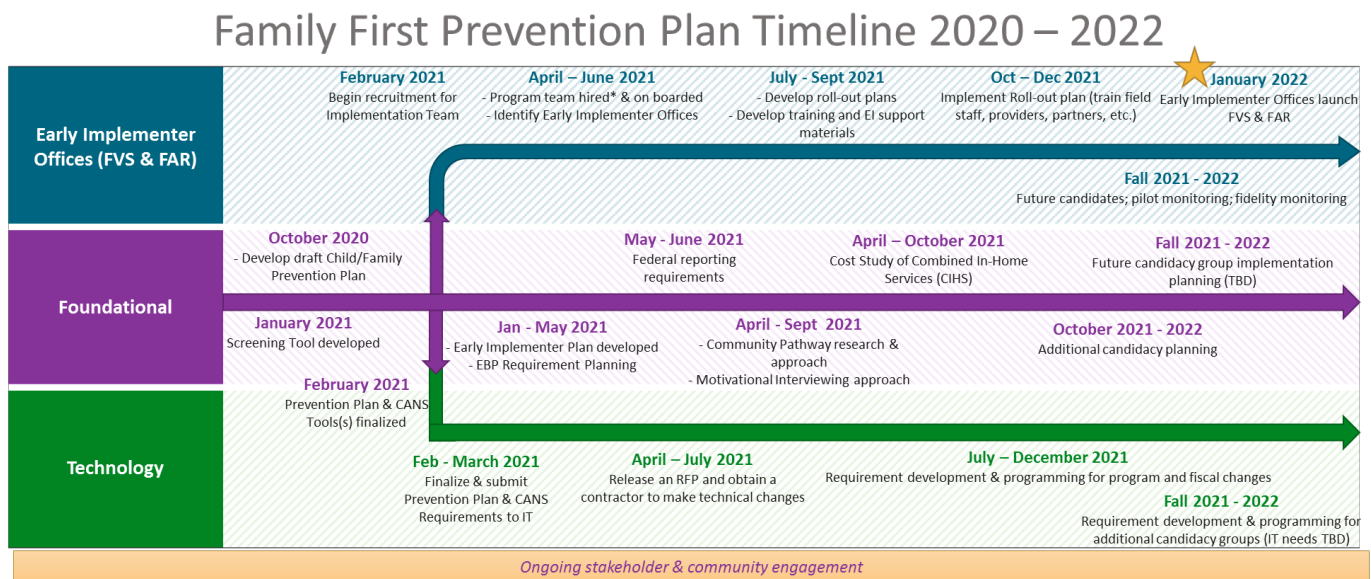
*Program Supervisor (WMS 2); 6.0 Social Services Specialist 4s; PhD Research in OIAA; Management Analyst 4

Family First Transition Act (FFTA) Grant

In the 2021-2023 Washington State Budget Session, DCYF requested federal authority for the Family First Transition Act (FFTA) federal funds to implement FFPSA requirements. Establishing an infrastructure that will properly support this ongoing work will be critical to our success.

There are significant resource needs in order to implement FFPSA requirements, both initial onetime costs such as investment in IT changes, and ongoing costs for staffing, training, services and supports. In the 2021-2023 biennium, we anticipate spending more than half of the FFTA funds. The additional funds will be spent in the following biennium for purposes of implementing additional candidacy groups and addressing other implementation needs.

We did not receive approval to use these funds until January 2021; therefore, there is minimal amount of funds spent so far. The FFTA funds have been budgeted to be spent on (costs are estimated and will be adjusted based on actual accruals and need):

- Hire Program & Implementation Staff (15.0 FTEs; $2,000,000 per year)
- Development & license costs for new tools for risk and safety ($300,000; FY2021)
- Staff Training ($150,000 FY2022)
- Pilots ($200,000; FY2022)
- Change Management ($110,000; FY2021-2023)
- Stakeholder Engagement ($110,000; FY2021-2023)
- Communication ($110,000; FY2021-2023)
- WSIPP Evidentiary Review ($70,000; FY2021)
- Evaluation ($300,000; FY2022)
- Rate Study for CIHS ($150,000; FY2021-FY2022)
- Technology Changes ($1,922,000; FY2021-2022)
- Development and Implementation of Motivational Interviewing ($500,000; FY 2022 – FY2024)
- EBP Expansion ($1,400,000; FY 2022-FY2024)
- Provider Training ($200,000; FY2022)

An intentional, well planned, steady ramp-up in expansion of services is needed to avoid the unintended consequence of displacing existing services for families with children in foster care and to support the necessary focus on state caseworkers, training for EBP providers, supports for ongoing fidelity monitoring and quality improvement, curation of network providers and program administration. The DCYF plan is to begin staff recruitment in spring and summer of 2021.

DCYF will use formal agile project management and change management methodologies to support the changes in agency infrastructure, business practices and workflows required in this initiative. Ongoing engagement and communication is critical to the success of FFPSA implementation. In order to ensure ongoing collaboration, DCYF will continue to partner closely with internal staff, tribes, community providers, constituents, external partners and stakeholders and different groups that represent the youth and families with whom we work. In addition, focusing on business readiness will be at the forefront of the implementation work. There will be a significant amount of work to ensure DCYF staff are trained and supported streamlining processes, training on new tools, incorporating motivational interviewing in the practice model and more.

Several technical changes are required to meet FFPSA requirements. To ensure tracking of prevention services for appropriate Title IV-E claiming, information technology (IT) staff are an integral part of preparation for Family First implementation. System enhancements for candidacy identification, EBP selection, prevention

plan identification and plan outcomes, and billing processes will need to occur to support DCYF staff and providers.

During FY2019 implementation of DCYF's Performance Based Contracting (PBC) initiative, the agency identified that the child welfare combined in-home services contract group is in need of a rate study. Rate studies, conducted by objective third party entities with expertise in this area, are an important tool for establishing appropriate payment rates for state services, and appropriate payment rates in turn are necessary in order to ensure expansion of services for the identified candidacy groups as well as to engage contract partners in the work of ongoing performance improvement.

DCYF's initial FFPSA Prevention Plan submission contained a limited list of eight EBPs that have been reviewed by the new FFPSA Clearinghouse. Because so few EBPs have been reviewed by the Clearinghouse to date, the Children's Bureau has given states the option to contract with an objective third party to conduct evidentiary reviews using standards established the new federal Clearinghouse. DCYF has contracted with the Washington State Institute for Public Policy (WSIPP) to conduct the evidentiary review of EBPs not yet reviewed by the Clearinghouse so we can submit for review and approval. In addition, DCYF will contract with the Department of Social and Health Services' Research Data Analysis (RDA) to conduct the required baseline outcome evaluation for select EBPs in the current child welfare contracted in-home services portfolio needed for FFPSA.

The FFTA funds will allow the agency to establish a strong infrastructure to support Family First implementation so that we can enhance and integrate prevention services for the children, youth, and families in Washington.

Goal 1: Child Welfare Family Practice Model

Washington recognizes the importance of an effective practice model that is grounded in the values, principles, relationships, approaches, and techniques that support timely achievement of safety, permanency, and well-being outcomes and provides the foundation to develop a more competent and supported workforce. Washington adopted Solution Based Casework in 2007 and implemented the safety framework in 2011. The state will be assessing the current practice model to determine if it will be maintained or if the Department will select and implement a new model.

Adopt and implement a consistent child welfare practice model that is trauma-informed, safety-focused, family-centered, culturally-competent and create consistency and accountability in practice.		
	Begin Date	Projected Completion
Hire a dedicated full time position to lead the process of reviewing the current practice model and assessing for potential change.	COMPLETE	
Identify an external entity, such as Casey Family Programs or Capacity Building Center for States, to provide consultation and assist in the assessment of the current practice model and potential for change.	10/01/2020	12/31/2021
Establish framework for assessing current system and research practice models and practice model elements for implementation.	10/01/2020	12/31/2021

Progress Update:

The Practice Model Administrator was hired and began employment with the agency on September 16, 2020. The Family Practice Model (FPM) represents an organizing framework that describes DCYF's approach and strategic direction within child welfare practice. FPM will set a standard for engagement that outlines interactions between DCYF and families that are referred for intervention and services. The goal of developing

a clear practice model is so caseworkers apply consistent practices across the state, creating reliability for caseworkers and the families they serve. This will result in improved support to caseworkers by aligning practice with policy and through a cohesive series of training and assessments. The FPM outlines an integrated approach to using assessment tools, engagement strategies and evidence informed interventions to meet needs unique to each family.

The re-design efforts are being developed using a Human Centered Design framework, which is a problem-solving method that invites perspectives of recipients of a system into the design space to improve process or practice. Co-design means learning continuously from and with people closest to the work. In the case of FPM, that means caseworkers and lived experts. The co-design methodology challenges historic imbalances of power in systems where leaders make important decisions about other people's lives and families.

The three major phases of this work include research, prototyping, and implementation:
• **Research** - The FPM development plan uses a series of co-design sessions to understand perspectives and stories, elevating parts of the current system that function well, highlighting practices and engagement strategies that are challenging, and understanding tools, training, and policy that do not align with practice. A series of co-design sessions is scheduled for caseworkers, with a focus on work area. There is another series of co-design sessions scheduled for lived experts, that emphasizes a specific interaction with the system (parent, youth, or caregiver).

• **Prototype** - Developing a FPM prototype allows DCYF to creatively test and iterate on new approaches to create better outcomes. The data gathered in the co-design sessions will be the basis for developing the prototype by a design team that includes both lived experts and caseworkers. The prototype will strengthen current practices and tools that meet the needs of families and staff, highlight areas that are not aligned, and identify training and development of services to match need.

• **Implementation** - After a slow rollout to early adopters, including adjustments, during the prototype phase, the rollout will expand to the remaining offices across the state. The full rollout includes components of training and localized support to ensure that FPM standards are supported for reliability, consistency, and fidelity through a quality assurance structure. This phase also allows for increased outcome evaluation of services provided to support families. To ensure effective field operations casework standards, decision making must be supported and guided by a sound assessment system.

The timeline to redesign the FPM coordinates practice model design with a renewed commitment to provide caseworkers with the best available tools, engagement strategies, and a holistic IT case management module that coordinates activities and policies for caseworkers. The assessment system and FPM are an integrated project, being designed simultaneously. They are both powerful mechanisms for translating values and principles into discrete practice behaviors and strategies for field operations caseworkers. The assessment redesign and the development of the FPM is a complex process and is anticipated to take three years to implement fully. Co-design sessions for caseworkers occurred in winter and spring of 2021. In addition, co-design sessions for foster parents occurred in spring of 2021. Co-design sessions for foster parents, youth and young adults, parents, tribal communities, relatives and stakeholders are scheduled and will occur through the summer of 2021. Information, input and themes from these sessions will inform the work for the core design team. The anticipated goal is to have a prototype developed by the end of 2021.

Goal 2: Timely Permanency

Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, and strengthening engagement and teaming of parents, children and youth, foster and kinship caregivers, court partners, and service providers.

Improve timely referrals for and completion of home studies.		
	Begin Date	Projected Completion
LD will reduce the requirements of the home study packet to be completed by the kinship care provider.	COMPLETE	
HQ program manager will develop and provide guidance to Adoption AAs and Adoption Support Consultants regarding the requirements for home study updates to avoid time spent processing requests that are not required. Use administrative data to track home study update requests and identify strategies for practice improvement.	COMPLETE	
A short-term workgroup will be convened to establish a consistent, statewide home study referral process within child welfare to support the timely submission of home study applications. The workgroup will be comprised of HQ program managers, Child Welfare staff and LD staff.	COMPLETE	
When LD has been unable to successfully engage a kinship family in the home study process, the home study worker will complete a declaration to the court regarding the diligent efforts made.	COMPLETE	
A workgroup comprised of LD policy, quality, and data staff, administrators and supervisors will develop a consistent process for early identification of families where there may be barriers to approving a home study. This team, working with HQ child welfare program staff, AAs, and supervisors, will develop a process for resolving home study barriers.	04/01/2021	06/30/2021
In collaboration with court partners identified through IDCC (including parent allies, parent attorneys, judicial officers and FJCIP coordinators), develop a process for court inquiry re: home study referral status including: • Appropriate language for court inquiry regarding home study referral status. • Development of a plan for evaluating whether court inquiry into home study referral and completion improves case timeliness and permanency outcomes.	04/01/2021	06/30/2021
Implement process including: • Within FJCIP jurisdictions, at review hearings judicial officers will ask about the status of the home study referral and completion until the home study is completed. The judicial officer will inquire if any updates to the home study are needed. • If a home study referral is not completed, a hearing related solely to status of the home study referral will be set by the court within 30 days. • If the caseworker completes the home study referral prior to the status hearing, they will complete an affidavit to the court of completion and the hearing will be vacated. • The caseworker shall update the court of the status of the home study at subsequent review hearings (Approved, Denied, In Process, Barriers to Completion)	07/01/2021	Ongoing
A sampling of recorded review hearings will be reviewed in FJCIP jurisdictions to determine if Court is inquiring about the home study. This information will be utilized along with data obtained through AOC and DCYF on home study completion and permanency outcomes.	10/01/2021	03/30/2022
Based on data obtained, if practice shows promising outcomes on permanency, then process for home study referral and home study completion inquiry will be implemented within the remaining PIP office jurisdictions that are not FJCIP jurisdiction and then, using a targeted and data-driven approach, within other jurisdictions around the state.	04/01/2022	Ongoing
LD will implement a process to complete an initial foster-family home license to care for specific children for a period not to exceed 90 days.	04/01/2022	06/30/2022

Progress Updates:

This strategy was modified from the CFSP to align with the DCYF PIP. When the PIP was developed, 783 children (21%) of children placed in kinship placements were in a home without a home study referral. As of January 10, 2021, 417 children (11%) are in unlicensed kinship caregiver home and in need of a home study and we see that number continuing to decrease statewide. There has been more emphasis on data related to this item in offices and regions and tracking mechanisms established in many offices to ensure home study referrals are being submitted timely. This was an item that was reviewed in the first six months of PIP data analysis meetings and was again introduced in the current round of PIP data analysis meetings to show progress on this item and continue to emphasize efforts. COVID restrictions also allowed new ways for referrals to be completed and submitted, including electronic submission and submission even if information was incomplete or the caregiver was unable to sign the referral form. This allows a licensor to engage earlier with caregivers to further complete paperwork, explain the home study process and complete the home study. In addition, DCYF is developing an online Foster Parent Application Portal. This system will include an online application, digital case management tools and the ability to upload documents. This system will assist in expediting the process for home study referrals, thus speeding up permanency for children and youth.

In January 2021, a joint memo between the Assistant Secretary of Field Operations and the Assistant Secretary of the Licensing Division was sent out regarding practice expectations for home study withdrawals and denials. A process was established to promote coordination and consultations between field operations and licensing division staff in efforts to engage caregivers and/or address urgent issues prior to the withdrawal or denial of a home study. In addition, a workgroup of field operations and licensing staff has been meeting to expand this coordination and collaboration to develop a process for addressing early identification of barriers and better support kinship caregivers in the home study process. If, despite efforts, a caregiver is not engaging in the process despite diligent efforts, a declaration is submitted to the court regarding those efforts.

Due to the extensive changes in the licensing division that are occurring related to the home study process, along with the significant improvement made in home study referrals, DCYF is partnering with FJCIP to rethink strategies related to court discussions around home study referrals and completion. Due to COVID-19 and courts being closed, there are an extensive number of court cases that have been placed on hold. With that in mind, it does not seem diligent to add another court hearing specific to the home study referral as that would cause further congestion and potentially delay other pertinent court processes. FJCIP coordinators will be meeting with their local stakeholder groups to explore options for partnership between all parties in relation to communicating about the home study process.

In addition, recently passed legislation may impact the ability to fully operationalize the initial child-specific licensure for 90 days. Recent legislation has requirements related to this that are not slated to be implemented until 2023.

These changes may require some renegotiations of PIP activities in the next DCYF PIP biannual report.

Increase recruitment of foster homes, and expand support resources to caregivers with the goal of improving timely permanency for children and youth in out-of-home care.		
	Begin Date	Projected Completion
Implement DCYF's new approach to recruitment and retention program, which includes both internal and external services.	07/01/2020	Ongoing
Initiate hiring process for DCYF community-based Targeted Recruitment Specialist.	COMPLETE	

Execute Retention and Support Services contract to external community partners to provide support to kinship and licensed caregivers across the state.	COMPLETE	
~~Through utilization of RDS teams facilitated by DCYF staff:~~ • ~~Increase number of homes licensed for ages 0-5, and caregivers able to care for this children short or long-term.~~ • ~~Increase number of homes licenses for three children or more (accommodate siblings).~~ • ~~Increase the number of ethnically and racially diverse homes available to care for children in foster care.~~ • ~~Increase the number of Native American homes.~~ RDS is transitioning to RRC in July 2021 to a regionally based collaborative on recruitment and retention. Active recruitment by the TRS and Child Placing Agencies, along with efforts of the RRC, will work to: • Increase racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care. • Increase caregivers who are and/or are affirming and supportive of LGBTQ+. • Increase licensed homes for sibling groups of three or more children. • Increase caregivers who are able to meet the needs of medically fragile children. • Develop existing pool of caregivers available to provide care for children with extensive emotional, behavioral and physical needs. • Focus recruitment efforts on reducing the use of exceptional cost placements.	~~07/01/2020~~ 10/16/2020	06/30/2024
Stakeholder feedback will be gathered identifying recruitment strategies for: • Caregivers of color. Team members would include foster parents of color, community partners, CPAs, Alliance training staff, and CQI/Data staff. • Native American families. Team members would include tribes, Native American foster parents, community partners, CPAS, Alliance training staff, and CQI/Data staff. • BRS providers. Team members would include current BRS providers, BRS level foster parents, medically fragile foster homes, CPAs, Alliance training staff, and CQI/Data staff. • Annual caregiver foster groups will be held statewide in order to assess and gage services needs and delivery.	10/01/2020 Paused due to COVID-19 pandemic, resuming for 2021	Ongoing
Retention of caregivers will continue to be received through data, feedback from DCYF advisory groups and the annual Foster Parent Speak survey, which includes kinship and licensed caregivers.	Currently Occurring	Ongoing

Progress Update:

This strategy was revised based upon adjustments to DCYF's new approach to Caregiver Recruitment and Retention. In July 2020, DCYF ended the long-standing recruitment and retention contracts and moved toward implementing a new model, including both internal and external elements. Through a competitive procurement process in the spring of 2020, the Alliance for Child Welfare Excellence was named the apparent successful bidder for DCYF's new Retention and Support Contract. There are many components included in this contract that differentiate it from prior work involving caregiver retention. Most notable is implementing key performance measures and data tracking to provide more than an anecdotal assessment of retention and support related needs of caregivers. The Alliance successfully launched the CaRES Program in March 2021. DCYF hired a Retention and Support Program Manager in February 2021. DCYF also hired Targeted Recruitment Specialists (TRS) positions tasked to develop and implement recruitment campaigns targeting quality, diverse caregivers able to meet the needs of children placed in out-of-home care. See additional information related to this strategy in the Foster and Adoptive Parent Licensing, Recruitment and Retention section and in Attachment B Washington State FY2022 Foster and Adoptive Parent Diligent Recruitment Plan.

Improve timeliness and monitoring of critical pieces of work that impact timely permanency.		
	Begin Date	Projected Completion
Support facilitation of Permanency Summits to be held in six FJCIP counties in 2019. Information from the 2018 CFSR review will be included in the data to be shared during the summit.	COMPLETE	
DCYF will participate on the Innovative Dependency Court Collaborative (IDCC) which will include ongoing communication that supports a shared understanding and alignment of work across the child welfare system including: • Use data to identify issues and engage counties with low percentage of children and youth achieving permanency to work with local partners on solutions. • Identify counties with high percentage of children achieving timely permanency and review their processes.	09/01/2019	Ongoing
In alignment with the Washington State Court Improvement Program Strategic Plan, DCYF with partner with CIP and AGO to track and identify: • Critical dates associated with termination referrals. • Timely and accurate recording of compelling reasons in court orders. • Best methods for tracking court continuances.	09/01/2019	06/30/2023

Progress Updates:

This strategy was modified in the prior reporting period to align with the Court Improvement Program Strategic Plan. DCYF continues to actively partner with AOC on court improvement efforts. DCYF co-facilitates the IDCC with AOC. This year, the work and participants of the IDCC shifted resources to address COVID-19 pandemic related responses and ensure operations of DCYF and the courts could continue. IDCC will begin meeting regularly in June 2021 and there are plans to incorporate data from improvement initiatives into IDCC meetings for discussion.

Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.		
	Begin Date	Projected Completion
The Alliance, in consultation with HQ program managers, will revise current permanency planning training curriculum for caseworkers and supervisors to ensure it comprehensively covers practice related to key permanency outcomes including, but not limited to: • Identification of safety threats, strengths, needs, and protective factors. • Conditions for return home. • Child/youth safety, well-being and permanency needs. • Permanency goal and concurrent planning goal(s). • Case planning and action steps.	COMPLETE	
The Alliance, in partnership with HQ program managers, will train permanency planning facilitators, FTDM facilitators, and others responsible for facilitating Permanency Planning Meetings to reinforce consistent, structured facilitation of permanency planning meetings. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	COMPLETE	
Permanency planning facilitator, or other regional designee, will coordinate meetings and invite participants, including parents, children, caregivers, and other members of the child's team to develop case plans with specific action plans to support timely progress.	01/01/2021	Ongoing
In alignment with the PFD1 grant, an Enhanced Permanency Planning Meeting strategy will be implemented in 9 identified treatment offices (Centralia, Kelso, OICW, MLK, King East, Spokane Central, Spokane North, Spokane Valley, and Wenatchee) for early targeted	10/01/2020	09/30/2023

intervention. A permanency planning meeting will occur within 30 days from the Fact Finding hearing, at 3 months and at 90-day intervals until permanency is achieved.		
Designated HQ or regional staff will observe one meeting per facilitator every six months for quality and model consistency and provide feedback to the facilitator.	01/01/2021	Ongoing
The assigned caseworker will complete an updated Safety Assessment prior to the permanency planning meeting to inform discussion of safety threats and conditions for return home during the meeting.	01/01/2021	Ongoing
If it is determined that an active safety threat no longer exists or can be mitigated in the home and the next court hearing is more than 60 days away, an affidavit recommending reunification will be submitted to the court within two weeks of the staffing, rather than waiting for the next hearing, unless court authorization already exists.	04/01/2021	Ongoing
Caseworkers will staff cases at 9 and 12 months with the AA and supervisor if the child has been in out-of-home care for 9 months and reunification is the primary or concurrent plan but not imminent (within 60 days). If a change in the permanent plan is needed, caseworkers will schedule a permanency planning meeting and submit an updated court report to the court requesting a change in the permanent plan.	04/01/2021	Ongoing
If a child has been in out-of-home care for 15 months, the staff will coordinate an interim case planning staffing to address barriers to permanency. This case staffing will be held in between the permanency planning meeting(s) at 90-day intervals from the permanency planning meeting date(s) until permanency is established.	04/01/2021	Ongoing

Progress Update:

This strategy was added in the prior reporting period for alignment with the DCYF PIP and PFD1 grant. The PFD1 intervention, Enhanced Permanency Planning Meeting (PPMs), was implemented in October 2020 and is now in 19 offices in Regions 1, 4 and 6. Due to unanticipated lower number of new dependency filings, the grant was able to expand past the original identified offices. All of the PIP measured offices in Regions 1 and 4 are included in the grant intervention. Currently, all 12 grant facilitators are hired. The enhanced PPMs will begin with case assignment and include an assigned facilitator, expedited staffing's (every three months), inclusion and engagement of all key case participants, identification of safety threats and conditions to return home, transparency around permanency discussions, actions plans with specific completion timeframes and identification of systemic barriers.

As of March 31, 2021, there were at total of 116 grant intervention cases. Thirty-two of those cases were considered "soft start" cases from October 2020 – January 2021, when Washington State Institutional Review Board (WSIRB) approval was received to conduct the formal evaluation of the grant intervention through the contract with the Kempe Center. Of those 116 grant intervention cases, 14 were on trial return home and one had closed. To date, feedback from staff and external partners regarding the grant intervention has been overwhelmingly positive. Some of the feedback includes the following:

- Judge: "This encourages folks to communicate; an opportunity to strategize on system barriers and excited that you are talking about safety threats at every meeting."
- Attorney: "Was blown away after attending my first meeting and so excited to be involved with cases in the grant."
- Parent: "I felt like I had won the lottery when my case was chosen."
- Worker: "This (intervention) is so awesome. Can you do this on all of my cases?"
- Parent: "I liked the meeting and I was glad for the opportunity to thank the foster mother for everything she does."
- Community Partner: "This intervention is refreshing. Atmosphere in meetings is relaxed and barriers are able to be addressed right there on the spot."

- Judge: "I like holding accountability for services instead of everybody doing the same service and that families have an opportunity to come up with their own plan."
- Parent: "Where was this during my first dependency?"
- Facilitator: "An incarcerated father and maternal caregivers were able to communicate during meeting and after meeting stayed on Zoom so father could see and interact with his baby for the first time."
- Supervisor: "…these meetings are why I am in this profession."

DCYF will continue to monitor data and outcomes related to the grant intervention and make adjustments as needed. The grant CQI program manager is also tracking trends that are noted by the facilitators that are communicated to RAs, DRAs and AAs to help inform systemic improvements.

AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.		
	Begin Date	Projected Completion
Establish a short-term workgroup with statewide child welfare and statewide AGO representation to assess termination referrals and termination filing and to establish a consistent statewide process that includes the following: • A single referral form for statewide use • Standardized referral packet requirements • Review process by AGO • Who to include in communication when the referral is submitted, denied, or filed • Timeframes for submission and resubmission when required elements are missing • Prioritization of referrals • Consistent communication chain with designated parties when termination referrals are not legally sufficient to file • Development of training and guidance to support implementation	COMPLETE	
The workgroup established will establish a consistent data report for use at the local, regional, and statewide level that incorporates process and timeliness tracking. DCYF and the AGO will be able to utilize the report to identify at the office and regional level where and why TPR referrals are not occurring.	COMPLETE	
The workgroup established will establish a semi-annual process to evaluate statewide implementation and progress.	COMPLETE	
Incorporate review of data related to the filing of and hearings for termination petitions into the quarterly data review conducted at IDCC in order to evaluate progress toward timely filing and identify other barriers for systemic improvements.	01/01/2021	Ongoing
DCYF staff and AGO staff in collaboration with AOC and other system partners will develop a training session for the AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion.	10/01/2021	12/31/2021
Using data related to timeliness of TPR filing and identifying FJCIP Courts where there is the highest delay in filing of TPR within or past 15 months, FJCIP Coordinators, in partnership with DCYF, AOC, and AGO, will hold stakeholder meetings within those court to review data, evaluate processes and determine what efficiencies can be implemented to improve timeliness to TPR filing.	07/01/2021	12/31/2021
Delays in TPR filing will be monitored at a local level to determine if change in processes are effective.	01/01/2022	Ongoing

Progress Update:

This strategy was added for alignment with the DCYF PIP. A workgroup of Child Welfare Program HQ staff, field staff representation from every region, statewide QA/CQI staff, and AGO staff met to review the various referral forms used throughout the state and the processes used throughout the state when a TPR referral is submitted. The workgroup identified barriers and collaboratively created a new process that outlines review timelines and drafted a new form. The form and process was been reviewed and approved by Child Welfare Leadership Team (CWLT) and AGO leadership. Training was developed and implemented in May 2021. The AGO provided a statewide training session for their staff. DCYF provided three virtual training opportunities for staff to attend. The trainings were also recorded and made available along with the materials that were covered. DCYF also took the opportunity to discuss compelling reasons and documentation regarding submission of TPR referrals and compelling reasons in FamLink during the training. Response to the training, form and process was positive. The form and process will be implemented June 2021, with the understanding that some older forms will continue to be accepted during the transition period. In addition, based on initial feedback, additional space was added to the form to allow for more services to be entered.

In addition, select representatives from the workgroup mentioned above and data support staff from the AGO have been meeting to identify what reporting currently exists and what reports could be created from already existing data entries to track timely completion of the termination referral review, petition drafting, and filing process. DCYF's current tracking system does not provide a reliable way to track whether the AGO determined a termination referral was legally sufficient. The AGO was able to develop a data report from data that is inputted into their case management system. The report is child specific and contains information about when the referral was received by the AGO from DCYF, the number of days from receipt of referral to screening and the number of days from screening to petition. It also indicates if a referral was rejected. The AGO committed to data clean-up monthly so that this report could be provided to DCYF on a monthly basis. The report was able to be provided beginning in April 2021. The Performance Measurement Administrator received the report through a secure data portal and provides the information to the regional QA/CQI leads to cross reference the information and conduct analysis to identify strengths and areas of improvement within offices. This report also allows follow-up to occur on those cases that were determined not legally sufficient for next steps and follow through. It was recently identified that the report was only pulling in data from 2020 and did not contain 2021 data. The Performance Measurement Administrator worked with the AGO data analyst and it is anticipated that the report will contain 2020 and 2021 data beginning in July 2021.

Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.		
	Begin Date	Projected Completion
In collaboration with P4P provider, provide increased knowledge and understanding for regional leadership, AAs, supervisors and caseworkers through field communication, guidance, presentations at local offices, and RCT training about P4P and partnering with parent allies to increase engagement with parents. This will occur in jurisdictions where P4P is currently operating and in jurisdictions, if/when expansion of the program occurs. Information will include: • Roles and responsibilities in relation to partnership between caseworkers and parent allies. • Barriers to engagement. • Best practice of engagement. • P4P evaluation and outcomes. • P4P service model.	01/01/2021	06/30/2021

• How caseworkers can access and utilize the service. • How the P4P program works to reduce stigma for parents and caseworkers.		
In collaboration with P4P staff, identify key P4P and engagement related data points to identify practice strengths and improvements needed to support use of P4P including: • Number of referrals/connections that occur from caseworkers to the program. • Participation by caseworkers in presenting at Dependency 101 classes. • Number of staffings and/or meetings that P4P is presenting at and in which offices/regions. • Number of parents engaged in the program. • Parent engagement and parental participation in case planning.	COMPLETE	
Based on the data collected, focus groups will be conducted with caseworkers and parent allies in the P4P jurisdictions where DCYF referrals to the program is low to gather information about barriers to use of P4P within those jurisdictions. Data will also be used and incorporated into coaching activities as described in the Workforce Development goal area.	04/01/2021	09/30/2021
Based on information gathered and data review, DCYF HQ and regional leads, P4P leaders/representatives, and key stakeholders such as parent attorneys, CASA/GAL, and parents will meet bi-annually to discuss trends, areas of strength, barriers and identified areas of improvements. The team will develop a plan to address identified concerns including targeted outreach to jurisdictions where DCYF referrals to P4P are low and parental engagement outcomes are low to increase awareness, knowledge and usage of the program, and discussions regarding expansion into additional jurisdictions and additional supports needed.	10/01/2021	Ongoing

Progress Update:

This strategy was added for alignment with the DCYF PIP. Parents for Parents (P4P) has been greatly impacted by the COVID-19 pandemic. As P4P parent allies would generally be introduced to parents at court hearings, the absence of hearings and/or the virtual hearing environment had not lent itself to be as effective at engaging with families. In addition, some programs were unable to conduct Dependency 101 courses due to pandemic restrictions and some vital staffing positions (i.e. coordinators) were unable to be filled due to hiring freezes. DCYF has been partnering with P4P to develop communication strategies to enhance the partnership between DCYF and P4P. Many offices in the state are connected with their local P4P programs and have invited P4P staff to presentations and meetings. In order to continue that relationship, DCYF is working with P4P on developing a matrix of P4P coordinators within counties and the DCYF offices served to ensure they know who to connect with. This will be particularly helpful as new P4P sites are established. In addition, based on feedback from P4P and DCYF, there will be focused efforts on certain sites to connect P4P coordinators with DCYF office leaders to help improve partnership and collaboration.

Increase placement stability and permanency for legally free children and youth through strategies that incorporate youth involvement in case planning and recruitment.		
	Begin Date	Projected Completion
Caseworkers will develop, revisit and update an individualized recruitment plan with legally free children and youth not in a permanent home.	10/01/2020	09/30/2023
Caseworkers who work directly with legally free children and youth will be trained on youth engagement, having difficult conversations, and utilizing youth input for case decisions.	10/01/2020	09/30/2021
DCYF will contract with Northwest Resource Associates (NWRA) for Reverse Matching Recruitment (RMR).	COMPLETE	
NWRA will have monthly contact with LD, tribes and private agencies to identify placement resources for youth.	01/01/2021	09/30/2023

Youth will be contacted to participate in recruitment events and assist with placement resources.	01/01/2021	09/30/2023

Progress Update:

This strategy is in alignment with the PFD1 grant. The PFD1 intervention, Enhanced Youth Recruitment (EYR), will be implemented statewide in all offices. In December 2020, DCYF was able to convene a committee to focus on two components of EYR: 1) Reverse Matching Events (RME) and 2) the youth engagement recruitment plan. The contract was able to be approved and finalized with Northwest Adoption Exchange (NWAE) who will take the lead on the Reverse Matching Events. There are three main tenets of RME: 1) making connections between youth and families; 2) empowering and engaging youth in their permanency planning; and 3) to dispel the myth there are no families interested in adopting teens.

EYR initiated changes in identification of adoptive placements for legally free youth. Based on this intervention, 95 families were identified within Washington State between January 2021 and March 2021.

The first virtual RME was held on April 30, 2021 and included youth from Regions 1 and 2. Approximately 15 family video profiles were presented. Youth were placed in break-out rooms that rotated and allowed for engagement with the youth through questions and Pictionary. The youth were then presented with family videos. After the video presentations, the youth were prompted to think about what they liked about the families and what questions they still want answered. After the event, the NWAE staff followed up with the youth's caseworker to provide feedback of the families the youth expressed interest in. The caseworker will reach out to the youth and the family to begin conversations. All of the family videos are available for youth who did not participate in the RME to view. The EYR committee is discussing strengths, challenges and lessons learned from this first even to make modifications, as needed, for planning of additional events.

The youth led recruitment plan has also made substantial advances. The subcommittee determined the importance of producing a foundational document from which the practice guidelines and training can be launched. The foundational document has been drafted and is titled, "Youth Engagement Permanency Plan" or YEPP. The YEPP document will be a living document and will be re-evaluated as this document and process are implemented. The next steps include work on a guidebook which will provide caseworkers with guidance on how to have difficult conversations with youth, conversation starters, and the "nuts and bolts" of the YEPP document. A training will also be produced in conjunction with the guidebook. Once fully launched, each region has determined which units or caseworkers will begin to use this process. This will help determine whether or not this process is useful in youth engagement and helping youth get to permanency.

Goal 3: Comprehensive Assessment and Response

Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, and strengthening engagement and teaming of parents, children and youth, foster and kinship caregivers, court partners, and service providers.

Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.		
	Begin Date	Projected Completion
Establish a short-term workgroup comprised of statewide program managers and designated regional staff to: • Review policy and practice requirements related to the Safety Framework and SDM, Investigative Assessment (IA), Family Assessment Response Family Assessment	07/01/2020	06/30/2021

(FARFA), Comprehensive Family Evaluation (CFE), and required case planning activities, to identify opportunities for streamlining and practice efficiency. • Make recommendations to align timeframes to support practice. • Revise and disseminate policy and procedures to reflect changes in timeframes.		
Workgroup established will revise, develop and redistribute tools and guides to increase and support ongoing integration of caseworker, supervisor, and AA knowledge of the Safety Framework and skill in applying information from the safety and risk assessment tools across all program types. Establish and implement expectations for use.	10/01/2020	03/31/2021
In collaboration with DCYF, the Alliance will implement training on the application of the Safety Framework and risk assessment to supervisors, AAs, and Alliance coaches. Training will first be completed with all current supervisors and AAs and then will be made available on a quarterly basis for new AAs and supervisors.	10/01/2020	06/30/2021
QA/CQI and/or designated regional staff will train AAs and supervisors in the use of administrative data reports to monitor compliance with the timely completion of safety assessments, SDM, and other safety-related data points.	COMPLETE	
AAs and supervisors, with support from regional QA/CQI staff and other designated regional staff, will complete semi-annual, office-based targeted case reviews focused on the implementation of the Safety Framework across all case types. Results will be used to identify areas for practice focus and improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	01/01/2021	03/31/2021
Supervisors and AAs will participate in monthly safety consultation teams, staffing cases from different programs facilitated by designated regional staff or Alliance coaches to support integration of learning and practice consistency.	01/01/2021	Ongoing
Supervisors will facilitate monthly safety consultation teams, staffing a minimum of one case with their units, focusing on consistent application of the Safety Framework to guide decision making (all programs), and supporting integration of learning and practice consistency.	01/01/2021	Ongoing
Supervisors will provide coaching and guidance to caseworkers specific to the application of safety assessment, and planning and provision of services using skills and resources identified and developed in the Workforce Development goal area.	01/01/2021	Ongoing
The Alliance in consultation with HQ program managers, QA/CQI staff, and identified field staff will develop and provide a multi-modality training and skill development system addressing implementation of the Safety Framework throughout the life of a case for out-of-home cases.	04/01/2021	06/30/2021

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. DCYF established a dedicated statewide Safety Program Manager position to support safety strategy implementation and practice improvements across the life of a case.

A workgroup of Child Welfare Program HQ staff, field staff representatives from each region, and statewide and regional QA/CQI staff met to discuss policy and practice requirements related to the various assessments that need to be completed including the Safety Assessment, Structured Decision Making Risk Assessment (SDMRA), Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), Comprehensive Family Evaluation (CFE) and case planning activities.

Initial recommendation for policy revisions were made. The revised policies were vetted through a stakeholder review process. Part of the review process includes review by the Washington Federation of State Employees (WFSE). On December 22, 2020, WFSE requested a demand to bargain regarding the policies associated with this strategy. Initial negotiations occurred in March 2021. It was discovered through the negotiation process that the original stakeholder review process was not as comprehensive as needed.

Therefore, workgroups with additional representation from field staff and leadership were convened in April 2021 to review the revised policies. Per those workgroups, additional recommendations were made and many of the original revisions were removed. The policies were revised and went through a more thorough stakeholder review process. The policies were subsequently reviewed through a second demand to bargain meeting in May 2021. The goal is to have the policies finalized by the end of June 2021. After that, a policy rollout will occur in July 2021 with an anticipated effective date of August 2021. In addition, there will be training that accompanies the policy rollout that includes greater emphasis on documentation around the safety threshold as well as documentation around when children are safe and unsafe. The existing guidance documents have been revised with changes to reflect updates to language that is currently used. The updated guidance documents will replace the older documents on the DCYF Intranet.

The Alliance developed and implemented a Supervising for Safety training curriculum for supervisors and AAs. The curriculum contains a one-hour eLearning (Safety Framework and Risk Assessment Overview) and three live three-hour webinars (Decisions about Removal, Keeping Children Safely at Home and Returning Children Safely Home, and Ensuring Safety in Out-of-Home Placement). AAs will take all of the courses and supervisors will take three of four of the courses depending on which program area(s) they supervise. The training was launched and initially provided to PIP measured offices. The training will be available quarterly to remaining AAs and supervisors in the state in July 2021. In addition, the training was added to the updated mandatory training requirements list that is being revised. Due to the delay in policy finalization, the Applying Safety Through the Life of the Case for Out-of-Home Care training has been delayed. The Alliance is developing the learning objectives so that the course can be built out and developed.

All regions in the state have safety and complex case consultations that can help provide guidance, support and direction for high risk cases and cases with young children. In addition, application of the safety framework and risk assessment is a critical piece discussed during pre-filing consultations. Application of safety is a large focus of the coaching and supervision work that is occurring.

Targeted case reviews began in March 2021. To date, 127 targeted case reviews have been completed around the state, with more reviews pending. These reviews are being used to support the skills being learned by AAs and supervisors and provide real-time feedback on areas of strength and areas needing improvement in a peer-led discussion. Information from the reviews is being rolled up to region leadership to identify areas of practice improvement needed it the region. This information is also being rolled up statewide to identify what additional supports, assistance, guidance or improvements efforts may be needed across the state.

Hold case consultations prior to filing of dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services to keeping children safety with their parents.		
	Begin Date	Projected Completion
A statewide team inclusive of Child Welfare Programs, QA/CQI, and designated regional staff will participate in a short-term workgroup to: • Develop clear, consistent guidelines for identifying pre-dependency filing and complex cases that will be staffed. • Identify consistent core team members. • Develop a decision-making process that is based on the Safety Framework. • Develop a tool for documentation and related guidance documents for core team members and staff presenting a case to be used to guide the staffing.		COMPLETE

• Establish and implement a statewide QA process to be used to identify practice trends, coaching, training, and support needs.	
RAs will identify the specific individuals within the regions who will staff the cases.	COMPLETE
Identified teams will participate in training regarding the process provided by a team comprised of the HQ program manager, regional QA/CQI lead, and regional safety lead to support consistent implementation and documentation. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	COMPLETE

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. Dependency filings have consistently decreased in the state since 2017. Overall, there have been less entries into out-of-home care resulting in a total decrease in child population in foster care. A workgroup of Child Welfare Program HQ staff, field staff representatives from each region, and statewide and regional QA/CQI staff met and discussed a process for pre-dependency consultations. Information was gathered from offices and regions who have already implemented this process to refine for statewide implementation. The process will be office-based and will include the AA, supervisor and caseworker with support from identified regional staff who can assist in providing additional support and technical assistance

The Pre-Filing Consultation Process and the Pre-Filing Consultation Review Guide were developed and approved through Child Welfare Leadership Team (CWLT). The process and review guide contain the following:

- Develop clear, consistent guidelines for identifying pre-dependency filing and complex cases that will be staffed. – The process and review guide contain clear guidelines for when the consultations will occur, who will participate, the information that will be discussed, how the information will be documented in FamLink, and an office level tracking mechanism for the consultations.
- Identify consistent core team members. – The consultations will be office-based and will include the AA, supervisor and caseworker. Regional staff will attend if there is a professional disagreement, if there is a complex case, or as requested. Regional staff will also assist in monitoring for quality control and accountability to ensure key pieces of information are being discussed.
- Develop a decision-making process that is based on the Safety Framework. – The review guide emphasizes discussions about the safety-related tools, reasonable efforts to keep children safety at home, engagement efforts with families and using a racial equity/social justice lens.
- Develop a tool for documentation and related guidance documents for core team members and staff presenting a case to be used to guide the staffing. – See Pre-Dependency Consultation Review Guide.
- Establish and implement a statewide QA process to be used to identify practice trends, coaching, training, and support needs. – Each office will utilize a spreadsheet that was developed with support of Regional QA/CQI staff. The spreadsheet will contain simple information that the office can track and provide monthly to Regional QA/CQI staff. Regional QA/CQI staff will analyze the data and look to see if a child/youth who was staffed remained home and/or returned home within a 60 day time period. Information on practice trends, coaching, training and/or support needs will be shared with the AA and rolled up for regional leadership. Information will be shared and analyzed at Statewide QA/CQI meetings to determine if there are statewide level practice trends, coaching, training and/or support needs. Qualitative information and feedback about the pre-dependency filing consultation process will be gathered through monthly PIP AA cohort meetings and PIP data analysis meetings.

The HQ program manager and identified regional representatives developed training materials regarding this process. Training was rolled out by the regional representatives in March 2021 to regional/office leadership, supervisors and caseworkers, with implementation of the pre-dependency consultations beginning in April 2021. When a consultation is completed, one of the consultation members completes a Smart Sheet web form that gathers information regarding the outcome of the consultations. To date, 379 consultations have been documented around the state. Of those consultations, there is a recommendation to file a dependency in 66% of the consultation. However, as some of these consultations may occur prior to an FTDM where more information may be gathered, not all will go on to actually have a dependency petition filed. Qualitative information obtained indicates that this process is assisting staff in better articulation of the identified safety threats. FTDM leads indicated that they feel like they are seeing an improvement in caseworkers and supervisors coming prepared to discuss safety threats in clear terms during FTDMs.

DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.		
	Begin Date	Projected Completion
Establish a short-term multi-disciplinary workgroup of IDCC subgroup members, FJCIP coordinators, field AGO, HQ program managers, DCYF field, Court Improvement Training Academy (CITA), the Alliance, and other identified stakeholders to: • Develop a crosswalk of DCYF Safety Framework, safety principles and existing court safety-related training and guidance. • Identify impacted/related procedures and forms. • Identify supportive resources available (i.e. safety framework posters for courtrooms) • Make revisions (as needed) to current judicial/multi-disciplinary Child Safety Framework training as determined through the crosswalk including guidance for judges on specific questions related to safety threats and conditions for return home to be addressed at every court hearing.	10/01/2020	03/31/2021
With support from the Capacity Building Center for Courts, a multidisciplinary group including CIP, DCYF, AGO, the Court Improvement Training Academy (CITA), and the Office of Public Defense (OPD) will develop an evaluation action plan for a Hearing Quality Project related to the application of the Safety Framework in court hearings including, but not limited to: • Baseline assessment of current court practice, specific to discussions of safety and family time. • Implementation assessment of how judges/multidisciplinary court teams have made changes to practices based on prior safety guide trainings. • Assessment of how current practice is related to specific CFSR outcomes of interest in a sub sample of sites. • A structured evaluation process that includes professional services, parent surveys, court observation, court case file review, and administrative data.	COMPLETE	
Implement training, post-training supports such as peer exchanges and coaching, and supportive resources (including handouts, tools, and posters) in FJCIP jurisdictions to include: • Providing information on updates to safety training and schedule of available trainings at the annual dependency training for judicial officers and FJCIP Coordinators • Providing training to judges, multi-disciplinary partners, AGOs, and DCYF staff in FJCIP jurisdictions that have not completed the training, that identify safety principles that will be discussed at every Court hearing. • Providing supportive resources to those who have already been trained per any changes or adjustments to the training curriculum.	01/01/2021	12/31/2021

Once the training is completed, incorporation of the concepts learned and practiced in the training will occur including: • Judges asking questions related to safety threats and conditions for return home • Attorneys asking questions within the Safety Framework • Caseworkers submitting with their Court Report an updated safety assessment with the current active safety threat(s) clearly articulated. The Court Report will include conditions for return home, which clearly delineate what behavioral change, and supports are necessary to achieve reunification.	01/01/2021	Ongoing
AAs and supervisors, with support from HQ and regional QA/CQI staff, PFD1 grant staff, and other designated regional staff, will complete semi-annual, office-based targeted case reviews that will include review of Court Reports and Safety Assessments for documentation of current safety concerns, conditions of return home, and permanency planning. Review results will be presented to all staff and used to identify areas for practice focus and system improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	04/01/2021	06/30/2021
Information obtained from the Hearing Quality Project evaluation will be used to determine improvement in outcomes related to the application of the Safety Framework in the Courts and to develop a plan to follow-up with additional support for areas that are not showing improvement in outcomes or fidelity to the application of the Safety Framework.	10/01/2021	06/30/2022
DCYF and AOC will evaluate the Court Report to determine opportunities and strategies for improving documentation and communication regarding safety-related decision making and conditions for return home.	07/01/2022	06/30/2024

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. A workgroup of Child Welfare Programs HQ staff, licensing division, field staff representation, statewide QA/CQI staff, and multidisciplinary partners (AOC, CITA, CASA, P4P, Mockingbird, FJCIP, AGO, GAL, judges/commissioners, Casey Family Programs, Alliance, etc.) met in 2020 to crosswalk the DCYF Safety Framework and the ABA Child Safety Guide for Judges and Attorneys, as this is the guide that is generally utilized in cross-systems training. Through these discussions, the workgroup members have been able to have a better understanding of where the similarities and differences in language are related to discussions for safety, conditions for return home, out of home care, and visitations. From the larger multidisciplinary workgroup, a subgroup of identified representatives was identified worked on updating training curriculum, as needed, based upon the information discussed in the workgroup. Multi-disciplinary representatives have been identified in the identified jurisdictions that will be initially receiving the training. Pre-meets with those representatives will occur in June – August 2021 to review data, discuss the training, discuss the expectations after the training and plan for the training dates. The trainings are scheduled to occur from September – December 2021.

In addition, the Capacity Building Center for Courts conducted their baseline Hearing Quality Project evaluation. The evaluation will include a multi-method approach including:

• Court observations using a court observation instrument
• Court case file reviews to assess language related to safety planning, parent's protective capacities, threats and vulnerabilities
• A stakeholder survey about current practice and how practice may have changed as a result of training
• A parent survey that can be given at the end of a disposition or review hearing about their understanding of case plan requirements, their understanding of what is needed to show progress, and the understanding of what conditions need to be in place for the child to return home
• Administrative data

Once the training has been completed, the Capacity Building Center for Courts will utilize the same approach as above to gather data to compare to the baseline evaluation to determine if the training and subsequent changes in practice led to improvements.

Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.		
	Begin Date	Projected Completion
Increase caseworkers' and caregivers' knowledge and understanding of Child Health and Education Tracking (CHET) and Ongoing Mental Health (OMH) programs and referral pathways to CCW for identified care coordination needs so that more children are referred to services timely. This communication will be completed through: • Providing program information in the DCYF Digest. • Providing program information to the field through regional leadership. • Including CHET and OMH program information in the Caregiver Connection on-line newsletter.	COMPLETE	
OMH staff will add additional questions related to preventative physical and dental health to the OMH screening process that occurs when a child has been in out-of-home care for 6 months. OMH staff will ask the caregiver and/or youth being screened about past and future scheduled Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental exams including dates (if known) of appointments reported. OMH staff will: • Provide notification to caseworkers of identified needs. • Provide written information to the caregiver of the child's identified needs. • Email the OMH report to CCW existing care coordination inbox when care coordination needs are identified during the OMH process. • Include reported information in the OMH case note that is uploaded into FamLink.	10/01/2020	Ongoing
HQ program staff will update data sharing agreement with HCA to obtain child specific fee for service dental claims data.	COMPLETE	
HQ program staff will work with OIAA to operationalize existing data from CCW and HCA reports that identify children who are due and past due for EPSDT and dental exams and develop a report that can be utilized by HQ and DCYF field staff.	04/01/2021	06/30/2021
The Alliance, in consultation with HQ program staff, will update information related to CHET and OMH in the existing RCT including: • Increase understanding that information in the screens/reports are actionable items that need to be followed up on • How to utilize recommendations in the CHET and OMH screens/reports • How to refer a child with identified care coordination needs to CCW	04/01/2021	06/30/2021
Regional QA/CQI will pull data reports monthly and provide to AA's, supervisors, and caseworkers. Regional QA/CQI will provide technical assistance on use of the report including assisting caseworkers with identifying children and youth who are not up to date for physical and dental health care services. Based on information in the report, caseworkers will coordinate with caregivers to make the necessary appointments as indicated in the report. Percentage of children and youth showing late or missed appointments will show a decrease over time, as appointments are made timely.	07/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. As mentioned in Well-being Outcome 3 section, DCYF has made concentrated efforts to ensure caseworkers and caregivers know how to access care coordination services for children and youth in out-of-home care. Messaging has gone out through multiple avenues regarding the care coordination process through AHCC.

In December 2020, additional physical health questions were added to the OMH screening process. This includes if the child or youth received an EPSDT within the past six months, if the child or youth received a dental exam in the past 6 months, and if there are any additional physical health needs that have been identified. This will assist in identifying those children or youth who need those ongoing preventative physical health services and will be included in the follow-up recommendations section and provided to caseworkers and caregivers.

The data share agreement was updated between DCYF and HCA. DCYF has received two reports to identify children and youth who missed EPSDTs as well as children and youth who need dental visits. Currently, the HQ program manager is working with OIAA to determine a way to operationalize the information provided by HCA into a format that would be useful and easily able to be used by field staff to identify children and youth on their caseload who have unmet or pending physical and dental health needs.

Improve availability and access to services to address children, youth, and their family's behavioral health through data collection, analysis, and integration with systemic partners.		
	Begin Date	Projected Completion
Establish a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified program leads to establish a mechanism that ensures all MCOs are responsive through care coordination to specialized needs of children, youth, and adults involved in the child welfare system including, but not limited to: • Data collection to be provided to HQ program managers to assess trends, gaps and barriers for development of further strategies with partners including — Behavioral Health Service Network Adequacy Reports from HCA for all Managed Care Organizations (MCOs). — Behavioral health service penetration rates for each county. • Development of processes and procedures including — Streamlined communication method for caseworkers to make referrals to Care Coordination service. — Clear and streamlined process to report and track when barriers to accessing care are identified by DCYF caseworkers.	10/01/2020	06/30/2021
DCYF will participate in the HCA SAMSHA grant activities to develop therapeutic foster homes for children and youth pending entry into or transitioning out of in-patient behavioral health treatment.	COMPLETE	
Coordinate with HCA to review the annual behavioral health PIP plans submitted by managed care plans. All five managed care plans must pilot a behavioral health intervention that is evidence-based, research-based, or promising practice recognized by the Washington State Institute for Public Policy (WSIPP)	COMPLETE	
HQ program managers will develop and implement a Service Array Assessment survey bi-annually to caseworkers and supervisors to identify available services and supports in each region and barriers to access.	10/01/2020	Ongoing
Provide and implement support and guidance to supervisors and caseworkers to increase utilization of continuum of care of behavioral health care to include: • Develop and disseminate resources and guidance on how to access the continuum of behavioral health care services for children, youth, and families involved in the Child Welfare system. • Guidance on how to access behavioral health (BH) care coordination when there are barriers and challenges to access of services. • Guidance on process to follow when there is a waitlist or service is not available.	01/01/2021	09/30/2021

Supervisors will provide coaching and guidance to caseworkers specific to access to services and identifying and addressing barriers through identified process in using skills and resources identified and developed in the Workforce Development goal area.	01/01/2021	Ongoing
For DCYF contracted services, DCYF will expand regularly scheduled quarterly Combined In-Home meetings with regional program managers/leads and HQ program managers to include Professional Service, and Psychiatric and Psychological services to improve alignment and process of referral and services provision. The meetings will be utilized to: • Develop a unified approach to inform field staff of service capacity and availability in the regions. • Develop a communication plan on referral and availability of services (including e-mail communications, brown bag lunch series, regional provider meetings). • Data presentation and discussion of data. • Develop plans for addressing service gaps and needs.	04/01/2021	Ongoing
On a biannual basis, HQ Program Staff will meet with HCA and CCW to: • Discuss data obtained, identifying trends, behavioral health usage needs and provider capabilities; • Identify service needs by specific areas for provider development; • Expand utilization of telehealth service availability.	07/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. DCYF established a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified program leads to establish a mechanism that ensures children, youth, and adults involved in the child welfare system are able access care coordination services by their assigned MCO. The Washington HCA mandates all Washington State contracted MCOs to provide comprehensive care management and care coordination services to all Medicaid enrollees. DCYF and the MCOs are creating specific MOUs to ensure the integration of whole-person care for Medicaid enrollees served by multiple systems. Specifically, these MOUs outline Care Coordination access protocols with response timelines and formal escalation processes. The MOU is being reviewed by MCOs and then DCYF will work with our internal contract department to finalize and operationalize the MOU. Once the MOU is finalized, guidance documents will be developed that can be provided to the field on this process. In addition, DCYF is developing a mechanism to track when escalations occur through the process to identify where and why escalations are occurring.

DCYF developed and sent out a field staff survey regarding access to care coordination and availability of services. The survey will be able to get to a region and office-based level. DCYF received 285 responses to the survey. The Capacity Building Center for States is assisting in an in-depth analysis of the survey to inform service array efforts. In addition, the survey results were shared with OIAA, who is conducting a Child Welfare Population Level Service Needs Assessment. This is in response to the need to have a framework of needs assessment for consideration in the FFPSA Service Array and supportive of DCYF's legislatively mandated work in Performance Based Contracting (PBC). The utility of the product will not be limited to prevention. OIAA is taking a broad look at needs of children and families in the child welfare system to include the following information:

• High-level literature review regarding service needs of child welfare involved families
• Relevant findings from Washington specific analyses (RDA child and parent profiles, RDA substance abuse service penetration rate analysis, HV needs assessment, POC parent survey analysis)
• Analyses of DCYF data including risk factors/needs identified in safety assessment and data on child-welfare involved children from Early Learning

- Critical look at existing service array across the state with an initial suggestion of gaps and recommendations for service types needed to fill those gaps
- Recommendations for next update of a Population Level Service Needs Assessment

The field survey results may also assist in informing information as this assessment gets drafted in summer of 2021.

DCYF partners and meets regularly with HCA and other partners to discuss services that are needed to support children, youth and families in the child welfare system.

DCYF hired a Treatment Foster Care Program Manager in the Child Welfare Programs Division that is the SAMSHA grant lead. Three contracts have been executed with providers and infrastructure has been developed. Providers continue to search for and develop capacity. DCYF is currently in the next phase of exploring how to sustain the program once the grant funding is no longer available.

Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.		
	Begin Date	Projected Completion
A short-term workgroup comprised of HQ program staff, identified regional staff, and an after-hours AA will develop and implement clarifying guidance regarding extensions and documentation requirements, including but not limited to: • Reasonable efforts and documentation to reflect those efforts, to locate children prior to using unable to locate extension. • Required documentation for law enforcement/community protocols extension. • Additional victims identified on an existing intake. • Assessment that child safety may be compromised. • Determining that the child is not available for IFF.	COMPLETE	
The workgroup established will revise policy related to initial face-to-face responses to address: • Caseworker consultation with their supervisor as soon as they believe an extension or exception will apply. • Expectation that supervisors will only approve extensions or exceptions if they meet the criteria per policy. • Guidance for attempts to locate, supervisor consultation and documentation once an extension has been approved.	07/01/2020	06/30/2021
Regional QA/CQI staff will provide training and technical assistance to AAs and supervisors regarding the use of the administrative IFF data report to monitor compliance with IFF practice requirements.	COMPLETE	
Supervisors and AAs will use the IFF data report weekly to identify children who need to be seen, status of extensions and consistency with policy. The supervisor or AA will provide direct feedback and guidance to assigned caseworkers if delays or concerns are noted.	07/01/2020	Ongoing
Regional QA/CQI staff will review a sample of all extensions across the region monthly to assess for quality and consistency with policy using a standard format. Immediate practice or safety concerns will be communicated to the AAs and supervisors. Regional performance will be rolled up and reported to the RA monthly.	10/01/2020	Ongoing
In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607, Guidelines for Reasonable Efforts to Locate Children and/or Parents, to reflect clear practice expectations regarding efforts to locate alleged victims of child abuse and neglect.	COMPLETE	
HQ program manager, designated regional staff, and Alliance will review training curricula and update as needed for clarity and alignment with revised policy and practice related to	10/01/2020	06/30/2021

extensions and exceptions. This includes, but is not limited to, RCT, SCT, CPS program training and CFWS program training and multi-modality skill development.		

Progress Update:

This strategy was added in the prior year's report for alignment with the DCYF PIP. A workgroup of Child Welfare Program HQ staff, licensing division, field staff representatives from each region, OIAA, and statewide and regional QA/CQI staff met to discuss policy and practice requirements related to initial face-to-face contact and assessments.

Initial recommendation for policy revisions were made. The revised policy went through a stakeholder review process. Part of the review process includes review by the Washington Federation of State Employees (WFSE). On December 22, 2020, WFSE requested a demand to bargain regarding the policy associated with this strategy. Initial negotiations occurred in March 2021. It was discovered through the negotiation process that the original stakeholder review process was not as comprehensive as needed. The policy went through a more thorough stakeholder review process. However, child welfare leadership felt strongly that the recommendation changes to the IFF policy were best practice so limited additional revisions were made. The policy was subsequently reviewed through a second demand to bargain meeting in May 2021. The goal is to have the policy finalized by the end of June 2021. After that, a policy rollout will occur in July 2021 with an anticipated effective date of August 2021.

Qualitative extension reviews began in fall of 2020. Regional QA/CQI staff (with support from additional staff in the regions) review a sample of extensions throughout the region monthly and include a review of each office per quarter. Review results are shared with caseworkers, supervisors, AAs and regional leadership and are used to identify practice strengths and areas needing improvement. Discussion of these reviews is also incorporated into office-based PIP data analysis meetings after case reviews are completed. Through these reviews and discussions, there have been more conversations occurring around the use of after-hours staff and ensuring that after-hours is staffed appropriately to meet the needs. In addition, there have been conversations around reasonable efforts both prior to and after an extension. It is anticipated that the policy revision will support and provide clarity around expectations for reasonable efforts.

We use administrative and qualitative data to monitor performance and progress. As reported above, DCYF has multiple data sources to assist in monitoring performance on this item including CFSR case review data, infoFamLink administrative data and qualitative extension reviews. Data is used and discussed regularly at the office, regional and statewide levels. Both administrative and qualitative data is incorporated in PIP data analysis meetings so that discussions can occur, not only around case specific practice but around office, regional and statewide practice trends. At the data analysis meeting, focus areas of improvement are identified and offices develop office-based improvement plans to address those areas of improvement with support of regional QA/CQI staff. These improvement plans are in alignment with DCYF's overall PIP and strategic priorities.

Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.		
	Begin Date	Projected Completion
OIAA staff in collaboration with FTDM leads and the HQ program manager will develop an FTDM shared planning meetings report. Data will be provided monthly to AAs and	10/01/2020	06/30/2021

supervisors for use in monitoring completion of FTDMS and identifying practice improvements.		
Statewide FTDM program manager and regional FTDM leads will review a minimum of one FTDM shared planning meeting report for pre-placement FTDM's at their statewide meeting focused on practice and quality of documentation. Information gained from these reviews will be used to inform support needs, including training and consultation for facilitators to ensure consistent practice and adherence to the FTDM model.	10/01/2020	Ongoing
HQ program managers, in collaboration with regional leads, will review the FTDM practice guide for alignment with safety and permanency practice expectations and update as needed. Develop practice guides and resources regarding FTDMs for caseworkers, parents, children, and other key participants.	COMPLETE	
Supervisors will review FTDM documentation and outcomes for consistency of safety-related decision-making, prior to approving a dependency petition for filing.	COMPLETE	
FTDM supervisors will observe a minimum of one pre-placement/72 hour FTDM per facilitator per quarter and provide direct feedback regarding meeting facilitation for safety and use of clear language that parents understand.	01/01/2021	Ongoing
Designated regional staff will observe one pre-placement or 72-hour FTDM per office per quarter and provide feedback to the facilitator, caseworker and supervisor regarding application of the Safety Framework and engagement of the family in discussions of safety and safety-related case planning.	04/01/2021	Ongoing

Progress Update:

This strategy was added in the prior year's report for alignment with the DCYF PIP. Currently, FTDM facilitators and regional leads keep extensive excel spreadsheets to track timely completion of FTDMs. Data points that the FTDM facilitators and regional leads were identified and provided to OIAA to develop an FTDM report in infoFamLink. An OIAA developer was assigned and has been working on gathering the required columns and correct data. A barrier was identified in December 2020 to timely completion of this report. This issue has since been resolved; however, this has caused a delay in the ability to get the report completed timely. The report has been developed and is currently going through the data validation stage and determination around what summary views will be available.

The FTDM leads meet monthly as a statewide team. At each monthly meeting, the group reviews one pre-placement report to focus on quality of practice, quality of documentation, and identify support, training and practice consistency statewide. At each meeting, the group determines which lead will provide the next month's pre-placement report for the next meeting. The FTDM leads are using this information to assist in identifying improvement efforts and to promote consistency across the state.

The FTDM practice guide was revised and updated. The guide discusses the FTDM process and roles of the DCYF participants. The guide identifies that the caseworker and supervisor need to have a discussion and understanding of the safety assessment and safety threats. It is expected that the caseworker is able to articulate the safety threats and safety threshold in terms that are specific and understandable to the family. It is also expected to discuss how safety threats can be mitigated and consider the least restrictive placement option. In addition, the FTDM brochure was updated that provides children, youth, families and partners information about what an FTDM is and what occurs during the meeting.

Part of the pre-filing consultation process as discussed in a strategy above includes that the supervisor must review the FTDM documentation prior to approving the dependency petition. At times, supervisors are also attending these meetings.

FTDM observations are occurring through the state. There is a first level review completed by the direct supervisor of the FTDM facilitator. In some regions, this may be the FTDM lead/supervisor and in other regions it may be the office AA. This observation is used to provide feedback to the facilitator and identify strengths and practice improvements. In addition, a second level review is completed by an identified regional person. For those regions where the AA is the direct FTDM facilitator supervisor, the second level review may be done by the FTDM lead. In other regions, this may be done by QPS, QA/CQI staff and/or the DRA. This level of review is looking at the process and all DCYF participants and their roles. A meeting observation form was developed and is used statewide. Through these reviews, it has been noted that quarterly reviews may be too frequent to be able to see any potential impacts or practice change from prior reviews. In addition, some smaller offices may not even have FTDM in a given quarter. Therefore, it is recommended that these reviews be biannual, which is also in alignment with the observations being conducted through the permanency planning meeting strategy. This will be requested as a potential renegotiation through the next DCYF PIP biannual report.

Goal 4: Engagement with Families, Caregivers, and Case Partners
Support and empower families through early and ongoing collaboration and partnering with family team members, recognizing family as experts, which should reduce recurrence of maltreatment and risk of delayed permanency.

Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.		
	Begin Date	Projected Completion
Staff will be identified at the office level to track to ensure all identified staff have completed the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" (Capacity Building Center for States).	COMPLETE	
DCYF RAs, DRAs, AAs and HQ program staff, designated regional staff, regional QA/CQI staff, and Alliance coaches will complete the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" and will review the corresponding resources.	COMPLETE	
All supervisors will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."	COMPLETE	
All caseworkers will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."	01/01/2021	06/30/2021
Quality Matters resources will be disseminated to staff and supervisors as part of training and incorporated into supervision and coaching activities provided by supervisors, Alliance coaches and designated regional staff. Resources include: • Supporting Quality Contacts Through Supervisor-Worker Coaching • Defining Quality Contacts • Quality Contact Casework Activities Worksheet • Reference Guides for Videos These resources include information regarding building an agenda framework for caseworker contacts including assessment of safety, risk and permanency, placement needs and stability, maintaining family and social connections and relationships, progress on case plans and objectives, physical and mental health needs, development and behavioral needs, educational progress and needs, exploration of resources to support identified needs, and next steps.	01/01/2021	Ongoing
A team of HQ and field staff will revise monthly visit policy to reflect agency priority for engagement, aligning policy language with the framework.	COMPLETE	

RAs will communicate policy and practice expectations around quality in-person contacts to staff in the regions through electronic messaging provided from HQ.	COMPLETE	
AAs will review practice expectations at office staff meetings, including expectations of an in-depth discussion regarding the family safety concerns, conditions for return home, and case planning for permanency.	COMPLETE	
Supervisors, designated regional staff, and Alliance coaches will provide ongoing coaching and support regarding engagement to caseworkers.	01/01/2021	Ongoing
The six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families will be integrated into RCT and SCT and will be completed within the first 90-days of employment.	04/01/2021	06/30/2021

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. As mentioned throughout the Assessment of Current Performance on Outcomes section, engagement with children, youth, parents and caregivers is a high priority for DCYF. Offices have begun incorporating Quality Matters materials and resources into their practice. Region 2 developed a training related to quality contacts that, not only incorporated the Quality Matters series materials, but also included information from individuals (parent and youth) with lived experience in the child welfare system to discuss the importance of engagement and quality visits. Several offices used Permanency Outcome Facilitators (POFs) and Alliance coaches to partner with supervisors to facilitate rolling out the Quality Matters videos in unit meetings and facilitating conversations about incorporation of the engagement framework into practice. This is a regular item discussed at PIP data analysis meetings, in AA cohorts, at Statewide QA/CQI meetings and at Child Welfare Leadership Team (CWLT). The Alliance has developed two Quality Matters workshops (contact with parents and contact with caregivers) to help support integration of the training materials into practice. These workshops can be requested and done at the office and/or unit level. A final workshop related to contact with children and youth is still being developed.

Policy 4420. Health and Safety Visits with Children and Youth and Monthly Visits with Parents and Caregivers was revised and drafted to reflect increased engagement as well as updates related to coding documentation. The policy revisions also align with updates from a policy memo issued in June 2020 regarding processes for incarcerated foster youth in JR facilities. In addition, the policy added the requirement of two health and safety visits with child under the age of 5 for CPS FAR cases open beyond 60 days. This is in alignment with the same requirement in other case types. Initially, it was anticipated the policy would be finalized and rolled out in April 2021. Initial internal review through Labor Relations indicated that the policy did not need to be sent to WFSE. However, WFSE filed a demand to bargain on the policy related to clinical supervision which was also believed to not need to be reviewed. This prompted the policy to need to be sent to WFSE. The policy was sent in May 2021, thus this halted and delayed the policy rollout, although practice improvements efforts are still occurring. WFSE did not file a demand to bargain within the 21 day timeframe. The policy will move forward towards finalization and rollout is anticipated in late summer or early fall of 2021 in coordination with the revised clinical supervision policy.

Develop and implement a new parent-child visitation model and infrastructure with the goal of increasing early positive parent engagement in service planning and completion.		
	Begin Date	Projected Completion

Implement field test of the web-based data system for visit (Family Time) referrals to streamline the visit referral process and improve the quality of data related to visits. All referrals for visits will be required to be submitted through the system. In addition, documentation for visits will be entered into and maintained this system. Caseworkers will be able to extract visit reports and review visitation information and documentation.	COMPLETE	
Refine the web-based data system as needed based upon field test results and implement statewide.	COMPLETE	
Finalize development of the Family Time visit model including: key elements of the model, establishing a measurement process, establishing a process for maintaining model fidelity, and developing the evaluation process	COMPLETE	
Train staff and providers on the visitation model.	COMPLETE	
Implement the Family Time visit model statewide.	COMPLETE	
Define and implement a protocol for assessing safety and making decisions about level of supervision during visits to ensure that visitation moves from supervised to monitored to unsupervised where appropriate. Train staff and providers on application of safety assessment tool to visit supervision level and the protocol for supervision level.	01/2021	03/2021
Development of Sprout 2.0.	2020	03/2021
Create a dashboard for better management by caseworkers as to visitation.	2020	12/2021 (tentative)
Create a dashboard for external partners and stakeholders (i.e. CASA, GALs, etc.) to have access to the cases they are assigned to.	2020	12/2021 (tentative)
Develop a data structure that assesses the health of visitation	2021	Ongoing
Update the Family Time policy.	2020	09/2021
Update Family Time contract in alignment with HB1194.	06/2021	10/2021

Progress Update:

This strategy has been revised to reflect needing changes to data collection as well as legislatively mandated changes. See the Permanency Outcome 2 section for information related to Family Time and HB1194. As mentioned in that section, changes need to be made to the Sprout data collection system. New data stories need to be developed. Examples of these data stories include (these are subject to change):

1. Total number of referrals monthly
   a. Total number of referrals being serviced (Active) vs those waiting to be serviced (Queued)
      i. Active = Accepted by a provider
         1. County and by Region. This will give a service level view.
   b. Organized by length of time for first visit to be scheduled
      i. Within 72 hours of transfer of custody (statutory requirement)
      ii. Within 5 business days
      iii. Within 10 business days
      iv. More than 10 business days
   c. Resolved Referrals
      i. Service Completed
      ii. Inaccurate referral information
      iii. Unable to make contact with the visit parties
      iv. Parents/Caregiver rejected visit

> v. Other
> d. Venues: in person vs. virtual

In early 2021, Sprout developers approached DCYF leadership and reported that Sprout, on its current platform, needed updates. They suggested a different platform and are in the process of developing Sprout 2.0. The new version of Sprout will have the following functionality, but not limited to:

- Hold more programming
- Allow for external court partners to access for information on cases they are assigned
- A dash board for providers and DCYF to compile data and to give caseworker direct access to their visitation referrals
- Track sibling visits
- Efficient provider billing

Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.		
	Begin Date	Projected Completion
Revise policy and practice regarding case planning for in-home/FAR cases to require the caseworker to coordinate a case planning meeting involving the parents/caregivers, children as developmentally appropriate, caseworker and other participants as identified by the family. Supervisor participates if there is a current safety threat.	10/01/2020	12/31/2020 DELAYED
HQ program managers, regional leads, supervisors, and caseworkers will collaborate to develop a guide and template for completion of the case planning meeting to support practice consistency.	COMPLETE	
HQ program manager and IT will establish a unique case note code to be used for documenting the in-home or FAR case planning meeting.	COMPLETE	
The Alliance, in consultation with HQ program manager and regional leads, will review current training curriculum for guidance and expectations regarding case planning on in-home and FAR cases, and revise curriculum as needed to align with revised policy and practice.	10/01/2020	06/30/2021
The Alliance, in consultation with HQ program staff and identified regional staff, will develop and implement a multi-modality training and skill development for case planning structure to in-home and FAR caseworkers and supervisors.	01/01/2021	03/31/2021 DELAYED
HQ program manager and OIAA staff will develop an administrative data report for supervisors to track timely completion of case plan.	COMPLETE	
Supervisors will provide coaching and guidance to caseworkers specific to the development of case plans and identification of safety-related services using skills and resources identified and developed in the Workforce Development goal area.	01/01/2021	Ongoing
Review of case plans on in-home and FAR cases to assess for provision of safety-related services will be incorporated into semi-annual targeted case reviews.	01/01/2021	03/31/2021

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. DCYF Form 15-259A Case Plan was updated as of 12/2020. The form was simplified and also explained the difference between an in-home case plan and an out-of-home case plan. A group of HQ program managers, regional staff representatives and the Alliance developed a guide for CPS FAR and in-home case planning. The guide includes information regarding the case planning meeting, SMART (specific, measureable, attainable, relevant, timely and understandable),

how to complete the information in FamLink, and an example case plan including specific examples of objectives, tasks, and services. The guide will be distributed with completion of the revised policy.

Policies related to CPS FAR and FVS case planning were revised to incorporate the addition of the case planning meeting. The policy went through stakeholder review. Initial internal review through Labor Relations indicated that the policy did not need to be sent to WFSE. However, WFSE filed a demand to bargain on the policy related to clinical supervision which was also believed to not need to be reviewed. In addition, as this policy is directly tied to align with proposed changes in the safety and risk assessment policies, this policy could not be finalized until the language for those polices could be finalized through the demand to bargain process. Workgroups with additional representation from field staff and leadership were convened in April 2021 to review the revised policies. Per those workgroups, additional revisions were made. Due to revisions needing to be made in multiple other policies as indicated in strategies above, those were prioritized. The policies related to CPS FAR and FVS case planning will be sent to the union for review to determine if a demand to bargain will be requested. This has halted and delayed the policy rollout.

The new case note code was able to be created and developed in FamLink and launched in March 2021. In addition, there is a report available in infoFamLink to track use of the case note code.

To help support rollout of this policy when it is finalized, an eLearning is being developed that not only discusses engagement and the case plan contact expectation, but will also tie the SDMRA to inform case planning.

Although the new policy has not rolled out, this item is included in the targeted case reviews that are being conducted. This will provide baseline information and identify areas needing improvement and also serves as a mechanism to compare information to subsequent targeted reviews after implementation of the revised policy and case planning contact requirement to identify if improvements have been made.

Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.		
	Begin Date	Projected Completion
To facilitate the collection of quantitative data and simplify documentation, the HQ program manager will work with IT to reconfigure options for "parent contact" documentation codes within FamLink.	COMPLETE	
In order to capture parent visits for both in-home and out-of-home care, HQ will provide a monthly report to regional QA staff showing which parents are not linked to a child in FamLink. Regional QA will provide technical support on properly linking parents with each child with whom they are associated.	07/01/2020	Ongoing
Identified HQ and regional program staff will monitor and support staff in conducting monthly quality contacts through analysis of qualitative and quantitative data. Quantitative data include administrative data reports in infoFamLink including Monthly Health and Safety Visits with Child and Monthly Caseworker Visits with Parents. Qualitative data will be gathered through case reviews.	COMPLETE	
Regional program staff will provide direct feedback on strengths, areas needing improvement, and any program barriers to frequent and quality contacts with parents and children to caseworkers, supervisors, and AAs based on the qualitative results from ongoing case reviews and the QA/CQI feedback process.	07/01/2020	Ongoing

Regional QA/CQI staff will disseminate InfoFamLink data reports monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the reports to inform performance and areas for practice improvement and coaching: • Monthly Caseworker Visits with Parent • In-Home FVS Health and Safety Visits • FAR & Investigation Intake Detail	01/01/2021	Ongoing

Progress Update:

This strategy was added in last year's report for alignment with the DCYF PIP. FamLink had approximately 8 contact codes in FamLink that pertained to contacts with parents; however, only specific codes are used for the administrative data report. Due to the variety of codes along with many of the codes containing the word "visit," this caused confusion for caseworkers on the proper coding to use and whether it was related to monthly contacts or Family Time visitation. There was concentrated effort on training in the regions on how to document these contacts in FamLink. The CFWS program manager and the CPS/FVS program manager worked with IT and regional QA/CQI to simplify the contact codes available in FamLink. The new codes are as follows:

- Parent/Guardian Contact
- Parent/Guardian Contact (Attempted)
- Parent/Other Contact – Household Member/Paramour

These codes were launched in FamLink in March 2021, along with an added location codes to help capture engagement efforts with parents who are incarcerated and/or who live out of the state of Washington.

Updates to the administrative data report in infoFamLink were released on 02/03/2021. These changes include the following:

- The report was modified to pick-up the new SW Parent Visit Case Activity Notes. This means the report will evaluate the new case activity notes as soon as they are activated and used in FamLink. The report will continue to work for visits that have been recorded on historical note types as well.
- The 3rd summary on the report, which includes counts for both parents, now includes a break out of the total visits by "In Person" and "Not In Person" to allow workers, supervisors and managers to evaluate DCYF compliance related to "In Person" contact, and Federal guidelines for parent engagement "Total Visits" and "Total Attempted".
- Additional details have been added to the detail report to provide information to the worker to help manage visits with parents:
  — Mother Visit Date – latest date occurred the SW visited the mother during the month being evaluated.
  — Location Mother Visit – location selected for the latest SW visit with mother during the period being evaluated occurred.
  — Flag In Person Visit Mother (Y/N) – was the latest SW visit with mother that was an in-person meeting during the period being evaluated.
  — Father Visit Date – latest date occurred the SW visited the father during the month being evaluated.
  — Location Father Visit – location selected for the latest SW visit with father during the period being evaluated occurred.
  — Flag In Person Visit Father (Y/N) – was the latest SW visit with father that was an in-person meeting during the period being evaluated.
  — Locations of: By Phone, Text Message, Email, Social Media, and Video Conferencing are not In-Person, all other locations are In-Person.

The CFWS Health & Safety Visits with Child report is a data-driven subscription in infoFamLink that is distributed to caseworkers and supervisors on a weekly basis and to AAs twice monthly. Regional QA/CQI staff also provide reports via regional dashboards to regional staff including health and safety visits with children (out-of-home and in-home) and parent-worker visits. There are also reports distributed identifying children needing to be seen in a given month. These reports are available on, at minimum, a monthly basis with some available weekly. This information is also contained on the Child Welfare Management Dashboard and regularly reviewed at field operations leadership meetings. For PIP case reviews, there is a PIP data analysis meeting conducted in each office within three weeks of the review. These are held with the RA, DRA, AA, and regional QA/CQI. Often, these meeting also include HQ field operations leadership, supervisors, and Permanency Outcome Facilitators (POFs). Case review results are reviewed and discussed along with administrative data indicators. Data indicators are reviewed and revised every six months. During these meetings, information is gathered from the office and regional management to identify specific areas where further in-depth root cause analysis may be required as well as identify focus areas of improvement over the next three to six month period and in alignment with PIP strategies. Regional QA/CQI assist in any additional data analysis that may need to be completed and work with the offices and regions on individualized action plans on the areas of focus.

Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.		
	Begin Date	Projected Completion
In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607 Guidelines for Reasonable Efforts to Locate Children and/or Parents to reflect clear practice expectations regarding efforts to locate parents and children requiring monthly contacts.	COMPLETE	
Designate an existing position within each region responsible for conducting missing parent searches in an effort to reduce the amount of time a caseworker spends trying to locate parents who are unknown or whose whereabouts are unknown.	COMPLETE	
Establish a short-term workgroup comprised of QA/CQI staff, HQ program managers, caseworkers, supervisors, and locator staff to develop a consistent process and clear roles for locating parents and children post initial contacts and provide guidance to locator staff, caseworkers, and supervisors of the process and roles.	COMPLETE	
HQ program managers will create and make available to caseworkers and supervisors guidance for locating parents incarcerated in jail and prison; establishing and maintaining engagement; locating and contacting a parent's Department of Corrections (DOC) counselor and providing opportunities for incarcerated parents to participate in case planning. DOC will be engaged to provide consultation in the development of the processes and documents.	04/01/2021	06/30/2021

Progress Update:
This strategy was added in last year's report for alignment with the DCYF PIP. There are staff identified in each region that conduct missing from care searches for children and youth as well as conduct searches for parents when whereabouts are unknown. These identified staff, along with additional identified field staff, participated on a workgroup to review these processes. Through this workgroup, it was actually determined that the processes were the same and/or very similar in each region to conduct missing from care and parent searches. A document that outlines these processes was put together and provided to missing from care and parent locator staff to use to help further inform staff about these processes. This was also distributed and provided on the DCYF PIP Intranet page.

In 2020, the CFWS Program Manager provided information to the CFWS Leads group to share with field operations staff on visitation guidelines. On November 4, 2020, the Department of Corrections issued a memo to all correctional superintendents and program managers regarding DOC facilitating virtual participation in child dependency court hearings. In December 2020, the Alliance launched a new e-Learning course on Family Time with Incarcerated Parents to help caseworkers understand the process of completing a visitation at a DOC prison and how to supplement contact in other appropriate ways. Additional guidance and resources are in the process of being developed and reviewed.

Goal 5: Competent and Support Workforce
Improve safety, permanency, and well-being outcomes for children, youth, and families through development of a unified approach to skill-building to support supervisors, therefore staff feel more competent and supported.

Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.		
	Begin Date	Projected Completion
All AAs and supervisors will engage in individualized skill development and training on evidence-informed coaching using a theory of change and model identified by the Alliance. New supervisors will receive this training as part of Supervisors' Core Training (SCT), and AAs and existing supervisors will receive this through stand-alone individualized skill development and training.	07/01/2020	09/30/2021
DCYF will conduct twice-yearly surveys of caseworkers and supervisors to track needs and trends in supervision and to provide data on items such as perceptions of skill development, support, and effectiveness to drive outcomes.	10/01/2020	Ongoing
AAs and supervisors will participate in a minimum of two coaching sessions following the training on evidence-informed coaching, with a focus on providing feedback that integrates a reflective supervision approach. The first session will take place within 1 month of the completion of training and the second session will take place within 6 months of training.	10/01/2020	03/30/2022
AAs and supervisors will participate in office or region-based group reflective sessions quarterly with Alliance coaches to identify and problem solve practice barriers in a peer environment.	10/01/2020	Ongoing
AAs will observe one supervisory session per supervisor every six months and provide feedback regarding adherence to the coaching model.	07/01/2021	Ongoing

Progress Update:
This strategy was modified from the CFSP to align with the DCYF PIP. The Learner Centered Coaching (LCC) model for supervisors and AAs is being implemented across the State. The LCC model enhances practice skills and self-efficacy among DCYF supervisors. It aims to reduce trauma response in the child welfare practice environment by highlighting positive regard, cultural humility, and a trauma-informed lens. The LCC model includes a five-part 15-hour training series (currently provided via webinar) that provides a foundation for how to utilize coaching in supervision. The training is skill-based and includes workbook activities to assist in application of the skills learned during the series. The five-part series includes the following modules:
- Session One: Why Coaching
- Session Two: The Coaching Process
- Session Three: Entering the Coaching Conversation
- Session Four: Reflecting, Offering Feedback and Creating a Plan
- Session Five: Assessing Progress and Next Steps

In addition to the training series, each AA and supervisor will participate in a minimum of one individual coaching session within 30 days of completion of the training series and one individual coaching session within 6 months of completion of the training series One coaching session is also recommended prior to the workshop (although not mandatory for completion), and take-up has been high in most regions. Supervisors and AAs have the ability to request additional coaching sessions as needed. Supervisors and AAs are also required to participate in quarterly supervisor reflective workshops, facilitated by the Alliance coaches. Participants will have an opportunity to discuss successes in coaching implementation as well as barriers. Supervisors will also identify skills they would like to enhance in future workshops. Through these workshops and conversations in AA cohorts, it was determined to have two quarterly reflective workshops, one for supervisors and one for AAs. The AA specific workshops will begin in summer of 2021. These workshops will also provide an opportunity for Alliance coaches to support AAs in the observation of their staff through a tool developed by the Alliance.

Rollout of the coaching model began in identified PIP measured offices in the regions. The initial focus of the rollout is targeted to AAs, case-carrying supervisors and QA/CQI administrators and staff. Based on feedback received from the first participants through surveys and discussions with leadership, adjustments were made to the training modules and the delivery of training. Training sessions were extended from 2-hours each to 3-hours each for deeper engagement in skill-building activities and better utilization of the webinar workbook. These adjustments also allowed more time for practical application within the sessions versus homework being completed outside of the sessions. Rollout of LCC in PIP measured offices is anticipated to be completed by June 2021, but no later than September 2021. It is anticipated that in July 2021, the training will be opened up and available to all of the offices in the state. In addition, the coaching model has been incorporated into the revised SCT.

DCYF is partnering with the Alliance and Partners for Our Children (P4C) to conduct an evaluation of the LCC model (1.2.2). The evaluation will include the following components:
- Participant coaching and webinar surveys: Surveys are administered following each of the five webinar sessions and after each individual coaching session. These surveys assist in assessing the usefulness of the sessions to their supervisory practice, the acquisition of coaching knowledge and skills and suggestions for program improvement.
- Phone interviews: P4C is conducting phone interviews with participants in Regions 3, 4 and 5 who have completed a pre-webinar coaching session, the webinar course and the one month follow-up coaching session to assess the usefulness of the coaching model to their supervisory practice, feedback about the webinar and coaching sessions, challenges to applying the coaching process and suggestions and support needs.
- Six month skills observations: Per PIP activity 1.2.5, AAs will observe one supervisory session per supervisor every six months. Alliance coaches will assist in developing a tool for AAs to utilize during these observations. Discussions are occurring about how these observations may occur.
- Notes and surveys from quarterly reflective supervision peer groups: At quarterly reflective peer sessions, P4C will take notes about the use of coaching, challenges to implementation of coaching and the impact of coaching for supervisors, staff and case practice. Participants will also complete surveys to provide feedback on facilitation of the sessions, strengths of the sessions and suggestions and support needs.
- Supervisor and case carrying field staff surveys: Surveys will be conducted with field staff at two points during the course of implementation for staff experiences of supervisory coaching. In order to give time for the coaching model to be implemented and practice change to occur, surveys will be completed with Regions 3, 4 and 5 in summer of 2021 and all regions in spring of 2022. Discussions are continuing about

incorporating these survey questions with other surveys that are already being distributed or planned to be distributed to staff to alleviate survey fatigue.

Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.		
	Begin Date	Projected Completion
Establish a short-term workgroup comprised of HQ program staff, one experienced supervisor and one developing supervisor from each region, designated regional staff, and the Alliance, to: • Revise policy and procedure regarding supervision to reflect a stronger emphasis on clinical supervision. • Develop program-specific guidelines for monthly formal supervision and coaching. • Make recommendations regarding changes to the FamLink supervisory tool and requirement for use. • Review and update guidance for use of the supervisory tool to include how the data available from the tool can inform clinical discussions.	01/01/2021	03/30/2021 DELAYED
HQ program staff, designated regional staff, and the Alliance will develop and disseminate complementary program-specific and practice issue-specific guides that can be used to facilitate critical practice discussions with staff, incorporating implicit bias and the needs of marginalized populations.	01/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. The use of clinical supervision during monthly supervisory reviews has been identified as a priority area by field leadership. The Assistant Secretary of Field Operations sent a memo to Field Operations Supervisors on July 9, 2020 providing interim guidance to supplement Policy 46100 Monthly Supervisor Case Reviews, with the information that additional guidance would be forthcoming through the workgroup and PIP strategy. Per the memo, it was determined that the following elements were contained in the best supervisor reviews and these were the expectations for supervisor reviews as additional guidance is being developed:

• Clear direction with deadlines-Just as the best case plans with families are concrete, with action steps and timeframes identified, the steps the worker must take should be documented, and contain specific direction and deadlines that will then be reviewed in the next supervisory staffing.

• Unique to that month's discussion-Documentation of supervisory case reviews is most helpful when information is updated as to case progress, and not just a cut and paste of the previous supervisory review.

• Review of previous action items-The most effective supervisor reviews contain a discussion of the previous action items, the effectiveness of that action, and a modification in direction if needed.

A workgroup of identified representatives from the field was convened by the Child and Family Welfare Services (CFWS) program manager assigned to this strategy to lay the groundwork for recommendations for clinical supervision. Additional staff from each region were then identified to represent supervisors across the program types (After Hours, CPS, FAR, FVS, CFWS, Adoptions) to continue the work. The workgroup members attended the LCC model webinars provided by the Alliance to incorporate the intention of the model into the supervisory guidance and policy. Policy 46100 was revised and sent to stakeholders for review. Initial internal review through Labor Relations indicated that the policy did not need to be sent to WFSE. The policy was scheduled to rollout in April 2021; however, WFSE filed a demand to bargain on the policy on April 16, 2021. A

demand to bargain meeting was held in May 2021. Some additional follow-up and clarification need to be completed and provide to WFSE. This has delayed the finalization and rollout of the policy. However, supervisory reviews continue to be a data metric reviewed by leadership on the Child Welfare Management Dashboard and discussions around best practice for what should be discussed and contained in those supervisory reviews is occurring.

Improve supervisory proficiency in utilizing individual staff and unit outcome indicators as a tool for guiding clinical supervision and achieving improved agency outcomes.		
	Begin Date	Projected Completion
Field Operations leadership, in consultation with DCYF's Office of Innovation, Alignment, and Accountability (OIAA), will identify a limited set of key administrative data points that will be used by regional managers and supervisors in clinical supervision to monitor and drive outcomes across the state.	COMPLETE	
The key data points referenced will be made available to supervisors and administrators via a management dashboard in infoFamLink that will show data at the office, region and state levels. Administrators and supervisors will be trained in the interpretation and application of the data.	COMPLETE	
On a monthly basis, RAs, DRAs, and other key regional staff will focus on a rotating subset of the key data points: • To identify good practice driving observed strong outcomes. • To identify practice in need of improvement. • To specify strategies for improving outcomes where needed. • To observe changes in performance over time.	10/01/2020	Ongoing
RAs and DRAs will incorporate data themes from discussions into regional supervisory coaching activities.	10/01/2020	Ongoing

Progress Update:
This strategy was added in the prior year's report for alignment with the DCYF PIP.
The key administrative data points have been identified. They include the following:

- Parent-Worker Visits
- Child Health & Safety Visits
- Children in Out-of-Home Care
- Entries
- Exits
- Initial Face-to-Face Timeliness
- Median Length of Stay
- Supervisor Review
- Timely CPS Investigations
- Timely CPS FAR Assessments
- Timely Placement Documentation

In February 2020, the Child Welfare Management Dashboard went live in infoFamLink. This dashboard provides these key administrative data points at the state, regional, and office levels. For the metrics that are displayed as percentages, the standard for conformity is set at 95% or above, substantial conformity is set between 90-94%, and anything 89% or lower is considered needing improvement. The dashboard is able to be viewed by state, region and office performance metrics. All of the metrics, with the exception of Median Length of Stay, are able to be drilled down to the raw data contained in the report in order to do additional analyses. The dashboard shows performance over 13 months (including the current month) in order to see trends and improvements over the course of time. Understanding that there may be data lag in documentation, the dashboard data is refreshed daily to reflect the most current performance.

RAs, DRAs, AAs and supervisors have been provided with training and technical assistance on the dashboard metrics and how to use the data to help improve practice at the office, region, and state level. The dashboard has been integrated into agency culture and practice with discussion around dashboard metrics occurring in regional management/leadership team meetings, office leadership team meetings, office all staff meetings, individual meetings between the Assistant Secretary of Field Operations and RAs, CWLT, PIP data analysis case review meetings, Statewide QA/CQI meetings and AA PIP office lead meetings. Since implementation of the dashboard, AAs have indicated that they have seen an increase in conversations in management meetings and with supervisors and caseworkers around the use of data to identify areas of strong practice and areas needing improvement in order to strategically focus efforts. The ability to see the data in one location also promotes sharing of promising practice initiatives that may be occurring in some offices/regions in areas of practice that can be utilized in other offices/regions.

Since the rollout of the dashboard, Regional QA/CQI administrators have been providing training and technical assistance on the dashboard including:

- Reviewing the dashboard metrics at regional management/leadership team meetings
- Walking AAs and supervisors through the dashboard metrics and assisting in drilling down into raw data
- Explaining the difference between the dashboard and other data reports that are provided by the regional QA/CQI administrators (how they are complementary to each other)
- Responding to questions from AAs, supervisors and caseworkers on the metrics contained in the dashboard

In addition, OIAA developed a training for administrators and supervisors via a web-based platform, focusing on how DCYF's Priority Performance Measures connect to the dashboard, an introduction to the dashboard (measures and descriptions of data metrics and how to access data at the state, region and office level), how to use the Priority Performance Measures and dashboard to improve practice, and how to set up subscription based data reports in infoFamLink. The training was provided via virtual platform in August 2020. The training was recorded for those that were unable to attend one of the live opportunities or as new staff transition into AA or supervisor roles. AAs and regional QA/CQI administrators and staff will assist in providing any additional training and technical support for supervisors on use of the dashboard.

Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known.		
	Begin Date	Projected Completion
Regional QA/CQI staff will disseminate the Placement Lag Entry data report monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the report to inform performance and areas for practice improvement.	COMPLETE	
RAs will communicate policy and practice expectations around timely placement entry and use of the Child Location Application through electronic messaging provided from HQ Child Welfare Programs.	COMPLETE	
Policy and practice expectations for placement entry will be communicated to fiduciary staff to support timely completion of payment. Communication will be through electronic messaging provided by HQ Child Welfare Programs	COMPLETE	
Guidance and resources regarding the use of Child Location Application will be disseminated to staff. Communications will be tailored to a specific area of responsibility.	COMPLETE	
HQ program staff, regional QA/CQI and other identified regional staff will use the Placement Lag Entry report to determine which offices/units/workers are not consistently using the Child Location Application. Focus groups with those identified	01/01/2021	06/30/2021

offices/units/workers and fiscal staff will be conducted to determine barriers to using the Child Location Application.		
Establish a short-time workgroup of HQ program staff, fiduciary staff, IT, OIAA and identified region staff that will use administrative data and information obtained from focus groups to address barriers to full implementation: • Identify modifications needed, if any, to the Child Location Application to improve functionality of placement entry. • Update guidance and resources regarding the use of the Child Location Application to support full implementation. • Update policy to reflect changes in practice regarding child placement entry.	04/01/2021	06/30/2022

Progress Update:

This strategy was added in the prior year's report for alignment with the DCYF PIP.

Timely documentation of placement has been included as a data point in the Child Welfare Management Dashboard. This has raised visibility and awareness of practice and performance. Some of the barriers that have been identified regarding late placement entry include the following:

• Caseworker delays (lack of urgency in placement entry)
• Lack of knowledge and education around use of Child Location Application and ability to use Child Location Application via mobile and desktop applications
• Placement entry and payment is tied together in the FamLink system. Therefore, delays can occur as caseworkers may not know the appropriate coding, which results in conversations between fiduciary staff and caseworkers to verify information
• Involvement by multiple parties – the placement entry process includes caseworkers (potentially supervisors and AAs), clerical staff, and fiduciary staff
• Provider ID – in order to enter placements, a Provider ID needs to be created. Given that Washington State places children in out-of-home care with relatives approximately 50% of the time, Provider IDs need to be created for those placements which can result in delays in the process
• Lack of consistency in how staff are utilized in this process around the state. Due to staffing levels and competing priorities, some regions may utilize staff in different capacities (i.e. clerical staff may be utilized differently in the regions)

Field operations leadership has prioritized timely placement entry as a focus area. A multidisciplinary workgroup, including representation from field operations leadership, field operations staff, HQ program staff, statewide and regional QA/CQI, fiduciary staff, clerical staff, licensing division staff, and IT staff, was convened and met weekly from October 2020 – December 2020. The workgroup mapped out the placement entry process and identified gaps and barriers to timely placement entry. Currently, there are two mechanisms to enter placements into FamLink – the Child Location Application (which is only available within the first 3-days of placement) and the Placement Entry Tool (PET). When the Child Location Application was introduced several years ago, the average placement lag was 14 days. The introduction of the Child Location Application has reduced that to an average placement lag of 7-8 days. The workgroup made recommendations regarding modifications of the Child Location Application to make it the sole source of placement entry and phase out the Placement Entry Tool (PET). Some of the recommended modifications also include an ability to enter child location without a Provider ID with the development of a process to create the Provider ID after the location has been submitted. This proposal was drafted and submitted to IT. User stories are being developed for the project. DCYF is in the process of a large data migration process that is of utmost priority for IT staff in functionality of DCYF programs. That data migration project is anticipated to be completed in December 2021. Once the data migration project is completed, IT resources will be available to work on other priority projects.

It is anticipated that this will be one of the projects worked on. Once work begins, initial estimates for completion of the work is approximately 6 months. Once timelines are further developed, the workgroup will reconvene and revise the current process, guidance and training for placement entry.

Program Support

Research, Evaluation, Management Information System, and Quality Assurance Systems

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

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

Examples of OIAA research conducted to support the needs of child welfare, which have been released externally, include:
- Using Data in DCYF to Advance Racial Equity
- Washington State Child Welfare Racial Disparity Indices Report - 2019
- Sources of Best Practices for Parent-Child Visitation
- Braam Settlement - Missing from Care Analysis
- Families and Youth in Crisis

These reports, as well as others, can be located here.

Examples of OIAA research activities currently underway to inform DCYF internally include:
- Validation studies of current assessment tools.
- Research on exceptional placements (e.g. one night stay, hotel, etc.).
- Characteristics of infants indicated for substance exposure/affected at birth.
- Reviews of research about the agency conducted by external researchers and connection to policy implications.
- Research support for Performance Based Contracting (PBC).

OIAA is responsible to support the implementation of the Family First Prevention Services Act (FFPSA) in the following ways:
- Help the agency determine which EBPs, from among its three EBP service arrays, may be candidates for FFPSA.
- Help build the evidence around promising practices not yet reviewed by the IV-E Clearinghouse, but found useful in the DCYF service array.
- Craft the evaluation plans for the approved EBPs in the DCYF Prevention Plan.
- Conduct the required FFPSA evaluation once the services are funded with FFPSA dollars.
- Support the work of the Office of Tribal Affairs, as they have worked with tribal partners since the beginning of FFPSA planning to ensure DCYF is leveraging the opportunity of FFPSA funding in expanding prevention opportunities in Washington's tribal communities.
- Produce a population-based service needs assessment in 2021 that will help guide the service array.

In 2020, OIAA pursued and successfully secured substantial philanthropic commitment to support the agency and community partners in building capacity to be ready to leverage FFPSA funds. So far, these dollars have funded evidentiary review of potential EBPs for inclusion in a future Prevention Plan amendment. This funding has prompted innovation in planning community-based partnerships around reducing racial disproportionalities, building tribal capacity to conduct evaluation of FFPSA-funded EBPs, and enhance CQI supports for EBPs in the DCYF FFPSA service array.

In addition to the above initiatives, OIAA is active in leading and supporting multiple prevention efforts in the agency to prevent children and families from entering the child welfare system, and in actively supporting assessment and intervention efforts when children are placed. These efforts include the following:

- In late 2019, DCYF was successful in securing a five-year Children's Bureau grant for prevention of child maltreatment under the Community Collaborations to Strengthen and Preserve Families (CCSPF) Cohort 2. In this project, DCYF is testing a community-based prevention effort in four communities across Washington, chosen at random from among the 23 communities with the highest rates of maltreatment. The OIAA Director serves as the Lead Evaluator of Washington's project, and an analyst will be hired in OIAA, to support this effort.
- In 2020, led by OIAA, DCYF entered into a partnership with the Harvard Government Performance Lab (HGPL) to place a HGPL fellow at DCYF to expand the agency's ability to connect pregnant women referred to intake and otherwise screened out (due to unborn victim/no child present) with voluntary community resources. The fellow is currently leading a pilot in three communities in Washington State to develop and test referral pathways and partnerships, with the ultimate goal of increasing access to voluntary preventive services.
- OIAA is leading an agency-wide examination of the child and family assessments used in our child welfare and juvenile rehabilitation service lines. We are undertaking substantial initial analysis related to child welfare assessments, to examine their reliability, validity, usefulness and potential to contribute to racial bias. In order to ensure maximal alignment with the family practice model redesign effort, OIAA has contributed our lead child welfare researcher on assessments to work alongside the Practice Model Administrator in Child Welfare Programs, so that these two efforts are developed and implemented in partnership. In addition, we are pursuing a partnership with Chapin Hall to help support this effort.

The OIAA Data Reporting Team focuses on developing and providing comprehensive, accessible reports to support practice improvements. Washington's Transitional CCWIS system, FamLink, is the source for administrative data used in child welfare reports, which identify practice strengths, capture key required data elements to ensure practice requirements are being met and support ongoing practice improvement. These reports are made available through the child welfare reporting portal (infoFamLink), and staff at all levels of the agency have access to them. Summary and case level detail reports are refreshed nightly and are accessible to caseworkers and supervisors across the state who use the reports in their daily work, through e-mail subscriptions or direct access. These reports are also routinely used by staff at all levels of the agency, including field managers, regional and headquarters' program staff and quality assurance leads to support good practice related to child safety, permanency and well-being, as well as leaders who use the summary reports to make decisions about practice, staffing and services. In addition to standard reports, item-specific data reports are available on request to support specific quality assurance, practice improvement and CQI activities at the state, region and office levels in support of the CFSR PIP, CFSP, FFPSA, PFD1 grant, Family Practice Model and recruitment efforts. The Data Reporting Team also provides data analysis to DCYF leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics.

Reports developed or modified in calendar year 2020 by OIAA include:

REPORTS DEVELOPED OR MODIFIED, CY2020				
Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented
Permanency Monitoring Report	infoFamLink	Modified	In September of 2019, the Permanency Monitoring report was implemented. Since its inception the regions have used this report as a consistent way for CFWS supervisors to monitor cases for their workers, through this process a list of improvements were identified and requested. This report was modified to help office supervisors and Area Administrators with understanding different categories of children within their unit and office. Areas include: • Children in Trial Return Home by length of time • Created ways to identify cases where permanency is not progressing, such as identifying when a visit would be due between a caseworker and a parent, or if there is an active exception; ASFA information; Adoption and Prognostic Staffing data needed for permanency; and included more child specific placement information. Modified concerns found within how data was populating.	January 2020 June 2020 July 2020
Providers by Location and Type	infoFamLink	Modified	This report was modified to identify which placements were licensed as a "Child Specific: Licensee Request". This change allows for DCYF to understand which of their placements are licensed kinship care providers This report was again modified in March of 2020 to meet a	January 2020

			need identified due to COVID, which added all caregivers email address to ensure communication was easily distributed to providers. In April this was also modified to include COVID as a reason for a licensing action.	
Priority Performance Measures	infoFamLink/RDA	Modified	New measures were implemented within the PPM to include Placement Stability and Re-Entry into Care (LOS 12 months or less).	February 2020
Child Welfare Management Dashboard	infoFamLink	New	The CW Management Dashboard was created at Child Welfare leadership request as a tool to help drive practice and identify 10 specific areas of focus that would improve Safety, Permanency and Well-Being. These measures are to be used as the Departments priorities for Child Welfare Cases.	March 2020
Licensing Intake Summary	infoFamLink	New	The report opens to counts of provider related intakes received in the previous month and organized by type: DLR/CPS-Investigation, DLR/CPS-Risk Only and Provider Infraction. Drilling through to the details allows you to identify all intakes received on a provider throughout the timeframe selected and also see the specific details of each provider action, including: dates; action type; decision; infraction; findings; and more.	April 2020
CFWS In Home Health and Safety Report	infoFamLink	New	This report was created to identify the population listed as in-Home CFWS Cases (not those on Trial Return Home) as these children are monitored by the Court but do not have an open placement. It then identifies when the last health and safety was completed for this population.	April 2020
Legally Free Children	infoFamLink	Modified	To add value to the report for both headquarters and field	May 2020

			staff we were asked to add the following details to the detail report:	
			• Child Age	
			• Age Group	
			• Child Legally Free for 6 Month Flag (Y/N)	
			• Child Legally Free for 12 Month Flag (Y/N)	
			• Discharge Date	
			The changes noted will assist headquarters and the regions in achieving timely Adoptions, they will also provide a mechanism to see trends in the performance of achieving Adoptions within 6 months of a child becoming legally free.	
Workload FTE	infoFamLink	Modified	This report was corrected as some CFWS workers were not being represented and some CPS workers were being calculated twice. Correcting this allows for the field to staff offices and areas correctly.	May 2020
CPS Household members Identified for Early Learning	infoFamLink	New	The report supports the Child Welfare-Early Learning pilot project, which seeks to identify, test, and scale tactics to better connect families experiencing CPS investigations to early learning programs. Offices and OIAA are partnering with CPS front-line staff to support child welfare-involved families to connect their children to high-quality early learning experiences. The report allows for the liaisons to identify all household members listed on an intake, under the age of six for any time period, in order to assess the family need and provide appropriate referrals.	May 2020
Monthly Supervisory Review – 13 Month Report	infoFamLink	New	This report mirrors the previous supervisory review report, however, you can now see data for more than the previous month. This includes a 13 month view and also is used to provide information for the CW Dashboard. Finally,	May 2020

			current month is also included in this, allowing regions to identify cases still needing reviewed each month, as a way to be proactive in encouraging clinical supervision.	
Monthly Health and Safety	infoFamLink	Modified	As a result of COVID it was found that virtual health and safeties had been showing as compliant for the entirety of the report. The report was updated to match policy, showing virtual visits as non-compliant, and visits provided virtually during COVID were provided specific guidance for documentation.	June 2020
Licensing Timeliness	infoFamLink	Modified	In order to help support the Caregiver Retention and Support Services Contract this report was modified. For this report we have updated the columns to include the caregivers contact information and the date of their initial placement in order to provide support to new caregivers.	June 2020
Re-Referral Report	infoFamLink	New	The report was designed as a tool to help evaluate the timing of additional screened in CPS intakes on a case after the date of the initial intake for that cohort. The report was created to mirror the evaluation that TriWest completed previously. The report is based off a quarterly cohort and allows you to see the percentage of cases that have an additional intake within 8-90 days, 91-180 days, 181-365 days, and those that did not have re-referral. This report can be looked at by state, region, office level, and CPS program. The report is not meant to determine compliance, it is a tool to identify trends within CPS programs.	July 2020
Guardianship Report	infoFamLink	Modified	This detail report allows the user to identify children in open guardianships during the	July 2020

			date range selected on the report. The updates include adding a column to identify the Effective Month, and fixing the excel export to remove the additional columns and merged cells.	
Lag in Placement Entry	infoFamLink	Modified	This detail report allows the user to see how long it took for a placement to be entered into the Child Location App and/or FamLink making it possible to determine if the placement was entered timely. Child and placement demographics were added to help identify where we have strengths and barriers in meeting the timely placement entry measure. The change is in support of helping to achieve improvement on CFSR Item 19 – Statewide Information System, specifically with regard to knowing where our children are located at all times.	August 2020
Shared Planning Permanency Compliance	infoFamLink	Modified	The issue with the Next SPM Due Date has been fixed and now limits the maximum number of days between Shared Planning Meetings for permanency to 180 days. An accurate Next SPM Due Date is critical for planning and scheduling timely shared planning meetings as part of the effort to achieve permanency for children.	August 2020
Federal Health and Safety	infoFamLink	New	The report was developed to serve two purposes: • Annual Reporting of DCYF's compliance with the Federal Health & Safety visits measure. • Assist with monitoring and data entry clean-up for Health & Safety visit documentation to ensure the department is reporting this measure as accurately as possible.	September 2020 December 2020

			A fix was found and resolved in December 2020 to modify how Tribal PCA children were displayed in the report as they were showing as DCYF responsibility.	
Monthly Social Worker Parent	infoFamLink	Modified	The following improvements were made to this report: • The report can now be run for the current month allowing staff to see what visits are still needing to occur throughout the month. • The report was erroneously attributing an exception for one parent to both parents. This has been fixed. • The Parents person ids and the Father's status have been added to the report to show who the parents are that need to be visited with. This was done to help prepare for the FamLink changes that are being made related to simplifying SW Parent visit documentation.	October 2020

ICW Tribal Inquiry	infoFamLink	Modified	The ICW Inquiry Data in infoFamLink has been updated to get the Inquiry data from the new location in FamLink and is available for use in any data clean-up efforts that are needed. The summary of changes was:
			
			• Date Inquiry Sent and Date Tribe Response are now populating for all tribal inquiries not just those prior to the 2016 FamLink change.
			• To determine which Inquiry was sent 3 new flags have been added:
			    a. First Inquiry
			    b. Second Inquiry
			    c. Third Inquiry
				October 2020

			• Native American Inquiry Worker has been added to the detail. • Tribe Response has been placed next to the Tribe Status for ease of use.	
Priority Performance Measures	infoFamLink	Modified	Detail reports are now able to be run for the cohort you would like the PPM to report on, the default will continue to be the most recent cohort available. Regional and office map shapes were updated as needed by the regions. A new user guide was added to the report.	December 2020

Data Source: Department of Children Youth and Families, OIAA, Data and Reporting Team; List of Developed Reports-CY2020; April 2021

Technical Assistance

Washington State has received technical assistance (TA) from various sources during CY2019 including:

- Casey Family Programs
- Quality Improvement Center for Workforce Development (QIC-WD)
- Capacity Building Center for States
- Capacity Building Center for Courts
- Children's Bureau

The focus of TA during CY2020 was in the finalization and implementation of the DCYF PIP, FFPSA Prevention Plan, PFD1 grant plan, and diligent recruitment. TA assisted in ensuring alignment was occurring in the development of these plans to advance the goals contained in our CFSP. DCYF has a work plan with the Capacity Building Center for States to support implementation of specified PIP strategies and activities. A majority of the TA work is centered around mental and behavioral health data and the development of our service array. In addition, the Center for States has assisted as a thought partner in activities related to parent engagement (i.e. implementation of the Quality Matters series). In the same work plan is consultation coaching related to diligent recruitment in order to ensure that knowledge, skills and practice will be implemented across the team with the ability to be maintained. The Center for States continues to be an active member of the PFD1 federal implementation team. Center for States staff have attended and participated in several office-based implementation meetings to ask questions and provide feedback to the group. Center for States staff have also consulted with DCYF regarding the evaluation and QA/CQI plan for the PFD1 grant. The Capacity Building Center for Courts partnered with AOC and DCYF to conduct a Hearing Evaluation Project related to discussions around safety during court hearings.

TA in CY2021 will include continued work on the work plan related to DCYF's PIP and diligent recruitment efforts and continuation of work related to FFPSA and the PFD1 grant. Internally, the three administrators responsible for the overarching work of the CFSP, APSR, PIP, PFD1, FFPSA and Family Practice Model are

meeting weekly to discuss alignment of the initiatives and opportunities for communication, both internally and externally about the work as these initiatives are developed and implemented.

HQ 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. The CCRT members work with regional case review program consultants to provide training to the field in regard to the use of the OSRI tool, tool content, metrics, inter-rater reliability, and action planning. HQ QA/CQI members are a resource to regional QA/CQI staff in data analysis, providing targeted reviews, and providing direct feedback on areas of strength and areas needing improvement on performance and practice.

Quality Assurance

See *Quality Assurance System* section.

Update on Service Descriptions

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart I)

Child Welfare Caseworker Services
The child welfare caseworker services below are supported in part by Title IV-B, subpart I funding:
- Child Protective Services Investigations and Child Protective Services Family Assessment Response (CPS FAR)
- Child and Family Welfare Services (CFWS)
- Family Voluntary Services (FVS)
- Family Reconciliation Services (FRS)
- Caseworker supervisor

Geographic area: These services are available statewide.

Contracted Services
The contracted services below are supported by Title IV-B, subpart I 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 – 18 years old involved with DCYF when there is conflict between youth and their caregiver or the caregiver requests support with an at-risk youth.
  Geographic area: This service is available statewide.
- **Foster Care Support Goods and 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, etc.
  Geographic area: This service is available statewide to all licensed and unlicensed caregivers who are providing care for children placed by DCYF.
- **Evaluations and Treatment**
  Evaluations and treatment are contracted services provided by DCYF when no other evaluation or treatment service is available. DCYF uses these services to assess and address mental health and behavioral health needs to support improved safety, stability and permanency.
  Geographic area: This service is available statewide.

Services for Children Adopted from Other Countries

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

In Washington State, there is a Post Adoption Support Coalition that meets regularly to address issues that impact adoptive families. Members of the coalition are parents who adopted privately, internationally, and from the child welfare system. The group meets to identify resources available to all adoptive parents, not just parents adopting from the child welfare system. Agencies that provide services to families that adopt from other countries participate in this program. In addition to this group, there are support groups available.

Washington State has a private agency called Parent Trust that works with all parents. There is a publicly available website and phone number. Staff are available to address a number of parenting related topics. This service is available to all parents.

DCYF child welfare program staff and community mental health providers participate in the National Adoption Competence Mental Health Training Initiative (NTI). This training provides information on the mental health needs of youth adopted internationally, domestically and from child welfare.

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

DCYF staff meet regularly with the Adoption Success Committee. This committee consists of CCW, adoptive parents, adult adoptees, HCA, agencies that facilitate in-state and international adoptions and a private community residential establishment program. Informational publications, trainings and a media list have been developed to share information with adoptive parents on resources and supports available to all state adoptive families. This committee meets regularly to assess progress, review documents and plan for future goals.

In CY2020, there was one disrupted international adoption in Washington State.

International Adoptions Disrupted in Washington State				
Year	Country	Agency	Reason for Disruption/Dissolution	Plan
2018	China	Unknown	Child was removed due to physical abuse.	Adoption
2018	Canada	Unknown	Child was removed due to neglect by adoptive parents.	Return Home
2018	Mexico	Unknown	Child was removed due to allegations of physical abuse.	Return Home
2019	China	Holt International	Child was removed due to allegations of physical abuse and neglect.	Return Home—child has been reunified and case closed
2020	Philippines	Unknown	Child was removed due to allegations of sexual abuse and neglect.	Return Home—case is in shelter care status.

Services for Children Under the Age of Five

DCYF has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. Reports of substance exposed newborns require a response within 24 hours or 72 hours. Children under the age of five are, by definition, highly vulnerable, which is considered by Child Abuse Intake staff when determining the response time for a report. That main criteria that is different for this vulnerable population is that when the concerns meet the any of the criteria listed below, it is assigned a CPS Investigation response as these criteria are FAR disqualifiers:

- Allegations of injury on a non-mobile infant, birth to 12 months regardless of the explanation about how the injury or bruise occurred.
- Physical abuse to a child under age of four
- Abuse or neglect reported by a physician, or medical professional on a physician's behalf, regarding a child under age five.
- Child is under age 6, or has a significant developmental disability and is unsupervised/alone or cared for by parent(s)/caregiver who is incapacitated.

DCYF caseworkers are required to assess safety, well-being, and distinct individual developmental needs on an ongoing basis while children are placed in out-of-home care. Ongoing assessment are made to match children to a permanent family with the skills and abilities to meet their short and long-term needs. Individualized plans are created to ensure referrals to appropriate services.

DCYF 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. OMH uses the CHET behavioral health screening tools to re-screen children and youth ages 3 to 18 years old every six months for behavioral health symptoms. The Ages and Stages Questionnaire-Social-Emotional (ASQ-SE) is used for children 36-months to 66-months. In addition, information is shared with caregivers and used by caseworkers to develop an effective case plan and help identify an appropriate placement for the child.

DCYF Policy 4420.Health and Safety Visits with Children and Youth and Monthly Visits with Parents and Caregivers, the following is required for children under the age of five:

- Two in-home health and safety visits every calendar month for in-home dependency or trial return home cases for the first 120 days from establishment of the in-home dependency or trial return home. One of two visits may be conducted by a qualified caseworker or contracted provider.
- Two in-home health and safety visits must occur every calendar month for FVS cases. One of two visits may be conducted by a qualified caseworker or contracted provider.

There are revisions to the policy that would also add the requirement of two in-home health and safety visits monthly for children under the age of five in CPS-FAR cases open beyond 60 days. Those changes will be implemented upon rollout of the revised policy.

Caseworkers have a variety of services and technical assistance accessible to them for children birth to 5 years. Some of these services and supports include the following:

- Early Support for Infants and Toddlers (ESIT) - Early intervention services are designed to enable children birth to 3 with developmental delays or disabilities to be active and successful during the early childhood years and in the future. This is operated through Part C of the Individuals with Disabilities Education Act (IDEA).
- ChildFind - Referrals are made for children age three to five when developmental concerns are identified.

- Early Childhood Intervention and Prevention Services (ECLIPSE) - Developmentally appropriate therapeutic programming for families and children who have endured risk factors consistent with exposure to childhood trauma. Services include developmental and behavioral screening, comprehensive assessment and treatment planning, monthly home visits, and center-based day treatment.
- Early Childhood Education Assistance Programs (ECEAP) and Head Start - ECEAP is for children ages 3 to 4 years old and Head Start is for children 3 to 5 years old. Early Head Start is available for pregnant women and children birth to age 3. These programs provide early learning childcare or preschool to support the child's development and learning.
- Home Visiting - Voluntary, family-focused services offered to expectant parents and families with new babies and young children to support the physical, social and emotional health of the child.
- Parent Child Interaction Therapy (PCIT) - Evidence-based treatment for young children with behavioral problems, provided in a coaching model in which therapists can observe interactions between parents and children and provide in-the-moment coaching on skills.
- Incredible Years - Parenting skills targeting behavior management and healthy child development. Services are provided either in a peer group setting or in-home. Length of service depends on child's age and can range from 8 to 21 weeks. Services families with children birth to 12 years old.
- Nurse Family Partnership (NFP) - Specially trained nurses that regularly visit young, first-time moms and moms-to-be, starting early in the pregnancy, and continuing through the child's second birthday. Nurses provide support and advice on safety caring for the child.
- Promoting First Relationships (PFR) - Promotes children's social-emotional development through responsive, nurturing caregiver-child relationships. Providers use practical, in-depth, effective strategies for promoting secure and healthy relationships between caregivers and young children, ages birth to 5 years old.
- Triple P (Positive Parenting Program) - Parenting intervention to increase the knowledge, skills and confidence of parents and reducing the prevalence of mental health, emotional, and behavioral problems in children.
- HOMEBUILDERS® - Provides intensive, in-home crisis intervention, counseling and life-skills education for families who have children at imminent risk of out-of-home placement.
- SafeCare® - Research-based parenting program for families with children ages birth to 5 years' old who are at-risk of have been reported for child abuse or neglect.
- Infant Safety Training
- DCYF Policy 1135.Infant Safety Education and Intervention – Policy includes information regarding a Plan of Safe Care, "Period of PURPLE Crying", and Infant Safe Sleep.
- Annual Regional Leadership retreats that identify goals, including specific targets of cases with children ages 0-5.
- Early Learning Staffings. Five counties have Early Learning Family Navigators that connect children under the age of five to Early Learning and Head Start services.
- Quality Practice Specialists (QPS) in the field track risk only CPS intakes assigned to CFWS and offer support and guidance to help complete the Investigative Assessment (IA) and provide reminders around policy expectations. In addition, QPS staff provide Safety Boot Camp trainings that include identifying sentinel injuries and overall training for infant safety.
- All regions in the state have safety and complex case consultations that can help provide guidance, support and direction for high risk cases and cases with young children.

Infant Mental Health for Children Aged Birth to Five Years Old

The Infant Mental Health program is mindful of the many challenges and strengths of families with young children. Research shows that early experiences matter. This program promotes healthy social and emotional development early in life.

The caring team of therapists all have expertise in infant/child development and family relationships and create a treatment plan that supports the whole family. They work closely with parents or caregivers, often in their own home, to help them develop the confidence and skills to care for and bond with their children. They also offer "wraparound" services, helping clients connect to resources such as housing, food, diapers, assistance navigating government agencies, and more.

Efforts to Track and Prevent Child Maltreatment Deaths

Washington State's Critical Incident Case Review unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. If DCYF previously provided services to the deceased or severely injured child within the past 12 months, Washington State law requires the convening of a committee of community professionals to review the case history. The composition of the committees is established in state law. The law requires the department to select committee members who are professional experts in fields relevant to the dynamics of the case under review. These fields, though not required, may include:

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

The purpose of these reviews is to evaluate DCYF's delivery of services to the family, as well as the system response to the identified needs of the family. This evaluation or review of DCYFs services, and community response to concerns about child abuse and neglect issues in a family, helps to identify areas for improvement through education, training, policy and legislative changes. Final reports are published online[31] and a compilation of reports is shared with the appropriate Washington State legislative committees. The review committees can propose recommendations to DCYF to address policy, practice or systemic issues identified during the review process. DCYF makes a concerted effort to implement the review recommendations.

Children under age three, due to their age and development, are the most vulnerable to serious injury or death from abuse. In CY2020, 76% of the children who suffered near fatal injuries or died from abuse or neglect related injuries were three years old or younger. Sixty-eight percent (68%) of the cases reviewed were open when the child died from abuse or neglect related injuries or suffered a non-accidental near fatal injury. This is an increase from the prior year. In CY2019, 40% of the child fatalities and near fatalities occurred on open cases. In recent years, Sudden Infant Death Syndrome (SIDs)/Sudden Unexplained Infant Death (SUID) was the most common cause of death for infants and toddlers ages birth to three years and was the most

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[31] Department of Children, Youth and Families, Child Fatality and Serious Injury Reports, **https://www.dcyf.wa.gov/practice/oiaa/reports/child-fatality/child-welfare**

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. In CY2019, DCYF conducted one (1) child fatality review following the death of a child who died in an unsafe sleeping environment. In CY2020, DCYF conducted two (2) child fatality reviews following the death of a child who died in an unsafe sleeping environment. Blunt force trauma (inflicted injury) was the most common cause of death among infants and toddlers. Children overdosing on narcotics has become a notable cause of death and near fatal injury of children three years old and younger. In CY2020, DCYF reviewed six (6) cases (both fatalities and near fatalities) in which a child under three years of age ingested a lethal dose of a narcotic.

Child Fatalities and Near Fatalities or Suspicion of Child Abuse and/or Neglect by Age Group
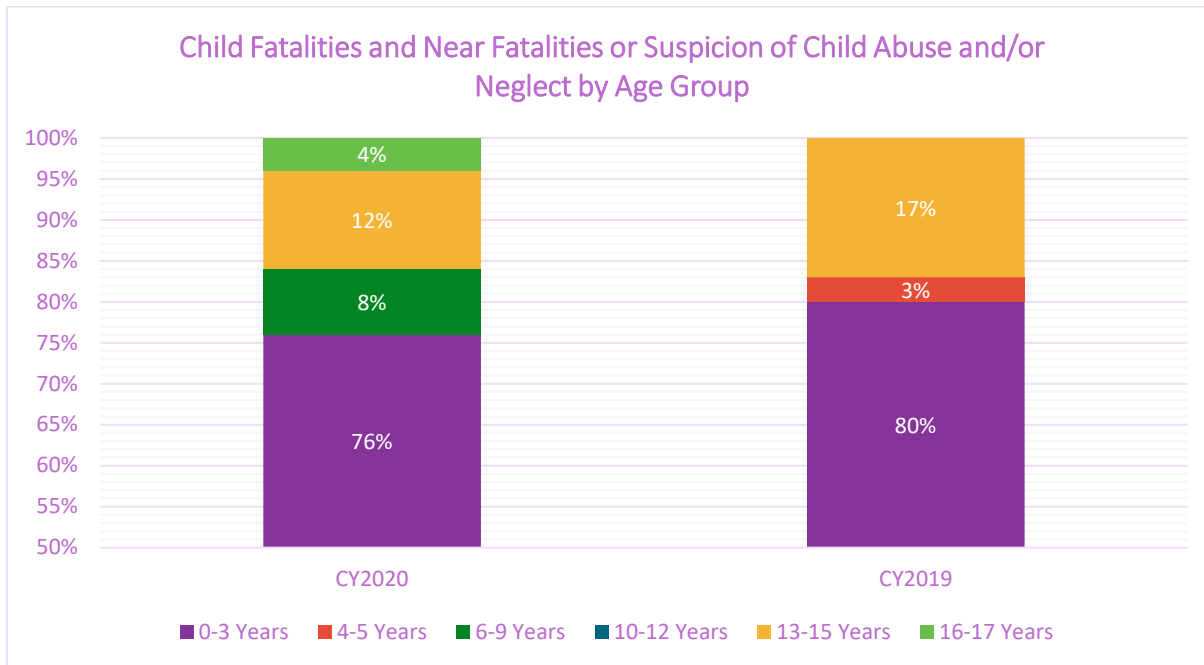
Data Source: DCYF Fatality/Near-Fatality Review Log, CY2019 & CY2020

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

- DCYF has an Infant Safety and Plan of Safe Care policy that requires a plan of Safe Care when a newborn is identified as substance affected by a medical practitioner or is born to a dependent youth. This policy requires DCYF staff to complete the safe sleep assessment at each health and safety visit for children up to 12 months old in addition to the first in-person meeting and at each placement. This policy revision originated from recommendations made during fatality reviews conducted by the Critical Incident Review unit. The purpose of these recommendations is to increase infant safety, particularly safety in sleep environments.

- The Critical Incident Review unit continues to provide Lessons Learned training throughout offices in the state. This training is also provided to newly hired social workers at RCT. Versions of this training are also provided to new workers in areas such as supervision, intake reporting and licensing. Lessons Learned identifies common errors in practice in child fatalities and near fatalities cases. Particular attention is paid to risk and safety of infants and children under three years of age. This training is presented to small work units of 10 to 15 staff to encourage active group interaction. This training is tailored to intake workers, supervisors and licensing staff. This training was offered and provided online during the COVID-19 pandemic.

- Infant and toddler safety is a central part of DCYFs Safety Boot Camp training. This statewide training was introduced in 2016. Segments of the curriculum focus on assessing safety to infants and children under three years old. Specifically covered are abusive head trauma, which is a common cause of death of infants and children under the age of three in cases reviewed by fatality review committees. Bruising and other suspicious injuries to infants is also covered. The Safety Boot Camp curriculum includes information on sentinel injuries on infants. Identification of sentinel injuries may lead to actions by social workers to prevent more serious or even fatal injuries inflicted by caregivers in the future.
- The child fatality review process strives to reduce the number of child fatalities by identifying and suggesting possible remedies to issues in policy and practice. The review committees make recommendations from the issues and concerns raised in the reviews. The recommendations can be targeted to an office or often have larger statewide implications. A recommendation made from a near fatality narcotic ingestion case stated DCYF should develop a response system for addressing critical incidents. The goal of this response system would be to de-brief, address secondary trauma impacts on staff, and create a cultural change within the agency on how support is provided to caseworkers. This system of response would be mandatory for those in an office/unit that have experienced a critical incident and be provided by a specialized, professional team. This would be in addition to the Peer Support program that is already available to DCYF employees. DCYF is implementing the recommendation by creating a designated position to manage and further develop the Peer Support program.
- DCYF is in the process of joining the National Partnership for Child Safety (NPCS). This is a collaborative sponsored by Casey Family Programs and the University of Kentucky. To date, there are 25 jurisdictions who are in the process of joining the partnership nationwide. Jurisdictions include state agencies, county agencies and tribal partnerships. Given the small number of fatalities and near fatalities which occur within a jurisdiction, it is difficult to conduct a root cause analysis and develop practice change recommendations based on a small number of incidents. The goal of the partnership is to share data across jurisdictions in order to increase the number of cases reviewed and draw better conclusions to improve practice and prevent fatal and near-fatal events from occurring in the future. Washington is still in the process of developing its data sharing agreement with the partnership.
- DCYF obtains data on child fatalities from a variety of sources. The following sources are used to gather information related to child maltreatment fatalities and reports this data to the National Child Abuse and Neglect Data System (NCANDS):
  — Washington State's SACWIS system (FamLink).
  — DCYF's Administrative Incident Reporting System (CAAIRS).
    ▪ CAAIRS is a standalone database of information regarding all critical incidents involving DCYF clients and staff, including information on child fatalities.
  — Coroner's Offices.
  — Medical Examiner's Offices.
  — Law Enforcement agencies.
  — Washington State Department of Health, which maintains vital statistics data, including child deaths.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, subpart 2)

The below services are available across the state for any family who meets the service criteria and are supported by Title IV-B, subpart 2 funding:
- Family Preservation Services
  — Include services such as PCIT and FPS.
  — 30% of Title IV-B subpart 2 funding.

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

Service Decision Making Process for Family Support Services

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

Populations at Greatest Risk of Maltreatment

Children birth to five-years old is the population at greatest risk of maltreatment. In reviewing placement removal data as of February 2021, 49% of children in out-of-home care and in trial return homes are ages birth to 5 years old. Of that 49%, the breakdown is as follows:

- Under age 1—10%
- Age 1—11%
- Age 2—9%
- Age 3—7%
- Age 4—6%
- Age 5—6%

Ages 6 – 11 make up 27% of the child population in out-of-home care and ages 12-17 make up the child/youth population in out-of-home care.

As mentioned in the Efforts to Track and Prevent Child Maltreatment Deaths section, a staggering 76% of the near fatalities and child deaths from abuse and neglect in Washington State were three years old or younger.

With this breakdown, we can see that children ages birth to three years old make up the largest portion of the at-risk population.

DCYF has developed policies and practices in relation to working with this high-risk population.

- 41211.Safety of Newborn Children Act—DCYF child welfare employees must accept an intake of a newborn transferred (abandoned) under the Safety of Newborn Children Act
- 1135.Infant Safety Education and Intervention

- — Newborn: Plan of SafeCare
  Caseworkers must complete a plan of SafeCare with families when newborns are identified as substance affected by a medical practitioner, identified as having withdrawal symptoms resulting from prenatal drug and alcohol exposure, or born to dependent youth.
- — Birth to six months: Period of PURPLE Crying
  Caseworkers must discuss with parents and caregivers about their knowledge and understanding of "Period of PURPLE Crying" and caseworkers and LD must provide educational materials to any parents or caregivers who have not received the information.
- — Birth to One Year: Infant Safe Sleep
  Caseworkers must conduct a safe sleep assessment where the child primarily resides when placing an infant in a new placement setting or completing a CPS investigation involving a child birth to one year. LD will review the safety sleep environment for infants in licensed and unlicensed placements.

DCYF policy 2200.Intake Processes and Response indicates that allegations will be screened in for physical abuse to a child under the age of four, abuse or neglected as reported by a physical or medical professional regarding a child under age five, an injury or bruise on a non-mobile infant regardless of explanation of injury, and a newborn exposed to substances.

Community and Stakeholder Input and Involvement
The three Citizen Review Panels review information on the data and information on the population at greatest risk of maltreatment and provide recommendations. The Plan of Safe Care group is a diverse collaboration that is led by DCYF, HCA, DOH, the Division of Behavioral Health and Recovery (DBHR), and the Parent-Child Assistance Program (PCAP). Members of the group include tribal representatives, medical providers and child welfare. The group reviews data, and based on that data, determined to start pilot programs in a rural and a metropolitan area with the highest needs. The group is also requesting to work with a tribe due to Native American and Alaska Indian children disproportionately being reported to child welfare. The focus of the Plan of Safe Care is to connect services with families who give birth to substance exposed infants who do not meet criteria for a child welfare intervention. Local school districts have Early Learning Coalitions that include child welfare to discuss concerns related to this population and focus services to the highest needs areas. OIAA is working on creating a pathway to connect services with pregnant families who are impacted by substance use.

Additional services and supports available for this population can be found under the Services for Children Under the Age of Five section.

Kinship Navigator Funding
In Washington State, the Department of Social and Health Services Aging and Long-Term Support Administration (DSHS-ALTSA) manages the statewide Kinship Navigator program and collaborates with the Area Agencies on Aging (AAA), which provide kinship navigator services in conjunction with community partners. The Washington State Kinship Navigator program currently serves 30 counties and seven tribes and hosts a website that includes information about the program.

Utilizing the Kinship Navigator funding, DCYF, in partnership with DSHS-ALTSA and the University of Washington School of Social Work/Partners for Our Children (POC), began conducting a rigorous evaluation of the current Kinship Navigator program in October of 2018. Both state agencies have leveraged this grant opportunity to strengthen their partnership and integrate, where possible, the network of services that support kinship caregivers.

FY2020 has been defined by this partnership, preliminary outcomes of work initiated in 2018, and ongoing efforts to build program infrastructure and consistency while sustaining and strengthening the program evaluation.

In FY2018, FY2019 & FY2020, the following deliverables were established and completed:

- Finalized an assessment to identify the essential components of Washington's kinship navigator model.
- Completed a review of program advertising including county websites and kinship navigator promotional materials.
- Held three focus groups with kinship navigators including one with kinship navigators who support tribal communities and two with kinship navigators who support nontribal clients.
- Held four focus groups with kinship caregivers including two groups that were conducted exclusively in Spanish.
- Completed interviews with representatives of tribal and nontribal service agencies frequently utilized by kinship navigators.
- Completed a survey of child welfare workers who provide services to formal kinship caregivers.
- Developed and implemented a fidelity measure.
- Disseminated the statewide kinship survey with responses returned to the POC evaluation team. Survey analysis was completed and two reports were developed; one utilized data collected in the 2019-2020 year and a second report which compared the 2019-2020 data to the findings of the 2005 WISIP report. Journal articles are being staged for dissemination.
- Supported four in-person trainings for kinship navigators. Between in-person trainings, the kinship navigators at the intervention sites have been supported with one-on-one training, monthly check-ins and cross-site support.
- Established intervention and control sites
  — Intervention counties in FY2018 include Thurston and Yakima counties.
  — In FY2019, Pierce and Benton counties were added to the intervention cohort.
  — In FY2020, Mason County was added as an intervention county.
  — Control counties in FY2019 include Clark, Cowlitz and Wahkiakum counties.
  — Additional control counties were added in FY2019 and include Snohomish, Grant, Adams, Lincoln, Douglas, Chelan and Okanogan.[32]
- Finalized the needs assessment tool and began implementation by intervention sites in May 2019.[33]
- Identified and implemented extensive updates to the GetCare administrative data and reporting system used by the kinship navigators. Updates will support ongoing data matching and IV-E reporting requirements.
- Implemented a weekly tracker that captures fidelity data. The trackers are shared weekly with ATLSA and the navigators at each of the pilot sites. The trackers details how many caregivers have been recruited, completed program elements, and have completed post-intervention measures in both the control and intervention groups.
- Developed a preliminary report of the analysis of the outcome data including establishing baseline equivalence and attrition of baseline versus 90-day follow-up. Additional analysis was conducted to assess child safety outcomes comparing the intervention group to the comparison group.

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[32] The number of control counties is greater than the number of intervention counties due to population density and the need to maintain baseline equivalency.

[33] Washington State is not sharing the needs assessment tool at this time to ensure that our control sites do not access the assessment which could damage the integrity of the overall evaluation.

- Developed a preliminary report of the satisfaction survey which tracked services referred by navigators and compared the intervention and comparison groups use of services and satisfaction with navigation services. Surveys were collected at case close.
- Presented at the Child Welfare League of America virtual conference in September 2020.

Spending in FY 2018 was impacted by a number of variables. First, funds allocated to the DSHS-ALTSA project position covered costs for 12 months. The ALTSA project manager was hired and began employment in January 2019 necessitating compensation for 9 months rather than the 12 months that were allotted. Next, the project team was unable to re-administer the statewide kinship survey or complete the kinship-focused analysis of the healthy youth survey in FY2018, and cost estimates that were provided for publications were inflated and did not reflect actual costs. Finally, we did not expend all of the funds allocated for DSHS-ALTSA's administrative data collection system.

The budget in FY2019 was underspent due to unforeseen issues related to the DSHS-ALTSA and University of Washington (UW) budgets. Impacts of the COVID-19 pandemic decreased service delivery for navigators at intervention sites which, in turn, decreased the amount of billable services required for their staff needs. The ALTSA budget was further impacted because funds allocated for anticipated updates to DSHS-ALTSA's administrative data system were not necessary.

Additionally, the project team did not use the travel related funds due to pandemic related travel restrictions, and we did not use the media campaign funds. Media campaign deliverables were impacted by pandemic related priorities. The UW budgets were underspent due to staff turnover and delay in filling the position due to policies and procedures in the university. Additionally, the data consultant was unable to accept payment due to a change in green card status.

Updates to deliverables in process:
- Two tribes, Port Gamble S'Klallam and Lummi, will complete a beta-test of the tribal adaptation of the needs assessment by August 2021.
- The replication and training manual is being updated to include evaluation findings, administrative considerations, feedback from tribes participating in the beta-test and other key elements.
- Formal kinship caregivers were recruited for participation in focus groups in February 2021. A small cohort of caregivers participated in the virtual focus groups. To increase the number of participants, kinship caregivers were also called and interviewed by phone. While this boosted the total number of formal kinship caregivers, additional participants are being recruited for interviews that will be completed by June 2021.
- Statewide outreach campaign for formal and informal caregivers was started in FY2018 and continues into FY2020. The statewide outreach campaign focuses on developing a baseline community awareness of the kinship community, their needs and core services available including the kinship navigator program. Publications in development include a series of one-page resources that address the needs of formal and informal kinship families and cover health and financial resources, education, rights and decision-making authority, and support available through the kinship navigators. Additionally, videos focusing on kinship support groups and explaining kinship care are in production and will be completed by September 2021.
- A kinship-focused analysis of the Washington State Healthy Youth Survey was completed in June 2020. To maximize the reach and utility of the analysis, UW will modify the analysis to include practice implications and develop a one-page resource that addresses each key finding, relevant data, descriptive narrative about kinship families, practice implications and suggestions. These resources will be developed by September 2021.

- Strengthening of toll free resource connections including WA 2-1-1 began in FY 2019 and will continue into FY2020. In June 2021, WA 2-1-1 staff will participate in a kinship-focused training. A pre- and post-test will be completed with WA 2-1-1 staff to measure knowledge gains and ability to support kinship caregivers with relevant resources and referrals.
- The Kinship Care Oversight Committee (KCOC) subcommittee was reconvened 2021. In April 2021, subcommittee members received updates on preliminary results. A second meeting will be held to review the replication and training manual. For the latter meeting, the evaluation team will develop and utilize a structured reading tool that guides KCOC members on how to suggest manual revisions.
- UW will develop a preliminary report of the analysis of the outcome data, including establishing baseline equivalence and attrition of baseline versus case closure. Additional analysis will be conducted to assess child safety, placement stability, and child and caregiver wellbeing outcomes comparing the intervention group to the comparison group.
- UW will develop a report that captures adherence to fidelity of the program model.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The monthly caseworker visit grant is used to improve the quality of monthly caseworker visits with children who are in foster care under the care and custody of 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. DCYF spends these funds on caseworker mobile devices and access, cameras, laptops, and contracted supervised visits to increase caseworker retention and improve frequency and quality of documentation for monthly contacts with children. As mentioned in the Program Support section, a report was developed in infoFamLink to track and report federal measures for health and safety visits with children in out-of-home care. Currently, this report is updated monthly and regional QA/CQI leads work with staff in local offices to ensure contacts are entered, coded and documented correctly in the FamLink system. In addition, this provides an opportunity to work with ICPC staff to assist in getting contact reports for children who are placed out-of-state and provide that information to the caseworker for review and data entry. There is ongoing collaboration between child welfare program and field staff, fiscal staff and OIAA to ensure the correct reporting population is pulled into the report and that DCYF is reporting on this measure as accurately as possible.

Monthly Caseworker Visits With Child – FFY2020							
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
Compliance of Monthly Caseworker Visits	93.75%	90.34%	95.77%	97.86%	92.25%	95.60%	94.52%
Compliance of Monthly Visits that Occurred in the Child's Home	92.58%	93.69%	94.39%	92.12%	92.69%	89.02%	92.10%
Data Source, Federal Health and Safety Measure Report, infoFamLink, as reported in the Caseworker Monthly Visit Report Federal Fiscal Year 2020							

Additional Services

Adoption and Legal Guardianship Incentive Payments

DCYF uses the adoption incentive funds for a variety of services and utilizes a payment tracking system to track expenditure of funds. DCYF anticipates receiving future adoption and guardianship incentive funds. Over the past two years, the amount of adoption incentive funds have grown from $0 in 2017 to nearly $2,000,000 in 2019. Funding is being used to improve curriculum for families that will help them understand the effects of grief and loss on their children and the best intervention strategies to handle youth with these types of

difficulties. As authorized under Title IV-B and Title IV-E of the Social Security Act, DCYF uses the adoption and guardianship incentive funds for a variety of services as outlined below:

- Technical assistance to promote more adoptions and guardianships out of the foster care system, including activities such as pre- and post- adoptive services and activities designed to expedite the adoption and guardianship process and support adoptive and guardianship families.
- Training of staff, foster families, and potential adoptive parents or guardians on adoption and guardianship issues to support increased and improved adoptions and guardianships.
- Recruitment of relative, foster, and adoptive homes.
- Services that fall under the DCYF CFSP and APSR.

Post Adoption Supports

Washington State has legislatively named its adoption assistance program, Adoption Support. DCYF provides 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.
- Training through the Alliance and AHCC.
- Through the use of adoption savings funds, pre- or post-adoptive families may request support to remove barriers to permanency. These support can be medical in nature such as a conversion of a van to add a wheel chair lift, bathroom remodels to include roll in showers, wider doorways and holds to prevent falls.

Beginning in August 2020, adoption support changed from a regional based program to a statewide program. This process ensures greater consistency in the negotiation process, knowledge of statewide services and a more even distribution of cases. Having a more equal work distribution provides families an opportunity to receive a more consistent approach to negotiation and helps to ensure that staff are more available to problem solve with families at times of crisis. DCYF continues to update the Adoption Support Program website to provide more information to families who are interested in or who have adopted an Adoption Support eligible child.

Post Guardianship Supports

DCYF provides supports to qualified relatives through the Relative Guardianship Assistance Program (R-GAP) including:

- Medical coverage (Medicaid).
- Up to $2,000 per child for reimbursement of guardianship related expenses.
- Evidence-based in-home parenting interventions.
- A monthly cash payment.
- Training through the Alliance and AHCC.
- Through the use of adoption savings funds, pre- or post-adoptive families may request support to remove barriers to permanency. These support can be medical in nature such as a conversion of a van to add a wheel chair lift, bathroom remodels to include roll in showers, wider doorways and holds to prevent falls. Funds may also be used to or help with a household need which, when corrected, will expedite permanency.
- Additional support funds are available for families to remove barriers to permanency both pre- and post-guardianship.

Adoption Savings

Due to the adoption savings, DCYF has increased the service array available to adoption and guardianship caregivers. These services include:

- Parental counseling.
- In-home counseling, including EBPs:
  — Promoting First Relationships
  — Incredible Years
  — Triple P
  — SafeCare®
  — Functional Family Therapy (FFT)
- The use of one-time only funds for emergent family circumstances and the availability of intensive in-home wrap-around services when mental health intensive services are no longer available or not appropriate for a family.

In-home services were greatly restricted over FY2020/2021 due to the COVID-19 pandemic. Many in-home services were restricted to reduce spread of infection. The use of one-time funds for emergency situations grew over FY2020/2021.

In 2020, adoption savings funds were used for a salary and benefit package of the Relative/Suitable Other Foster Care Rate Assessor. This position completes a mock rate assessment of unlicensed relatives and suitable others to ensure there is equity in the adoption support negotiation process. Washington State law requires that the adoption support maximum rate not exceed the rate the child would receive if in foster care. Prior to hiring this position, negotiation for relatives and suitable others were not comparable.

Funds were also used for adoption staff training and equipment that resulted in more efficient and expeditious negotiations for adoption assistance.

Additional trainings and conferences were scheduled and others were in the contract phase when arrangements were put on hold due to regulations and restrictions from the COVID-19 pandemic. DCYF explored providing statewide training; however, this process was limited as a result of the pandemic.

Work began with IT developers (for FamLink) and fiscal staff to create a payment structure that assists with the tracking of adoption savings funds. This process created payment codes, definitions and processes for payment of adoption and guardianship savings funds. DCYF worked closely with the statewide guardianship program manager to discuss ways for guardianship families to obtain funds to encourage placement from foster care or to prevent youth from reentering care.

In FY2020/2021 the adoption savings funds were used for:

- Relative Suitable Other Positions (ongoing).
- Evidence-Based Practices (ongoing).
- Catastrophic one-time only payment to assist post-adoptive parents during death, catastrophic weather or medical/emotional events (ongoing).
- Staff training (ongoing).
- Subscriptions for computer software the improved post adoption efficiency.
- One-time funds that removed barriers to permanency for both pre- and post- adoptive families. In the fall of 2020, a process began to identify families with barriers that were preventing adoption or risking possible placements of youth back into foster care. A committee was established and a process was

created for consideration and approval of the dispersal of funds to promote permanency. There is a monthly staffing that involves caseworkers, supervisors, management, fiscal and post adoption staff to provide financial support to pre- and post-adoptive and guardianship families. Support may include:

— After-care services for adopted youth leaving residential treatment and returning to the family home.
— Extraordinary costs needed to promote permanency (i.e. ramps, van conversions, bathroom conversations, etc.).
— Exploring the use of funds for state share, if any, for FY2020, as permitted within the latest guidance for adoption savings.

Planned for initiation in FY2021/2022 include the following:
- Contract or financial share to provide support for post adoptive and guardianship families who need help in managing children with extreme behavioral and mental health needs.
- Managing web-based training for parents and adoption providers who were not able to participate due to COVID-19 restrictions.
- Use of funds to provide intensive child profiles for 40 youth between the ages of 9 and 12 years of age not in an identified home of choice. This number will be evaluated each year to determine if an increase is needed.
- Purchase of curriculum to train families with adoption, guardianship and permanency related and adolescent issues that impact families.
- Use of funds as needed to support families.
- Use of adoption and guardianship funds to assist with private and international adoption and/or guardianship families struggling with youth in their home facing possible entry into foster care.

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

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

Contracted Independent Living Services, FFY2020		
Potential Eligible Youth, ages 15-23	Youth Served with at Least One NYTD Service with Attached Provider ID Reported by FamLink FFY20	% of Youth Served
4,590	1,308	28%

Independent and Transitional Living Program – Participating Youth		
Demographics	Number Served	% of Total
Age		
15 Years of Age	52	4%
16 Years of Age	144	11%
17 Years of Age	216	17%
18 Years of Age	253	19%

19 Years of Age	262	20%
20 Years of Age	169	13%
21 Years of Age	122	9%
22 Years of Age	86	7%
Race/Ethnicity		
White, Non-Hispanic	505	39%
Any Black, Indigenous, Persons of Color	699	61%
African American	269	21%
Hispanic/Latino(a)	339	26%
Asian or Pacific Islander	112	9%
American Indian	287	22%
Other	25	2%
Sex		
Female	757	63%
Male	447	37%
Data Source: DSHS Research and Data Analysis Division, Integrated Client Databases, November 2020, through a contract with DCYF. NOTE: There were 1,308 active IL participants between October 1, 2019 and September 30, 2020 receiving one or more services documented in the National Youth in Transition Database (NYTD) – 4 active IL participants were deleted from analysis because no demographic data were collected. Youth are eligible for the IL program if they are/were age 15 or older, in an established dependency through DCYF or a tribal child welfare agency, and in an out of home placement for at least 30 days after their 15th birthday. Age was calculated from the last day of SFY 2020, June 30, 2020.		

Figure 43 illustrates the NYTD services completed by the contract IL providers for FFY2020.

FIGURE 43

IL NYTD Services Results Overview
(October 1, 2019 – September 30, 2020) - N=22,448 NYTD services, *to date*

Service	Count
Family Support/Healthy Relationship Education	6,027
Housing Ed/Home Management Training	4,262
Career Preparation	2,681
Academic Support	2,316
Post-Secondary Academic Support	1,862
Financial Assistance	1,790
Budget & Financial Management	1,563
Health Education/Risk Prevention	1,364
Employment Programs/Vocational Training	302
Mentoring	281

SOURCE: DSHS Research and Data Analysis Division, FamLink Databases, November 2020, through a contract with DCYF. NOTE: There were 1,308 active IL participants between October 1, 2019 and September 30, 2020 receiving one or more services documented in the National Youth in Transition Database (NYTD) – 4 active IL participants were deleted from analysis because no demographic data were collected. NYTD Service Categories listed as 'Financial Assistance – Education', 'Financial Assistance – Other', 'Financial Assistance – Room/Board' were combined into one category, 'Financial Assistance'. NYTD Service Categories listed as 'Youth Status' and 'Supervised Independent Living' were deleted from results n=865.

The IL program is voluntary. The caseworker refers the youth to services and the IL provider makes attempts to contact and engage the youth into services. Most providers do not have a waitlist. Some providers may use a waitlist if they receive multiple referrals at the same time in order to stagger the requests so they have staff available to complete the intake process. Both IL providers and caseworkers talk with youth about the IL program and encourage participation. The IL providers also meet with local DCYF offices to talk about IL and the benefits of the program for youth who are participating. Some of these benefits include assistance with job searches, looking for an apartment and financial assistance. The regional IL leads provide trainings to staff on services available to adolescents, provide the Chafee program brochures to staff and community members, and youth resource information on our website. Unfortunately, due to the COVID-19 pandemic, we have been unable to participate in resource fairs to disseminate information and help with outreach.

Calendar Year 2020 Activities

The Adolescent Programs Division was established within DCYF in 2019, and staff that worked with youth transitioned from the Child Welfare Programs Division to the new division in early 2020. The Adolescent Programs Division continues to look at the services youth receive and how they integrate into the vision of the new division and with activities occurring within other state agencies. The Adolescent Programs Division currently includes services in Independent Living (IL), Education and Training Vouchers (ETV), Extended Foster Care (EFC), education support, Missing and Exploited Youth, mentoring and employment support and housing support. The division is expanding to offer more services over the next year, and is increasingly integrating services across child welfare, juvenile rehabilitation, and early learning/youth parenting issues.

In October 2019, Washington State increased the age of eligibility of Independent Living Services (ILS) to 23 years of age without additional federal or state contribution. Lack of funding for the program continues to be a major barrier to ensuring that all eligible youth are served adequately. Updates were made to FamLink to link client service level data performed by contracted IL providers.

The program is in the middle of implementing Performance Based Contracting (PBC) and is holding stakeholder meetings with internal and external partners multiple times per month, working through the process. The inclusion of Positive Youth Development (PYD) language into the IL contract will not occur this next contract cycle as stated in the CFSP. This legislative session includes a proviso directing DCYF to redesign IL and the services that youth are offered with stakeholders, youth, caregivers and services providers. The IL program will also go through the RFP process in 2022, with 2021 being a planning year for this work. The proviso also directs DCYF to centralize contracts to headquarters so that regional variances are mitigated.

In May 2021, the PBC process of identifying outcomes was paused due to a lack of data collection infrastructure and the redesign. The group will work on building outcomes into the redesign. The PBC group is made up of agency staff and IL providers who are working on quality assurance with the quality metrics of established and attempted contacts monthly with the youth.

Youth Engagement

In November 2020, due to the COVID-19 pandemic and in response related to budget cuts, the agency closed the Office of Youth Engagement, citing that Passion to Action (P2A) serves the federally required needs for youth in foster care in these areas. A Youth Empowerment Program Manager position was created and will be filled in 2021. This position continues the work that was started by the Office of Youth Engagement and will merge with the work of DCYF's P2A advisory group. This position will be filled in 2021, and a new work plan and vision will be created.

During this reporting year, youth and staff were able to participate in roundtable discussions facilitated by the Children's Bureau, Jim Casey Youth Opportunity Initiative, and virtual town halls. Information gathered at these events assisted Adolescent Programs in determining the needs of youth and service delivery. During the virtual town halls, youth expressed a need for resources and information of what services are available in their communities. Adolescent Programs was able to create a resource list for staff, providers, youth and community stakeholders and placed this information on the DCYF COVID-19 website so that it was accessible. This information also helped to fuel the legislative process and helped in the creation of the IL proviso and redesign.

We continue to partner with Think of Us around human centered design and how to make adolescent programs youth friendly and accessible to all eligible youth. The IT division held a Hack-a-Thon with Adolescent Programs staff and youth to re-envision child welfare services for adolescents. During this process, we were able to note FamLink and IT barriers and start conversations to move work forward.

During the COVID-19 pandemic, DCYF has spent time with P2A members discussing how they have been surviving mentally and physically and supporting them through this time. We have also worked together around the need for self-care, balance and self-expression. The crisis related to the pandemic has provided the participants with life lessons around what our basic needs are, and resiliency. The work around youth voice and feedback loops will continue and sit with the new Youth Empowerment Program Manager.

NYTD Data Collection
DCYF works collaboratively with local providers to offer technical assistance and training regarding NYTD reporting to ensure compliance with federal requirements. DCYF communicates regularly with local providers to set expectations regarding data collection. Discussions include:
- NYTD elements.
- IL monthly NYTD reports.
- Monthly IL provider table reports.
- Quarterly reports.
- Capturing the IL service delivery to youth.

Additional on-going technical assistance that has been provided around NYTD data include:
- Creation of a "What is NYTD" eLearning course for staff.
- Creation of updated NYTD flyers for youth and staff.
- Created of NYTD letters for BRS providers to allow the survey team to speak to youth in their facilities and group homes.
- Utilizing monthly NYTD lists to inform staff of which youth are in the population sample who will be contacted by the survey team. The list is used for staff to connect with youth and discuss the importance of participating in taking the survey.

DCYF has requested RDA to conduct an analysis of the NYTD data and to create a user-friendly report that can be shared with stakeholders and the field. There are beginning discussions of incorporating the NYTD data into regular CQI practices. Once conversations occur, DCYF will build a plan for addressing the use of the data and how DCYF will share the data internally and with external stakeholders. Through the PBC process, DCYF was able to connect client level IL services to the providers and can now generate reports for NYTD services being provided to our youth. Reports are provided on a monthly basis to the IL providers for quality assurance and meeting contract obligations. The provider receives a report on the youth that have received a NYTD service from their organization and a report on who is assigned to their provider number in FamLink that is reflective

of who is receiving services. The information in the reports pulled is based on what the providers input into FamLink. Providers review the reports received against their internal records to ensure youth services are documented. The information has also been shared with stakeholders, youth and regional IL program leads.

Washington State NYTD Data Snapshot FY2019 – FY2020

The IL Program Manager is continuing discussions on how to increase the completion of the Casey Life Skills Assessment. According to the Data Snapshot, The Independent Living Needs Assessment completion rate was 27%. Struggles continue for the completion of the Casey Life Skills Assessment due to the pandemic and the IL providers' inability to meet with youth in-person to complete the assessment for youth in the IL program. During this time, IL providers would send youth the link to the assessment and it was found that there were ongoing issues with the website being down. Youth were also not able or willing to complete the assessment multiple times if the website had an issue while they were completing it. If a youth is not participating in IL, the responsibility is on the caseworker to complete the assessment with the youth. This continues to be an area of focus and will be examined during the program redesign. There are discussions occurring around what assessment the state should use and the need to create an assessment that is youth friendly, trauma informed, culturally diverse and up-to-date so that we are not heavily reliant upon Casey and their updates.

There continue to be barriers identified in completing the Casey Life Skills Assessments to include:
- DCYF relies heavily on IL providers to complete the assessment.
- Youth are not being referred to IL or engaging in services.
- FamLink has not been updated to support the assessment version created in 2012.
- Staff are not familiar with the assessment.

Policies have been updated to emphasize the importance of the Casey Life Skills Assessment and how to use it to support case planning. Caseworkers are also encouraged to access the Casey Life Skills website.

According to the Data Snapshot, 71% of the youth reported that they have Medicaid coverage. This is not unusual and many of our youth do not know that they have medical coverage as the caregiver makes the medical appointments and provides the medical insurance information. Efforts to improve this outcome include the following:
- During the NYTD survey calls, the survey team explains to youth that they have medical coverage to age 26. Additionally, the team supplies the contact information to AHCC.
- Teaming with AHCC to conduct a pilot in several regions (has been put on hold due to COVID-19):
  — Connect aging-out youth directly with AHCC staff by DCYF caseworker and youth completing a health form and providing it to AHCC prior to the youth's transition meeting.
  — AHCC will review the information collected from the youth and the caseworker to help determine which plan the youth is eligible for and help navigate to an alternative medical plan if necessary.
  — AHCC staff will contact the youth independently to provide an overview of health care benefits, conduct a health screening and connect to services if any are identified.
- AHCC conducted an outreach campaign to all AHCC members ages 14 to 21, connecting with youth to encourage youth to go to their well child checkup. The campaign was able to provide youth with incentives for scheduling and completing their appointments.
- IL program manager and providers partner with managed care liaisons in each region to assist in connecting with youth regarding their health care coverage.
- Shared planning meetings with youth age 14 and older should be addressing the youth's health needs and provide explanation of health benefits.

- [Per Policy 43104. The Transition Plan](#), health care coverage is discussed and information about Medicaid coverage and accessing that service is provided.

See attached NYTD Data Snapshot FY2016-2020.

Coordination of Services with Other Federal and State Programs

The Adolescent Programs Division works closely with the Office of Juvenile Justice (the staff agency for Washington's State Advisory Group (SAG)) which is also positioned within DCYF. Over this past year, OJJ Staff and the Adolescent Program Manager have collaborated to identify services for youth in the child welfare and juvenile justice systems and worked to identify avenues for reducing the number of youth within each system.

- Washington's SAG, staffed by OJJ, has identified alternatives to detention, re-entry and transition, and behavioral health as their areas of focus for spending the Federal Title II funds awarded to the state. At present, there are no transitional living programs, funded by Washington's SAG as other programs have been funded in line with their three areas of focus outlined above.

Abstinence Education Programs

- DCYF will continue to partner with Planned Parenthood.
- Some IL providers are trained in the Sexual Health and Adolescent Risk Prevention (SHARP), which teaches sexual health and adolescent risk prevention education that broadens the youth's knowledge about sexual risk, alcohol use, sexually transmitted infections (STIs), pregnancy prevention, and set long-term goals to utilize knowledge and skills.
- During legislative session, 2019-2020, the SB5395 Comprehensive Sex Education passed and required each public school to provide inclusive sex education. This work is still in the process of implementation.

Local Housing Programs

- The Adolescent Housing Program Manager works with governmental agencies and community partners to offer housing vouchers and other information to eligible young people and families served by DCYF programs. In addition, the program manager collaborates to ensure that young people experience supported transitions into safe, stable, and appropriate housing when they leave our care. Some of these efforts include:
  — "Homecoming" Pilot Program in Region 6. This state legislature-funded program seeks to reunify families with a dependent child where housing is the remaining barrier to reunification. Services provided to families (more than 25 so far) include orientation, case management, the RentWell class to support effective landlord-tenant communication and shared understanding, connections to employment and health and behavioral health services. Although the program's launch was significantly impacted by the pandemic's effects on the availability of rental property, 4 families have been housed so far, and are having their rent paid by federal housing vouchers or are paying rent through employment. Families have additionally been supported with temporary rental payments, payment of deposits and fees, and other logistics provided by case managers.
  — Collaboration with the DCYF Juvenile Rehabilitation (JR) Homelessness Prevention Program (a headquarters-based program manager and three regional staff members located in eastern, northwest, and southwest Washington). The JR team has created a monitoring system/eligibility flag in JR's data system for all youth at institutions and community facilities, offers periodic training for staff on identification and referral, and works with each young person from intake or beginning of transition phase to build skill and identify resources. Young people leave JR with a plan and system of ongoing

support, provided through a system (including rental assistance, case management, and concrete supports) that staff are creating in communities across the state.

— Connecting youth and families with the Family Unification Program (FUP) – FUP offers services in selected counties to families where lack of adequate housing is a primary factor in either: imminent placement of children in out-of-home care, or delay in discharge to the family from out-of-home care. FUP also offers housing vouchers for certain youth who are aging out of foster care. Public Housing Authorities (PHA) administer the FUP, in partnership with DCYF regional offices, which are responsible for referring eligible FUP families and youth to the PHA for rental assistance. Once DCYF makes the referral, the PHA determines whether the family or youth meets Housing Choice Voucer (HCV) program eligibility requirements, and conducts all other processes relating to voucher issuance and administration, including waiting lists if vouchers aren't available. The FUP program is available through Housing Authorities in: Seattle & King County, Port Angeles, Tacoma, Vancouver, Kennewick, Pasco/Franklin County, Snohomish County, Thurston County, and Spokane. FUP youth vouchers are typically a small portion of the overall FUP vouchers (eligibility is identical to the Foster Youth to Independence program below). Several Housing Authorities offer other non-FUP vouchers for which DCYF clients may be eligible. This process is managed by each region and regions work closely with their local housing authorities to monitor utilization.

— Collaborating with Public Housing Authorities to offer the Foster Youth to Independence (FYI) program. Based on the success of the HUD Youth FUP voucher, young people at the national level supported creation of a newer program, the FYI voucher, a by-name, on demand voucher for young people who are transitioning out of foster care. Eligibility is for young people who are between their 18th and 25th birthdays or are 90 days from exiting care, were in foster care between ages 16 and 18, and have experienced homelessness or have been at-risk of homelessness. The program, which closely mirrors the services provided by the FUP youth voucher, offers rental assistance, and supportive services that provide skills in money management, job preparation, education, and nutrition and meal preparation. In order to offer FYI vouchers, DCYF needs an MOU with each Housing Authority, each Independent Living contractor, and a partner who can offer supportive services after age 23 to ensure that such services are offered for the full 36 months of the voucher, whenever it is issued. DCYF has reached out to housing authorities and community partners in Yakima, Whatcom, Skagit, Snohomish, King, Pierce, Kitsap, Mason, Lewis, and Thurston Counties at this time. As of this date, the state has completed MOUs with the Yakima Housing Authority, the Housing Authority of Snohomish County, the Housing Authority of Whatcom County, King County Housing Authority, Housing Authority of Seattle and Tacoma Housing Authority. This work continues.

— The Independent Youth Housing Program is administered by the Office of Homeless Youth (OHY) and provides rental assistance and case management services to eligible youth who have aged out of the Washington State foster care system. The program is currently available in the following counties: Spokane, Benton, Franklin, Kittitas, Walla Walla, Yakima, King, Pierce, and Thurston. Eligibility is similar to federal housing vouchers, and legislation is being drafted to make state and local programs consistent for age and other eligibility criteria.

— The Young Adult Housing Program is administered by the OHY, provides rental assistance and case management to 18 to 24 year olds, and is available in Spokane, Benton-Franklin, Walla Walla, King, Pierce, Clark, and Cowlitz counties.

— Coordinating with OHY and the state Health Care Authority (HCA) to implement <u>Senate Bill 6560</u>, designed to prevent young people from being released from foster care, juvenile rehabilitation, and behavioral health treatment programs into homelessness.

— When other preventive planning has not resulted in stable transitions into sustainable housing, the Adolescent Housing Program Manager works closely with staff at theOHY and other community housing partners to better <u>connect DCYF regional staff with resources in their community</u> to help support young people who need to connect with coordinated entry or other homeless services in their communities.

— <u>Youth Homelessness Demonstration Program (YHDP)</u> – Washington State is the recipient of three different YHDP grants from the Department of Housing and Urban Development (HUD). The projects sit with the Seattle/King County Continuum of Care (CoC). The Washington State Balance of State (BoS) CoC will build youth programming infrastructure in 23 of the most rural counties and the Snohomish County Human Services Department (HSD) will build on successful innovative practices that have transformed the Everett/Snohomish County CoC homeless response system to further transform the homeless youth response.

— <u>A Way Home Washington (AWHWA) – Anchor Community Initiative (ACI)</u> - DCYF has collaborated with AWHWA with their ACI. ACI is a coordinated effort to prevent and end youth homelessness with a diverse coalition of nonprofit agencies, elected officials, philanthropy, businesses, and community members who are committed to "helping all young people in the state find their way home." The initial four counties chosen were Pierce, Spokane, Yakima, and Walla Walla, with hopes to eventually expand to a total of 12 to 15 communities across the state. AWHWA will bring all parts of each community to the table and develop a unique plan that covers prevention, long-term housing, treatment services, employment, and educational attainment.

Programs for Disabled Youth

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

Employment Opportunities

- School-to-work programs offered to high schools or Graduations A Team Effort Advisory Council (GATE)
  — DCYF meets quarterly with educational institutions to discuss efforts towards graduation.
- Local workforce agencies in accordance with section 477(b)(3)(F) of the Act.
- Employment Security Department (ESD) – DCYF partners with ESD 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:
  — Identifying employers willing to work with DSHS and our clients to offer meaningful, long-term employment opportunities, ideally building transferable skills;
  — Providing basic training and skills to meet the specific jobs available from these employers; and
  — Helping clients stay employed by providing support to resolve issues that might jeopardize job retention.
- DCYF continues to partner with agencies that receive WIOA funding and run the following programs:

- — WorkSource
- — Job Corps
- — Conservation Corps
- — Washington Youth Academy
- — Basic Food, Employment and Training (BFET) to teach youth who are receiving basic food employment skills, which are contracted through local community and technical colleges or community, based organizations. This is an important part of the state's workforce development system.

Private and Public Sector Involvement
DCYF continues to collaborate with both the public and private sector to help youth gain the skills needed to achieve independence through stakeholder groups and contracts. DCYF has been working with Mentor WA on getting mentors for dependent youth who are residing in a JR institution before they are released to help with the transition into the community. DCYF entered a data share to streamline the eligibility and verification process for the Driver's Assistance Program with Treehouse.

Chafee Training
The following trainings were completed for staff:
- Pregnant and Parenting Youth (transitioning the in-person training to eLearning – staff and caregiver).
- How to create an IL referral in FamLink (eLearning).
- What is NYTD? Educating on the Youth Survey and how to document NYTD domains in FamLink (eLearning).

The following trainings are in development:
- How to create and update the transition plan (eLearning).
- Caregivers on Youth Transitioning to Adulthood (in-person).
- Caregivers on Sexual Health (in-person).

The following trainings have been placed on pause until further notice:
- Credit Reporting (eLearning).
- Difficult Conversations with Youth (eLearning).
- Positive Youth Development (eLearning).

Given demands with new mandatory training per the DCYF PIP and the transition for existing trainings from in-person to web-based due to COVID-19, resource allocation is being discussed to prioritize the development of new trainings that have been requested.

Consultation with Tribes
Tribes who were interested in receiving information about the programs to be carried out under the Chafee program were notified and provided information. Outreach includes the IL Program Manager attending the Tribal Policy Advisory Council (TPAC) meetings when invited to provide information on programs and services for adolescents. There is ongoing communication with Tribal Child Welfare Directors regarding independent living activities, requirements, eligibility, and trainings. Internal consultations include the DCYF Indian Child Welfare Director, IL Program Manager, and ETV Program Manager.

The below table represents the dates of emails, phone calls and trainings for tribes, as requested by the tribes in the review of last year's ASPR.

Tribal Consultation and Collaboration – John H. Chafee Program		
Tribe	Dates of contact (emails, phone calls, training)	
Chehalis	• 07/20/2020 • 07/30/2020 • 09/02/2020 • 09/10/2020	• 11/03/2020 • 11/04/2020 • 12/29/2020 • 01/22/2021	• 01/26/2021 • 02/01/2021 • 04/05/2021 • 04/30/2021
Colville	• 08/03/2020 • 08/04/2020 • 09/02/2020	• 12/02/2020 • 12/16/2020 • 02/08/2021	• 02/09/2021
Cowlitz	• 09/02/2020 • 10/07/2020 • 10/09/2020 • 10/12/2020	• 10/13/2020 • 10/19/2020 • 10/22/2020 • 10/23/2020	• 10/27/2020 • 01/27/2021 • 01/28/2021
Hoh	• 05/07/2021		
Kalispel	• 08/06/2020 • 09/02/2020 • 10/22/2020	• 11/03/2020 • 12/08/2020 • 12/16/2020	• 03/25/2021 • 03/29/2021
Lummi	• 08/26/2020 • 08/27/2020 • 09/01/2020 • 09/10/2020 • 10/13/2020 • 10/21/2020	• 10/22/2020 • 10/23/2020 • 10/26/2020 • 11/03/2020 • 11/04/2020 • 11/16/2020	• 11/20/2020 • 12/03/2020 • 12/09/2020 • 01/26/2021 • 02/25/2021
Makah	• 08/05/2020 • 08/06/2020 • 09/10/2020 • 09/15/2020 • 09/18/2020 • 09/22/2020	• 10/06/2020 • 10/15/2020 • 10/22/2020 • 12/02/2020 • 12/03/2020 • 12/04/2020	• 03/09/2021 • 03/22/2021 • 03/31/2021 • 04/02/2021 • 04/05/2021
Muckleshoot	• 09/02/2020 • 09/28/2020 • 09/29/2020 • 10/01/2020 • 10/15/2020	• 10/22/2020 • 02/08/2021 • 02/23/2021 • 02/24/2021 • 03/09/2021	• 03/18/2021 • 03/26/2021 • 03/30/2021 • 03/31/2021 • 04/01/2021
Nooksack	• 07/29/2020 • 07/30/2020 • 09/02/2020 • 09/03/2020 • 09/16/2020	• 10/30/2020 • 11/03/2020 • 11/10/2020 • 11/13/2020 • 12/02/2020	• 12/03/2020 • 12/04/2020 • 03/26/2021 • 03/31/2021 • 04/30/2021
Puyallup	• 10/22/2020 • 12/04/2020 • 12/15/2020	• 03/09/2021 • 03/25/2021 • 03/29/2021	• 03/31/2021
Quileute	• 09/02/2020 • 12/04/2020 • 12/16/2020 • 12/29/2020	• 01/14/2021 • 01/25/2021 • 01/26/2021 • 01/27/2021	• 03/31/2021 • 05/05/2021
Quinault	• 09/02/2020 • 10/27/2020 • 12/01/2020	• 12/17/2020 • 02/08/2021 • 03/09/2021	• 03/25/2021 • 03/29/2021 • 03/31/2021
Sauk-Suiattle	• 12/16/2020 • 01/26/2021	• 03/04/2021 • 03/12/2021	• 03/18/2021 • 03/31/2021

	• 02/09/2021 • 02/22/2021	• 03/15/2021 • 03/17/2021	• 05/03/2021 • 05/04/2021
Spokane	• 09/02/2020 • 09/18/2020 • 10/30/2020 • 11/05/2020	• 12/16/2020 • 12/21/2020 • 03/09/2021 • 03/25/2021	• 03/31/2021 • 04/01/2021 • 04/09/2021 • 04/14/2021
Suquamish	• 09/02/2020 • 09/17/2020 • 09/18/2020 • 10/21/2020	• 10/27/2020 • 11/03/2020 • 11/12/2020 • 11/13/2020	• 11/23/2020 • 12/01/2020 • 03/31/2021
Tulalip	• 07/09/2020 • 07/20/2020 • 08/05/2020 • 08/12/2020 • 08/27/2020 • 09/02/2020 • 09/10/2020 • 09/23/2020	• 12/04/2020 • 12/08/2020 • 12/09/2020 • 03/24/2021 • 03/31/2021 • 04/15/2021 • 04/16/2021 • 04/20/2021	• 04/22/2021 • 04/23/2021 • 04/26/2021 • 04/28/2021 • 05/03/2021 • 05/04/2021
Upper Skagit	• 07/13/2020 • 07/22/2020 • 09/02/2020 • 09/10/2020 • 09/16/2020 • 09/24/2020	• 10/07/2020 • 10/08/2020 • 10/19/2020 • 10/22/2020 • 11/03/2020 • 12/29/2020	• 03/01/2021 • 03/04/2021 • 03/05/2021 • 03/31/2021 • 04/29/2021
Yakima	• 07/07/2020 • 09/02/2020 • 09/18/2020 • 11/02/2020	• 11/03/2020 • 02/25/2021 • 03/26/2021 • 03/31/2021	• 04/13/2021 • 04/16/2021 • 05/04/2021

Efforts to coordinate with tribes include providing a program framework to the tribes of what can be included in providing IL to youth and requesting the tribes to provide a plan of how they will meet the requirements. Contracts are created with each tribe to ensure services are rendered. Ongoing technical assistance is provided to the tribes regarding FamLink, NYTD data entry, and services.

A large component of receiving Chafee funding is the report requirements to the federal government. DCYF must input NYTD service elements directly into FamLink. In Washington, all contracted tribal IL providers were given access and input capabilities to the IL page and education page in FamLink. DCYF continues to offer ongoing training and extensive support to tribal partners. The IL Program Manager continues to reach out to the tribes to provide assistance and has provided FamLink training when it has been requested. Some tribes were not able to maintain FamLink access and have NYTD inputting capabilities in FamLink due to new staff or computer related issues. DCYF provides 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 inputted into FamLink by DCYF staff.

Eligibility is uniform throughout the Chafee program, which ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.

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

The state contracts with tribes within Washington to provide their own IL services to tribal youth. The IL Tribal contract is very broad. The contract provides a structure of what the tribe may provide for a youth. Washington State does not require specific items. Many tribes use funding to support youth IL goals such as driver's education, the purchasing of computers, etc. Each year the state renews the contract and allocates Chafee funding to each participating tribe to serve youth as they see fit. Tribes provide quarterly reports that include youth served, activities provided and expenditures that were occurred for the time period. The following tribes have entered contracts to receive funding and deliver Independent Living skills to the tribe's eligible youth:

- Confederated Tribes of Chehalis Reservation
- Confederated Tribes of Colville Reservation
- Cowlitz Tribe
- Hoh Tribe
- Lummi Nation
- Makah Tribe
- Muckleshoot Tribe
- Nooksack Tribe
- Quileute Nation
- Quinault Indian Nation
- Sauk-Suiattle Tribe
- Spokane Tribe of Indians
- Squaxin Island Tribe-pending
- Suquamish Tribe
- Tulalip Tribes
- Upper Skagit Tribe
- Yakama Nation

COVID-19 IMPACTS

The COVID-19 pandemic had an impact on the provision of IL services and, ultimately, on youth and the whole community. Some of those impacts include the following:

- IL contractors moved to virtual services and worked remotely.
- Increase requests for help with food and housing costs.
- Some youth had their work hours reduced or were laid off creating an economic burden.
- Activities that were scheduled had to be cancelled due to communities being shut down for safety reasons.
- Increase in assisting youth apply for food benefits and unemployment.
- Providers heavily relied on community donation to support the demands for food and household items.
- Increased need for mental health services.
- More coordination with AHCC around youth's needs for mental health services.
- Providers were encouraged to increase their contact with youth.
- Education around the stimulus checks and what to do if the youth did not receive a stimulus check or file their taxes the previous year.
- Increased need for technology and internet and Wi-Fi services.
- Help youth navigate online learning.
- Increased need to help youth talk with landlords/property owners and be creative on how to pay their rent or obtain housing.

- Increase in employment assistance.
- Increase in helping youth maintain/retain their employment.
- Increased need of emotional support due to isolation and lack of social interactions.
- Providers needed to develop remote/virtual learning and struggled with keeping youth engaged.
- IL providers were able to step up to the plate at a moment's notice and did a remarkable job adapting their practice to accommodate the needs of youth and shutdowns around the State.

CHAFEE CARES FUNDING

Funding is for a one-time increase for CHAFEE eligible youth and young adults related to housing stability, food security, education access, social-emotional wellbeing and employment stability. Planned activities and use of funding include the following:

- $2.2 million for EFC continuation.
- $2 million for increases in IL contracts to serve youth ages 15-22 (contracts are pending).
- $1 million for support dollars for youth ages 18-22 (contracts are pending).
- $2 million for support dollars for youth ages 23-26. Contracted with Treehouse.
- $500,000 for support dollars for the driver's assistance program through Treehouse.
- $400,000 set aside for tribal IL services if requested. Only five tribes have reconciled from last year and DCYF is unable to negotiate new funds until last year's contract requirements are completed.
- $600,000 for support for youth ages 15-17 and regional IL activities-provided to regional IL leads.

Dollars can be moved between subcategories if not fully used.

Education and Training Voucher (ETV) Program

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

- Youth is age 16 to 20, currently involved in dependency action in Washington State or tribal court, in the care and custody of DCYF or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care (EFC).
- Youth 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 their 16th birthday.
- Youth who participated and received ETV funds prior to age 21-years old, may be eligible up to their 26th birthday.

There is still no mechanism in place to compare how many youth are eligible for ETV compared to the number of youth actually served. Conversations will begin with data and reporting staff to gather information about the feasibility of a data report.

Educational Assistance

The ETV database has a financial aid tab, which shows the student's Cost of Attendance and the amount of financial aid received. Whatever amount is still needed is the unmet need. Students are awarded up to $5,000.00 of their unmet need. Once an ETV award is determined, the amount is broken down by quarters or semesters. The student is then emailed a copy of their ETV award letter, asking for a confirmation of the award.

Students can send DCYF their actual award letter they received from the Financial Aid office or send it via their student portal. If a student has difficulty in submitting the necessary documentation, ETV staff work directly with the schools to obtain the information. Students sign consent forms, which enables ETV staff to contact college staff directly.

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

Prior to 2018, there was nowhere on the database showing that Financial Aid offices were notified of a student's ETV award. In consultation with the Research and Data Analysis (RDA) system administrator, a check box was created on the database showing that they were emailed the ETV award letter for the student and the date it was sent. Should there be any discrepancies, ETV staff are notified by Financial Aid and corrections can be made. This addition began in the 2019-2020 academic year.

Services Provided

In January 2020, the ETV program joined the Adolescent Services Division within DCYF. The Washington State ETV program continues utilizing the Access database. The database is organized in a way that allows the program to have student information readily available. The data elements included in the database include, but are not limited to:

- Demographics
- Financial aid and enrollment status
- Student spending plan
- Notes section

Changes and updates can be made quickly. ETV staff receive continued support from the RDA system administrator. Based on feedback received from students, college staff and IL staff, improvements are made to the database each year. The RDA system administrator is crucial for problem solving and creating improvements.

All ETV applications are found online at www.independence.wa.gov. An online application makes applying to the program easier for students, gives staff greater efficiency for processing the applications and students receive timely confirmation of their eligibility.

The change from a reimbursement model to disbursement model, which began July 1, 2018, has proven to be successful. Students who have been awarded ETV funds are now utilizing the entire amount since they no longer have to worry about tracking down and submitting receipts for reimbursement. The funds are disbursed at the beginning of each quarter or semester once the required information is received. This includes a current schedule with credits, grades with GPA and completed ETV spending plan. The spending plan was developed to show how the students planned to use their ETV funds. This change also simplified the payment process for the fiscal unit, allowing students to receive their funds more quickly. On average, students receive their funds within 5 to 7 business days.

The change has been beneficial for ETV staff as well. There is extra time in the workday to connect with students on a more personal level. Students were asked for their preferred method of communication, whether it be by email, phone or text. Asking this simple question has facilitated increased connection with them. Since students know the ETV staff better, they have been much more responsive to requests for paperwork and they contact the staff more frequently if concerns or issues arise.

In the 2020-2021 academic year, 265 applications were received. Of those applications, 160 students (60%) were awarded. Not all eligible students are awarded due to several factors:

- Required paperwork is not turned in.
- Youth do not enroll in a post-secondary program.
- Youth do not respond to ETV staff despite efforts made to engage them in the program.

In talking with students over the past several years, many of them wanted to meet the ETV staff in person. Unlike last year, there were no in-person visits to college campuses due to the COVID 19 pandemic. Instead, several universities set up Zoom meetings for the program manager to meet with students. Unfortunately, the turnout was rather low as students were experiencing Zoom fatigue. The majority of contact with students has been through email or phone calls.

Increasing outreach efforts is a goal every year. Due to travel restrictions and no in-person contact, outreach efforts proved more difficult this academic year. ETV staff made Zoom presentations at the following gatherings:

- Java with Jess is a weekly forum where DCYF staff and community stakeholders learn about developments in the Adolescent Programs Division as well as program specific information. ETV staff made two presentations to this group, giving a general overview of the program as well as reviewing the Supporting Foster Youth and Families through the Pandemic Act.
- The Washington Passport Network hosted an ETV webinar attended by college campus Designated Support and Financial Aid staff, Independent Living staff, Treehouse Advocates and the Office of Superintendent of Public Instruction (OSPI).
- North Thurston Regional Foster Care meeting which is attended by K-12 school personnel, DCYF staff and staff from Community Youth Services.

Other outreach efforts:

- The ETV one-pager provides a program description and was sent to the OSPI Foster Care Program Supervisor to distribute widely to K-12 staff and foster care liaisons throughout the state.
- ETV staff continue to participate in shared planning meetings and 17.5 staffing's when invited. The Region 3 Education Lead also shares the one-pager at all 17.5 staffing's with the youth and their supports. Beginning in September 2021, 17.5 staffing facilitators will be identified in each region and they will be provided the one-pager for distribution to youth in the staffings.
- The statewide Education Program Manager is facilitating a weekly Education Open Door meetings for DCYF staff. The ETV Program Manager shared program information and the new updates at the initial meeting.
- The ETV Program Manager contacted the social workers for all the Governor's scholarship candidates who had not yet submitted their applications.

Upcoming outreach efforts:

- The ETV Program Manager will participate in two Zoom trainings for Region 3 staff in Mid-May of 2021.
- In early June 2021, there will be a presentation to Region 3 high school juniors and seniors. If this proves to be successful, the goal will be to offer this in the other five regions.
- ETV received a list of all graduating high school seniors from Regions 1, 2, 3, and 4. ETV staff will be contacting the social workers of those students who have not yet submitted their application. The same will take place for those students in Regions 5 and 6 once their lists are received.
- Current EFC youth and those youth who returned to EFC who meet program requirements will also be contacted.

- Think of Us will send DCYF names of youth who they come in contact with who may be eligible for ETV.

Community Collaborations and Partnerships

The ETV program maintains a strong partnership with state and community-based agencies to support the academic success of youth. The ETV program manager is a member of the Washington Passport Network and participates on the Passport Leadership Team (PLT) which meets quarterly. PLT is a cross-sector of student support professionals and system leaders with representatives from high school completion and college access programs, two- and four-year public and independent colleges, DCYF, OSPI, DSHS, Washington Student Achievement Council (WSAC), and current and former students. The PLT looks to break down barriers and improve services for foster youth attending a post-secondary education program. Goals of the PLT include:

- Supporting campus Designated Support Staff.
- Developing professional trainings.
- Organizing the annual Passport Conference.

The WSAC is responsible for the distribution of financial aid to post-secondary institutions. There is a common application where students can apply to ETV as well as the Passport to Careers program. Passport to Careers has the Passport to College program, which provides a scholarship to assist students attending college, support services from college staff and priority consideration for the Washington College Grant and State Work Study program. The Passport to Apprenticeship Opportunities program assists students who are participating in registered apprenticeship or pre-apprenticeship programs with covering occupational specific costs.

The College Success Foundation (CSF) is another strong partner with the ETV program. CSF has a foster care initiatives team who organize and facilitate the PLT meetings. CSF provides supports and scholarships to inspire underserved, low-income students to finish high school, graduate from college and succeed in life.

ETV staff have worked hard to increase the partnership with the Treehouse Education Advocates who work with our youth in foster care. The advocates have helped to facilitate dialogue with students and ETV staff, submitted required paperwork on the youth's behalf, assisted youth in submitting their ETV applications and staffed cases when appropriate.

ILS providers continue to be our strongest partners. They assist students with their ETV applications, help obtain necessary paperwork, support students in their academic journey and they keep in regular contact with ETV staff. ETV staff rely on feedback from IL staff for program improvements.

Consultation with Tribes remains an area of improvement. The ETV one-pager was sent to the Director of Tribal Affairs to disseminate among our tribal partners. ETV staff are available for consultation, training and meeting with youth at the tribe's request.

Indian youth who are in tribal foster care and meet the eligibility requirements are now able to receive the Passport to Careers scholarship. On the consent form, youth need to check the Tribal Dependency box, identify their tribe and date of last placement.

The only tribe to administer their own ETV program is the Port Gamble S'Klallam tribe in Kingston, WA. The ETV program can assist their ETV students if the tribe runs out of funds. There remains a strong partnership between DCYF ETV and the tribal ETV administrator at Port Gamble S'Klallam. The ETV program will work with any Washington State tribe who requests assistance in developing their own ETV program.

Program Improvements

As the ETV program looks to improve efficiencies and decrease barriers students may currently encounter, the development of a student portal remains an important and necessary improvement. However, this has proven to be a challenging and complicated idea. With the support of the Director of Adolescent Programs, a renewed effort will be made to begin the process. The Adolescent Programs Division had a kick-off meeting in January 2021 with staff from Think of Us. They are a non-profit agency that focuses on leveraging technology to upgrade the foster care system and programs within the system. It is still the hope that Think of Us can assist the Adolescent Programs Division with a youth driven portal which will benefit both youth and staff.

The Adolescent Programs Division participated in Hack-A-Thon with some of the IT staff in late February. The ETV database has been somewhat unstable since staff have been working from home. An IT team took on this challenge and rerouted the connections. This has improved database stability as well as increased the speed between database sections. Another IT team will be working on an eligibility calculator for all Adolescent Programs to further assist youth in knowing what programs are available to them, based on their own individual circumstances.

Youth were emailed an ETV survey for the 2020-21 academic year. As of this writing, 22 students responded. Students responded that the best things about the program were the support from ETV staff ("they really care about us"), that students do not have to take out loans, the fund disbursement method, keeps students on track ("there is an accountability factor"). It was noted that funding reduces a lot of stress so school can be the focus.

In addition, the following barriers and challenges were noted:
- Occasional delays in receiving funds.
- Not knowing when the funds will show up in bank accounts.
- Needing a wet signature (this was before e-signatures were approved).

Improvements are being implemented such as sending out reminder emails more frequently before the quarter/semester begins to avoid any potential delays.

Prior to the COVID-19 pandemic, students were required by the fiscal unit to print out and hand sign the ETV spending plan. With the closure of college campuses and libraries, most ETV students were unable to meet this requirement. At a time when students needed their funds more than ever, this was not a feasible expectation. The use of e-signatures on the ETV spending plan is now an accepted way of doing business. This change of process began in April 2020 and removed a potential barrier to students receiving their funds. The spending plan was converted to an Adobe document and students could submit their spending plan with their e-signature. There have been no reported issues with this new format. The ETV Program Manager and Director of Adolescent Programs will advocate for this to continue once students are permitted to return to campus. It is a faster process for students, enabling them to receive their funds more quickly.

The ETV program has become paperless since the pandemic. Because ETV staff are working from home, all student paperwork is now located in the ETV section in the Program and Policy share drive. Each student has their own folder containing their required paperwork, just as if we were in the office.

Covid-19 Impacts

The ETV program saw a decrease in submitted applications than what was received in the previous academic year. Also, the number of new students who applied to the program was lower. Staff reached out to students who were engaged the previous year to see why they did not submit their renewal applications. The typical

responses included that student did not like on-line learning or on-line learning is difficult for them; numerous students were taking a gap-year and would resume schooling once campuses go back to in-person instruction; and others want to continue their college experience of being on campus/living on campus.

ETV staff sent emails and made phone calls to students participating in the program to check on their well-being, offer support and help them navigate services when needed. We have continued this increased contact with students throughout the 2020-21 academic year. Several students contracted COVID-19 and ETV staff assisted them in accessing medical care and coordinated with the campus designated support staff so that their schooling was impacted as little as possible.

Even though this academic year is almost complete, ETV staff is continuing outreach efforts to those youth who are still in incomplete status. This outreach is being done by email, phone and text.

ETV staff have also begun the process of informing students of the temporary changes to the ETV program, which include the increase of award from $5,000.00 to $12,000.00, and the age extension to 27. The database is currently being updated so that ETV staff can accurately document the increased funding to students as applicable. The plan for student contact is as follows:

- Active students who still have an unmet need after receiving their $5,000.00 ETV award.
- Active students who had no unmet need after receiving their ETV award but due to COVID-19, their circumstances may have changed. These students and ETV staff are working with the college financial aid offices to determine if additional funding can be given.
- Students who are still in incomplete status.
- Current EFC youth, which include those youth who reentered EFC due to the temporary age extension as long as they meet the ETV eligibility requirements.
- Inactive students.

Students were contacted by phone, email and text. Of those with an unmet need, the majority of students responded and received the CARES Act funds. Despite our efforts, there were a handful of students who failed to respond. Of the remaining students in the outreach plan, their program status shifted depending on the updates we received from them.

The pandemic has taken a toll on every student participating in the program, whether the challenge be academic, financial, medical or emotional. However, our young adults have shown determination, dedication and resiliency towards achieving their academic goals.

ETV CARES FUNDING
ETV CARES funding was provided directly to students in addition to regular ETV funding to support expenses and/or hardships students incurred due to the COVID-19 pandemic (i.e. rent, expenses to support students due to job losses or decrease in pay). In the coming academic year, this funding will continue to be provided directly to students to support these activities.

Extended Foster Care (EFC) Program
Washington State has implemented all five (5) eligibility categories for EFC. To be eligible for EFC, a youth on their 18th birthday must be dependent, and be:
- Enrolled in high school or high school equivalency certification program, or
- Enrolled or intends to enroll in vocational or college program, or
- Participating in activities designed to remove barriers to employment, or
- Employed for 80 hours or more per month, or

- Have a documented medical condition that prevents participation in one of the four prior categories.

Youth participating in EFC are considered non-minor dependents. They are able to 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. In 2019, the program was able to create a FamLink code allowing for monetary housing assistance for non-minor dependents in getting into a SIL setting with funds for first, last, and deposit, up to $3,500 per lifetime of the case. The funds are sent directly to the youth to help them learn much needed life skills in securing independent housing. Non-minor dependents continue to be able to enter and exit the program as needed until the age of 21 through a Voluntary Placement Agreement.

Non-minor dependents receive the same case management services and 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
- Learning independent living skills

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

Washington has continued to see an increase in participation in EFC due to increased outreach to community advocates, youth attorneys, youth serving agencies and consistent practice throughout the state. There continues to be an influx of youth who the department did not interact with due to SB6222, which passed in the 2018-2019 legislative session. This bill removed the requirement that a youth needed to be in foster care as an eligibility requirement of the EFC program. This opened the program up to youth in dependency guardianships, Juvenile Rehabilitation, in-home dependencies, and anyone who was dependent at the age of 18. This created an avenue for youth to enter the program who the department does not previously know about. Many of these youth are becoming dependent while in the custody of the Office of Refugee and Resettlement (ORR) and upon the age of 18 are asking to enter into EFC. Youth are petitioning for dependency alleging abuse, neglect or abandonment and as part of their application for a Special Immigrant Juvenile (SIJ) visa. Often, their case has not been fully adjudicated by the Department of Homeland Security (DHS) prior to their 18th birthday, and youth are dependent at 18 but lack immigration status. Other youth have obtained a SIJ visa after being released from federal custody. These youth have a valid immigration status, but do not reside in an ORR facility, as they have previously been released from federal custody to the care of a family member or sponsor. Youth may qualify for the Unaccompanied Refugee Minor program only if they receive a SIJ visa while still in federal custody.

DCYF is currently not able to determine who was eligible and did not opt into the EFC program. Currently, to gather this information would require the program manager to go into each closed case individually to see if the youth was eligible and why they opted out. In order to more simply gather this information, there would need to be a new case closure code created in FamLink by IT. Due to competing demands to IT changes in FamLink, priorities are established and currently items identified in the PIP are priority changes. In addition,

there continues to be data issues around this measure. As youth can enter EFC from outside dependencies that DCYF may not have been aware of and the increase in eligible population, it makes capturing data around the entire eligible population versus the population served difficult. In conversations with OIAA, this issue will continue to be problem-solved and worked on.

Extended Foster Care Data as of April 2021		
Age of Youth	Number	Percentage
18	311	31%
19	276	28%
20	265	26%
21+	150	15%
Total	1,002	100%
Placement Type	Number	Percentage
Supervised Independent Living	846	84%
Foster Care Settings	156	16%
Ethnicity	Number	Percentage
White	458	46%
Native American	67	6%
Native American Multiracial	98	10%
Black	100	10%
Black Multiracial	68	6%
Hispanic	161	16%
Other Multiracial	21	2%
Asian/Pacific Islander	28	3%
Unknown	1	1%
Total	1,002	100%
Region	Number	Percentage
1	145	14%
2	77	15%
3	153	15%
4	231	23%
5	179	18%
6	217	22%
Total	1,002	100%
Data Source: Extended Foster Care, infoFamLink, April 2021		

Number of Youth That Exited EFC in 2020, by Age		
Age of Youth	Number	Percentage
18	114	31%
19	34	9%
20	16	4%
21	207	56%
Total	371	100%
Data Source: Exit Report, infoFamLink, April 2021		

COVID-19 IMPACTS

The Washington State Governor signed Proclamation 21-02 to ensure Washington's foster care services can be provided during the COVID-19 pandemic to persons who would otherwise be too old to be eligible for such services and eliminates certain eligibility requirements for foster care services. Prior to this proclamation, foster youth would no longer be eligible for foster care services once they turned 21. Under Proclamation 21-02, foster youth who turned 21 on April 1, 2020, or later are still eligible for foster care services through DCYF. Eligible youth who were previously aged out could call the intake number, 1-866-END-HARM, to re-enroll in services. This proclamation aligns with the Federal Consolidated Appropriations Act, 2021, which forbids states from refusing foster care services to persons who, during the COVID-19 pandemic, either have or will become too old to be eligible for such services, and eliminates certain additional eligibility requirements for foster care services.

During this pandemic, the EFC program provided the following supports to youth and young adults:
- Helped youth and young adults in EFC pay their rent if they were affected by COVID. These funds came from EFC SILS Housing Support Funds.
- The Department of Commerce Office of Homeless Youth gifted the EFC program $1 million in COVID Relief/Stimulus funds to help provide youth who graduated from EFC and left solely because they turned age 21 from March 1, 2020 to December 31, 2020 with Rent Eviction Assistance.
  — https://www.dcyf.wa.gov/sites/default/files/pdf/EFC-EvictionRent.pdf
  — With these funds, DCYF was able to help 185 youth and young adults in total.
    - 179 with monthly assistance of $800.
    - Six (6) youth were on SSI and received different amounts due to SSI resource rules to ensure those youth would not lose their benefits.
- Created a resource list to include other agencies and departments and posted in on the DCYF COVID-19 Adolescent Programs page.
  — https://www.dcyf.wa.gov/coronavirus-covid-19/adolescent-programs
- AHCC conducted a survey to check in with youth and young adults ages 18-26 on how they were doing and if they were in need of additional services or resources, such as technology devices for school.
- DCYF met with advocates and community partners on an ongoing basis to talk about the needs of youth, how to help with additional needs, and whom we could collaborate with to provide assistance.

Consultation and Coordination Between States and Tribes

In Washington State, DCYF uses the word, "Consultation" as a formal process to help the state and tribes come to agreement on policies, laws or codes that may impact the tribe. The Consultation policy is defined in DCYF's Administrative Policy 10.03. The 10.03 policy defines the Government to Government relationship Washington State has with the Federally Recognized Tribes. The Tribes have asked DCYF to use the word collaboration when discussing steps taken to provide information to the tribes outside of the formal consultation process. DCYF shares information to the tribes through our monthly Indian Child Welfare Sub-Committee meetings and quarterly Tribal Policy Advisory Committee (TPAC). Part of DCYF's 10.03 policy also outlines regional planning with the tribes.

DCYF reviewed the PIP with the tribes at the Indian Child Welfare Sub-Committee meeting on December 9, 2020. A copy of DCYF's PIP was provided to the tribes prior to the meeting. The APSR was discussed at the Indian Child Welfare Sub-Committee on April 21, 2021. A suggestion from the tribes was to have a tribal representative as a co-chair of planning the various meetings to try and get more tribal participation. DCYF

does have co-chairs for our various sub-committee and larger TPAC. We have also appointed a tribal representative as the co-chair of our Policy & Procedure revision workgroup. DCYF began having meetings with the tribes to discuss the need to revise our Policy & Procedures as a result of a Washington Supreme Court Decision in September of 2020, addressing when there is a "reason to know" a child is an Indian child and the state and federal Indian Child Welfare Acts apply. Policy memos regarding temporary procedures for ICW proceedings can be located here. We have had many meetings and developed a work plan to begin revising our ICW Policies so they align with the Supreme Court Decision. This work will be done collaboratively between DCYF and tribal representatives.

A draft overview of the CFSP, APSR and PIP was emailed to the tribes on April 21, 2021 at the request of the tribes. The Performance Measurement Administrator will work with the Office of Tribal Relations to gather feedback on the overview documents so that they can be finalized and available as resources.

Washington Federally Recognized Tribes	
Tribe	Tribal Staff
Confederated Tribes of the Chehalis Reservation	Frances Pickernell
Confederated Tribes of the Colville Reservation	
Cowlitz Indian Tribe	
Hoh Tribe	
Jamestown S'Klallam Tribe	
Kalispel Tribe	Shawna Brady
Lower Elwha Klallam Tribe	
Lummi Nation	Ralph Jefferson
Makah Nation	
Muckleshoot Tribe	
Nisqually Tribe	
Nooksack Tribe	
Port Gamble S'Klallam Tribe	Cheryl Miller
Puyallup Tribe	
Quileute Nation	Charlene Meneely
Quinault Nation	Amelia DeLaCruz
Samish Nation	Caritina Gonzalez
Sauk-Suiattle Tribe	
Shoalwater Bay Tribe	
Skokomish Tribe	Shawna Hill
Snoqualmie Tribe	Carlee Gorman
Spokane Tribe	
Squaxin Island Tribe	Charlene Abrahamson
Stillaguamish Tribe	
Suquamish Tribe	Donna McNamara
Swinomish Tribe	
Tulalip Tribe	Natasha Fryberg, Carrie Jones
Upper Skagit Tribe	
Yakama Nation	Jessica Rammelsberg

The APSR will be provided electronically to all tribes and a link to the report will be placed on the DCYF tribal relations internet page.

DCYF offers all of the tribes an opportunity to enter into a Memorandum of Agreement (MOA). The MOA clearly defines roles and responsibilities for DCYF and the tribes. DCYF provides a MOA template to the tribes

to start the conversation. The MOA, when finished, will outline how DCYF and the tribe work together in all DCYF programs including Intake, CPS Investigation, CFWS and Licensing. The MOA will also include language on how DCYF can support the tribe when a case is in tribal court or the tribe is providing case management to the family. As part of the 10.03 policy, each region also develops plan with the local tribes in each region. The 10.03 plans also define responsibilities. DCYF also maintains a list updated by each tribe as to who from the tribe needs to be contacted when a new abuse or neglect intake is received. DCYF also provides foster care and services payments for children under tribal court jurisdiction.

ICWA Compliance

DCYF has taken the following steps to comply with ICWA:

- ICW Case Reviews were completed in all 6 Regions in collaboration with the federally recognized tribes in Washington in 2019 and DCYF would like to begin working with the tribes to revise the Case Review Tool anticipating the next statewide review to take plan in late 2021 or early 2022. Washington State works collaboratively with tribes to design the ICW Case Review tool and, as a result, the tool is different each review based on current trends and issues.
  — Practice strengths identified from the 2019 ICW Case Review:
    o Early identification of native ancestry
    o Following tribal placement preference
    o Child safety in out-of-home care
    o Meeting the educational needs of children
  — Areas needing improvement identified from the 2019 ICW Case Review:
    o Father engagement and asking about native ancestry
    o Active efforts including collaborating with tribes on case planning
- The regions also completed local ICW Case Reviews with the tribes in their region as agreed upon through the 10.03 plans. Due to the COVID-19 pandemic, the regional reviews were put on hold for some of 2020. These reviews have resumed in some offices through Zoom or other virtual platforms.
- DCYF and the tribes develop Action Plans based on the case review results to address areas of need. These plans are on-going and continue to be implemented including the creation of ICW flow charts and tip sheets for caseworkers to reference.
- DCYF partners with the tribes to develop ICW training and all DCYF trainings are offered to our tribal partners. DCYF is currently offering Qualified Expert Witness Training to both tribal and state staff.
- The tribes have been invited to participate in the development of DCYF's strategic plan and there are two tribal representatives on the DCYF Oversight Board. There is currently one tribal representative, however, DCYF, in partnership with the tribes, are actively recruiting a tribal representative to fill the vacancy on the oversight board.
- In August 2020, DCYF partnered with the Alliance, NICWA, Casey and AOC to develop a two day virtual Indigenous Children, Youth and Families Conference. The audience included tribal social workers, tribal early learning staff, tribal leaders, DCYF staff, parents, caregivers, legal staff, and partners that support the work of tribal children and families. The conference contained information from subject matter experts on secondary trauma and resilience, learning and culture, and disproportionality. There were also sessions offered on home visiting, legal education, kinship resources and other topic areas. The conference was well received, with constructive feedback to hear more from youth and create more opportunities for tribes to learn from each other. This feedback is being used for the 2021 Conference, taking place August 10 – 12, 2021.

Planned Activities for Next Review Period

- Local Indian Child Welfare Advisory Committee (LICWAC) - The Regional ICW Consultants will provide LICWAC training for DCYF staff and LICWAC members, as identified in the 10.03 plans. LICWAC trainings are on-going throughout the state and one Regional Consultant also presented to a statewide CASA conference.
- Trainings
  — The Alliance will continue to coordinate and assist in access to training for tribal staff and caregivers. Additionally, the Alliance has been invited to participate in any ICW case review process. The Alliance also provides Native American Inquiry and Referral (NAIR) training to all regions.
  — To ensure tribal staff is aware of all DCYF training opportunities and provided information to enroll and attend, notification occurs at 10.03 meetings, advisory meetings, postings on the Office of Tribal Relations website and newsletter and direct communication from the Alliance of available trainings. DCYF's Office of Tribal Relations also provides training to staff on the 10.03/Consultation Policy.
- AFCARS
  — DCYF will collaborate with the tribes around implementation of proposed changes to AFCARS at DCYF ICW Subcommittee Meetings. Discussions around the changes have been ongoing and all changes will be reported to the tribes at our ICW Subcommittee Meetings.
- ICWA Summits
  — In the summer or fall of 2021, DCYF will begin planning for the next Indigenous Children, Youth and Family Conference.
  — ICW Consultants located in each region continue to provide case management support, training, coordination of tribal meetings, etc.
- FFPSA
  — DCYF will continue to collaborate with tribes on FFPSA. DCYF has kept the tribes updated on the progress of FFPSA at our tribal advisory meetings.
  — DCYF has partnered with tribes to learn what prevention practices are embraced in tribal communities and is committed to moving the four prevention practices identified by tribes through the evidentiary review process to try to get them approved for FFPSA funding.
    o The Indigenous Wellness Research Institute with the University of Washington School of Social Work, completed a report on four promising practices identified by tribes (Positive Indian Parenting, Family Spirit, Healing of the Canoe [Canoe Journey] and Family Circle [Talking Circle or Healing Circle]). The report provided a compilation of what is currently known about those four identified programs based on a systematic review of literature and interviews with program purveyors. The report found that Family Spirit was the only one of the four program models evaluated that has enough evidence available to be supported through federal dollars available under FFPSA. It was further recommended studies be developed in collaboration between the State and tribes to track implementation of the other three models to collect evidence needed to become eligible for federal support. See Evidence-Based Tribal Child Welfare Prevention Programs in Washington State – A Systematic Review.
- Title IV-E Outreach
  — Outreach and information sharing regarding Title IV-E agreements occurs at the regional and statewide level through the ICW subcommittee when tribes request information. DCYF arranged for a Title IV-E informational virtual meeting with the tribes on March 24, 2021.

- When a tribe requests information, the headquarters Title IV-E team arranges to meet the tribe, provides information and answers questions. There is a PowerPoint presentation used at the initial meetings with tribes that contains information about Title IV-E.
  - Tribes are encouraged to have conversations with other tribes that currently have Title IV-E agreements, to get the tribal perspective and gain more information.
  - All Tribal IV-E Agreements were extended through November 30, 2021 to accommodate language updates to clarify potential Tribal claiming activities. DCYF will sit with the tribes to make sure the language and agreements are comprehensive and workable. Information related to tribes having an opportunity to claim legal representation through Title IV-E will be discussed during this process.
- Tribal Consultation
  - DCYF will consult and collaborate with tribes to identify and resolve systemic intake issues. DCYF anticipates having a formal Consultation with all of the tribes when the work is complete on our ICW Policy & Procedures.

COVID-19 IMPACTS
The COVID-19 pandemic has impacted the number of meetings between DCYF and the tribes as a majority of tribes were closed or on limited schedules. DCYF usually meets with tribes in-person at the tribal office for 10.03 and MOA meetings. Due to the pandemic, DCYF has only been able to have meetings via a virtual platform. The impact was felt the most for the first few months of the pandemic as meetings were canceled or postponed as DCYF and the tribes were learning to operate virtually and become accustomed to new technologies. In addition, there were uncertainties of how long in-person meeting restrictions were going to be in place. There were also changes to parent child visitation, in-person health and safety visits and court procedures during this time. Visitation was moved to virtual visits until it was safe to resume in-person visitation. Case progress was delayed as parents were not able to continue some services as the providers were closed; this caused delay in reunification and other permanent plans being established. DCYF staff were furloughed a total of seven days from July to October 2020, with a majority of those days being in the month of July alone. Some of the impacts from the pandemic did have positive outcomes. For example, LICWAC staffing's were moved to virtual meetings, allowing greater participation by members. DCYF was able to work with some tribes and move our Native American Inquiry Referrals from U.S. mail to email, which allowed for quicker responses. Some of the tribes and Indian organizations were able to offer local DCYF staff COVID vaccinations early in the vaccination process.

Updates to Targeted Plans within the 2020 – 2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan
Refer to attached plan.

Health Care Oversight and Coordination Plan
Refer to attached plan.

Disaster Plan
The Emergency Operations Plan describes immediate actions to take in response to an emergency event generally lasting 24 to 72 hours. Continuity of Operations Plans provide additional guidance regarding actions to take when the disruption last more than 72 hours. Another significant difference between Emergency Operations Plans and Continuity of Operations Plans is; the Emergency Operations Plan combines the response actions of all DCYF occupants at a given location while Continuity of Operations Plans are specific to the DCYF agency wide event.

No changes were made since submission of the plan with last year's report. Refer to attached plan.

Training Plan
Refer to attached plan

Statistical and Supporting Information

CAPTA Annual State Data Report Items

Information on Child Protective Workforce

Number of families that received differential response as a preventative service during the year.

Number of CPS Intakes Screened-In for Family Assessment Response	
Calendar Year	Number
CY2019	21,447
CY2020	15,968
Data Source: Far & Investigation Intake Detail, infoFamLink, CY2019 & CY 2020	

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			
Child Protective Services Worker Responsibility	FFY 2020 (Oct 1, 2019 – Sept 30, 2020)	Average Number of Intakes Per Month	Average Number of New Intakes Per Month Per Worker
Screening and Intake Workers	110.33	9,304	84.3
CPS-Investigations Workers	240.16	3,640	15.2
CPS-FAR Workers	204.86	2,898	14.2
Data source: Intake Workers – Agency Financial Reporting System (AFRS) September 2020 Payroll; CPS Workers – Children's Administration Workload FTE Report, monthly average assigned worker percent for FFY2020. Average number of Intakes per month data source is Intakes by Category and Decision Type and rptIntakes, infoFamLink; run date June 9, 2021.			

Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. DCYF uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

Family Assessment/Investigation (CPS) – Average Caseload						
	CPS Investigations Standard: 12-15 Families			CPS FAR Standard: 12-15 Families		
Month	CPS Cases	CPS Worker %	CPS Ratio	CPS Cases	CPS Worker %	CPS Ratio
Jan-20	4554.2	221.5	20.6	4035.4	215.5	18.7
Feb-20	4533	219.2	20.7	4054.3	217.2	18.7
Mar-20	4335.1	210.9	20.6	4160.8	220	18.9
Apr-20	3400	209.8	16.2	3299.1	207.3	15.9
May-20	2377.9	217.6	10.9	2020.7	194.2	10.4
Jun-20	2361.6	221.4	10.7	1840.4	186.2	9.9
Jul-20	2554.9	229.1	11.2	1756.5	182	9.6
Aug-20	2708.1	228.8	11.8	1858.1	183	10.2
Sep-20	3020.7	233	13	2030.3	190.2	10.7
Oct-20	3033.7	230.9	13.1	2204.9	196.7	11.2
Nov-20	2946.7	230.7	12.8	2269.4	190.5	11.9
Dec-20	2949.6	224.5	13.1	2401.9	190.3	12.6
Data Source: Workload FTE Summary, infoFamLink, reports as of the 3rd of the respective month reported						

Information on the education, qualification, 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)).

- Data for education, qualifications, and demographic information of personnel

DCYF Child Welfare CPS Workforce				
	CY2019			
	Personnel		Personnel	
Race/Ethnicity	Number	Percent	Number	Percent
American Indian/Alaskan	9	1.97%	11	2.14%
Asian or Pacific Islander	24	5.26%	26	5.05%
Black/Not Hispanic Origin	33	7.24%	37	7.18%
Hispanic	33	7.24%	38	7.38%
White/Not Hispanic Origin	127	27.85%	163	31.65%
Unknown	230	50.44%	240	46.60%
Total	456	100.00%	515	100.00%
Gender	Number	Percent	Number	Percent
Female	343	75.22%	389	75.53%
Male	113	24.78%	126	24.47%
Total	456	100.00%	515	100.00%
Age	Number	Percent	Number	Percent
Under 35 Years Old	141	30.92%	160	31.07%
35 - 45 Years Old	148	32.46%	156	30.29%
46 - 60 Years Old	120	26.32%	141	27.38%
Over 60 Years Old	47	10.31%	58	11.26%
Total	456	100.00%	515	100.00%
Education	Number	Percent	Number	Percent
Voc. or Bus. School	1	0.22%	1	0.19%
Less Than HS Grad	3	0.66%	2	0.39%
High School or GED	1	0.22%	1	0.19%
Some College-2Qtrs+	13	2.85%	15	2.91%
AA Degree	4	0.88%	7	1.36%
College Grad 4-Yr Degree	242	53.07%	281	54.56%
Some Grad Work	28	6.14%	35	6.80%
MA/MS/MSW Degree	-	-	-	-
Other Master Degree	156*	34.21%	166*	32.23%
PHD, LLD, MD, JD	2	0.44%	2	0.39%
Unknown	6	1.32%	5	0.7%
Total	456	100.00%	515	100%
*not separated by type of Master's				
Data source: DCYF Human Resources Division; CY2019 as of 12/31/2019, CY2020 as of 12/31/2020				

- Information on the education, qualifications, and training requirements established by the state for child protective service personnel.

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 5

A Bachelor's degree or higher in social services, human services, behavioral sciences, criminal law/justice, or an allied field. Equivalent education/experience. Note: Employees must successfully complete the formal training course sponsored by their division within eighteen months of their appointment.	Twelve months as a Social Service Specialist 1; AND Completion of the agency's Social Service Specialist training program. OR A Master's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience. OR A Bachelor's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field, and two years of paid social service experience performing functions equivalent to a Social Service Specialist 1. 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. Note: Employees must successfully complete the formal training course within one year of their appointment.	One year as a Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, or an allied field, and two years paid social service experience equivalent to a Social Service Specialist. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years paid social service experience performing functions equivalent as a Social Service Specialist 2. 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. NOTE: Employee's must successfully complete the formal training course sponsored by the division within one year of their appointment.	One year of experience as a Social Service Specialist 4. OR Two years of experience as a Social Service Specialist 3. OR Four years of experience as a Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2. OR A Bachelor's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2. 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. NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.

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)).

Number of Children Referred to CPS With Substance Exposure Evidence at Birth	
Calendar Year	Number
CY2019	827
CY2020	853
Data Source: FamLink intake data – screened in CPS and CPS-Risk Only intakes where the substance exposed check box is checked for an infant participant	

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)).

Children 3 and Under With A Founded Abuse/Neglect Finding With Documented Referral to the ESIT Program	
Calendar Year	**Number**
CY2019	308
CY2020	168
Data Source: FamLink, education_referral type: Early Support for Infants and Toddlers Program	

Juvenile Justice Transfers

DCYF gathers data from the FamLink SACWIS System on children who are incarcerated in JR during the year. The current reporting includes youth in DCYF care and custody that experience one or more placement events at one or more of the JR facilities including what are defined as the community settings (from JR – "There are 11 state run facilities. 3 institutions and 8 community facilities.").

Juvenile Justice Transfers						
	CY2019					
	Female		Male			Total Number
Race	12 – 15 Years Old	16 – 18 Years Old	10 – 12 Years Old	13 -15 Years Old	16 – 18 Years Old	
American Indian/Alaskan Native	0	1	0	0	2	3
Asian	0	3	0	0	1	4
Black/African American	0	0	0	0	4	4
Multi	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	2	2
Unable to determine	0	0	0	0	0	0
White/Caucasian	2	2	0	2	9	15
Total	2	6	0	2	18	28

Source: DCYF FamLink; Includes any youth in an open episode for any length of stay during CY2020, who were placed into a state regulated DCYF/JR facility while in out of home care anytime during CY2019. Includes placements in any of the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, SUNRISE STATE COMMUNITY FACILITY, RIDGEVIEW STATE COMMUNITY FACILITY, CANYON VIEW STATE COMMUNITY FACILITY, TWIN RIVERS STATE COMMUNITY FACILITY, PARKE CREEK STATE COMMUNITY FACILITY, WOODINVILLE STATE COMMUNITY FACILITY, OAKRIDGE STATE COMMUNITY FACILITY, TOUCHSTONE STATE COMMUNITY FACILITY

Education and Training Vouchers (ETV)
Attachment D – Annual Reporting of Education and Training Voucher Awarded

Inter-Country Adoptions
See Services for Children Adopted from Other Countries section.

Monthly Caseworker Visit Data
FY 2021 data will be reported by December 15, 2021 as required in ACYF-CB-PI-12-01.

Financial Information

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 2022.
- The amount of non-federal funds expended by Washington State for foster care maintenance payments that may be used as match for Title IV-B subpart 1 award in federal fiscal year 2005 was $0 and we will not be expending any of these funds in these areas in federal fiscal year 2022.

Title IV-B Subpart 2

- The 1992 base year amount was $24.257M.
- The state and local share expenditure amounts for Title IV-B subpart 2 for federal fiscal year 2019 was $33.4 Million.
- Washington State does not plan to revise the use of Title IV-B subpart 2 funds based on the amendment to P.L. 112-34.

Title IV-B Subpart 2 Services: Examples of Key Service Providers	
Family Preservation (30% of grant)	DCYF contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include: ▪ Parent Child Interaction Therapy (PCIT) ▪ Intensive Family Preservation Services (IFPS)/ HomeBuilders ▪ Incredible Years ▪ Positive Parenting Program - Triple P
Family Support Services (20% of grant)	DCYF contracts with providers for Parent Education and Support in communities throughout Washington State.
Family Reunification Services (20% of grant)	DCYF contracts with providers for family reunification services throughout Washington State. Key services include: ▪ Family Preservation Services ▪ Parent Child Interaction Therapy ▪ Evaluations and Treatment
Adoption Promotion Supports and Services (20% of grant)	Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the neediest and difficult to adopt. Adoption services are provided by adoption caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 18,000 children and families.
Administrative (10% of grant)	Title IVB-2 is allocated its share of indirect administrative costs through the approved Public Administration Cost Allocation Plan (PACAP), some of these cost include: salaries, benefits, goods, and services.

CARES Act (ACYF-CB-PI-20-11)

DCYF utilized the CARES Act supplemental Title IV-B subpart 1 funding to enhance agency hardware, software and service infrastructure to support telework and remote participation by agency employees. Specific accomplishments include mobilizing and support a remote workforce by implementing remote work tools (i.e. WebEx, Zoom, VPN access, etc.) and ensuring no disruption in services to children and families.

Attachments

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

CAPTA Program Manager

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Use of State Grant Funds

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

Activities funded by the CAPTA state grant include:

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

CAPTA Services

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

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

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

- Critical Incident Case Review Specialists

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

CAPTA Goals

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

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

Goals for CY2021/CY2022

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

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

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

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

AMERICAN RESCUE PLAN ACT FUNDS

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

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

The following items in the Update on Plan for Enacting the State's Vision section support practice improvements for safety-related outcomes:

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

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

Summary of Accomplishments – CY2020/CY2021

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

Calendar Year 2020 Review Period Progress and Updates

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

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

Services to Substance-Exposed Newborns

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

During the course of the CPS response, the caseworker monitors the safety of the infant involved and continues to work with and refer parents to relevant services to increase the safety and well-being of the infant involved. Caseworkers complete a POSC as required by CAPTA when a newborn has been identified as substance affected by a medical practitioner. The plan must include, but is not limited to:
- Medical care for the newborn.
- Safe housing.
- A POSC if the parent is employed or in school.
- A list of phone numbers and contacts for the parent to call, including:
  — Emergency care for the newborn.
  — Help with parenting issues.
  — Help during a crisis.
- A referral for the parent to necessary services, e.g., local chemical dependency professional, substance abuse assessment/treatment, or mental health assessment/treatment.
- A referral to other resources that may be of support, e.g. First Steps, Safe Babies Safe Moms (CPS clients are a priority population), Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.

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

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

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

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

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

Current Practice

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

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

Proposed Changes

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

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

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

CAPTA Review Hearings

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

Washington State Citizen Review Panel (CRP) Reports

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

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

Tribal Policy Advisory Subcommittee CAPTA Citizen Review Panel
Purpose

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

Main Area of Focus and Recommendations

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

2. **Have good disaggregated data and strong data collection in general to show what is and is not working.**
   Requested data is typically reviewed during TPAC meetings and at the ICW bimonthly meetings. Develop a data dashboard that is disaggregated by race and is put on the tribal relations website. This will lead to an increase in direct solutions to systemic issues that are revealed.

3. **Break down the silos within the DCYF system to create a mutual understanding.**
   Break down the silos between programs. Tribes and RAIOs have worked with the State child welfare, early learning and juvenile rehabilitation systems for decades. Often, not all agency program representation are at the same table. Tribes and RAIOs have found that many services within an agency are incongruence with one another or overlap. Furthermore, the silo system perpetuates a lack of communication between those programs and services.

4. **Value institutional knowledge of tribal culture and values.**
   Value institutional knowledge. It was very important to the tribes and RAIOs that the decades of institutional knowledge not be lost. This includes the high value that tribes and RAIOs place on respect for tribal culture and values (i.e. recognition of tribal sovereignty, recognition of Memoranda of Agreement, recognition of Federal-Indian history in regards to the Indian Child Welfare Act of 1978, the importance in-person meetings and visits between tribal and state representatives, etc.).

   Create the group equivalent to the dismantled Washington State Racial Disproportionality Advisory Committee (WSRDAC) and have tribal representation as part of the core group. The group would also like a tribal representative to be a part of the statewide CRP group.

5. **Continue to equitably maintain funding among all tribes.**
   In 2020, the Greer/ZJG Supreme Court ruling established that a court has a "reason to know" that a child is an Indian child when any participant in the proceeding indicates that the child has tribal heritage. However, funding to make this change was never included in the budget and needs to be included in a decision package for next year's budget.

   Provide a list of payments tribes are eligible for and guide to obtain those payments.

6. **Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38), and the Centennial Accord, as well as have an understanding of Memoranda of Understanding and DCYF Administrative Policy 10.03 plans.**
   A new ICW manual is expected to be implemented by the fall of 2021 and the panel would like the commitment of DCYF to revise and train all staff as to this manual, for workers to be trained as to government to government and MOU's. Invite tribal representatives to assist in creating training curriculum for DCYF social workers and other staff.

7. **DCYF regional structure and planning must include the perspective and voice of tribal relationship and communication structures. The structure intersects with the DCYF tribal liaison structure.**
   Access to services are good in many areas, but are still lacking in rural areas. For example, rural tribes such as Makah, Hoh and Quinault have a tougher time accessing services when the main offices or contracted

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

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

Summary of Recommendations for CY2021

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

Citizen Review Panel Members

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

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

DCYF Response to 2021 APSR Recommendations

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

Tribal Policy Advisory Subcommittee CAPTA Citizen Review Panel	
Recommendation 1	
Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38) and the Centennial Accord, as well as have an understanding of Memorandums of Understanding and DCYF Administrative Policy Chapter 10 Tribal Relations.	
DCYF Response	The 2021 Indigenous Children, Youth and Families Conference was held for three days and offered over 50 sessions that are directly related to Indian Child Welfare. We were honored to have over 250 in attendance that included Tribal Staff, DCYF Staff, Court Staff, Educators, Caregivers, AOC, AAG, DOC, DSHS, OPD, Children's Attorneys, CASA, GAL, LICWAC Members, Community Partners, Parents, Alumni, Youth, and Private Agencies.
	The sessions included topics like: Develop understanding of each other's roles • Address system issues • Share ideas for enhancements • DCYF Leadership welcome • Engaging and Empowering Youth • Human Trafficking/CSEC • Food Sovereignty • Partnering • Plant Teachings • Permanency Staffing • Two Spirit & LGBTQ+ • Plan of Safe Care • Learning Stories to Dismantle White Supremacy • Dr. Anton Treuer • Edible School Yard and Tribal Connections • LICWACs • Interstate Compact • Strategic Planning • Yoga • Salish Immersion • Child Dev. and Impact of Trauma • Peer Support for Youth • Residential Custody Agreements • Families Upfront Assessment • Yakama Nations CASA Program • Indigenous Foods and Foodways in Early Learning • Lessons Learned • ICW Case Review • Rebuilding Traditional Values • DCYF; Intake 101 • Engaging Families • Leading Equity • Leadership Project • Puyallup Tribes Language Prog. • Early Achievers Tribal Pathways.
	The six regional consultants offer trainings for units, regions as well as individuals needing assistance with an Indian child welfare case. The Office of Tribal Relations collaborated with the Alliance for Child Welfare Excellence and National Indian Child Welfare Association (NICWA) offered three Qualified Expert Witness trainings. In addition, we have offered Active Efforts training to staff.
Recommendation 2	
Tribal and DCYF leaders must work to have services be fully informed and guided by native people's voices, by the understanding of the existence and impact of historical trauma and by the recognition and value of the unique cultural strengths of each of the sovereign nations across the state.	
DCYF Response	Quarterly Tribal Policy Advisory Committee (TPAC) meetings are held to discuss updates in Child Welfare, Early Childhood Education and Assistance Program (ECEAP) Oversight Board and leaders, Integrated Strategic Plan and Racial Equity, Legislative Impacts, Communication and Tribal Land Acknowledgements, Funding Sources and Resources and the Co-Design Team. There are delegates from the following tribes: Colville, Kalispel, Nooksack and Puyallup.
	While hiring DCYF staff, we involve tribal members to be a part of the interview process and value their opinions.
	Sharing our data is important part of the Office of Tribal Relations. Data is shared with internal and external workgroups.
Recommendation 3	
DCYF regional structures and planning need to include the voice and perspective of the tribal relationship and communication structures. This structure intersects with the DCYF tribal.	
DCYF Response	An ICW case review was held in regions 1, 3, and 4 with best practices highlighted as well as tips for improvements specific to each of the regions under review. Four tip sheets were created that

included: Native American Inquiry Request (NAIR) form, Flow of a Case, Bureau of Indian Affairs (BIA) and Active Efforts. DCYF actively involved the tribes regarding feedback and open communication while making these tip sheets used for staff.

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

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

Children, Youth, and Family Services CAPTA Citizen Review Panel

Purpose

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

Main Areas of Focus

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

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

Process

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

Action by the Citizen Review Panel

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

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

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

Continued Barriers and Progress Made towards Communication with DCYF

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

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

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

Recommendations for Calendar Year 2021
The CRP made the following recommendations to the Washington State Department of Children, Youth, and Families:

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

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

- Document Best Interest Determinations including decision on school placement
- Document school changes in relation to placement changes
- Invite and include youth and parents in best interest determinations

2. Provide mandatory training to social workers, supervisors, area administrators, and caregivers in partnership with OSPI regarding federal and state requirements for educational stability.

3. Expand capacity at the regional level for DCYF educational leads to have the time to focus on education to improve educational outcomes and determinations.

4. Partner with OSPI and individual school districts, specifically utilizing SB 5184 foster care points of contact in each school, to remove barriers to parents being an integral part of their children's educational experience.

5. Partner with Parents for Parents, the courts, the AG's, OPD, AOC, OCLA and other partners to remove barriers and encourage parents to be an integral part of their children's educational experience.

6. Add an education representative to the DCYF Oversight Board.

Data

1. Include external stakeholders in the ongoing development of CCWIS around deciding what data points need to be collected and make these the priority. The group recommends a review of what is statutorily mandated as a starting point. Examples include incarcerated parents, family time, disproportionality and educational outcomes.

2. Develop an Education Dashboard that includes (but not limited to)
- Percentage of children in care who change schools as a result of a placement change
- Number of best interest determinations with resulting school placement
- Number of children who remained in school of origin after being placed outside of the school boundaries
- Percentage of children, both in care and those who remain in the home, who have been referred to Early Learning Services and out of those how many are receiving Early Learning Services
- Percentage of children in care with education liaisons
- Number of youth in JR institutional setting and number of youth that age out or declined into DOC
- Graduation rates and testing scores of children in foster care
- School discipline rates of children in foster care
- All data should be disaggregated by race and ethnicity

3. In order to capture a better idea of how race and ethnicity affect child welfare, data should be collected at each decision point DCYF is involved in. This includes but is not limited to the race/ethnicity of children, parents, caregivers, DCYF workforce and reporting parties.

Infants Born Substance Exposed or Affected

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

1. Update policy that creates a presumption that infants born substance exposed or affected remain with parent. If the Safety Framework indicates the infant is unsafe with the biological parent, including fathers, active efforts should be utilized to ensure that every single effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model.

2. Pursue additional legislation to remove language such as "substance abuse as a contributing factor... shall be given great weight". See RCW 26.44. 195. This language perpetrates biases for parents who have

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

3. Update policy for DCYF and the Attorney General's Office (AGO) to make clear that when a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian or custodian capable of adequately caring for the child. In these situations, a B dependency should not be filed, as there cannot be abuse or neglect of the infant prior to birth. This is consistent with DCYF's discontinuation of findings on children prior to their birth.

4. The group recommends that DCYF leadership convene a meeting with leadership at the Governor's Office and Statewide representatives of Hospitals to develop clear and consistent statewide policies for hospitals regarding testing for substances during the birthing process. The race equity analysis tool should be used during the development and approval of these policies. This should reduce racial biases and begin to create equity, in turn reducing disproportionality in the child welfare system and minimizing family trauma.

Future Plans

The panel met in April and May of 2020 to develop next year's areas of focus. The focus for 2021 will be:
- Reducing overall removals of children and placement into foster care (with a focus on the following):
  — Safety planning /services in order to prevent removals. Looking into short term stayer data. Availability of in-home services/supports and needs identified by parents.
  — Reducing racial disproportionality in removals/placements into foster care.
  — Evaluating strategies - specifically race blind removal procedures designed to reduce disproportionality.
  — Reviewing Mandatory Reporter laws/training/alternative solutions to getting families assistance.
  — Alternative pathways for care of children of incarcerated parents - for otherwise fit parents who are currently unavailable due to incarceration.
- Evaluating the availability of Substance Use Disorder (SUD) resources in WA and addressing the unmet need.
- Continue to follow up with DCYF on the following:
  — Educational needs of children in care and recommendations from 2020.
  — Plan of Safe Care and other work being done with families who have children born substance exposed/affected.

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

Jacob D'Annunzio, Office of Public Defense – **Chair**
Byron Mannering, Director of Brigid Collins, Family Support Center, Bellingham
Alise Morrissey, Children's Home Society of Washington
Ryan Kiely, Excelsior Youth Center, Spokane
Annie Blackledge, The Mockingbird Society, Seattle
Jason Bragg, Parent Mentor/Ally
Peggy Carlson, Office of Superintendent of Public Instruction
Laurie Lippold, Partners for Our Children, Seattle
Ron Murphy, Casey Family Programs, Seattle
Ryan Murrey, Washington Court Appointed Special Advocates for Children
Jill Malat, Office of Civil Legal Aid

Kelly Warner-King, Administrative Office of the Courts

DCYF Response to 2021 APSR Recommendations

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

Children, Youth and Family Services CAPTA Citizen Review Panel	
Recommendation 1	
1. **Communication and Collaboration between DCYF and the Statewide CRP** • Meet with the Director of Child Welfare Programs and the Assistant Secretary of Child Welfare Field Operations or the Deputy Secretary of Programs for Children and Families 3 times a year, preferably during the April and August meetings and one additional CRP meeting. This will increase communication and collaboration and will give the team the ability to talk to leadership prior to making recommendations and clarify any questions during the DCYF response time. • Create a space for the CRP's to present their work and recommendations to the DCYF Oversight Board annually. • Request that DCYF leadership respond to the CRP recommendations by August 31st yearly. • Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare programs outcomes. This also helps the CRP and DCYF meet CAPTA requirements. • Facilitate a meeting between the three CRP groups once a year to increase communication and reduce replication.	
DCYF Response	DCYF has agreed to the following: • The Director of Child Welfare Programs and the Assistant Secretary of Child Welfare Field Operations have committed to meeting with the statewide CRP quarterly and have followed through on this commitment. • Responding to the CRP's by September 30th of each year. This will allow enough time for any clarifying questions to the CRP's regarding the recommendations to DCYF and thoughtful responses to the panels. • Sending two CRP members from each panel to the National CRP Conference. In 2021, due to the COVID-19 pandemic, the conference was held virtually and was available to all members. • Continuing to attempt to facilitate a meeting between the three CRP groups yearly.
Recommendation 2	
2. **Infants Born Substance Exposed or Affected.** • Update policy that creates a presumption that infants born substance exposed or affected remain home. If the Safety Framework indicates the infant is unsafe in the home, active efforts should be utilized to ensure that every single effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model. • Pursue additional legislation to remove language such "substance abuse as a contributing factor… shall be given great weight". See RCW 26.44. 195. This language perpetrates biases for parents who have substance abuse disorders. Other risk factors such as severe mental health issues and lack of bonding can be just as dangerous to infants as substance abuse. • Continue the Plan of Safe Care ITDA workgroup that many of the members are participating in. This workgroup focuses on expanding Plans of Safe Care across disciplines to keep infants safely at home. Ensure that a well thought out implementation for the field is created and executed and provide an update from the Plan of Safe Care workgroup on a regular basis. • Update policy to indicate that if a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian or custodian capable of adequately caring for the child. In these situations, a B dependency should	

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

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

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

Recommendation 3

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

DCYF Response	DCYF recognizes the need to address racial inequities. DCYF is moving forward with plans to strengthening the CRP process and structure to include a focus on racial inequities.

Region 2 Washington State CAPTA Citizen Review Panel

Purpose

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

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

Main Area of Focus

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

Committee Findings

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

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

Areas of Focus:
The group determined areas of focus for this coming year with disproportionality and promoting social justice and racial equity as an overarching goal. This includes:
- Tribal voice regarding native youth and families impacted by substance use and other needs.
- Development of interventions including Plan of Safe Care with pregnant and parenting families impacted by substance use.
- Looking at the socioeconomic needs of families due to the COVID-19 pandemic. Increasing how we meet basic needs of families and unaccompanied youth in Region 2.

Recommendations for CY2021

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

Citizen Review Panel Members

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

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

DCYF Response to 2021 APSR Recommendations

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

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

Additional Attachments

- Attachment B - Washington State Foster and Adoptive Parent Diligent Recruitment Plan, 2022 APSR Updates
- Attachment C - Washington State Health Care Oversight and Coordination Plan, 2022 APSR Updates
- Attachment D - Washington State Annual Reporting of Education and Training Vouchers Awarded
- Attachment E - Washington State FY2022 Emergency Operations Plan
- Attachment F - Washington State FY2022 Training Plan
- Attachment G - Washington State Adoption Call to Action Plan, as of April 15, 2021
- Attachment H - Washington State FY2016 – FY2020 NYTD Data Snapshot
- Attachment I – Washington State FY2022 CFS-101 Forms Part I,II and III in Excel
- Attachment J – Washington State FY2022 Signed CFS-101 Forms Part I, II and II in PDF

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN, 2022 APSR UPDATES

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: June 2019 | Revised Date: June 2021

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Washington State Foster and Adoptive Parent Diligent Recruitment Plan

Introduction

In partnership with our recruitment and retention contractors, Northwest Resource Associates (NWRA), DCYFs Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence (the Alliance), and Washington's many child placing agencies and tribes, DCYF endeavors to continuously strengthen, improve, and diversify recruitment efforts to identify potential foster and adoptive families. Under DCYFs Policy 5100. Applying as a Foster Parent or Unlicensed Caregiver, DCYF is prohibited from denying any person the opportunity to become a 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 community-based agencies and individuals committed to diverse caregiver recruitment and support including DCYF staff, tribal partners, child placing agencies, caregivers, representatives from racially and ethnically diverse community groups, and faith communities.

For the past several years, approximately 35 unique RDS teams, composed of both internal and external community partners, were facilitated by DCYF staff across the state. As with many resource-constrained programs, the model and structure of RDS changed over time and by locale.

In May 2020, a project team was created to address structural and functional challenges related to RDS. The team included representatives from Child Welfare Field Operations, Licensing Division (LD), and Community Engagement and was led by the Administrator of DCYF's Organizational Change Management Office (OCMO). The project team collaborated to further evaluate the work of RDS and develop a new framework and statewide approach to guide the work moving forward.

The project team concluded that the original purpose and intent of RDS was still merited. In the fall of 2020, the project team provided recommendations to DCYF leadership with an updated framework that included a similar approach to the Annie E. Casey model, with recommendations for increased accountability, measurability, and standard approaches across the state. However, due to ongoing resource limitations and competing priorities, the project team was asked to provide a recommendation on a scaled-back approach to the work

With these considerations in mind, the project team created an alternative framework that reflected a structure achievable given DCYF's resource limitation.

The new body of work is named the **Recruitment and Retention Collaborative (RRC)**. RRC will maintain elements of the original RDS model; however, will shift to provide an advisory role and technical assistance for recruitment and retention; act as an independent sounding board for recruitment and retention planning and activities; inform planning and activities related to recruitment and retention; and enhance DCYF's relationship with regions and local communities.

RRC teams will be regionally based, meet quarterly, and be facilitated by DCYF staff.

The goals of RRC are to:
- Provide a platform to bring together DCYF and community partners to discuss ongoing needs, strategies and barriers to a data-driven approach for recruitment and retention.
- Recruit and retain a diverse pool of quality caregivers able to meet the child's specific needs, inclusive of ensuring connectivity and positive relationships with the child's kin and community and who reflect and support the child's ethnicity, culture and race.
- Enhance the community's awareness of placement needs for youth in their community and support available.

DCYF will launch the RRC model in July 2021.

New Caregiver Recruitment and Retention Program
In July 2020, DCYF planned to implement a new approach to caregiver recruitment and retention that included a hybrid model, with internal and external components including:
- Community-Focused Targeted Recruitment (DCYF direct service) to lead recruitment efforts unique to each community, implement recruitment strategies, and develop community partnerships to employ targeted recruitment approach.
- Caregiver Retention and Support Contract with community partner (Competitive Process) Caregiver support functions to include: support groups, assistance through the licensing process, caregiver peer mentoring, community-based resource development and sharing, Foster Intervention and Retention Support Team (FIRST).

Due to unforeseen impacts from the COVID-19 Pandemic, the program's relaunch was delayed. In October 2020, DCYF initiated hiring for 6 Targeted Recruitment Specialist (TRS) positions. In December 2020, DCYF was able to finalize the Caregiver Retention and Support Contract with the Alliance, which extends to June 30, 2022.

DCYF's Recruitment and Retention program goals are to:
- Increase recruitment of diverse, quality caregivers that can meet the needs of children placed in out-of-home care.
- Improve retention rates of caregivers by ensuring they receive timely support, access to resources and mentoring.
- Keep children within their community when placed in out-of-home care.

Recruitment Focus and Deliverables
- Increase racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.
- Increase caregivers who are and/or are affirming and supportive of LGBTQ+.
- Increase licensed homes for sibling groups of three or more children.
- Increase caregivers who are able to meet the needs of medically fragile children.
- Develop an existing pool of caregivers available to provide care for children with extensive emotional, behavioral and physical needs.
- Focus recruitment efforts on reducing the use of exceptional cost placements.

With the launch of the program, DCYF has created internal positions for recruitment. The TRS positions include one representative for each of the six regions. The role of the TRS is to capture and utilize data unique to the communities in which they serve to drive recruitment. The TRS build connections internally and externally to understand the needs of their region.

Retention and Support of Licensed Foster Parents, Adoptive and Kinship Caregivers
The Alliance launched the Caregiver Retention Education and Support (CaRES) Program in March 2021. The CaRES program includes the following:

- Management of prospective foster parent inquiries
- First Placement Support
- Peer Mentoring
- Robust Resources
- Ways to connect on social media
- Foster Intervention, Retention, and Support Team (FIRST)

New Recruitment Campaign Launched in May 2021

When looking at recruitment messaging, it needed to reinforce that permanency comes in various forms, and caregivers are part of that journey. Be the Way Home recognizes that caregivers provide an actual home for children in need while at the same time honoring that caregivers are instrumental in the outcomes for children in out-of-home care. Caregivers are at the heart of helping children find their way home, wherever that may end up being.

Through a collaborative process that included feedback from both internal and external groups, including parent and caregiver representatives and providers, DCYF landed on messaging that embraces the following concepts:

- Reunification is the first and primary goal for children who experience out-of-home care.
- There is a need for quality, diverse caregivers able to meet a child's short- or long-term needs.
- Caregivers, both licensed foster and kinship, are a valuable resource to parents and our agency as a whole.
- Caregivers are essential in helping children stay connected to parents, siblings, kin and community.
- DCYF aims to recruit and retain caregivers who can provide a safe, loving and a temporary home and who are ready to walk alongside and champion parents who are transforming their lives in an effort to reunify with their children.

Our newly developed campaign icon symbolizes these concepts with a pathway leading to the heart, enveloped by the home itself. Look for this icon on program materials.

Characteristics of Children and Youth Needing Foster and Adoptive Homes

Children and youth placed in out-of-home care come from different geographical areas and are diverse with varying ethnicity, race, socioeconomic status, gender, language, religion, and sexual orientation and gender identity. DCYF places children and youth in out-of-home care from birth to 18-years old and provides extended foster care placement and support for youth up to age 21. DCYF affirms the value of placing children and youth with kinship caregivers whenever it is safe and appropriate to do so. With that said, nearly half the

children and youth placed in out-of-home care are placed with a relative or person known to the child, youth, and/or family. In circumstances where this is not an option, children and youth are placed in licensed foster care. DCYF placement coordinators across the state work toward making every placement a match in terms of keeping siblings together, ensuring the home is culturally appropriate, and knowing that the caregiver has the skills needed to care for the child or youth. However, this does not always occur due to a lack of available caregivers and capacity and a limited amount of information known about the child or youth at the time of placement.

DCYF strives to increase the number of foster homes available to meet the physical, emotional and cultural needs of children and youth placed in out-of-home care. Efforts continue toward general, targeted, and child specific recruitment strategies to find quality caregivers. DCYF continues to look for ways to increase the pool of licensed foster homes who reflect the population of children and youth in care.

Race/Ethnicity of Children in Out-of-Home Care Compared to Race/Ethnicity of Licensed Caregivers	
American Indian/Alaskan Native (includes multi-racial AI/AN) Children	1,062
Foster Homes with AI/AN Caregiver	201
Hispanic Children	1,151
Foster Homes with Hispanic Caregiver	522
Black Children (includes Black-Multiracial)	1,277
Foster Homes with Black Caregiver	355
Total Children of Color	3,812
Total Foster Homes with a Caregiver of Color	1,239
Caregiver counts include State, CPA and Tribal homes.	
Data Source: Minority, Licensed Providers by Location and Type and Relative vs. Non-Relative, infoFamLink, January 1, 2021	

DCYF understands there is great disproportionately when looking at the race/ethnicity of children being placed in out-of-home care compared to the race/ethnicity of licensed foster parents. The goal is to have the licensed caregiver pool mirror the diversity of the children and families in which it serves. The TRS are currently developing strategies and ways to engage the community and bring an awareness to the need for diverse families.

Recruitment efforts are focused on developing our current pool of licensed foster parents in order to care for children and youth with extensive emotional, behavioral and physical needs. Children experiencing these significant needs require skilled caregiving, above and beyond what is typically required of a foster parent.

Strategies to Reach All Parts of the Community

To meet the need for adoptive and foster home placements, DCYF uses three recruitment strategies:

- **General recruitment** helps build public interest and awareness. Recruitment messages appeal to prospective families and their desire to make a difference for children and youth. This strategy encourages the development of communities that are responsive to the unique experiences of caregivers and children or youth in out-of-home care.
- **Targeted recruitment** uses data and demographics of the children and youth in out-of-home care to recruit resources specific to a need. This type of recruitment is culturally responsive and community based. Targeted recruitment may include marketing and communication efforts tailored and placed in specific venues. It can also include outreach to organizations that serve particular groups.
- **Child specific recruitment** focuses on recruitment of prospective families for specific children and youth in out-of-home care. Child specific recruitment may include the sharing of biographical sketches of children

or youth with specific foster parent groups, brief video vignettes of individual children or youth, or child and youth developed profiles shared with recruitment partners.

With the new shift in practice, DCYF plans on focusing the majority of energy and effort on targeted recruitment. Not only is this work culturally responsive and community based, by targeting specific individuals and geographical areas, DCYF can grow resources in areas that are in desperate need.
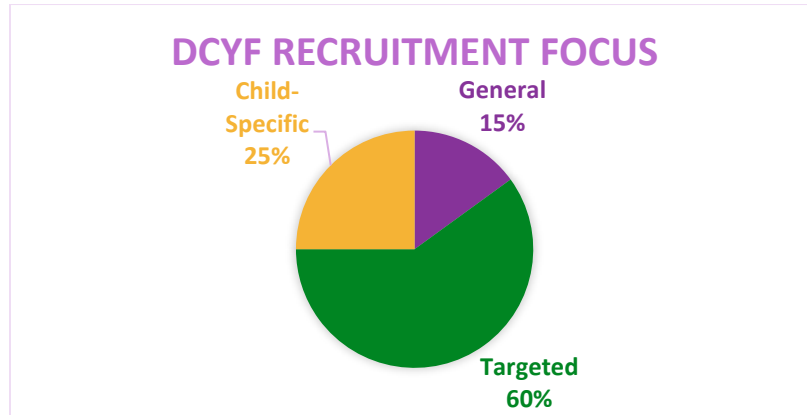
Recruitment Activities

With the new recruitment team, DCYF is creating foster care recruitment materials with the assistance of the Communications and Multi-Media departments. All materials need to be inclusive, affirming and connected to messaging—a need for quality, diverse caregivers. General recruitment strategies include creating an updated landing page and inquiry questionnaire on our DCYF website, which gains the majority of prospective foster parent inquiries at this time.

General Recruitment Flyer:

Example of inclusive, general recruitment information provided during virtual presentation:

Who can be a foster parent?

- Anyone 21 or older.
- Renters and homeowners.
- All genders are welcome.
- All sexual orientations are welcome.
- All education levels are welcome.
- All body types and abilities welcome.
- All are welcome to apply!

Targeted Recruitment Example:

Each region has a unique landscape, not only geographically, but culturally as well. There are overarching recruitment needs, but also region specific. The TRS team are utilizing available data sources in order to determine what those needs are. This includes reviewing information on caregiver demographics within a particular area, compared with that of child demographics.

TRS are utilizing the Caregiver Recruitment and Retention report for the main source of data. This report utilizes child and caregiver information as entered into the FamLink database. It pulls from multiple sources in order to provide a comprehensive list of information. There are four data sections:
- Licensed foster parent
- Child Placement
- Child Removal/Exit
- Licensing Division

There are two views for the report, one is internal that displays actual placement counts and cannot be shared externally without permission, and the other is external and able to be shared with child placing agencies and community partners. The report can be filtered by region, office, county, zip code and school district.

Licensed Foster Parent and Child Demographic Visualization Example, Region 2 for Calendar Year 2020:
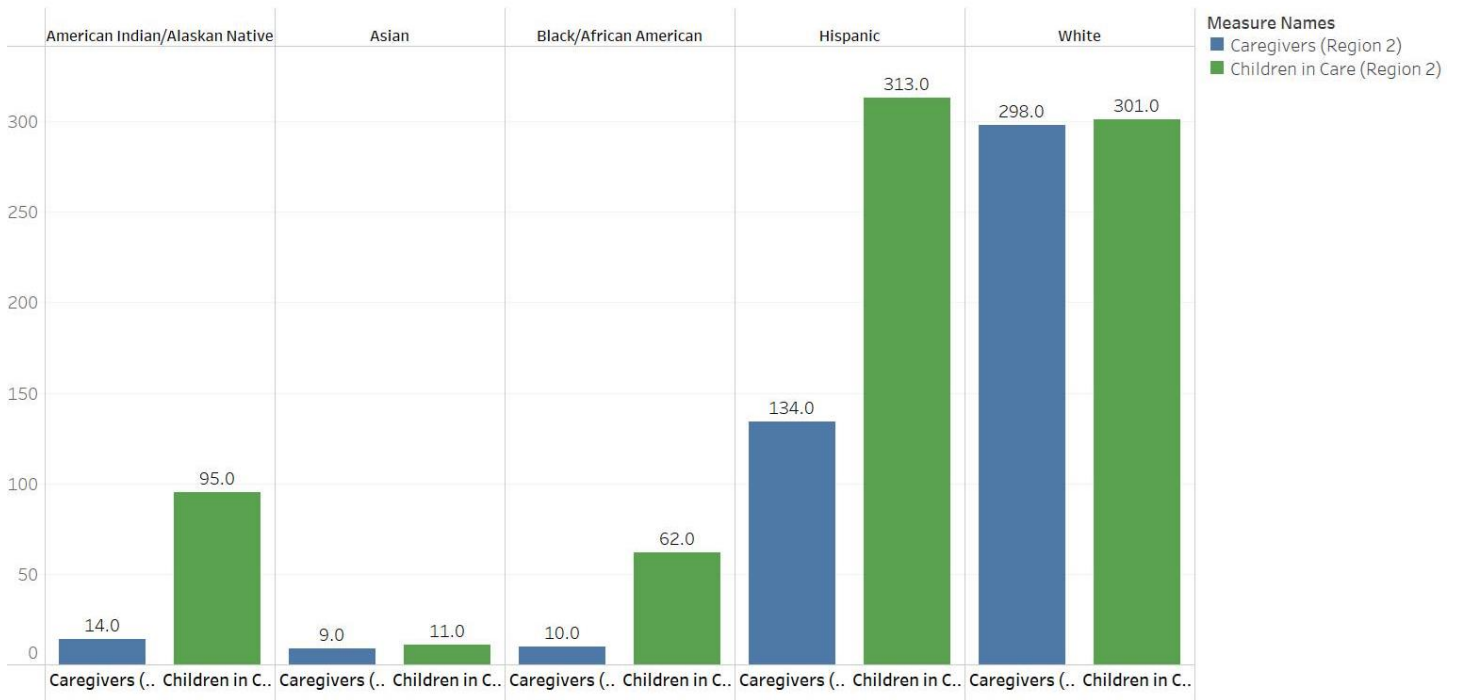
Examples of Caregiver Recruitment and Retention Report Visualization:

Placements by Age

Categories	Percent
(1) 0-5	43.1%
(2) 6-12	26.8%
(3) 13-18	20.7%
(4) 19+	9.5%
All	100.0%

Foster Homes by Minority Status

Categories	Count	Percent
No	3,610	74.0%
Yes	1,269	26.0%
All	4,879	100.0%
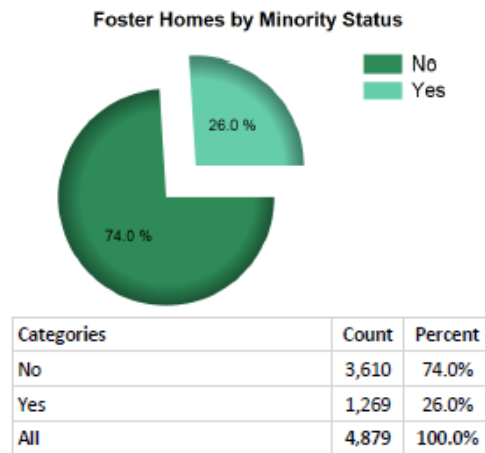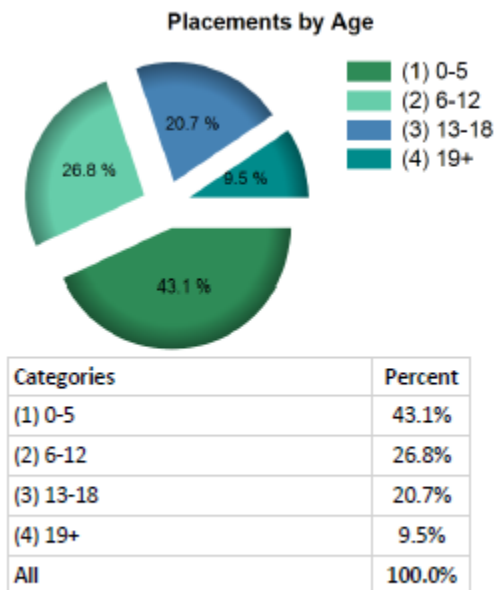
A review of the 2020 statewide Caregiver Recruitment and Retention report provided data on the high removal zip codes throughout the state. Each TRS has determined their high removal areas and are utilizing

this information to plan recruitment events and/or activities. In the next 12-18 months, the TRS will work to develop recruitment materials and implement region specific strategies.

Example of High Removal Zip Code Data for Region 6:
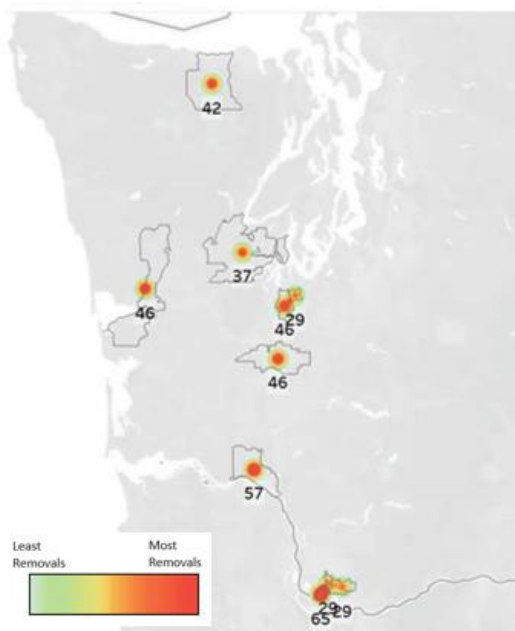
Region 6
Top 10 Removal Zip Codes

City and Zip Code	Count of Removals	City and Zip Code	Count of Removals
Vancouver 98661	65	Port Angeles 98362	42
Longview 98632	57	Shelton 98584	37
Centralia 98531	46	Lacey 98503	29
Olympia/ Tumwater 98501	46	Vancouver 98662	29
Aberdeen 98520	46	Vancouver 98682	29

Here are some examples of strategies the TRS have developed and are working to implement:

GOAL	STRATEGY
Racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	• American Indian/Alaska Native: — Salish School- reach out and connect with teachers and staff and provide presentations on the specific needs and disproportionality around Indian children. — Look for opportunities to engage with the community and build relationships with schools through regular outreach. — Partner with DCYF Tribal Liaison, attend 10.03 meetings, and hold tribal listening sessions quarterly. • Black/African American: — Connect with the Black Lens publication to promote the need for foster parents in the Black/African American Community. — Attend Juneteenth events in high removal zip codes, handout advertisement or coupons from restaurants with rack cards. — Mail rack cards/recruitment materials to Black/African American owned businesses in high removal areas asking them to display recruitment materials. — Host community back to school event for children placed in out-of-home care. The event would focus on Black/African American hair and skin care for children and youth. • Hispanic/Spanish Speaking Families:

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	— Establish a partnership with Yakima Diocese to assist in the promotion and recruitment of Hispanic caregivers. The Diocese is the overarching leader of all Catholic Parishes within Central Washington. They have a unique opportunity to assist in this endeavor due to their deep community roots and outreach potential within their Spanish congregation. — Contact local Spanish radio stations to seek partnership and sponsorship in possible air time for prerecorded recruitment ads targeted at the Hispanic audience. Radio entertainment is one of the main sources of communication mediums for this population and a great option to promote the need for caregivers. — Contact Hispanic Chamber of Commerce to establish a relationship as they serve the Latino community in this area and host a variety of events throughout the year specifically for Latinos. — Contact Spanish newspapers/magazines to seek advertisement sponsorship. La Voz Hispanic Newspaper serves over 400,000 Hispanic homes.
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	• Virtual booth at the LGBTQ+ Pride conference. • Consult with existing LGBTQ+ foster parents, and partner with them to raise awareness in the community. • Meet with disproportionality team to identify existing community partners. • Include LGBTQ+ community representatives at RRCs for input and to raise awareness in the community. • Consult with LGBTQ+ leads within DCYF. • Connection building - share flyers/recruitment materials through community partners, newsletters, social media etc. • In person recruitment events, presentations, have a presence at LGBTQ+ events, and make connections with community partners.
Homes licensed for three children or more (accommodate siblings).	• Connection building - identify high removal zip code areas for targeted population. Raise awareness in communities about need to keep siblings together & need for kinship care. • Share flyers/recruitment materials through community partners, newsletters, social media etc. • In person recruitment events, presentations in high removal areas and at schools. • Recruit families that are accustom to having large families (could include Mormon, Russian, Hispanic Families).
Caregivers who are able to meet the needs of medically fragile children.	• Target high removal area local and regional pediatric medical offices including pediatric specialized therapies. • Contact local parent groups of children with complex medical needs and/or disabilities

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	• Advocate for better tracking through Binti or other software program to track medically fragile youth and foster parents and match children and families based on specific needs (feeding tube, limited mobility etc.). • Community Volunteer Programs –tap into volunteer market in high zip code removal areas and areas that serve targeted populations of youth. Goal - target potential caregivers with time and desire to help other and give back to the community, raise awareness with community partners, and share information through their newsletters, and partner in recruitment events that align with the needs of the community/targeted population.
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	• Develop better ways to track licensed foster parents who are accepting higher needs children in order to gather further demographic/psychographic data to help aid recruitment. • Partner with CPA's who serve Behaviorl Rehabilitation Services (BRS) in recruitment efforts. • Connect with local community-based services providers who understand the needs of children experiencing extensive emotional, behavioral, and physical needs: — Sound Mental Health — Sea Mar — Cascade Behavioral Health — Naves — YWCA — United Way of King County — Seattle Children's Hospital — Valley Cities — YMCA — Boys and Girls Club — NAMI — Treehouse — Blue Compass Camps — Apex Summer Camp — Aspiring Youth Summer Camp • Partner with th Alliance and CPAs to encourage foster parents to engage in training specific to teens and youth with extensive emotional, behavioral needs. Involve BRS foster parents to mentor. • Public Service Announcement to target caregiver recruitment for teens with behavioral challenges. — Approach local media to share and share on social media. — Short video that relates teen behavior to trauma (shorter version of removed video)
Focus recruitment efforts on reducing	• Partner with local placement desk teams to understand the process for utilizing exceptional cost placements, what does this process look like,

the use of exceptional cost placements.	understand what additional support/resources are needed for caregivers to accept placement.

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- Interview licensed foster parents who are caring for children with extensive needs to understand what it takes, learn more from them around recruitment and retention needed.
- Create social media campaign to bring awareness to foster care crisis, use negative press of hotel stays to our advantage by outlining the need for placement for teens age 10-17 with exceptional needs. Include youth's voice.
  — Consult with Communications
  — Potentially include Passion to Action, foster care alumni or EFC youth as youth's voice.
- Specifically target recruitment efforts towards community-based organization who serve at-risk, high needs youth already:
  — 4C Coalition
  — Alpha Phi Alpha
  — Big Brothers Big Sisters
  — Breakfast Group
  — B.U.I.L.D
  — Treehouse
  — City Year
  — Young Queens
  — Glover Empower Mentoring
  — Mentoring Urban Students & Teens
  — Omega Psi Phi
  — 100 Black Men
  — Rainier Valley Leadership Academy
  — Team Issachar
  — Unleash the Brilliance
  — Seattle Youth Violence Prevention Network
  — Art Corps
  — Atlantic Street Center

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Recruitment materials will be specifically created to express the need for diverse caregivers from all races/ethnicities. In addition, the material will have a specific call to action for caregivers able to meet the needs of children experiencing complex physical, mental, and behavioral health needs.

DCYF will express the importance of keeping children connected to their culture. Strong cultural identity contributes to higher levels of social well-being and education levels, better psychological adjustment and improved coping skills, lower rates of depression, anxiety, isolation, and other mental health challenges. Family connections are critical to children's healthy development, sense of belonging, and preserve children's cultural identity and relationship to their community.

Example of Virtual Recruitment Presentation for Moses Lake, Washington:

Keep children connected to their culture

We need caregivers that reflect the racial, ethnic, and cultural backgrounds of the children and youth who experience foster care.

- 4.48 American Indian/Alaskan Native identified youth in care to 1 American Indian/Alaskan Native identified home

- 1.55 Asian identified youth in care to 1 Asian identified home

- 2.91 Black/African American identified youth in care to 1 Black/African American identified home

- 1.94 Hispanic/Latinx youth in care to 1 Hispanic/Latinx identified home

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Data source: InfoFamlink Caregiver Recruitment and Retention Report, Region 1, Dates (May 21st, 2020 to May 21st, 2021)

Child-Specific Recruitment:

See timely search for adoptive families below for additional information/updates.

Statewide Information Recruitment Center (SRIC)

A key data source to track prospective foster parent characteristics is through the SRIC. The SRIC Data Tracker has been a contracted service through NWRA since 2009. This system tracks prospective foster parents who inquire about becoming a foster parent via an online inquiry form or from individuals or families who call the state's recruitment phone line at 1-888-KIDS-414.

The contract with NWRA was extended to December 31, 2021. LD will be implementing a new online provided portal (Binti) that will also be an inquiry management system. At this time, DCYF does not plan on renewing the SRIC contract as it currently stands. DCYF is exploring the option of having an additional recruitment tool to manage the high volume of prospective foster parent inquiries that are not ready to initiate the licensing process in Binti, but want additional information about becoming a caregiver.

Data available from the SRIC includes:
- 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 AdoptUS kids.
- Race/ethnicity, 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.

Original Date: June 2019 | Revised Date: June 2021

- 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.
- Follow up contacts made with each individual prospective family.
- Group contacts made by the recruiter or liaison.
- Bulk email messaging to all prospective families and active families in the system.

DCYF has established an Adoption Call to Action core group to develop new strategies to achieve timely permanency for children and youth in out-of-home care who are waiting to be adopted. The contracted provider for the SRIC is a member of the Call to Action core group and runs NWAE. Increased resources are being explored to continue work with NWAE to enhance current programs for child-specific recruitment that are youth driven and showing positive results. Please see Adoption Call to Action plan in the 2022 APSR for more information.

Dissemination of Information Regarding Becoming a Foster and Adoptive Parent

DCYF's recruitment staff plan to utilize a variety of methods in order to disseminate information on becoming a licensed foster or adoptive parent. These methods include:
- Social Media - Facebook, Twitter, Instagram, YouTube, sharing advertisements through online Community Boards, Peach Jar (an online digital distribution system for school districts).
- US Postal Mail – post card project, sending recruitment materials and swag kits to community organizations, cultural centers, and businesses.
- Electronic Delivery (E-mail, List servs) - Utilizing contact information provided by prospective foster parents to send encouraging emails to "keep the lead warm", Caregiver Connection list serv:
  — Foster, Adoptive, and Kinship Caregiver Information (8,816)
  — Relative/Kinship Providers (2,519)
  — Licensed Caregivers (5,233)
  — Prospective Caregivers (738)

DCYF continues statewide monthly adoption consortium meetings which were initiated in June 2016. Consortiums are an opportunity for adoption workers, Child and Family Welfare Services (CFWS) workers, LD workers, Guardians ad Litem/Court Appointed Special Advocates (CASA), private agency workers, contracted recruiters and families to present information on children and youth who need 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 residing outside the state of Washington. Due to the COVID-19 pandemic and related restrictions, DCYF was unable to hold an in-person consortium. These events are one to two days in length and provide an opportunities for presentations of children, youth, and families and cross-training for attendees. Training topics included permanency considerations, team building and best practice ideas when assessing families for placement.

To target adoption homes for children, DCYF contracts with NWAE to provide recruitment strategies for legally free children in need of permanent homes. Between January and December 2020, there were 90 children registered on Washington Adoption Resource Exchange (WARE) and a total of 227 children served. Of those children served, 69 have a placed status for recruitment purposes, indicating that they have physically moved into their home of choice. Additionally, of those children served:

- 68.7% were ages 12 or older
- 50.7% were minority youth
- 65.2% were males
- 33.0% were females
- 5.5% identified as transgender
- 1.8% identified as non-binary

In addition, NWAE maintains Wednesday's Child, which provide child or youth specific recruitment videos produced by NWAE and accessible to the public. These videos help maintain the community's awareness about children and youth needing an adoptive family as well as serve as a child or youth specific recruitment tool.

The DCYF website is another avenue for individuals interested in learning more about becoming a foster or adoptive parent. DCYF has a page designated for Foster Parenting & Kinship Care, which a direct link to "Become a Foster Parent". The website provides information specific to the licensing process, training requirements, and an option to complete online orientation. Contact information is provided for each identified regional LD contact to field questions and/or concerns about becoming licensed. In addition, links are provided to access the recruitment contractors for additional support and the Alliance to sign up for training. DCYFs pages on "Become a Foster Parent" and Foster Parent Training are all within the top ten most visited sites on DCYFs internet pages as of February 2019.

DCYF was created as of July 1, 2018 in accordance with House Bill 1661 signed into law on July 6, 2017. DCYF has restructured how the state serves at-risk children and youth with the goal of producing better outcomes for children, youth and families in all Washington communities. DCYF includes former Children's Administration (CA), Juvenile Rehabilitation (JR) and Department of Early Learning. A benefit of this new agency as it relates to recruitment and retention efforts is that DCYF has more resources to share information with the addition of a full, dedicated communications team.

Assuring Prospective Foster and Adoptive Parents Have Access to Licensing Agencies

DCYF has a vested interest in obtaining quality caregivers to provide for children and youth placed in out-of-home care who have experienced child abuse, neglect and trauma. There are two pathways in which an individual can become a licensed foster parent. The first is by applying through LD; and the second is by applying through a private Child Placing Agency (CPA) to be certified and then issued a license by the state's LD office.

- State Licensing:
  — Work directly with local Licensing Division.
  — Foster families make placement decisions independently.
  — Foster parents work directly with DCYF staff.
  — Self-advocate for specific needs and resources.
  — Support provided under statewide contract, CaRES Program.
- Child Placing Agency (CPA):
  — Work directly with a local private agency.
  — CPA coordinates placement decisions.
  — CPA provides advocacy for family and child needs and resources.
  — Services provided or coordinated by agency.

— Families receive individualized support and case management.

There is a strong presence of CPAs throughout the state, accounting for approximately 35% of all licensed foster homes. There are many agencies available to individuals interested in becoming licensed; all are encouraged and supported. CPAs hold a license and contract with DCYF that outlines service expectations. Per their contract, "Foster parent recruitment activities shall take into consideration the diversity of the child population the Contractor serves. The Contractor shall engage in a variety of activities designed to recruit, train, support, and retain foster parents. The Contractor shall work cooperatively with DCYF on foster parent recruitment activities." DCYF continues to partner with CPAs across the state to recruit and retain licensed foster parents. This is a valuable partnership in which the TRS plan to continue developing within their new role.

In addition to holding the contract for the SRIC database, NWRA provides a comprehensive list of CPAs throughout the state via their website. The site also provides information on how to research a prospective CPA and determine what agency will be the best fit.

DCYF took part in a foster parent recruitment tool using a Foster Care Funding Collaborative Marketing strategy. This tool was developed by the Washington Association for Children and Families (WACF). This tool used marketing technology to track users through multiple web browsers. Individuals were provided a portal where they enter information and are asked to capture their family's motivation and ideal around foster care. The individual was then matched with three agencies (included DCYF as an option). Participating agencies were sent the prospective foster parent's information for an immediate follow up. There have been some changes to this program, in that WACF created an 8-part webinar to send prospective foster parents as a first step in the process, versus having CPA's individually contact leads right away. The goal is to help prospective foster parents learn more about fostering and have their questions answered before using CPA resources if an individual was not quite ready to begin the licensing process.

It is the role of the TRS to recruit for diverse, quality caregivers no matter which path to licensure they chose. DCYF is developing a comprehensive list of CPAs that can live on the website in order to provide prospective caregivers with current, accurate information on CPAs available and services offered. At initial inquiry and during orientation, individuals are provided information on CPAs in the area and the different tracks available for licensure.

In addition to finding general information on the Becoming a Foster Parent page, there are prompts to get more information:
- If you'd like **someone to email or call you about fostering**, complete the inquiry form and a member of the CaRES team will contact you within 2 business days.
- If you'd like to **talk to someone about fostering**, call 1-888-KIDS-414.
- If you'd like to read more information about fostering, check out our Becoming a Foster Parent FAQ or read the information below.

Completing the inquiry form connects to the SRIC database. Once an individual provides their contact information, geographical location, race/ethnicity, gender, age, type of care interested, what encouraged them to apply, and primary language, this information is logged in the database as a new record. CaRES is then responsible to provide initial contact and support through the licensing process. A CaRES team member is tasked to follow up within 2 business days. The CaRES team provides the individual with comprehensive

information as it relates to the licensing process, including information on how to access state and private licensing agencies. All individuals receive support; however, individuals from particular areas across the state and those who indicate an interest in general foster care/respite care are provided additional outreach per a developed engagement strategy.

- Inquiry Engagement Strategy:
  — Respond to each individual inquiry within 2 business days.
  — Individually call within five business days:
    o Prospective foster parents who want to provide general foster care or respite and who live in the top 25 zip codes with the highest removal rates
    o Kinship caregivers
  — Provide all prospective caregivers with more information about the licensing process.

Through a partnership with LD, prospective foster families learn about:
- Children and youth who enter out-of-home 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 Caregiver Core Training (CCT).
- Opportunities for direct contact with DCYF contracted and partner agencies and experienced foster parents during the CCT field experience.
- Ongoing support from CaRES when questions arise regarding training, applications, home studies, and licensure process.

Training for prospective and existing foster and adoptive families is available through the Alliance. The Alliance is a comprehensive statewide partnership developed with the University of Washington School of Social Work (UW), the University of Washington Tacoma (UWT), Eastern Washington University (EWU), DCYF and Partners for our Children (P4C) through UW. The Alliance partnership delivers training for DCYF staff as well as caregivers. Cultural competency is a foundational part of the curriculum. DCYF staff, prospective and existing caregivers receive cultural awareness and competency training in the core curriculum.

During the pandemic, all in-person CCT offerings ceased. Prior to the pandemic, the 24-hour CCT curriculum provided to prospective foster families was available in all regions and many communities across the state. A variety of training times and locations, including days, evenings, and weekends, was available to allow prospective foster families access to classes.

Since September 2, 2018, the Alliance has provided an online version of CCT which is a self-paced, eLearning experience. The same content offered in the classroom is now available and can be completed anytime or anywhere there is an internet connection. Powerful, natural voices of youth, caregivers, and birth parents give participants real life perspectives and strategies. Individuals completing the online version are required to participate in one field activity to complete the course. The field activities cover a broad range of items. Examples of field activities include attending a local support group or dependency court hearing, volunteering at a fostering event, or having a one on one meeting with an experienced foster parent. Field activities are coordinated and facilitated by the assigned Alliance trainer. After an individual completes the 8 sessions on-line, they receive a coaching session with an Alliance trainer where they have the ability to ask and have questions answered. LD staff and other stakeholders participated in the development of the online curriculum.

The Alliance is collaborating with P4C to evaluate the content and provide feedback on this modality in comparison to the classroom version. Popularity for the online version of CCT continues to grow.

Online Caregiver Core Training (CCT) is the only option to complete pre-service at this time due to COVID-19.

Caregiver Core Pre-Service Training Utilization Rates	
Quarter 1 July-September 2020	
CCT Classroom	0*
CCT Online	432
Quarter 2 October-December 2020	
CCT Classroom	0*
CCT Online	421
Quarter 3 January to March 2021	
CCT Classroom	0*
CCT Online	427
Capacitación Básica para Cuidadores (Spanish-language CCT) Online	3
Quarter 4: April—June 2021	
CCT Classroom	0*
CCT Online	526
*Due to COVID-19 pandemic Data Source: Alliance for Child Welfare Workforce and Caregiver Training Quarterly Report Quarters 1 thru 4	

Due to the pandemic, DCYF waived the in-person requirement for providers or caregivers who are needing to complete or become re-certified in First Aid/CPR training. All providers and caregivers needing this training are allowed to complete an online course. Any online course that providers take during this interim must be nationally certified, such as the American Red Cross, American Heart Association or American Safety and Health Institute. There will be follow up with providers and caregivers to complete the hands-on component when it is safe to do so.

DCYF initiated contracts with four private agencies who will assist in the writing of adoption-only home studies for families interested in a specific population. This population includes adopting children and youth age 6-17, sibling groups, and children and youth with mental health and behavioral issues. These contracts were launched in March 2021 after negotiation with the union and are approved to refer no more than 40 homes per year to one of the private agencies. As of May 18, 2021, there are a total of 6 home studies in process with only one home study completed.

Staff Training to Work with Diverse Communities

DCYF partners with the Alliance to provide training to staff, tribal members, and caregivers across the state. All new DCYF employees are required to participate in Regional Core Training (RCT) in order to prepare social service specialists with the basic knowledge, skills, and understanding to begin their careers in public child welfare. RCT is a comprehensive training and coaching program containing multiple sessions which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals. Woven throughout RCT are several critical concepts, integral to best practice in child welfare, and designed to maximize learning within context and with relevancy to the work:

- Child safety, permanency, and well-being
- Critical thinking

- Trauma-informed practice
- Disproportionality and racial equity in child welfare
- Cultural competency/cultural humility
- Reflection and recognizing bias
- Documentation skills in FamLink
- Program specific job skills

DCYF staff receive continuous education through the Alliance which provides frequent, accessible in-person and online training based on relevant and current curriculum. In particular, staff are highly encouraged to participate in Racial Microaggressions: Developing Cross Cultural Communication Skills. This seven-hour course is intended to have participants leave the training with a common language and understanding of what is meant by cultural competence and the work they need to do to grow their ability to effectively engage across cultures, an understanding of racial microaggressions and why they are problematic, and an increased ability to have courageous conversation about difference and to effectively engage racial tension.

LD staff who conduct home study assessments to assess for character, suitability and permanency participate in an additional training course entitled Licensing Track Week. This training provides program specific guidance and illustration, and is facilitated by LD staff. In addition to learning the home study guide and assessment tools, there is specific information related to cultural, racial and socio-economic variations that should be taken into consideration when working within each family. LD staff also receive comprehensive training on LGBTQ+ populations and best practice approaches when assessing caregivers.

Alliance CaRES is responsible for providing both new staff training on Cultural Competence and Caring for LGBTQ+ Youth. CaRES is to conduct annual trainings on cultural competence in order to support foster parents and kinship caregivers. In addition, the Caring for LGBTQ+ Youth training is also conducted annually so staff can educate families about caring for LGBTQ+ youth.

Strategies for Dealing with Linguistic Barriers

DCYF policy requires that staff are to provide Limited English Proficiency (LEP) clients access to DCYF programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively. All form and publications for DCYF are provided in various languages. If there is a specific language in which a form is not translated, DCYF will work diligently to submit the request and provide services in the requested language as soon as possible.

During the home study and licensing process, DCYF offers interpretive services at no cost. In addition, LD has several staff members statewide who are certified to interpret in various languages. DCYF staff are required to document LEP clients and services offered to alleviate any communication barriers. The SRIC database captures the primary language of prospective foster parents and provides this information to the respective contractors. In addition, the NWRA has a Spanish speaking staff to cover telephonic inquiry request with Spanish speaking individuals.

CaRES is responsible for providing appropriate, accessible and culturally relevant services to clients and their families. Service delivery must be culturally competent and responsive to each client's cultural beliefs and values, ethnic norms, language needs, and individual differences. It is encouraged that both programs employ a diverse workforce that reflects the diversity of their clientele and the community. LEP clients are provided

with a certified or otherwise qualified interpreter and translated document. Deaf, deaf-blind, or hard of hearing clients are provided a certified sign language interpreter if needed. These services are provided at no cost to the client.

1) Non-discriminatory fee structures

DCYF provides services to all clients at no charge. An individual has access to training, required documents, recruitment materials, a home study assessment, and placement of children and youth with no out-of-pocket expenses. At times there are additional costs for an individual seeking foster care licensure. These costs can include funds spent to prepare the home to meet the minimum licensing requirements (obtaining a fire extinguisher, emergency escape ladder, first aid kit, etc.), fees associated with the required medical physical and TB tests/Immunizations, and obtaining appropriate furniture/bedding. Financial assistance is available to kinship caregivers who are getting licensed to assist in eliminating barriers.

Foster parents who are identified as the permanent placement resource for the child or youth placed in their home have the ability to adopt that child. There are fees associated with adoption through DCYF and the costs of adopting a child from foster care are typically kept to a minimum and adoptive families may be eligible for reimbursement. Incurred costs are generally limited to attorney fees and adoption home studies (if completed by someone other than DCYF). Foster families may apply for a non-recurring adoption expense reimbursement of adoption costs, the maximum reimbursable costs are $1,500.00 per child or youth.

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

Timely Search Efforts for Adoptive Placements

DCYF's Policy 4330.Adoption Process requires scheduling an Adoption Planning Review (APR) staffing within 30 calendar days of the decision to file a termination of parental rights petition or accept a relinquishment of parental rights. If a child or youth who is not in a potential permanent placement, they must be registered with the Washington Adoption Resource Exchange (WARE) within five days of the APR staffing. The WARE resource is a password protected website and is only available to families residing in Washington State.

After a child or youth becomes legally free, recruitment efforts also include registration with NWAE, AdoptUSKids, WACAP Waiting Child, and other exchanges. DCYF contracts with Northwest Resources to manage NWAE, as well as, all exchange registrations for a legally free child and youth. Northwest Resources also provides photographers from across the state to take professional photos of the child or youth 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 statewide).

The understanding of recruitment efforts the exchanges can provide continue to be a barrier for caseworkers, adoption caseworkers and the general community. Due to the lack of general understanding of recruitment services available in Washington State, as well as how to access them, DCYF has created a publication called,

[“Child-Specific Recruitment Services in Washington State”](). This document is accessible to the community and staff through the DCYF internet page.

Additionally, NWAE and WWK have assisted by providing supplemental trainings to DCYF regarding services and how the services can increase timeliness to permanency. This supplemental training will continue to be offered to all of the DCYF offices.

For children and youth placed out-of-state who require contracted services and their permanent plan is adoption, DCYF has a Purchase of Services (POS) program. The program and contracts are negotiated and created by the statewide adoption program manager for consistency; funding for services comes from DCYF HQ budget. To apply for POS funds, caseworkers must present a copy of the shared planning meeting notes to support the transition and placement stability of the child. The meeting notes must identify that the matched family is able to meet the child's needs. The caseworker must also include a transition plan, a copy of the family's home study and a list of any necessary services the family and/or child needs to support transition and placement stability. Those agencies provide monthly health and safety visits, as well as, reports and adoption finalization services for a fee. The POS program can be used to address barriers to adoption finalization. These include counseling to stabilize the placement, completion of home studies and other supports in the adoptive home. Legally free children and youth in cross-jurisdiction placements with POS contract are tracked by the statewide adoption program manager. Monthly supervision reports are received and reviewed as continued assessment of the placement and safety and well-being of the child.

Additional statewide recruitment efforts to assist in the timely facilitation of adoptions include:

- In-Depth Youth Profile Services – Northwest Resources initiated youth engagement work and youth led in-depth profiles. The youth led in-depth profiles allows youth 12 years of age and older to make the decision on how the youth would like themselves presented for potential adoptive families. This includes the use of a variety of media sources such as participating in a podcast about him or herself, directing a video about who the youth is in the youth's own words, and written forms of information specifically directed and written by the youth.
- Wendy's Wonderful Kids (WWK) – specialized recruitment services that provides for an in-depth review of a youth's file as well as active searches for potential adoptive homes through the review of home studies. The deep dive into the youth's file is employed to identify potential natural supports who may have been previously contacted but were not available to be a resource, and/or to take a fresh look at prior relatives and/or suitable others previously vetted. In January 2021, DCYF and WWK began discussions about this service coming under the umbrella of DCYF rather than through a subcontractor. Logistical processes for this conversion are still in process of being developed.
- Statewide Adoption Consortium Meetings – monthly consortium meetings target legally free children and youth who are not in a permanent placement. Consortiums are an opportunity for adoption caseworkers, CFWS caseworkers, LD licensors, Guardians ad Litem, CASA, private agency workers, and families to present information on children and youth who need permanent homes and families with approved home studies who are awaiting placements. These are held via Zoom on the third Tuesday of the month. Only families who have an approved home study are allowed to participate.
- The Permanency from Day One (PFD1) grant - includes an Enhanced Youth Recruitment (EYR) strategy with two components to support timely adoption. This strategy was delayed due to contract freezes due to the COVID-19 pandemic; however, once the contract was able to be established with NWAE specific to this

strategy, a group was quickly convened. This group was split into two sub-committees who divided the work for the two components:

— Individualized Recruitment Plans - caseworkers will develop, revisit and update an individualized recruitment plan every three months with legally free children and youth that are not in an identified permanent home. This component is now called the Youth Engagement Permanency Plan (YEPP). This group included a youth who aged out after becoming legally free, a number of attorneys and GALs, and caseworkers from CFWS and adoptions. The forms have been completed and the group is now working on a guidebook and supportive training. The group estimates this component will be approved and implemented by the end of 2021.

— Reverse Matching Recruitment - youth-directed matching strategy where youth and a support person or persons will review adoptive family profiles. An initial virtual event occurred on April 30, 2021, and included youth from Regions 1 and 2. The event involved eight youth who were able to actively participate in separate rooms and were able to view video profiles completed by families willing to adopt youth within this age-range. Feedback from youth was positive, but potential permanency outcomes from this event are still in process.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN, 2022 APSR UPDATES

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Washington State Healthcare Oversight and Coordination Plan

Coordination and Collaboration of Health Care Services Plan

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

- Washington State Health Care Authority (HCA) – Washington's Medicaid state agency
  — Division of Behavioral Health and Recovery (DBHR)
- Coordinated Care of Washington – Medicaid Managed Care plan
- Department of Social and Health Services (DSHS)
  — Aging and Long-Term Support Administration (ALTSA)
  — Developmental Disabilities Administration (DDA)
- Washington State Department of Health (DOH)
- Community physicians
- Seattle Children's Hospital
- University of Washington (UW)
- Children's mental health specialists
- Passion 2 Action (P2A) – Foster youth and alumni advisory board to DCYF

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

Through workgroups and consultation with professional resources, the department continuously works to ensure that the well-being needs of children in care are met.

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

Department of Children, Youth, and Families – Division of Child Welfare Programs

Child Welfare Programs has dedicated program managers with responsibility for implementation and maintenance of statewide policy and programs related to the physical and behavioral health of children and youth under DCYF placement and care authority. The program managers coordinate and consult with internal and external stakeholders and system partners to assure that DCYF policy and programs support and improve the well-being outcomes of children served by DCYF. The program managers oversee:

- Screening and assessment
- Systems integration/behavioral health
- Service Array
- Therapeutic Foster Home (SAMSHA grant position hired in Spring 2020)
- Physical health
- Substance use disorder

The Division also includes four On-going Mental Health (OMH) screeners. These staff are specially trained, non-case carrying Social Service Specialists who re-administer behavioral health screening tools for children

that remain in out-of-home care longer than six months. OMH uses the same age-appropriate, validated screening tools used by the Child Health and Education Tracking (CHET) program when children initially enter care.

Health Care Authority – Foster Care Medical Team (FCMT)

The FCMT is a specialized unit of eligibility staff who initiate, monitor, and maintain Medicaid eligibility for children and youth in foster care, adoption support and youth who are in foster care on their eighteenth birthday who maintain Medicaid eligibility until they turn twenty-six.

The FCMT receives electronic notification from FamLink (SACWIS) when a child enters placement, moves, or is adopted. This automatic process ensures assignment to the correct Medicaid program and supports continuity of care for access to established and needed services.

The FCMT requests medical records for children who remain in foster care for forty-five days based on Medicaid billing data. FCMT uploads any records they receive into FamLink so the records are available to the child's caseworker.

Coordinated Care of Washington (CCW) - Apple Health Core Connections (AHCC)

AHCC is part of CCW's contract with HCA to provide a single, statewide, managed care plan for all eligible children and youth in foster care, adoption support, and extended foster care (including alumni of foster care until their twenty-sixth birthday). Overall, AHCC serves approximately 26,000 children, youth and young adults in this program.

AHCC reviews all newly enrolled children and youth to determine their level of need for care management services. AHCC employs registered nurses and behavioral health professionals to provide this service. A child with physical and behavioral health needs will receive care coordination for both.

DSHS – Aging and Long-Term Support Administration: Fostering Well-Being (FWB)

FWB unit was established in 2009 as part of DCYF's early efforts to implement the federal Fostering Connections Act of 2008. FWB is staffed with one unit manager, six part-time pediatricians, two registered nurses, and one outcome improvement specialist. When AHCC was implemented in April 2016, FWB retained wrap-around care coordination responsibilities for dependent children (ages 0 – 18) in the Apple Health fee for service program. The fee for service population of children and youth are either Tribal and must choose to enroll in managed care or undocumented children who are not eligible for federally funded Medicaid programs. Washington uses state funded dollars to support children who are not eligible for any federal Medicaid programs. Currently the fee for service population represents approximately 1500 children and youth in out-of-home care. FWB is able to review HCA's billing system, ProviderOne, to determine whether a tribal child is fee-for-service and/or has opted into a behavioral health organization or has been opted into managed care to determine eligibility for care coordination services. FWB also has access to ProviderOne's child specific claims data and prior authorization system and PRISM system billing data for all children in out-of-home placement, which provides in-depth information regarding the clinic name, treating provider's name and primary and secondary diagnosis the tribal child is being seen for.

In addition to care coordination, FWB provides:
- Consultation to caseworkers and caregivers from the six part-time pediatricians as Regional Medical Consultants (RMC) who have a regional presence.

- Clinical expertise for licensing and contracts monitoring of Behavior Rehabilitation Services (BRS) group homes and Medically Fragile group homes.
- Quality assurance review of Child Health and Education Tracking (CHET) screening reports for identification of medically fragile children.
- Referral of CHET screening reports to AHCC for children enrolled in the plan.
- Coordination of services not covered by AHCC, i.e. transportation and dental.

Transportation and dental are a carve out for managed care, unless the dental is emergent, in which case it would be covered by managed care under the health benefit services. FWB has a Service Level Agreement with HCA, which includes dental denials of service and prior authorizations as a resolution process for denials rather than going through the Administrative Hearing process. FWB works behind the scenes with the treating providers on HCA service/treatment denials to identify a less costly or alternative service that would be covered by Medicaid. FWB also receives referrals from managed care if the child is in need of dental services and there is anything needed beyond finding a dental provider for the child. FWB provides the appropriate provider that accepts Medicaid fee-for-services for the child's dental needs in their local area.

FWB provides care coordination for children in out-of-home placement that need transportation services through the HCA that are not covered by managed care. For example, if a child needs medical treatment out-of-state at the Children's Hospital of Philadelphia (CHOP) in Philadelphia, PA as the only surgeon available that can provide that surgery is there, FWB works with the HCA Transportation Program Managers to coordinate the medical flight. Another example, is if a child resides in eastern Washington but needs services at Mary Bridge Children's Hospital or Seattle Children's and cannot be transported by normal means of transportation with the foster parent and needs a medical ground transport for health and/or safety reasons, FWB coordinates with county transportation brokers contracted with HCA to provide the transportation.

HCA, AHCC and FWB are key partners and contributors with DCYF in Washington's efforts to ensure children in out-of-home care receive appropriate physical and behavioral health care services and supports. All partners coordinate with each other and the child's caseworker and caregiver to identify and address gaps in eligibility and services.

Oversight and Coordination of Health Care

(1) Developing a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

Children must have an initial health screen by a medical professional as soon as possible but no later than five days after they enter foster care. Initial health screens help identify and manage urgent medical problems not immediately identified in the transition from the child's home into foster care.

[DCYF policy 4517. Health Care Services for Children Placed in Out-of-Home Care](#) requires children in out-of-home care to receive age appropriate EPSDT examinations upon initial entry into out of home care and based on the Medicaid periodicity schedule:

- Within 30 days of out-of-home placement;
- Five examinations during a child's first year;
- Three examinations for children between one and two years of age; and
- Annual examinations for children between 3 and 20 years of age.

DCYF policy 4517 also requires caseworkers to schedule an initial dental exam to occur no later than the child's sixtieth day in placement.

The Child Health and Education Tracking (CHET) is a legislated, statewide program with specially trained child welfare staff. CHET staff do not carry an on-going caseload; their primary responsibility is to create a baseline of information for children when they enter out-of-home placement. CHET screens are completed for all children who remain in care 30 days and longer. CHET identifies and organizes essential information in the following domains:

- Physical health – Child receives an EPSDT by the thirtieth day in out-of-home placement.
  — CHET staff document known physical, behavioral, and dental health needs or scheduled appointments in the final screening report. The CHET staff help caregivers connect with needed providers including physical health, dental, and behavioral health providers.
- Developmental – Using the following age appropriate, validated screening tools for non-school age children:
  — Denver Developmental Screening Tool II (birth – 1 month)
  — Ages and Stages Questionnaires-third edition (ASQ-3) (1 month – 66 months)
- Education – Records for school-age children are summarized in the final CHET report. Summary of the records includes identification of needs and if the child has an Individual Education Plan (IEP) or other education interventions through the school district.
- Social/Emotional – Using the following age appropriate, validated screening tools:
  — Ages and Stages Questionnaires: Social Emotional (ASQ:SE) (1 month – 65 months)
  — Pediatric Symptom Checklist (PSC-17) – (66 months to 17-year olds)
  — Screen for Childhood Anxiety Related Emotional Disorders (SCARED) – trauma screening (7 to 17-year olds)
  — Global Appraisal of Individual Needs, short screener (GAIN-SS) – Substance use and co-occurring disorders (includes suicide question) – (13 to 17-year olds)
- Connections – The CHET screener meets face-to-face with the child and caregivers (as appropriate and based on the child's age) to identify age appropriate and positive connections for the child to organizations, comfort items, and community supports that should be maintained while the child is in out-of-home care. For infants, this could be a blanket or toy; for older children and youth, this could mean participation in a cultural group or sports activity.

CHET staff create a CHET Screening Report to summarize the results of the screening tools, medical and education records, and interviews with the child and caregiver. The CHET Screening Report is uploaded into FamLink and sent to the child's caregiver within five days of completion. The child's caseworker uses the CHET report in consultation with the child's bio-family, caregivers, and service providers to establish a plan to address the child's urgent and long-term well-being needs. Caseworkers and caregivers are encouraged to share the CHET report with the child's physical and behavioral health care providers. Caseworkers are given an introduction to the CHET process during Regional Core Training (RCT). There is a full-day in-service training that caseworkers can choose to take regarding the CHET report and the mental health issues caseworkers need to know about to help the children and youth identified in their cases.

The CHET screening report is shared with FWB and AHCC as a tool that identifies the child's initial care coordination needs to address physical and behavioral health concerns.

- FWB nurses determine if a child meets the Medically Fragile definition per DCYF policy 45171. Medically Fragile Children.

- — FWB automatically provides care coordination for any medically fragile child who is not enrolled in AHCC.
- FWB forwards CHET Screening Reports for all children enrolled in AHCC to the health plan for initial identification of the child's physical and behavioral health care coordination needs.
- FWB provides care coordination as requested to fee for service children.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental concerns are identified on the Denver or ASQ-3 for children under 3-years of age.

Caseworkers are responsible to ensure that children in out-of-home care beyond 30 days receive ongoing, age appropriate EPSDT examinations and any follow-up services identified in the EPSDT examination.

The FWB program develops written comprehensive health overviews and clinical recommendations that integrate physical and behavioral/mental health for foster children and youth in the Apple Health Fee for Service population that are eligible for care coordination services, including children and youth who are medically fragile or complex. The health overviews and recommendations help support the caregiver and help the DCYF caseworker to identify appropriate placements and accomplish any prescribed or recommended follow-up referrals and services related to the child's and youth's physical and behavioral health care. This care coordination also provides a physical and behavioral/mental health baseline for primary care and specialty providers for the children and youth's ongoing care management.

(2) Health needs monitored and treated

The first Shared Planning Meeting (SPM) is held within 60 days of the child entering out-of-home placement. The SPM is used to discuss and address the results of the CHET screening and the EPSDT. SPMs occur throughout the life of the case and include family, caregivers, service providers, and others important to the child and their case. SPMs also consider whether the child is in the most appropriate placement to meet their physical and behavioral health needs, and to identify what services will best meet the child's needs based on the CHET screening results.

DCYF screens children ages 7 through 17-years old for trauma related concerns in the CHET screening process so that caseworkers can link children and youth to appropriate behavioral health services.

- DCYF continues to use a validated screening tool in OMH that allows the screener to identify trauma concerns in children ages 3 to 6-years old. This tool was not implemented in CHET as the IT solution for a CHET database update was not structurally sound and was not rolled out. DCYF is waiting on an IT solution that will allow for updated data documentation for the CHET program.

DCYF has four Ongoing Mental Health (OMH) screeners. The OMH program began under a federal grant and in partnership with the University of Washington. The grant ended in 2018 and DCYF established OMH as a sustained program to identify and monitor behavioral health concerns of children and youth in out-of-home placement.

OMH re-screens children and youth ages 3 through 17-years old who are in care over six months. OMH uses the same emotional/behavioral health screening tools that are used in the CHET process:
- Ages and Stages Questionnaires: Social Emotional (ASQ:SE)
- Pediatric Symptoms Checklist-17 (PSC-17)
- Screen for Child Anxiety and Related Emotional Disorders (SCARED) trauma tool.

These screeners assist caseworkers and caregivers by identifying new behavioral health concerns and making recommendations for referrals to services and evidence-based treatments. OMH summarizes the screening results and items needing follow-up into a report that is shared with the caregiver and caseworker.

When health and mental health concerns are identified in the CHET screen, the annual EPSDT examination or the OMH screen, the assigned DCYF worker makes referrals to community or local mental health providers for a comprehensive mental health evaluation.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental concerns are identified on the Denver or ASQ-3 for children under 3-years of age.

Caseworkers make referrals to the FWB program for Tribal and undocumented children who are not enrolled in AHCC. Concerns and referrals are documented in FamLink and in the child's Court Report, which is updated at least every six months and shared with the child's caregivers.

Training is provided to caseworkers and caregivers regarding their roles in linking children and youth to appropriate services to address specific physical and behavioral issues and how they can support children, youth, and families.

The RMCs are available statewide and are available to answer questions from caseworkers and caregivers regarding trauma related issues.

Caseworkers utilize monthly visits with parents, caregivers and children to:
- Discuss and monitor physical and dental health care needs and treatment plans.
- Provide support and identify services that will meet the child's well-being needs.
- Ensure the child's behavioral health care needs are met.
- Ensure the child is in the most appropriate level of care to meet their needs.

Caseworkers are required to update the child's health, mental health, and education status in the court report every six months.

CHET Screeners and caseworkers make referrals to the FWB Program when fee for service children with unaddressed or uncoordinated health and mental health concerns are identified. The referrals are reviewed to determine which children need follow-up or care coordination services to ensure their health and mental health treatment needs are met.

The FWB program provides consultation and care coordination services for children in out-of-home placement. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited. Once a plan of care is established, FWB staff monitor and update the plan as needed.

FWB nurses and specially trained program staff document and upload important health and mental health information in FamLink to assist the assigned DCYF worker with continued monitoring and follow-up for children/youth in foster care.

DCYF has a contract with the Harborview Center for Sexual Assault and Traumatic Stress to provide the Foster Care Assessment Program (FCAP). FCAP is a multi-disciplinary evaluation that assesses the needs of referred children who are in out-of-home care for more than ninety days. Assessment services include a six-month

follow-up period to assist the DCYF caseworker in implementing a placement plan and to help meet the needs of the child and family. Contracted services include:

- Permanency and Planning Consult - this service focuses on permanency and linking children and families with the most appropriate services. The consultation service provider structured case staffing, service identification, system navigation and care coordination. Permanency consultation also include identification of barriers achieving permanency, potential solutions, and action steps need to be taken to overcome identified barriers. Approximately forty-five-minute detailed consultation in person or via tele or video conference will produce a one-page summary of recommendations with timeline, referrals to evidence-based treatment as needed.
- Standard and comprehensive assessments - these services consist of structured clinical interviews and the administration of standardized measures. A multi-disciplinary team representing pediatrics, psychiatry, psychology, social work, DCYF, and other consultants (e.g., ethnic/cultural and foster/adoptive parent) will review the preliminary results of the assessment. A written report is provided to the caseworker regarding the child and parents/caregiver's functioning with specific recommendations for services and permanency including timelines.

Training to DCYF staff regarding trauma symptoms, mental health diagnoses, evidence based treatments, and psychotropic medications is provided in person by the Alliance via In-Service and Regional Core Training (RCT).

FWB staff attend the DCYF Tribal Policy Advisory Committee (TPAC) meetings. Feedback from these meetings is used to ensure tribes are aware of any changes to programs or policies that impact health and mental health care for tribal children served by DCYF and tribes.

CCW, in consultation with DCYF, provided trainings on Adverse Childhood Experiences, Resilience, and Trauma Informed Care for community providers, caregivers, and system partners.

AHCC calls caregivers of all children newly placed into foster care to review the CHET report and discuss caregiver questions and concerns about the child's physical and behavioral health care needs. During this phone call, AHCC also informs the caregiver about the child's identified primary health care provider.

(3) How medical information for children in care will be updated and appropriately shared to include the development and implementation of an electronic health record.

DCYF policy 43092: Child Health and Education Tracking (CHET) requires CHET screeners to share the screening Report within five days of completion.

Assigned caseworkers must:
- Review and update the child's health records at the time of each placement using FamLink and provide the caregiver with a copy of this information (e.g. Child Information/Placement Referral (CIPR) form and Health/Mental Health and Education Summary). See DCYF Placement Policy.
- Provide the caregiver with all completed assessments within five days of receipt.
- Update the child's health, mental health, and education status in the Court Report every six months.

Caseworkers and CHET screeners document known medical information into Health/Mental Health page in FamLink. This information is included in the Health/Mental Health and Education Summary that is updated every six months or when there is a placement change.

The FCMT staff at HCA request the previous two years of medical records for a child who was eligible for Apple Health prior to entering out-of-home placement and is in care longer than 45 days. All records received are uploaded into FamLink for the assigned caseworker to review and use in case planning.

The FWB unit is available to provide care coordination services to fee for service children in out-of-home care including those who are medically fragile or complex. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited. However, once a plan of care is established services are on an as-needed basis.

FWB nurses and specially trained program staff document medical and mental health information into FamLink about fee for service children who receive FWB care coordination services.

HCA developed an access for physical and behavioral health care providers to view paid claims data in ProviderOne. Providers can see the most recent two years of claims including prescriptions, hospitalizations, dental, and immunizations for children in out-of-home care.

All AHCC contracted providers have access to a secure provider portal that reflects billing data and information vital to the coordination of health and behavioral health care services. This helps to avoid over and under immunization, re-trying of medications already attempted, and continuation of treatment protocols to maintain progress of established health goals for the child.

FWB nurses enter immunizations into the Washington State Immunization Information System (WSIIS) when there is new or different information than what is reflected in the registry. Once entered, any medical provider who subscribes to WSIIS can see the child's immunization history.

The FCMT created a form to help tribes identify prior foster youth who may be eligible for Apple Health until their 26th birthday. The form also streamlines the process for Tribes and the FCMT to reinstate Apple Health eligibility.

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.

Update May 2020
- AHCC contacts caregivers starting at 45 days after the child or youth is in out–of-home care to discuss the CHET report and any recommendations and follow-up care the child or youth needs.
- The OMH screeners upload the results of the mental health screening tools into FamLink, and the caseworker is notified by email that the report is uploaded. A copy of the OMH report is mailed to the child's caregiver.
- Beginning in July 2020, OMH screeners will use secure email to send screening reports of children and youth with identified mental health concerns to AHCC for follow-up.
- DCYF and HCA executed a data share agreement that allows the two agencies to establish data and information sharing protocols. This information sharing is necessary to ensure children served through the AHCC plan receive timely, appropriate, and coordinated physical and behavioral health care services.
- The data share agreement is being updated to reflect additional data needs of DCYF including information about medical, mental health, and dental appointments of children and youth in out-of-home care.
- Families of adopted children and youth ages 18 to 26-years old who choose to remain enrolled in AHCC are able to access their health information through the CCW secure client portal.

Update May 2021

- OMH screeners began asking caregivers and youth questions related to physical health in December 2020. The questions include EPSDT, dental and general health questions and will be used to identify any unmet needs or gaps in services that need addressed. If needs are identified, they are noted in the OMH report that is sent to the caregiver, youth and the caseworker.
- The data share agreement with HCA was updated to include a monthly report of dental services in the last calendar year for children in out-of-home care. DCYF data staff will help combine this list with the list of identified EPSDT gaps from CCW to create one functional list of identified gaps in services that will be disseminated to case carrying staff.
- Information in understanding how to use the CHET and OMH reports and how to refer children and youth for care coordination was disseminated to caregivers and caseworkers through the DCYF Digest, field operations leadership and through the DCYF Caregiver Connection.

(4) Steps to ensure continuity of health care services (which may include the establishment of a medical home for every child in care).

AHCC is DCYFs primary mechanism to provide a "medical home" for children and youth in out-of-home placement. AHCC assures that newly enrolled children are assigned to a primary health care provider or retain the same provider(s) the child saw prior to entering care.

When the child has an identified primary care provider or medical home, caregivers are encouraged to maintain that relationship and ensure continuity of care. AHCC has a "Continuity of Care" benefit that allows the child to continue to see their established, non-AHCC contracted providers, while AHCC works to establish a contract.

DCYF caseworkers are required to generate the Child Information and Placement Referral (CIPR) form in FamLink. Caregivers receive the CIPR no later than 72 hours after an initial placement or a placement change and includes the physical, behavioral, and education information known about the child at the time of initial placement or a placement move.

CHET screeners document available information about medical, dental, and mental health providers in FamLink in the health/mental health pages for each child. Identified concerns are noted in the CHET report in the "Items Needing Follow-up" section for the caregiver and caseworker's reference.

Caseworkers and caregivers jointly develop a Caregiver Support Plan for medically fragile children. The Caregiver Support Plan addresses the training and support needs of the caregiver and outlines a plan for planned and emergency respite care specific to meet the care needs of the medically fragile child.

FCMT mails reports that contain Medicaid billing data to caregivers of children ages twelve and younger when a child first enters out-of-home placement. These reports include immunization information from the DOH Washington State Immunization Information System. This supports continuity of care by helping caregivers identify possible primary care providers or medical home.

Youth who are not residing in their approved placement or who are in a temporary situation remain eligible for AHCC; their eligibility is not closed or suspended. Continued eligibility allows the youth to seek medical treatment or obtain needed prescriptions such as insulin when they are "on the run."

In January 2019, a fully integrated behavioral health system through CCW, AHCC program was implemented. AHCC program covers foster care, adoption support, and alumni of foster care population and covers full array of behavioral health services in addition to their physical health, in all 39 counties in the state.

Referral packets to Behavior Rehabilitation Service (BRS) providers include physical and behavioral health care information so that potential providers understand the level of care the child or youth requires.

(5) Oversight of prescription medications.
DCYFs policy 4541: Psychotropic Medication Management outlines expectations regarding the role of the DCYF caseworker and obtaining consent from a youth (13 years and older) or parent (for a child 12 years and younger) when psychotropic medications are prescribed. The policy also addresses obtaining authorization from the court, when necessary.

Information about the youth's rights to informed consent for psychotropic medications is included the in "Your Rights, Your Life" booklet for youth.

The Alliance and DCYF developed the "Mental Health: A Critical Aspect to Permanency and Well-Being" curriculum for caseworkers which addresses screening for trauma, mental health needs, psychotropic medications, and evidence based treatments. This training is currently provided in a train the trainer format and is part of RCT for new caseworkers.

The FWB program provides care coordination services for fee for service children and youth, which includes the identification of medications that require oversight. Children and youth who have a mental health diagnosis and are prescribed a psychotropic medication are eligible to receive care coordination.

- FWB receives a monthly list from the HCA of fee-for-service children ages 0 – 5 years old who are prescribed a psychotropic medication. FWB monitors and provides care coordination until the child turns six years of age. FWB communicates with the child's caseworker and caregiver regarding concerns and medication monitoring.

HCA sponsors the Pediatric Mental Health Stakeholder workgroup to establish and review Washington's community thresholds for reasonable prescribing limitations that are applied to the Medicaid population including children and youth in foster care. The workgroup meets "as needed" and is comprised of child psychiatrists, pediatricians, community mental health professionals, client advocates, and other community stakeholders.

The primary intervention used by HCA for psychotropic medication oversight is a mandatory review from the contracted Second Opinion Network (SON) when community established thresholds are exceeded. The SON is comprised of pediatric psychiatrists on staff at Seattle Children's Hospital.

A referral to the SON is triggered by algorithms within the ProviderOne payment system that look at whether there are multiple mental health medications prescribed for a child, the dosage prescribed, and the age of the child, (too much, too many, too young).

SON reviews are triggered for:
- Children receiving two or more atypical antipsychotics (AAPs)
- Children age five or younger receiving psychotropic medications
- Children receiving five or more psychotropic medications

- High doses of ADHD, AAPs, or antipsychotics. Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the HCA's Pediatric Mental Health Stakeholder Workgroup

In addition to the SON, HCA maintains the Partnership Access Line (PAL) through contract with Seattle Children's Hospital. PAL is a telephone based pediatric mental health consultation system. PAL employs child psychiatrists and caseworkers affiliated with Seattle Children's Hospital to deliver these consultation services. The PAL team is available statewide to any primary care provider. Primary health care providers are encouraged to call the PAL toll free number as often as they would like to answer questions regarding diagnostic clarification, medication adjustment, or treatment planning.

FWB RMCs provide consultation to the FWB nurses and caseworkers regarding medications and their side effects.

In 2020, Coordinated Care implemented an improvement process to proactively screen pharmacy data that could potentially trigger the need for a SON review. This process starts at the point of sale to reject the pharmacy fill request based on the established SON referral criteria. Coordinated Care's Pharmacy Benefit Management system receives the rejection, flags the request through the need for a prior authorization review, and it is sent directly to Coordinated Care's Pharmacy Team for further evaluation. If Coordinated Care's Pharmacy Team determines that a SON referral is needed, the Team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This process has decreased unnecessary referrals to the SON by 56%, from over 700 in 2019 to 308 in 2020.

Update May 2020
- In 2019, CCW had over 700 children and youth receive reviews through the SON.

Update May 2021
- Coordinated Care's Pharmacy Team determines that a SON referral is needed, the Team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This process has decreased unnecessary referrals to the SON by 56%, from over 700 in 2019 to 308 in 2020.

DCYF Licensing Division (LD) requires that all regional licensors and BRS group care providers receive training about medication documentation and safe storage. The training is also available for other DCYF staff and non-BRS group care staff. Regional licensors review medication storage and logs as part of their bi-annual health and safety review of BRS group care programs.

RCT and In-service (IST) Mental Health training from the Alliance includes understanding use and oversight of psychotropic medications and matching behavioral symptoms based on screening results to appropriate evidence based practices.

(6) 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.

The Deputy Chief Medicaid Officer (DCMO) at HCA is assigned to provide consultation for DCYF to ensure child welfare policy is consistent with Medicaid rules and standards of care. This includes input regarding evidence and research based clinical interventions. The DCMO also provides assistance to resolve child specific issues related to Medicaid covered benefits.

DSHS employs physicians as part-time medical consultants to provide consultation to caseworkers and caregivers. These physicians provide statewide coverage to DCYF child welfare offices and provide medical oversight to the FWB Program.

In compliance with [RCW 74.14B.030](), each DCYF Region is required to conduct a Child Protection Team (CPT) staffing. The CPT includes medical, law enforcement, mental health, substance abuse, and other appropriate community professionals. This cross-system review team meets to assist DCYF when making decisions regarding placement and filing of dependencies.

DCYF Regions convene meetings with Developmental Disabilities Administration (DDA) regional staff to coordinate regarding mutually served children to ensure they receive appropriate services.

DCYF partners with HCA and the ALTSA through the FWB Program to ensure fee for service children receive appropriate physical and behavioral health services and treatment.

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.

Ongoing Processes
- AHCC contacts caregivers approximately 45 days after the child or youth enters out–of-home care to discuss the CHET report and any recommendations and follow-up care the child or youth needs.
- Completed CHET screens for AHCC enrolled children are shared with the managed care plan. AHCC reviews the CHET reports and assigns the child to the appropriate care coordination level. AHCC contacts caseworkers if a child requires more intensive levels of care coordination.
- CHET screeners and FWB send requests for "expedited referrals" to AHCC for care coordination if there are concerns about medically or behaviorally complex children during the CHET screening process.

AHCC provides training opportunities for DCYF licensed and unlicensed caregivers. DCYF staff are also welcome to attend AHCC trainings. Trainings include:
- Trauma Informed Care (National Child Traumatic Stress Network (NCTSN) curriculum)
- Resiliency
- Hope for Healing (Association for Training on Trauma and Attachment (ATTACH) curriculum)
- Substance Use, Abuse & Addiction
- Suicide Prevention
- Whole Brained Parenting
- Coping with Holiday Stress
- Adverse Childhood Experiences
- Childhood Development
- Sexual Health in Foster Care- Skill Building for Caregivers

AHCC continually expands their training library and is responsive to requests from DCYF for development of new trainings.

Update May 2020
- In 2020, AHCC will not produce any new trainings. They will review existing trainings and materials to assure they are up-to-date with their processes and current clinical practice.

Original Date: June 2019 | Revised Date: June 2021

Update May 2021
- AHCC is collaborating with DCYF to update the Apple Health Core Connections Overview, a presentation/training featuring Care Coordination. This is a presentation for child welfare staff.

(7) 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

Transition Planning

All youth exiting foster care in Washington State are eligible for Medicaid until their 26th birthday. As required by policy (Practices and Procedures Chapter 4000, section 43104), this information is discussed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF worker visits as needed.

During the National Youth in Transition Database (NYTD) survey calls, the survey team explains to youth that they have medical coverage to age 26. Additionally, the team supplies the contact information to AHCC.

DCYF has a pilot in Clark County where AHCC regional representatives are standing members of a youth's Shared Planning meeting prior to the youth exiting care. During the meeting, AHCC will provide the youth with resources and discuss services available to them until age 26.

Update

The following changes were made:
- Connect aging-out youth directly with AHCC staff
- AHCC gathers key information from the youth and the caseworker
- AHCC staff will contact the youth independently to provide an overview of health care benefits and connect to services if any are identified.

COVID-19 Response

AHCC staff are surveying all extended foster care youth and alumni who are receiving health care from AHCC to ensure the youth knows of their healthcare benefits as well as help navigate telehealth and obtaining SafeLink phones.

The COVID-19 pandemic has presented many challenges to children and families, direct service providers and child-serving systems. These include significant rates of depression and anxiety among children and youth, increasing financial burden and mental/emotional toll on families, and higher risk of abuse and neglect. In-person behavioral health (BH) services decreased dramatically due to the risk of transmission, and BH services were mainly delivered via telehealth, including telephone sessions and internet video platforms. In some cases, telehealth was not as effective for some populations, including WISe youth and families, and younger children. The use of telehealth expanded across the BH service array to include crisis services. Mobile crisis outreach teams also began using telehealth as a platform to address crises, and requesting in-person crisis intervention became increasingly difficult. Although the sense of connection and effectiveness of BH services were complicated with the transition to telehealth platforms, access to BH services improved as the factors of transportation and finances were removed with the implementation of telehealth as a main source of delivery. Children and youth were able to access BH services from their home environments, along with online schooling. The massive shift towards telehealth as a primary form of service delivery shows promise for the future of accessing needed BH services.

Original Date: June 2019 | Revised Date: June 2021

During the lockdown phase of the pandemic, the AHCC Care Management team identified 273 youth in out-of-home placement between the ages of 12-17 who had a previous BH diagnosis. The AHCC care coordinators did outreach to these youth to make sure they were connected to BH services, especially when in-person services were not available during the lockdown. Telehealth options for BH services to youth continue to be utilized at a much higher rate than before the pandemic, and seem to be a permanent alternative for connecting youth to services.

Health Care Treatment Decisions

To support youth in their transition out of care and ensure they are knowledgeable about a Durable Power of Attorney for Health Care, DCYF has incorporated the following language into its Transition Plan for Youth Exiting Care (DCYF 15-417):

> The importance of having a Durable Power of Attorney for Health Care, which would designate another person to make health care treatment decisions on my behalf in case I become incapacitated and unable to participate in such decisions and I do not have or want a relative who would otherwise be authorized to make such decisions, including where to find the document and how to execute it.
> http://www.doh.wa.gov/livingwill/registerdocuments.htm.

This information is addressed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF caseworker visits as needed.

In addition, the Independent Living (IL) and Responsible Living Skills Program (RLSP) contracts include a requirement for providers to discuss the importance of having Durable Power of Attorney for Health Care with all youth exiting care.

(8) The procedures and protocols the state or tribe has established to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses (section 422(b)(15)(A)(vii) of the Act).

All Children

Every child in out of home placement thirty days or longer receives a CHET screen which is completed by the thirtieth day of placement.

All CHET screens are reviewed by the FWB to identify children who meet the medically fragile criteria in DCYF policy 45171. When a child meets the medically fragile criteria:

- FWB sends an expedited referral to AHCC to request care coordination and notifies the DCYF caseworker about the referral.

- FWB provides care coordination for medically fragile children who are not enrolled in AHCC and remain fee for service (i.e. Tribal and undocumented children).
  - When health and mental health concerns are identified in the CHET screen or the EPSDT examination, the assigned DCYF caseworker and caregiver work with AHCC to identify appropriate physical and mental health providers to meet the child's identified needs.

Medically Intensive Children's Program

The Medically Intensive Children's Program (MICP) provides skilled nursing services to children 17-years-old and younger. These children have complex medical needs that require a registered nurse to provide support. Nursing services may be provided in the family home, foster homes, and in contracted medically intensive children's group and staffed residential homes. This Medicaid program helps to keep families together. It also greatly reduces the cost of in-patient hospital care where these children would be cared for without this program.

MICP Eligibility Requirements:
- 17-years old or younger;
- Have complex medical needs (example, ventilator dependent, tracheostomy care);
- Enrolled in Washington Apple Health (Medicaid); and
- Require at least four hours of continuous skilled nursing care per day.

Wraparound with Intensive Services (WISe) and Behavior Rehabilitation Services (BRS)

In October 2017, DCYF implemented a Wraparound with Intensive Services Policy 4542. Wraparound with Intensive Services (WISe). The policy requires DCYF caseworkers to refer or verify that a referral for WISe screen is made to a designated mental health provider for children and youth with complex behavioral health issues whose needs can be met in the community. WISe is designed to provide comprehensive, behavioral health services and supports to Medicaid eligible individuals, up to 21-years-old with complex behavioral health needs and their families. Once a WISe referral is made, information is gathered from the referent, and the Child Adolescent Needs and Strengths (CANS) screen is completed by the CANS-certified screener. The CANS algorithm combined with clinical decision determines whether the youth would benefit from WISe. A WISe screen is also required for all youth prior to consideration of any level of the DCYF Behavioral Rehabilitation Services (BRS).

If WISe is unavailable or unable to meet the needs of a youth, DCYF may utilize BRS to support the youth who require intensive services and placement supports. BRS is a temporary (no longer than 12-months) intensive wraparound support and treatment program for children and youth with high-level complex service needs. BRS can be provided in a child's home prior to placement, a foster home, or group home setting. BRS is intended to stabilize children and youth (in-home or out-of-home) and assist them in achieving their permanent plan.

- To be considered for BRS level of services, in addition to the WISe screening, a child or youth must be recommended for BRS level of service in a Shared Planning Meeting or Family Team Decision Making (FTDM) meeting.
- The DCYF caseworker staffs the case with their supervisor and completes a BRS referral packet. This referral is reviewed by the supervisor and the area administrator (AA) for appropriateness. If appropriate, the supervisor and AA sign the referral and the packet is submitted to the regional BRS program manager for review and final approval. The regional BRS program manager will make sure that all less restrictive levels of care were tried and unsuccessful and that they youth needs BRS level of services.
- The BRS program manager works to keep the youth in the lowest level of BRS environments as the child or youth's behaviors and treatment needs allows.

- The DCYF caseworker tracks the progress of each youth and reviews the treatment plan with the Child and Family Team at least on a quarterly basis to ensure that the currently level of care is still necessary. A new WISe screen is done every 6-months and at discharge while a youth is in BRS.
- The regional BRS program manager reviews the child or youth's status every six months with the caseworker and service provider. These reviews include the child or youth's service needs, level of care, expected exit date, and transition plan to a lower level of care or home.
- Children and youth placed in a BRS Qualified Residential Treatment Program (QRTP) must have DCYF and court approval for the placement and:
  — A court review hearing within 60 calendar days of the QRTP placement;
  — A court review at least every six months;
  — DCYF deputy secretary approval if placed in a QRTP longer than six months.; and
  — Regional administrator or designee if placed in a QRTP longer than twelve months and every twelve months thereafter.

Children's Long-term In-patient Program (CLIP)
CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, ages 5 to 18-years-old. CLIP is psychiatric treatment provided in a secure and highly structured setting that are designed to assess, treat and stabilize youth diagnosed with psychiatric and behavioral disorders meet Medical Necessity.

CLIP consists of only 82 beds in five facilities across the State of Washington. The facilities are located in King, Pierce (two), Spokane, and Yakima County.

Individualized treatment is provided through the use of evidenced based practices designed to increase the youth's skills and adaptive functioning with a focus on reintegration back into a community setting, as quickly as possible.

Children and youth in the placement and care authority of DCYF and who require inpatient mental health treatment are eligible for this service.

CLIP admission process can be divided into two ways, voluntary and involuntary processes:

Voluntary Process
- A Voluntary CLIP application is submitted to the youth's Managed Care Organization (MCO) to determine whether medical necessity criteria is met, and if CLIP level treatment is appropriate.
- Applicants 13-years-old and older must agree to enter CLIP, unless they are on a 180-day Involuntary Treatment Act (ITA) Court Order.

Involuntary Process
- Under Washington State's RCW 71.34, adolescents aged 13 to 17-years old may be committed for up to 180-days of involuntary inpatient psychiatric treatment, at which time the youth becomes eligible for admission to CLIP.
- Youth are assessed by a Designated Crisis Responder (DCR) who determines that Involuntary Treatment Act (ITA) criteria is met.
- When a less restrictive alternative is not possible, the youth is placed on an ITA order.
- The adolescent's name is placed on the statewide waiting list as of the day of the 180-day restrictive ITA order.

Admission to a psychiatric inpatient treatment occurs only if the child meets medical necessity guidelines as determined by the local Behavioral Health – Administrative Services Organization (BH-ASO) authorized mental health professional(s) and with the concurrence of the professional person in charge of the facility.

Training for DCYF Staff

The Alliance addresses identification of trauma symptoms throughout RCT and IST. These trainings help caseworkers understand the impact of trauma on the child to be considered when making placement decisions.

RCT and IST training modules include information about:
- Dynamics of Abuse and Neglect - resilience and evidence based practices
- Dynamics of Sexual Abuse– including significant discussion related to trauma, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and working with non-offending parents
- Reunification Decisions & Transition Planning – how trauma impacts children's behavior in care and during transitions home, impact of grief and loss, and impact of transition on minimizing disruption/trauma to child
- Adolescent Issues – issues in adolescence including suicide and self-harm, internalizing and externalizing behaviors, and how to support youth with a variety of these concerns
- Understanding Use and Oversight of Psychotropic Medications and Matching Behavioral Symptoms Based on Screening Results to Appropriate Evidence Based Practices.
- Supporting Children and Youth in Care –explores the trauma impact including grief and loss of initial placement and subsequent moves. Trainees brainstorm ideas to avoid or minimize these issues and support children when moves are unavoidable.
- Mental Health – In-depth Applications for Child Welfare – focuses on using the results of the CHET and OMH screenings to match children and youth to Evidence Based Practices (EBPs) that are targeted to meet the identified needs.

Lessons Learned from 2020

Children and youth in out-of-home care do not consistently receive preventive dental examinations every six months. Caregivers and caseworkers cite scheduling difficulties with "wait lists" and challenges in knowing whether the child will be in the same placement in order to make recommended future appointments. DCYF needs better data from HCA and Coordinated Care to better inform caseworkers and caregivers about needed follow-up care.

Children and youth in out-of-home care do not consistently receive recommended follow-up for identified physical and mental health concerns.

Sharing the CHET report with AHCC and FWB resulted in increased linkage of identified behavioral and physical health to appropriate services.

Sharing the list of EFC youth enrolled in AHCC assists the managed care plan to make strategic communication efforts with this population.

DCYF has additional information about a child's behavioral health needs through the OMH screening process that will be shared with AHCC starting in July 2020 to ensure connection and access to appropriate services, care coordination, and providers.

Washington's mental health system does not have a "step-down" or respite option for children and youth who transition to and from intensive in-patient behavioral health services. This lack of resources affects family and placement stability, and retention of out of home caregivers.

DCYF participated in a cross-agency workgroup to identify strategies and funding mechanisms to support additional behavioral health supports for children and youth in Washington State. As a result of this workgroup, a decision package was submitted and received funding in the Governor's Supplemental Budget for FY2021. Funding may be affected by economic concerns as a result of COVID-19.

Activities for 2020 – 2024 – Update

HEALTHCARE OVERSIGHT AND COORDINATION PLAN		
PLAN ELEMENT	**PLANNED ACTIVITIES**	**2020ACTIVITIES UPDATE**
1. Schedule for initial and follow-up health screenings.	A. In 2019, DCYF will implement a newly validated screening tool that allows the screener to identify trauma concerns in children ages 3 – 6. B. In 2019, AHCC will begin calling caregivers of children and youth.	A. OMH continues to use the newly implemented trauma screener for children ages 3 – 6 years old. B. AHCC calls to caregivers began in fall 2019.
2. How health needs are monitored and treated.	A. Work with data from HCA and CRT regarding dental care provided to children and youth in out-of-home placement to identify barriers to receiving preventative dental care every six months. B. In 2019, DCYF will explore the ability to share the OMH report with AHCC and FWB as appropriate.	A. Updated DSA with HCA to include dental data for children and youth in care. Process for disseminating information to drive practice changes for DCYF field and caregivers is being developed. B. OMH began sharing reports for children with identified concerns in July 2020.
3. Updating and sharing medical information.	A. In 2019, DCYF will continue to work with AHCC for access to the AHCC secure portal. Access to the portal will allow appropriate DCYF staff to see health related information such as immunizations and medications. Barriers to current access include assurance of HIPAA protections for certain types of information such as behavioral and reproductive health information.	A. CCW continues to work on issues to limiting access to protected health information in their system. No anticipated date for access to be but it is still something that our organizations want to implement continue to work toward. B. OMH reports for children and youth with identified mental health concerns will be shared with CCW beginning July 2020.

	B. In 2019, DCYF will explore the ability to share the OMH report with AHCC and FWB as appropriate.	
4. Continuity of health care services.	A. In 2019, DCYF will participate in HCA's legislatively mandated workgroup to review options for Washington's Medicaid dental benefit. The workgroup will assess whether the state should move to a managed care dental benefit, remain fee for service, or a combination. B. DCYF will work with HCA and AHCC to assist caregivers and caseworkers to connect children and youth with appropriate level of behavioral health services after utilizing high-level interventions such as, emergency department, inpatient psychiatric hospital, crisis services, and long-term inpatient treatment. C. DCYF will work with HCA and AHCC to improve rates of follow-up care provided to children with identified needs. D. DCYF will work with SAMHSA, HCA, and AHCC to expand therapeutic foster care bed capacity and create a "step-down" for children and youths who exit and enter intensive behavioral services. The newly developed therapeutic foster care beds will provide access to clinical intervention with specifically trained foster parent homes, for children and youth in DCFY care and custody with complex and intensive mental health and behavioral health needs.	A. This workgroup was changed to a report and DCYF was not involved in writing the report. B. AHCC completed a training/presentation for DCYF staff and leadership that explains the "medical necessity" and the different levels of care available to children and youth in AHCC. DCYF provided review and input into the training and it is in the HCA approval process. HCA must approve the training before it can be offered to DCYF staff. C. In fall 2019, AHCC began calling caregivers to review the recommendations in the CHET report. D. DCYF staff to support development of therapeutic foster homes. This work started in June 2020. DCYF has three contracted providers who have started serving youth.
5. Oversight of prescription medications.	A. By spring 2020, DCYF will work with HCA and AHCC to develop a youth-driven communication regarding psychotropic medications and consent.	A. The activity is delayed due to staff capacity to initiate new activities under COVID-19. B. This activity was not initiated.

Original Date: June 2019 | Revised Date: June 2021

	B. In 2019, DCYF will request the development of a youth-specific on-line training regarding psychotropic medications and consent. C. DCYF will partner with HCA and AHCC to obtain current data regarding the effectiveness of existing processes that provide oversight of psychotropic medications prescribed to children and youth in out of home care.	C. In 2020, Coordinated Care implemented an improvement process to proactively screen pharmacy data that could potentially trigger the need for a Second Opinion Network (SON) review. This process starts at the point of sale to reject the pharmacy fill request based on the established SON referral criteria. Coordinated Care's Pharmacy Benefit Management system receives the rejection, flags the request through the need for a prior authorization review, and it is sent directly to Coordinated Care's Pharmacy Team for further evaluation. If Coordinated Care's Pharmacy Team determines that a SON referral is needed, the Team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This process has decreased unnecessary referrals to the SON by 56%, from over 700 in 2019 to 308 in 2020.
6. Consultation with medical and non-medical stakeholders and child welfare experts.	A. New Substance Use Disorder (SUD) program manager will collaborate with other state agencies, community stakeholders, and treatment providers to ensure programs that allow parents to have their children present in residential treatment facilities are sensitive to the issues surrounding families who receive services from DCYF.	A. The SUD program manager that was hired in 2020 left this position and the hiring process has to begin for a replacement. A new hire in this role will begin in June 2021.
7. Transition planning for youth.	A. Include AHCC as a standing member at the statewide IL meetings.	A. Statewide implementation was delayed until Clark County pilot is completed.

Original Date: June 2019 | Revised Date: June 2021

	B. Explore expansion of Clark County pilot to include AHCC regional representatives as standing members of a youth's transition planning meeting prior to the youth exiting care.	B. AHCC did a pilot of this activity in Clark County. Adjustments were made to the pilot based on lessons learned, including: ○ Connect aging-out youth directly with AHCC staff. ○ AHCC gathers key information from the youth and the caseworker. AHCC staff will contact the youth independently to provide an overview of health care benefits and connect to service if any are identified.
8. FFPSA requirements and assuring appropriate placement related to diagnoses.	A. Revise Policy 4533. Behavior Rehabilitation Services to reflect the requirements stipulated in the Family First Prevention Services Act.	A. In October 2019, policy 4533 was revised to include FFPSA requirements, specifically addressing BRS Qualified Residential Treatment Program (QRTP) required assessment and court approval processes.

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Washington State

	Total ETVs Awarded	Number of New ETVs
Final Number: **2019-2020 School Year** (July 1, 2019 to June 30, 2020)	196	94
2020-2021 School Year* (July 1, 2020 to June 30, 2021)	160	45

Comments:

*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Washington State Department of Children, Youth, and Families

EMERGENCY OPERATIONS PLAN

Agency-Level Plan

Washington State Department of
CHILDREN, YOUTH & FAMILIES

CONTENTS

PURPOSE, SCOPE, SITUATIONS, ASSUMPTIONS

Purpose

The *Emergency Operations Plan* describes immediate actions to take in response to an emergency event generally lasting 24 to 72 hours. *Continuity of Operations Plans* provide additional guidance regarding actions to take when the disruption last more than 72 hours. Another significant difference between *Emergency Operations Plan* and the *Continuity of Operations Plan* is; the *Emergency Operations Plan* combines the response actions of all DCYF occupants at a given location while *Continuity of Operations Plan* are specific to the agency wide event.

The purpose of the *Emergency Operations Plan* is to:

- Provide an overview of the Department's approach to emergency preparedness

- Describe roles and responsibilities

- Identify relevant resources to facilitate staff awareness and preparation for emergency events

- Set forth lines of authority and organizational relationships

- Describe how all actions will be coordinated

The objectives of the DCYF Emergency Operations Plan include:

- Protecting the well-being and safety of DCYF staff

- Recovering from any disruption and returning to routine operations as soon as possible

- Providing staff with tools and information to support preparedness

The Initial DCYF Emergency Operations Plan includes four components:

- The Agency-Level Plan

- Child Care in Disasters and Emergencies Plan

- Children's Executive Team Continuity Plan

- Department of Early Learning Continuity Plan

- Juvenile Rehabilitation Continuity Plan

Scope

The scope of the *Emergency Operations Plan* is to:

- Specifies the emergency response procedures for DCYF Executive Leadership

- Describes how DCYF responds to emergency events

- Provides an overarching guidance for all DCYF divisions, programs and field offices

Assumptions

Assumptions for the Agency include:

- Emergency events are associated with natural and human caused hazards such as facility failures, weather conditions, and external threats

- Agency Executive Leadership will exercise their authority to implement this plan

- The Agency has identified key personnel and alternates required for the implementation of this plan

- DCYF programs are able to respond effectively to emergency events using available resources without support from DCYF Emergency Management Services

- Preparation and response to emergency events begins and ends at the local level most directly affected

CONCEPT OF OPERATIONS

When coordinating the response for emergency events, DCYF will adapt the *right-size* approach of a response sufficient to the size and complexity of a given event.

The primary functions of emergency coordination are:

- **Communication facilitation** – establishing communications among all DCYF Executive team functions, programs and with external partners, as necessary for the response

- **Information collection and evaluation** – collecting, analyzing, and interpreting information from impacted DCYF locations and other sources

- **Coordination** – coordinating the information flow and resources in response to complex emergency event or multiple emergency event occurring simultaneously

- **Priority setting** – ensuring that response systems among all DCYF Executive team functions and locations are interconnected and complementary, making the response more efficient and effective by coordinating all available resources, and making decisions based on established or otherwise agreed policies and procedures

- **Resource coordination** – identifying and acquiring needed resources and allocating existing resources

DECISION GUIDE FOR EMERGENCY RESPONSE COORDINATION		
	Level 1 **Normal or Limited Operations**	**Level 2** **Reduced Operations**
Scope of Damage	Localized emergency event limited to a single building	Multiple buildings on the same campus and/or multiple programs within the same building
	Minor damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures	Significant damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures
Client/Staff Impact	No medical response is needed	One or more people are injured and medical response is needed
	Staff are able to get to/from work location	Some staff are unable to get to work location or cannot remain at work location
	Staff absence is < 24 hours	Staff absence > 24 hours and < 72 hours
Recovery and response coordination	Single resource local response is sufficient or response coordination is uncomplicated	Multiple DCYF locations are inoperable for > 24 hours and < 72 hours; response coordination involves multiple DCYF programs
	Return to normal operations is likely to be < 24 hours	Return to normal operations is likely to be > 24 hours and < 72 hours.
	DCYF offices and residential programs are able to respond to most localized events without support from the Emergency Management Unit	Emergency Management Unit may coordinate the DCYF response when an emergency event does not directly impact Department operation, and/or DCYF clients are affected
	The response begins and ends locally	Central coordination is needed
		Emergency Management Unit may call on DCYF staff to support emergency operations

The *Continuity of Operations Plan* will be activated when recovery to normal operations exceeds 72 hours and is beyond level 2 of the Decision Guide.

EMERGENCY EVENT COMMUNICATION PROCESS

The Emergency Communication Plan provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

A key component of the Emergency Communications Plans is the requirement for supervisors to secure and maintain staff contact lists. Accurate staff list with staff names, phone numbers and emergency contact information is an essential tool for supervisors in an emergency event.

Emergency Process for all Emergency Building Events

Staff Step 1
- Issue identified
- Contact Supervisor
- Contact Building Manager - Contact informaton is posted on Staff Safety Board

Building Manager Step 2
- Evaluate situation
- Contact Building #1 contact to review situation
- When there are urgent staff safety concerns - evacuate building
- Contact DCYF HQ Business Operations Support Services (Emergency Management and Facilities team)

#1 Building contact Step 3
- Collaboratively review situation with Building Manager and other collocated building leads
- Contact Building leadership - Information posted on Staff Safety Board
- Provide recommendation for next steps to Regional Administrator, Superintendent, Assistant Secretary or Director responsible for the building

Building Leadership Step 4
- Communicate with other collocated Agency leadership for a collaborative recommendation and approach for next steps
- Contact Regional Administrator or Superintendent with identified next steps

Step 5
- Regional Administrator, Superintendent, Assistant Secretary, or Director responsible for the building will:
- Contact Deputy Secretary with decision and next steps
- Contact Emergency Management office with decision and next steps
- Engage local calling tree with building supervisors to communicate decision and next steps

Deputy Secretary Step 6
- Communicates with DCYF leadership and neccesary external partners.

Communications Office
- Posts relevant messages with information on DCYF Intranet and Internet websites.

Emergency Manangement Office
- Post relevant messages with information on DCYF 1-800 number.

NOTIFICATION OF EMERGENCIES OR DISASTERS

All Staff

Emergency Alert Notifications are available through a multitude of resources. Individuals can go on-line to various websites to sign up for the Alert Notifications. All DCYF staff are asked to go to the following websites and sign up for their local emergency alert systems, both for their home resident and for their local office.

Washington State Emergency Management Division website

National Weather Service Alerts website

Executive Leadership

Notification to the Deputy Secretary and Executive Leadership will include, at a minimum, the following:

- Nature of the emergency event

- Impacts likely to ensue over the next 24-72 hours

- Actions underway

- Actions recommended

- Resource projections

- Schedule for conference calls, briefings, etc.

Department of Enterprise Services

The Department of Enterprise Services is responsible for the overall response coordination for emergencies and disasters on Capitol Campus. The DCYF Emergency Management lead notifies the Department of Enterprise Services Duty Officer and any time the DCYF Emergency Management Unit activates a at Level 1 or Level 2.

CONTINUITY OF OPERATIONS

As required by Ch. 38.52 RCW Emergency Management, all state agencies must maintain Continuity of Operations Plans.

DCYF will rely on the continuity plans developed by the DSHS Children's Executive team; the Department of Early Learning and the Child Care Disasters; and the Juvenile Rehabilitation Executive Team. DCYF will develop a continuity plan tailored to the DCYF organization incorporating all of these plans.

Suspension of Operations

A suspension of operations requires authorization from the Deputy Secretary as outlined in *DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations*.

The Deputy Secretary may suspend operations when it is determined that public safety, health, or property is jeopardized due to emergency conditions per WAC 357-31-260.

APPENDIX A – PREPAREDNESS TOOLS

The emergency management resource tools and information listed below help support staff before, during and after an emergency event. They are located at the DCYF intranet, on the Emergency Management webpage.

Emergency Alert System Notifications

The Emergency Alert System (EAS) is the national public warning system that provides the public with critical emergency and disaster alerts. The system is also used by state and local authorities to deliver important information targeted to a specific region.

All DCYF staff are encouraged to visit the Washington State Emergency Management Division website to sign up for local emergency alerts and notifications.

Additionally, DCYF staff can visit the National Weather Service website to sign up for emails and short messaging service (SMS) alerts.

Signing up will only take a few minutes and is an important role in emergency preparedness planning.

Emergency Event Communication Process

The Emergency Event Communication Process provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

Emergency Closure Policy

The DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations applies to all DCYF staff and identifies the requirements and general process for:

- Closing a Department of Children, Youth, and Families (DCYF) facility or campus, in whole or in part, due to any natural or human cause emergency or disaster.
- Suspension of operations of any DCYF mission essential function.

Memo on Staff Use of Leave

The Severe Inclement Weather/Natural Disaster Leave Memorandum is a reminder to how DCYF treats absences from work due to inclement weather for all employees. This guidance helps DCYF be both consistent and responsive to employee needs and operational obligations.

When prior to the beginning of the workday, the employer suspends operations for the day, employees are able to use administrative leave for that day regardless of whether or not they were able to report to work. However, employees who had prescheduled approved leave are still charged with leave since they expressed intent in advance not to report to work based on their personal situation.

When the work location remains operational and the employee is unable to report to work because of their own personal situation related to severe inclement weather or natural disaster, the employee's leave will be charged in the following order:

- Any earned compensatory time or previously accumulated exchange time;
- Any accrued vacation leave;
- Any accrued sick leave, up to a maximum of three (3) days in any calendar year;
- Leave without pay

Employees who report to work due to severe inclement weather or natural disaster will be allowed up to one (1) hour of paid administrative time as long as they report to work at some point during their regular shift.

Supervisor Phone List Form

The Supervisor Phone List Form provides contact information for supervisors and staff to stay connected in the event of an emergency. This list includes:
- Supervisor name
- Individual staff names
- Desk phone
- Work cell phone
- Personal cell phone
- Personal other phone

1-800 Staff Cards

All DCYF staff are provided with a Staff Emergency Hotline Card that has instructions on how to stay informed in the event of an emergency. DCYF staff are to follow these simple steps:
1. Contact your supervisor
2. Supervisors contact your staff
3. Regularly check information on the DCYF intranet/internet websites
4. Stay connected with local emergency alert systems- National Weather Services and Washington State Emergency Management Division (www.mil.gov.alerts)
5. Call 1.800.344.8219 for updates

Government Emergency Telecommunications/Wireless Priority Service (GETS/WPS) Cards

GETS/WPS is a service developed by the Department of Homeland Security to address the national security and emergency preparedness community's requirement for priority calling during congestion on landline and wireless networks.
The purpose of GETS/ WPS cards:
- Increases the probability of completing calls when normal methods fail
- Provides voice transmission
- Provides a single, universal telephone number and a Personal Identification Number (PIN) that allows easy access to the service
- Allows calls to all 50 states and any worldwide destination

DCYF Leadership identifies essential staff who are assigned GETS/WPS cards and are required to perform monthly test calls to maintain familiarity with the GETS/WPS process.

Leadership Emergency Management Calling Cards

Designated DCYF Leadership are provided with a Leadership Emergency Management Calling Card that establishes the process to follow in the event of an emergency. DCYF Leadership are to follow these simple steps:
1. Determine the scope of event and next steps
2. Contact the Deputy Secretary
3. Contact the Emergency Manager
4. Contact Building Leadership for plan of action

DCYF Building Contact List

The DCYF Statewide Emergency Event Contact List is utilized when a natural or human-made emergency event arises. This important tool helps support DCYF staff within their designated buildings, in the event of an emergency. The list outlines key DCYF staff that will collaborate collectively on an emergency event.

Emergency Leadership Conference Bridge

The Emergency Leadership Conference Bridge is a multi-point, multi-user, out-of-area tool used during an emergency event. The call-in and PIN number remain constant. Designated DCYF Leadership are assigned Emergency Leadership Conference Bridge Calling Cards with the call in information.

Leadership Expectations

The emergency leadership conference bridge is available for the DCYF Emergency Management Unit to activate following an emergency event. The Emergency Management Unit notifies the Executive Leadership Team via phone or email regarding the conference bridge information. The Executive Leadership Team must be prepared to call in at the soonest scheduled time following the event.
The call in schedule is as follows:
- 6:00 a.m. on the calendar day following the emergency event
- 10:00 a.m. on the same day
- 2:00 p.m. on the same day
- Recurring daily call schedule as indicated until notified to stand down

Emergency Response Coordination Duties

<u>Executive Leadership</u>

The Executive leadership (Directors and Regional Administrators) will designate staff to serve as liaisons representing their area of work in the support of emergencies.

As part of the duties related to emergency response coordination for the Department, the Liaisons are responsible for:

- Timely collection and reporting of information about their respective facility operations, staff status, client status, and other pertinent information
- Transmit information to the Emergency Management Services
- The Emergency Management Administrator will define the method of reporting as needed
- Support these function throughout the duration of the emergency event

<u>Emergency Management Administrator</u>

- Notify Executive Leadership Team and division liaisons
- Activate the Executive Leadership Team Conference Bridge, as necessary
- Brief Deputy Secretary and other members of the Executive Leadership Team, as appropriate
- Empower DCYF managers and key staff to at the local level where the emergency event is happening to direct the response
- happening to direct the response
- Providing timely updates to the DCYF toll-free employee emergency information line

Procedures Following an Emergency Event

When the emergency event is concluded the Emergency Management Administrator will contact all affect leadership and building representatives to build an After-Event report. The report will contain the following information on the event:

- Start time
- End time
- Affected staff
- Affected clients
- Leadership and Building Liaison actions
- Communications
- 1800 activity
- Follow-up actions needed

Washington State Department of Children, Youth, and Families (DCYF)
Title IV-E Training Plan

State Fiscal Year 2022
July 2021

Revision dates

Washington State DCYF Title IV-E Training Plan
Cost Allocation Methodology

DCYF uses a curriculum analysis methodology per the approved Public Assistance Cost Allocation Plan (PACAP) for the Alliance for Child Welfare Excellence (Alliance) expenditures which allocates to Title IV-E based on the proportionate share of training eligible for the applicable Title IV-E FFP with the foster care penetration rate applied.

Administrative staff that provide training are allocated through DCYF RMTS Indirect Waiver Base 590. The training and/or administrative costs associated with social workers who provide training, and training and/or administrative costs associated with Children's Administration staff attending training are allocated through Base 592 or Base 593. Bases 590, 592, and 593 are based on the Random Moment Time Study (RMTS) which will be submitted in an amendment to the Public Assistance Cost Allocation Plan (PACAP) effective July 1, 2015 to include Title IV-E Entitlement Training costs at 50% FFP, Title IV-E Entitlement Training costs at 75% FFP, and State only (no Title IV-E costs). Supervisors and Administrators' costs are allocated based on the results of the RMTS which are representative of Social Worker time. Therefore, the allocation of costs based on the RMTS may include time spent attending training.

The Title IV-E penetration rate is applied to all trainings identified in the SFY19 Training Plan, with the exception of Title IV-E Specialist and SSI trainings. If the state identifies a training other than the Title IV-E Specialist and SSI trainings where the penetration rate should not be applied, ACF Region X will be consulted with and if agreed upon the State will submit an amended Training Plan noting the training in which the penetration rate is not applied. Once approval of the amended Training Plan is received, the State will claim Title IV-E, as approved.

The total estimated costs identified in the training plan are estimated annual costs to provide the training. The estimates do not include the cost of the attendees.

Effective SFY 2016 the following trainings will be allocated to 100% state only funding with the exception of the specialized DLR/CPS and Intake Tracks which will allocate to TANF in the RMTS based upon the proposed structure submitted in a Public Assistance Cost Allocation Amendment to DCA.

Ø DLR/CPS Specialized Track (TANF)
Ø Intake Specialized Track (TANF)
Ø Train the Trainer – Mandated Reporting (State)
Ø Mandated Reporting (State)
Ø 10 Day Response CPS/Intake (State)
Ø CPS Miscellaneous (State)
Ø Ending Alternative Response (State)
Ø Policy and Practice Training related to 10-day intakes (State)

Effective July 1, 2016 DCYF, formerly CA, is requiring the Alliance to institute internal control procedures to ensure worker types attend the appropriate training courses, inherently based on the benefitting funding source for all topic specific training courses outside of Regional and Supervisor's Core Training. For non-topic specific training courses (i.e. Worker Safety, FamLink Training, ICW, etc.) outside of Regional and Supervisor's Core Training, DCYF will require the Alliance to track the worker types attending the trainings and report it to DCYF on a quarterly basis. DCYF will capture the proportionate share of benefitting Title IV-E staff and apply the Title IV-E proportionate share to the training hours of these non-topic specific courses in the quarterly curriculum analysis calculation for the purpose of adjusting training costs based on actual training course.

Effective **July 1, 2017**, the Alliance is no longer providing FamLink Training. All FamLink Training is provided by DCYF IT Division.

FamLink Training Description
Using a blended learning model based on a LEAN Framework, utilizes the best learning method for each stage of learning and knowledge, skill, integration and motivation transfer; minimizing inefficiencies in the training process and maximizing worker knowledge and confidence in a short amount of time.

Classroom and Virtual Classroom Training maximizes the use of the group and face-to-face interaction in order to support concept learning, relationship building and culture orientation. It is followed with **E-Learning** that supports self-paced learning across geographical locations with an emphasis on practice and alignment with the actual work that the caseworker or supervisor performs. Our on-line courses include easy navigation, task simulation and completion, interacitve excercises with real world examples, tasks and quizzes.

Our **Immersive Learning (Coaching)** experiences pairs up our training coaches with workers and their supervisors to support integration of learning; connecting the learning and learner to real world practice. This allows the learner to understand how the learning material applies to their daily tasks by enabling job application and building skill as the coach teaches alongside where they can observe the work, providing feedback. During the Immersive Learning experience there is ongoing dialog and the opportunity for more exploration of the material and application.

This process also allows the training team to develop specific knowledge and key skill milestones for each of the courses. This provide the team with the ability to track mastery throughout the process; adjusting the training along the way to meet each individual learner's needs, setting the stage for success.

Training Tab	Total Estimated Costs
Trainings in Development	$1,375,000.00
Workforce Training	$7,171,860.89
Caregiver Training	$21,881.64
Online Training	$401,823.47
FamLink Training	$516,206.00
Region 1	$177,050.00
Region 2	$177,050.00
Region 3	$140,236.00
Region 4	$140,236.00
Region 5	$142,917.00
Region 6	$142,917.00
Total Estimated Training Costs	$10,407,178

Notes

Regional Core Training costs include salaries, benefits & average of goods, services, travel of RCT coaches and Alliance staff related to RCT

Trainings In Development										
Title	**Course Description**	**Venue**	**Length per Topic Area (Hrs.)**	**# of Sessions Statewide**	**Provider**	**Audience**	**Location**	**Estimated Implementation Date**	**Projected FFP**	**Notes**
Adolescent Transition Planning for Caregivers (eLearning)	Course in development.	eLearning	To Be Determined		Alliance	Caregivers			75%	
Applying Safety Throughout the Life of the Case	in development	Webinar	To Be Determined		Alliance	Social Workers				formally known as Placement: When to Place, Where to Place, When to Return Home
Caregiving for Children with Physically Aggressive Behavior Concerns	Revision	eLearning	To Be Determined		Alliance	Caregivers			75%	
Cultural Connections: Meaningful Engagement with Indigenous Families and Communities	Making meaningful connections with community knowledge keepers so that children, youth and families have cultural continuity. Mitigating the pan approach to Indigenous culture.	TBD	To Be Determined		Alliance	Caregivers			75%	75% FFP confirmed 11/19/20
FFPSA / Motivational Interviewing	multiple component training	Classroom / Webinar	To Be Determined		Alliance	Social Workers				
How to Co-Investigate / Navigating MOAs with Tribes	Active implementation of existing MOAs that reflect the unique expectations and recognition of culturally relevant protective factors in communities. Will include specific content as it to their community's expectations that practice on the reservation meet their legal processes; i.e. grandparents committee at Lummi. Prioritize with Tribes that have MOU's in place.	TBD	To Be Determined		Alliance	Social Workers and Supervisors			75%	review course name 75% FFP confirmed 11/19/20
How to Work with a Child's Tribe	Collaborative social work in support of sovereignty, culturally relevant case planning and work with indigenous families supporting safety, permanence and wellbeing. Need to include learning outcomes that are reflective of the varied communities Indigenous families represent.	TBD	To Be Determined		Alliance	Social Workers			75%	75% FFP confirmed 11/19/20
Impacts of Colonization on Social Determinants of Health:	Working with, and supporting wellness in Indigenous Families and Communities. See Pulling Together for Wellness from American Indian Health Commission.	TBD	To Be Determined		Alliance	Social Workers			75%	
Infant Safety and Care (e-Learning for Caregivers)	Revision	eLearning	1		Alliance	Caregivers			75%	in deve
Introduction to Adoption from Foster Care	Introduction to Adoption from Foster Care is a current class offered for caregivers interested in adoption. The training was developed in 2016 and is ready for a revision. We have gathered feedback from the caregivers who have participated in the training over the last 4 years and would like to reimagine the training to better meet their needs and to be more interactive. We also want to ensure that the course addresses keeping children connected to their culture of origin and supporting children as they navigate changing relationships.	Webinar	To Be Determined		Alliance	Caregivers			75%	added 12/28/20
Introduction to Family First Prevention Services Act E-Learning	Early implementor offices of FFPSA will roll-out Jan 2022, DCYF staff need an introductory elearning as soon as possible, preferably by Sept 1, 2021. The target audience will be anyone who wants to be familiar with the Family First Prevention Act at DCYF, or for outside providers. This will be an overview of the law as well as WA state's plan for implementation.	eLearning	To Be Determined		Alliance	Social Workers and Supervisors				

Kinship 101	Kinship 101 is a current class offered for kin caregivers. The training was developed in 2016 and is ready for a revision. Because the Alliance has recently released two new kinship trainings that focus on navigating the changing relationship between the caregiver and the child's parent, and supporting the child in the home, there is an opportunity to reimagine Kinship 101. Instead of trying to cover all elements of kinship care, as it currently does, Kinship 101 can focus on resources and supports available to kin care providers. We have gathered feedback from the kin who have participated in the training over the last 4 years and they have been quite clear about the need for more in-depth exploration of resources and supports.	Webinar	To Be Determined		Alliance	Caregivers			75%	added 12/28/20
Learner Centered Coaching eLearning for Caregivers	This introductory eLearning will provide foundational information about the LCC model, the coaching process and how caregivers can request a coaching session	eLearning	To Be Determined	1	Alliance	Caregivers			TBD	
Meaningful Cultural Connections: Working with Indigenous Communities	Supporting Active Efforts by engaging parents in services that are culturally relevant. Making meaningful connections with community knowledge keepers.	TBD	To Be Determined		Alliance	Social Workers			75%	75% FFP confirmed 11/19/20
New: Foster Care Portal	Relevant policies/rules/ laws related to training (please attach or provide hyperlink to all policies/rules/laws): https://www.dcyf.wa.gov/practice/practice-improvement/foster-parent-application-portal. This is where you can get the most updated information on the development for the Foster Parent Application Portal. Content areas to be addressed in the training. Please be specific and detailed: How caregivers interface externally with the Foster Parent Application Portal. More details will be provided as the as the Portal gets finalized Knowledge and skills the participant will demonstrate as a result of the training. What do you want the participants to know? What do you want them to be able to do? Please be specific and detailed. What you write below should DRIVE the focus of this training towards specific skills and knowledge: •Prospective caregivers will complete the application process in the portal. •They will be able to upload any required documents, such as a copy of their driver's license. •All signatures needed throughout the application process can be captured electronically.	TBD			Caregivers					
Peer support training	New	TBD	To Be Determined		Alliance	Social Workers			50%	in deve
Regional Core Training (RCT)	Revision	Classroom / Webinar	To Be Determined		Alliance	Social Workers			varies	DCYF is updating policies to meet their PIP and will update this revision again before it launches. Moved back to development 11/19.
Requirements and timeframes for permanency and the system impacts on timely completion	Course in development.	TBD	To Be Determined		Alliance	AGO, DCYF, and judicial and other court-system partners			50%	no formal request yet, ALJ Training

Skill Building for Indigenous Kinship Providers	Addressing stigma, culturally varied definitions of family, financial and resource support and referrals, and identifying and mitigating barriers to licensing for Indigenous kinship providers.	TBD	To Be Determined		Alliance	Caregivers			75%	75% FFP confirmed 11/19/20
Supervisor Core Training	Revision	Classroom / Webinar	To Be Determined		Alliance	Supervisors				
Training for AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion	Course in development.	TBD	To Be Determined		Alliance	Administrative Judges			0%	in deve
Washington State ICW Training Day 3		Classroom / Webinar	To Be Determined		Alliance	Social Workers			75%	Adding a 3rd day w/ additional content
Working with Clients Who are Deaf/Hard of Hearing	Course in development.	eLearning	To Be Determined		Alliance	Social Workers and Supervisors			75%	in deve

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location

Caregiver Training									
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
ABC's of Autism, Behaviors, and Coping Strategies	This valuable class for foster parents, caregivers, and staff highlights Autism, current research, sensory-related characteristics, common behaviors, and related school interventions. Join Larry Davis, special education advocate, as he shares a unique perspective of supporting kids on the spectrum at school and home by addressing anxiety related symptoms through emotional resilience strategies including science-based self-regulation techniques.	Classroom & Webinar	3.0	4.0	Alliance Contracted Training	Caregivers	Statewide	75%	
Advanced Adoption: Effects of Trauma and Loss on Adopted Children	For many children in foster care, the path up to, including and even after adoption can include trauma, grief and loss. As a potential adoptive parent, it's crucial that you understand the story a foster child is bringing to you and what part you can play in that. This course, "Advanced Adoption: The Effects of Trauma and Loss on Adopted Children," takes you beyond the introductory level into beginning to understand more deeply the emotional, mental and physical needs an adoptive child may have. A startlingly high number of adoptions are not successful, which is why it is so important that you have realistic expectations and adequate support, both of which are explored in this training. You will first be guided through a discussion around the definition of adoption, including what it is and what it isn't, and you will be encouraged to share your ideals and goals as an adoptive parent. You will then spend a majority of your time learning about the impact of trauma, grief, loss and ACES (adverse childhood experiences) on development in adopted children, and exploring how to recognize behaviors related to these issues. This includes training on attachment and learning ways to strengthen your bond with the children in your care depending on their attachment style. When you leave the training, you will have numerous new training resources and supports to assist you as you navigate this new environment.	Classroom	3.0	3.0	Alliance	Caregivers	Statewide	75%	
Advanced Adoption: Effects of Trauma and Loss on Adopted Children (webinar)	For many children in foster care, the path up to, including and even after adoption can include trauma, grief and loss. As a potential adoptive parent, it's crucial that you understand the story a foster child is bringing to you and what part you can play in that. This course, "Advanced Adoption: The Effects of Trauma and Loss on Adopted Children," takes you beyond the introductory level into beginning to understand more deeply the emotional, mental and physical needs an adoptive child may have. A startlingly high number of adoptions are not successful, which is why it is so important that you have realistic expectations and adequate support, both of which are explored in this training. You will first be guided through a discussion around the definition of adoption, including what it is and what it isn't, and you will be encouraged to share your ideals and goals as an adoptive parent. You will then spend a majority of your time learning about the impact of trauma, grief, loss and ACES (adverse childhood experiences) on development in adopted children, and exploring how to recognize behaviors related to these issues. This includes training on attachment and learning ways to strengthen your bond with the children in your care depending on their attachment style. When you leave the training, you will have numerous new training resources and supports to assist you as you navigate this new environment.	Webinar	2.5	9.0	Alliance	Caregivers	Statewide	75%	
African American Hair and Skin Care	This 4-hour focused topic training for caregivers, social workers and supervisors teaches participants to understand the complexity of caring for African American and biracial hair and skin. Participants will gain skills and knowledge to be culturally responsive to the needs of the children/youth in their care. The provider will demonstrate how to properly wash, dry and style (including braiding) for African American children and youth in their care. The provider will give resource tools on how participants get the appropriate hair and skin products for children/youth. The participants will gain knowledge, skills and tools to utilize with the children/youth in their care. Participants will learn how to seek necessary resources and support to promote a healthy self-concept for the children/youth in their care.	Classroom	4.0	0.8	Alliance Contracted Training	Caregivers	Statewide	75%	
As They Grow: The Drug Impacted Child	This 6 hour focused topic training for caregivers will focus on how children with substance abuse in their life have an increased chance of experiencing many effects, such as poor social, cognitive and emotional development, physical, mental and health issues, depression, anxiety, concentration and learning difficulties, trouble controlling their responses, as well as other traumatic issues. The goal of this workshop is to identify and address the impacts drugs have on children and setting up a successful environment and coping skills. The takeaway from this training is feeling empowered to care for a drug impacted child as they grow through childhood, teenage years and beyond.	Classroom	6.0	6.0	Alliance Contracted Training	Caregivers	Statewide	75%	

As They Grow: The Drug Impacted Infant and Toddler	This 6-hour focused topic training for caregivers provides an in-depth exploration of Drug Impacted Infants and Toddlers. The training focuses on how to identify and address the impacts drugs have on infants and toddlers; how to recognize symptoms; set up a successful environment and work together with the team in providing care for the child. The takeaway from this training is feeling empowered to care for a drug impacted Infant as they grow through infancy, toddler and preschool.	Classroom	6.0	9.0	Alliance Contracted Training	Caregivers	Statewide	75%	
Attention Deficit and Hyperactivity Disorder (ADHD)	This 6-hour focused topic training for caregivers develops an understanding of Attention Deficit Hyperactivity Disorder (ADHD) as presented in DSM 5 and alternate behavioral descriptions from Daniel Amen MD. The training also covers the common developmental course of ADHD and a 7 Step Intervention pathway for home and school success.	Classroom	6.0	10.0	Alliance Contracted Training	Caregivers	Statewide	75%	

Behavior Management Tools for Foster Parents and Caregivers	This 6 hour focused training for caregivers provides a foundation for understanding Adverse Childhood Experiences (ACES) and challenging or escalating behavior among children in out-of-home care. The training provides specific behavior management skills for caregivers to deescalate and manage behavior including trauma informed caregiving, authoritative parenting, therapeutic environments, engagement, and more.
	This workshop will give caregivers practical tools to help manage behaviors such as:
	    Oppositional defiance
	    Property damage and juvenile delinquency
	    Attention deficit hyperactivity
	    Running away
	    Power struggles and escalated tantrums
	    Verbal and physical aggression
		Classroom	6.0	12.0	Alliance Contracted Training	Caregivers	Statewide	75%	

Caregiver Core Training	Caregiver Core Training (CCT) is the mandatory training for Washington State's caregivers to become licensed. Caregiver Core Training can be taken two ways – online or in the classroom. If you prefer to use a self-paced, online eLearning, please click this link to read more about general guidelines for online trainings to make sure it is a good fit for you, and to register for your online training. If you prefer to take the course in a classroom (conducted at various locations around the state) please continue reading and register below. Both the online and classroom training cover the same critical content.	Classroom	24.0	60.0	Alliance	Caregivers	Statewide	75%	
Caregiver's Responsibilities in Supervising Family Time (webinar)	As a caregiver, you can play multiple roles on a child's care team, including being a supervisor for Family Time. This training gives you an introduction to the requirements of these visits and will guide you through evaluating your own potential appropriateness to take on this responsibility. If you aren't familiar with Family Time, the course gives a clear definition of what it is and how you are both expected and invited to participate. (If you are interested in learning more before taking this training, the webinar "Caregiver's Responsibility in Supporting Family Time" is recommended as a starting point.) Then you will move into the core of the course, learning the expectations around Family Time supervision and understanding who can play that role. You will be guided through what you need to know if you take on the role of supervisor, including how to establish rapport with parent and child, guidelines around intervention in visits, and what to document and how. Many real-life scenarios will help you put the lessons into practice and be better prepared to implement the tools you learn. When you leave the course you will understand how you can best support the supervision of Family Time, the valuable way parents and children can stay bonded.	Webinar	2.5	12.0	Alliance	Caregivers	Statewide	75%	
Caregiving for Children With Physically Aggressive Behavior Concerns	This 6-hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors. Participants will explore the potential impacts of trauma and maltreatment on attachment, behavior and development as well as the risk factors for violent behavior in children. Participants will closely review the newest Washington Administrative Code (WAC) related to discipline and will contrast principles of positive discipline and punishment. Skill building will focus on creating a plan to prevent a crisis; the various forms aggression may take and how to look for signs of when a child is agitated or escalating; how to intervene during a crisis; and how to manage ongoing or explosive aggressive behaviors via teaching coping skills and Collaborative Problem Solving. Local resources and supports for the youth as well as the caregiver are discussed.	Classroom	6.0	12.0	Alliance	Caregivers	Statewide	75%	

Caregiving for Children With Sexual Behavior Concerns	This 6 hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with sexual behaviors. Participants will explore values and beliefs before reviewing typical child development and the impacts of trauma, abuse, and neglect on development. Participants will then explore in-depth how sexual abuse specifically can impact various development domains, as well as the child's self-image, and the household supporting them. Sexual development is explored throughout childhood including what is typical, what may be "red flags", how some experiences can lead to sexual behavior problems, and how to intervene and respond safely. Caregivers will learn about their role in promoting healthy sexual development, positive messaging, suggestions for prevention education, the importance of establishing house rules, and other ideas to maintain safety while also helping to prevent false allegations in their home.	Classroom	6.0	12.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 1: Welcome and Introductions (webinar)	This is the first in an eight-part training series focusing on "Caring for Children Who Have Experienced Trauma." Over the entire course, you will work through what trauma is, how it affects children and those around them, and how you can support the child and yourself. Part 1 is an introduction to the concept of trauma as an underlying factor in the challenging behaviors of some foster children. You will get a look at "real world" examples of situations in which a child's trauma is manifesting in different ways. You also will be guided through the "Essential Elements of Trauma-Informed Parenting," tools you may find helpful immediately. When you are done you will be able to describe trauma-informed parenting and its benefits, which will set you up for success as you move forward in this course.	Webinar	2.0	14.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 2: Trauma 101 (webinar)	Part 2 of the "Caring for Children Who Have Experienced Trauma" series will introduce you to what trauma is and how a child's behaviors may be evidence of a response to a traumatic experience, looking at physical, mental, emotional and developmental impacts. While focused on trauma, this training also spends time discussing resilience. You will look at real-life scenarios that illustrate how to see positive signs in challenging behaviors, and how to foster the growth of these bright spots. At the close of the class you will understand child trauma and the response to traumatic events, as well as what resilience is and how you as a resource parent can help promote it.	Webinar	2.0	14.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 3: Understanding Trauma's Effects (webinar)	Part 3 of the "Caring for Children Who Have Experienced Trauma" series walks you through the profound impact trauma has on a child's development and functioning. At the start of the class, you will engage in an exercise that sheds light on how the brain receives information about danger. This puts you in a mindset to understand how the brain can be shaped by trauma. The training ties this to how a child's development can be affected at different ages and what impact trauma can have on behavior. There are many things you can do as a resource parent to help children overcome trauma and build new pathways in their brains. In this class you will learn about the "Invisible Suitcase," and how trauma-informed parenting can help "repack" it in a positive way.	Webinar	2.0	14.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 4: Building a Safe Place (webinar)	Part 4 of the "Caring for Children Who Have Experienced Trauma" series starts looking at ways you can help your child recover from trauma and feel safe. During this class, you will look at the difference between physical and psychological safety, and how a child who has experienced trauma will have a different definition than you do. You will look at ways you can support a child's sense of safety, and get tools for how to make that happen, which includes a "safety message." You will walk through elements of a safety message and discuss how deliver one effectively. You will spend time talking about ways that children may be reminded of trauma, such as certain environments, or emotional reactions to situations that may be unexpected. You will learn some basic steps to help the child feel safe that build on the trauma-informed lens, as well as how you can help them cope.	Webinar	2.0	14.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 5: Dealing with Feelings and Behaviors (webinar)	Part 5 of the "Caring for Children Who Have Experienced Trauma" series dives into deeper discussions about the relationship between trauma and psychology. In this session you will be introduced to the Cognitive Triangle, a tool that helps with recognition of the connection between thoughts, feelings and behaviors. You will discuss how trauma affects these aspects and why a child who has experienced trauma may act out. You also will spend a lot of time talking about your role as a resource parent and how you can help, through understanding the child's needs. You have the opportunity to build new, positive experiences that can help reshape the brain and support the child's development of emotional skills.	Webinar	2.0	14.0	Alliance	Caregivers	Statewide	75%	

Title	Description	Type	Col1	Col2	Provider	Audience	Area	Pct	
Caring for Children Who Have Experienced Trauma Part 6: Connections and Healing (webinar)	Part 6 of the "Caring for Children Who Have Experienced Trauma" series focuses on the power of connections and how they play a vital role in helping children heal from trauma. During this course you will be introduced to a family story that illustrates the intergenerational nature of trauma and how different people react to the same events. You will engage in activities and discussions where you will consider how to respond to challenging scenarios. This training also focuses on how to give a child a safe space to talk about their trauma. While it may be tempting to think the best thing for the child is to forget about past events, there are many positive things that can come out of allowing the child to discuss their experiences. You will learn many tools that will help you show active, supportive listening and create an environment in which the child feels it's safe to share.	Webinar	2.0	14.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 7: Becoming an Advocate (webinar)	Part 7 of the "Caring for Children Who Have Experienced Trauma" series broadens the discussion about trauma to look at your role within the team of people involved in the child's life. Trauma-informed advocacy involves many of the same aspects as trauma-informed parenting – once you understand the latter you can work toward sharing this perspective with other people who are supporting the child. During this training you will talk specifically about what this looks like, and engage in a role-play scenario that will support your skill building and interactions with the child's team. In this session you also will discuss the times when you may need to seek additional help for the child in your care. You will look at the behaviors that point to a need for therapy, and how you can support this by seeking trauma-informed treatment and evaluating that treatment in an ongoing way.	Webinar	2.0	14.0	Alliance	Caregivers	Statewide	75%	
Caring for Children Who Have Experienced Trauma Part 8: Taking Care of Yourself (webinar)	Part 8 of the "Caring for Children Who Have Experienced Trauma" series focuses on you as the caregiver. In the world of trauma-informed parenting, it is essential that you understand how to take care of yourself, too. This course focuses on the challenges of helping others manage trauma, and the effects that can have. You will be introduced to compassion fatigue and secondary traumatic stress, and go through a "self-care checkup" to see how well you are supporting your own health. A fundamental part of this session is helping you gain coping strategies, when you are overwhelmed by others' trauma or when another's trauma is a reminder of your own past experiences. with strategies for integrating activities in the short- and long-term.	Webinar	2.0	14.0	Alliance	Caregivers	Statewide	75%	
Chaos to Calm: Promoting Attachment in Out-of-Home Care	This 6 hour focused training for caregivers provides an in-depth exploration of secure attachment and challenges to attachment as well as building caregiver skills to enhance attachment with children in out of home care.	Webinar	6.0	6.0	Alliance Contracted Training	Caregivers	Statewide	75%	

Compassionate Parenting	Discover what compassion really is, how it starts by being compassionate with ourselves and see the positive results with our families and others.
	You'll hear about and learn the roadblocks, hurdles and challenges that often prevent this kind of parenting and discover ways to move through them so you, and your children, win!
	Topics include:
	  Separating the children's behavior from who they are
	  How to not take what they do or say personally
	  Being compassionate with ourselves supports positive results with our families
	  Learn the roadblocks, hurdles, and challenges of this type of parenting and how to move through them.
	  The role self-esteem plays in all of us
	You'll learn real world concepts that work!
		Classroom	6.0	3.0	Alliance Contracted Training	Caregivers	Statewide	75%	

CPR and First Aid for Caregivers	Required training for all caregivers in First Aid/CPR, Blood borne pathogens/HIV training. Training made available in English- and Spanish-speaking participants. The Alliance contracts with certified trainers to provide CPR, First Aid, and Blood-borne pathogens/HIV training. Keep the Beat offers this class to all caregivers of foster children free of charge. This includes grandparents, babysitters, etc. Keep the Beat provides these classes statewide and free of charge whether or not you are licensed.	Webinar	6.0	265.0	Alliance Contracted Training	Caregivers	Statewide	75%	

CPR and First Aid In-Person Certification for eLearning	This Foster Parent Initial Licensing: CPR/First Aid/Bloodborne Pathogens Certification consists of the following 3 classes: ProBloodBorne: Healthcare Bloodborne Pathogens (eLearning) - 1 hour Bloodborne Pathogens Training is an OSHA mandated training program for any person who may be reasonably anticipated to face contact with blood and other potentially infectious materials as the result of performing their duties as a caregiver. ProBloodborne is for individuals who must comply with OSHA standard 29 CFR 1910.1030. This course is aimed specifically at those in the healthcare industry and applies to Caregivers in WA state who are seeking to be a licensed Foster Parent for the first time. The BBP certification only needs to be completed once for the Foster Parent licensing process. ProFirstAid: CPR + First Aid for All Ages (eLearning) - 4.5 hours ProFirstAid is a blended training where students complete an online course for CPR, First Aid, and AED usage and then later schedule a skill evaluation with an instructor. Once the instructor has confirmed a passing score, the student will receive their electronic CPR Certification card via email with an option to request a physical copy mailed to them within 7-10 business days. CPR certification is valid for 2 years. ProFirstAid: CPR Skills Evaluation - 1 hour Note: Due to limitations for classroom trainings related to COVID-19 public health considerations, the CPR skills evaluation is currently on hold per DCYF. Those seeking their first foster care license may complete the BBP and CPR eLearnings and submit their certificates for licensure. Once the CPR skills assessment is opened back up, you will be required to return here to complete the skills assessment to be certified in CPR. Foster Parent Initial Licensing: CPR/First Aid/Bloodborne Pathogens Certification follows the latest American Heart Association and ECC/ILCOR guidelines and is nationally accredited. The eLearnings are available in English or Spanish.	Classroom	1.0	200.0	Alliance Contracted Training	Caregivers	Statewide	75%	
Eating Disorders and Beyond	This 6-hour focused topic training for caregivers covers how to recognize and support disordered eating and recovery from disordered eating. Participants will learn when and how to seek professional help, feeding practices to encourage a positive eating environment for all ages, and reasons that hoarding occurs and how to respond to it.	Webinar	6.0	4.0	Alliance Contracted Training	Caregivers	Statewide	75%	
Emotion Coaching	Emotion Coaching is a research based method from the Talaris Institute and the Gottman Institute that gives caregivers a way to help children learn about emotions. Research shows that when caregivers value and guide emotions using this important method, children do better in many ways. These children tend to: Form stronger friendships with peers Have higher self esteem Regulate their moods more easily Be more successful in their problem solving skills Bounce back from emotional events more quickly Get sick less often Emotion Coaching helps prepare children from birth to 5 years old for the challenges they face throughout their lifetime. A child's ability to delight in the happy times and recover from the bad ones is a key part of emotional health. By learning and practicing the 5 steps of Emotion Coaching, you can make an important investment in a child's future.	Classroom & Webinar	2.0	26.0	Alliance	Caregivers	Statewide	75%	
Fostering Children & Youth Through Transition, Grief & Loss: Helping Children With Their Feelings	Grief for children is the disruption of a bond, and in any foster situation, significant bonds have been disrupted or broken. This makes foster children more emotionally vulnerable when other losses occur. A friend may move, a pet dies, or a teacher goes on maternity leave. All these events placed the foster child in a very precarious position. This training will help you to understand that a lot more is on their emotional plate then on other children. You will learn how to address and support the child in a time of transition. This training will cover: The stages of grief. A condensed developmental understanding of how children grieve at different ages and understandings. How to communicate with children. How transition, grief and loss might trigger old feelings for the child and caregiver. Developing a plan and skills to support children in times of transition.	Webinar	4.0	6.0	Alliance Contracted Training	Caregivers	Statewide	75%	
Healthy Sexual Development (webinar)	This three hour webinar will provide you with tools and resources about Healthy Sexual Development needed to ensure the children in your care have the necessary information and support to become healthy adults. Upon completion, you will be able to identify what healthy sexual development is by age and stage of development, recognize your own possible discomfort in talking about healthy sexual development with children and youth, and you will be able to integrate healthy sexual development conversations with children and youth into everyday life.	Webinar	3.0	12.0	Alliance	Caregivers	Statewide	75%	

Honoring Their History: Memory Preservation for Children in Care	Without memories, how do you understand who you are? These slices of life are tied to emotions, learning and growth, and help us maintain connections to our personal history and life story. Often we use tools like photographs or stories or memorabilia to recall feelings or look back on events. The new training "Honoring Their History: Memory Preservation for Children in Care" focuses on how to support a child's well-being through the recording of memories and other parts of their life during their time away from their family. This webinar introduces the idea of memory preservation as central to a child's welfare, because it provides many benefits to emotional and mental health. You will be guided through how to start the process and the different methods of preservation, and will be encouraged to think about which would work best for you and your family. You also will explore a variety of ways to gather information from both the child and other important adults in the child's life. At the close of this training, you will have an individual plan for documenting and preserving memories in a way that honors the child's past and present.	Webinar	2.0	13.0	Alliance	Caregivers	Statewide	75%	

Identifying and Supporting Commercially Sexually Exploited Children for Caregivers	This 3 hour in-service level training will help caregivers identify and support youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic practices that support helping these youth reach positive outcomes.
	Learning Objectives:
	  Know the legal definition of commercial sexual exploitation of children
	  Understand how commercial sexual exploitation might happen to a youth
	  Understand how experiencing commercial sexual exploitation may impact a youth
	  Be able to spot signs that youth are at risk for becoming (or are) commercially sexually exploited
	  Have strategies for caring for youth who are at risk for becoming (or have been) commercially sexually exploited
		Classroom	3.0	12.0	Alliance	Caregivers	Statewide	75%	

Individual Learner Centered Skill Development for Emerging Caregiver Needs	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session provides in-depth support around specific topics identified by the caregiver as needed. The topics covered may include: 1. Understanding the child welfare system, regulations, expectations, and how to navigate available resources 2. Navigating crisis 3. Understanding and supporting child development 4. Effective communication (with birth parents, extended family, social workers, and the child in your home) 5. Self-care, secondary trauma, and healing	Coaching	0.5	40.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development for the Indian Child Welfare Act (ICWA)	Support sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress toward those goals is measured by both the learner and the coach after the session. Prior to scheduling a support session, caregivers need to complete the class "Parenting a Native American Child: Partnering in the Interest of Culture for Caregivers (eLearning)." This session provides in-depth support around specific topics identified by the caregiver as needed. The topics for this session may include: 1. Understanding ICWA, regulations, and expectations state staff must follow; 2. What is most important for caregivers to know (jurisdiction, Tribes' voice in cases, connection for the child, etc.);	Coaching	0.5	20.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Caregivers Report to the Court	This 2 hour coaching session for Caregivers builds upon information contained in Caregivers Core Training (CCT) and provides detailed training related to the writing and submitting of the Caregiver's Report to the Court (DCFS 15-313). Participants will understand the caregiver's role in the court process and how to effectively communicate with the court and other parties through the Caregiver's Report to the Court. During the session the caregiver will have the opportunity to compose an actual court report about the child in their care and receive specific feedback from the Child Welfare Trainer.	Coaching	0.5	40.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Kinship 101: Information for Relatives and Suitable Others	This 1.5 hour Coaching Session for Caregivers covers the financial, legal, and emotional challenges of raising a relative's child. Services and support when raising a relative's child can be a lifesaver. Often kinship caregivers do not access the benefits which are available to them. This coaching session will address the issues that Kinship Caregivers struggle with most at an individual level: 1. Financial Needs 2. Legal Challenges 3. Navigating public service systems	Coaching	0.5	20.0	Alliance	Caregivers	Statewide	75%	

Individual Learner Centered Skill Development on Positive Discipline	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session provides in-depth support around specific topics identified by the caregiver as needed. The topics covered may include a Positive Discipline response to any behavior identified in the Positive Discipline A-Z index. The intention of this coaching session is to help the participant apply the Positive Discipline lens and framework to issues that are currently coming up in their home. Participants must have attended at least one session of Positive Discipline training in order to utilize the coaching option.	Coaching	0.5	20.0	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Teaming for Visitation	This 2 hour Coaching Session for Caregivers builds upon information contained in Caregivers Core Training (CCT) and provides in-depth training around the need for visitation from the child's perspective, the caregiver's role in visitation, and how caregivers can support the child to help visitation to be as successful as possible. Caregivers will more deeply understand the need to support children's relationships with birth families and gain skills to successfully team with others involved in the child's visitation. This coaching session includes activities that allow the caregiver to assess the effects of visitation on the child(ren) in their care and create a plan to address any concerns which may arise in the future. Coaching sessions are utilized to address a caregiver's specific needs and build specific skills at their convenience. Just contact us to request a time for session to be scheduled.	Coaching	0.5	20.0	Alliance	Caregivers	Statewide	75%	
Individualized Support Sessions for Online CCT	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session builds upon information contained in Caregivers Core Training (CCT) and provides in-depth support around any of the elements of CCT identified by the caregiver as needed. The topics covered will include how caregivers will use effective discipline in their homes to manage behaviors, resources and supports that the caregiver will utilize, and identifying future training needs. Additional topics, as determined by the caregiver, may include: understanding the child welfare system, working as part of the team surrounding the child, partnering with the birth family, cultural competency and keeping children culturally connected, advocacy, trauma, grief and loss, attachment, child development, communication, crisis management, and preparing for the first placement.	6/28/2021	0.5	3800.0	Alliance	Caregivers	Statewide	75%	
Infant Safety and Care for Caregivers	Participants learn about infant communication, safe sleep environments, and the shaken baby syndrome to better care for infants placed in their homes. Equipped with the information, participants are able to be responsive and provide safe care to the infant. Participants will become familiar with the Period of Purple Crying as a strategy to help infants in their foster home.	Classroom	4.0	6.0	Alliance	Caregivers	Statewide	75%	
Infant Safety and Care for Caregivers (webinar)	If it's been a while since you cared for an infant or if you've never cared for one before, this is the class for you. This 2.5 hour webinar provides the basic information you'll need to care for babies ages birth -12 months and keep them safe. You will practice identifying the infant behaviors that are the clue to understanding your baby's needs. You will then apply this knowledge with some of the fundamental tasks of infant care (holding, feeding, diapering, sleep and medical care) while considering how trauma may impact how you provide care in these areas. Finally, you will learn about elements of infant safety, including safe sleep and the Period of Purple Crying.	Webinar	2.5	7.0	Alliance	Caregivers	Statewide	75%	
Introduction to Adoption from Foster Care	This 3-hour in-service training for caregivers provides an introduction to the adoption process including the homestudy, adoption support, the legal process and steps to adoption. This training is open to all participants: those who have not taken Caregiver Core Training, those who have, and those who are using the training as a field placement. This training helps caregivers consider their decisions around public and private agencies and whether to foster to adopt or pursue adoption only. The focus of the training is understanding the process including the emotional impacts of commitment, changing your family, grieving and attachment. The training will also give information about: Open Adoptions The Placement Process Resources and more	Classroom & Webinar	3.0	28.0	Alliance	Caregivers	Statewide	75%	

Introduction to Positive Discipline	An Introduction to Positive Discipline is a 2-hour in-service level training for foster, kinship and suitable adult caregivers. This introductory training will help caregivers learn the basic parenting approach of the Positive Discipline model by providing several group activities and discussions based in real life scenarios. Positive Discipline focuses on teaching valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. Positive Discipline focuses on helping participants learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving.	Classroom & Webinar	2.0	19.0	Alliance	Caregivers	Statewide	75%
Introduction to the Investigative Process for Caregivers (webinar)	Going through an investigation can be scary. Understanding the process, knowing your rights, and being informed about the laws and process can make it a lot easier. This course provides licensed and unlicensed caregivers a deep look at the Licensing Division (LD) Child Protective Services (CPS) and Licensing Investigation (LD) processes, starting with Intake, through the investigation, and concluding with the report and the potential for appeals. Information shared here includes a look at the laws that apply to Intake screening decisions, how determinations/finding outcomes are reached, and what a compliance agreement is and in what circumstances it is used. You will have many interactive discussion opportunities and activities where you can talk through the learnings. By the end of this course, you will have information about the investigation process, including what everyone's roles are, the outcomes, and what rights you have. You will be better equipped to handle allegations, and you will know the documentation needed to help support you through the process.	Webinar	3.0	14.0	Alliance	Caregivers	Statewide	75%
Invitation to Aggression Replacement Training	This 6 hour focused topic training for caregivers teaches what drives aggressive behavior and develops skills required to give youth a chance for success. Caregivers will learn skills to teach the children in their care increased moral reasoning, how to replace antisocial behaviors with positive alternatives, and how to respond to anger in a nonaggressive manner.	Classroom	6.0	6.0	Alliance Contracted Training	Caregivers	Statewide	75%

Kinship 101: Information for Relatives and Suitable Others	The financial, legal, and emotional issues of raising a relative's child can be challenging. Services and support when raising a relative's child can be a lifesaver. Kinship caregiving in all of its forms is becoming increasingly common. Recent WA State child welfare data (Partners for Our Children- 1/1/2015) show that 41 percent of children in out of home care are living with a relative. Many more children are living with relatives or other close family friends informally, without the ongoing supervision of the state's foster care system.
	
	Often kinship caregivers do not access the benefits which are available to them. This class will address the issues that Kinship Caregivers struggle with most:
	
	  Financial Needs
	  Legal Challenges
	  Navigating public service systems
	  Needing more social services
	  Information about resources/caregiving
	
	This 2.5 hour in-service class is designed for licensed and unlicensed caregivers caring for children currently or previously involved in the dependency system. Caregiver Core Training (CCT) is not a prerequisite. However, this course is supplemental to CCT for kinship caregivers, and can be a field experience during CCT.
		Classroom	2.5	6.0	Alliance	Caregivers	Statewide	75%

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	  Financial Needs
	  Legal Challenges
		Webinar	1.5	12.0	Alliance Contracted Training	Caregivers	Statewide	75%	

Paper Trail: Documentation Training for Caregivers	To remember an idea, you might write it down. At an event, you might take a picture. As a caregiver, you are the custodian of the milestones and memories of a child's life for the whole welfare team, so understanding how and why to document elements of that is crucial. This 1.5-hour in-service training will cover best practices for documentation to prepare and support you and others involved in the child's life, with the ultimate goal of sharing information, concerns and progress. Focused learnings around why documentation matters are central to the course – specific scenarios help translate ideas to real-life examples. You also will leave with an individualized plan for what, when and how to document, based on the process that will work best for you.	Classroom & Webinar	1.5	16.0	Alliance	Caregivers	Statewide	75%	
Parenting a Native American Child: Partnering in the Interest of Culture, for Caregivers	This 3-hour In-Service level training provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.	Classroom	3.0	6.0	Alliance	Caregivers	Statewide	75%	

Parenting Teens Part 1: Introduction and Understanding the Impact on Trauma in Youth in Foster Care (webinar)	Developing an understanding of the underlying causes of a youth's behavior is one of the first steps in supporting their well-being. For children with behavioral challenges, this is especially important. The first part in the "Parenting Teens" series is "Introduction and Understanding the Impact on Trauma in Youth in Foster Care" a dive into trauma-informed parenting. This multimedia-driven course will expose you to a variety of composites of youths facing trauma and you will learn how events can affect long-term behaviors. A large portion of this training involves lessons about brain function and how trauma or disruptions manifest. Key learnings will include how to transition this information into real-life parenting situations, including how to get to a place where you can understand the "why" behind the behavior. At the close of the course you will be able to define trauma and recognize how traumatic stress and adversity impact a youth's development. You also will understand the importance of responding to the underlying cause of a youth's behaviors. You will leave with handouts and other resources to support your learning going forward.	Webinar	3.0	12.0	Alliance	Caregivers	Statewide	75%	
Parenting Teens Part 2: Parenting Youth Who Have Experienced Trauma (webinar)	Adapting parenting to the needs of youth requires both a toolbox of techniques and knowledge about the effects of their experiences. The second part in the Parenting Teens series, focuses on tailoring your approach to respect the impact of trauma. This course starts with a self-assessment exercise in which you will discuss your own responses to certain behaviors. This leads to a conversation about the science of brain function, which continues from Part 1 to be foundational in this training, with a lot of time devoted to learning about the two major adaptive responses to threats and state-dependent functioning. You will learn about the importance of understanding traumatic history, how to start a conversation with a youth about their life, and what the impacts of fear are on development and emotions. Finally, you will look at parenting techniques to "reframe" behaviors or actions that are based in trauma by finding positive alternatives that allow for growth and change in manageable ways. When you leave this training you will be encouraged to either practice parenting techniques you learned or think about which techniques would be challenging and why.	Webinar	3.0	12.0	Alliance	Caregivers	Statewide	75%	
Parenting Teens Part 3: Developing and Sustaining Healthy and Supportive Relationships With Your Youth (webinar)	Grief and loss are powerful experiences in the lives of youth in out-of-home care. The third part in the Parenting Teens series, concentrates on the way their history can create expectations or associations that can interfere with a child's ability to form secure bonds. In this course you will learn about the types of grief and loss and what impact each may have on a youth, including the teen's ability to attach. Learning how to promote attachment is a strong portion of this training, as so much of building a supportive relationship lies with developing a sense of security. In that vein, you also will learn about developing "felt safety," which happens when a youth truly believes they are safe; and developing structure and nurture, essential components of safety and healing. You will leave this training being able to identify specific actions you can take to develop attachment and strengthen your relationship with your youth, and knowing how to be present in a way that shows support.	Webinar	3.0	12.0	Alliance	Caregivers	Statewide	75%	
Parenting Teens Part 4: Nurturing Youth's Cultural/Racial/Ethnic Needs and Sexual Orientation/Gender Identity and Expression (webinar)	When bringing together family members from different backgrounds, it's important everyone has the opportunity to express their own identities, and this is even more vital for teens in out-of-home care. Part 4 in the Parenting Teens series, looks at how to foster a youth's sense of self and why that is so valuable. You will start this training with a self-assessment around your own beliefs and sense of identity and where those came from. You will build on that knowledge as you transition into exploring how to incorporate a youth's race, culture and ethnicity into your family life. Part of the learning will explore how to ensure the youth has relationships that reflect their own race, gender or sexual orientation to help them feel connected to their identity and feel pride in their culture, which fosters self-esteem and well-being. In addition to ethnic identity the course highlights sexual orientation and gender identity as crucial points to nurture. You will be guided through key terms, examine struggles specific to this group and work through developmental challenges that may be present. An exercise in tips for creating safe environments for LGBTQ2S youth pulls all this together. You will learn key ways to communicate acceptance and support for youth who are questioning their sexuality or gender identity and/or identify as LGBTQ2S. At the end of this critical course you will have the foundation for nurturing a youth's identity in myriad ways and have specific ideas on how to show support and incorporate this into your family life.	Webinar	3.0	12.0	Alliance	Caregivers	Statewide	75%	

Parenting Teens Part 5: Understanding and Managing Youth's Challenging Behaviors First Session (webinar)	At the core of supporting a youth in your care is understanding their history and story, as we have explored in the first Parenting Teens trainings. Part 5 and Part 6 are an in-depth look at understanding and managing challenging behaviors. This training focuses on the strategies that come into play in everyday situations. The session begins with an evaluation of your own emotional responses to posed situations, with the intent of leading you through coping skills that will help you manage those emotions in critical times. You will then look at ways to respond to a youth's rejecting, testing and challenging behaviors, and ways trauma factors into those situations. The focus of this section is that strong relationships are essential, and nurturing attachment plays a key role in parenting. A large portion of this course focuses on positive behavior management strategies, grounded in the idea that the focus of trauma-informed parenting is teaching skills not punishing for behaviors that aren't intentional. You will learn a wide variety of techniques that will help you respond effectively in challenging situations. Finally, you will be led through trouble-shooting of a potential relationship under stress, and will learn indicators of that. This is important because positive relationships are foundational to empowering youth. Something as simple as conversation can do a lot to build trust and safety.	Webinar	3.0	12.0	Alliance	Caregivers	Statewide	75%	
Parenting Teens Part 6: Understanding and Managing Youth's Challenging Behaviors Second Session (webinar)	At the core of supporting a youth in your care is understanding their history and story, as we have explored in the first Parenting Teens trainings. Part 5 and Part 6 are an in-depth look at understanding and managing challenging behaviors. This training focuses on the strategies needed to handle more severe behavioral challenges or crises. You will first get an overview of intellectual and developmental disabilities, including definitions and strategic guidance. The training then moves into a look at high-risk behaviors – what they look like, what might cause them and appropriate responses. It's important to understand the root of these actions so that the emphasis remains on positive communication and connectedness, as well as keeping the teen safe. You will participate in discussions around how these behaviors present and what you can do to build a healthy dynamic with your youth. When dealing with more severe behaviors, it may be necessary to develop a safety plan or consult external services. The purpose of a safety plan is to help you and the youth proactively think through areas of high risk and collaborate on the steps that need to be taken to keep everyone safe. Professional supports may also help, and the course will take you through several things to think about when considering treatment, including cultural appropriateness. Upon completion of this training, you will have multiple tools to help you successfully manage these behaviors, as well as an understanding of how to access the support system for yourself and your youth.	Webinar	3.0	12.0	Alliance	Caregivers	Statewide	75%	
Parenting Teens Part 7: New Suitcase of Parenting Knowledge and Skills (webinar)	In the final part in the Parenting Teens series, you will spend time thinking about both what you have learned and how to move into a rewarding future. This training will help you consider how past relationships and experiences affect everyone in the family, as well as how you can best care for yourself in the present. Supporting your youth's relationships with birth family members (including siblings) and other key individuals can be a path toward helping them develop a healthy sense of connection and attachment, which helps foster those things in their future. You will discuss ways to do this that are respectful of the youth's history, interest and developmental abilities. You will then spend time reviewing trauma-informed parenting techniques that you have learned over the past six sessions, and also talk about the potential for developing secondary trauma. This can develop when you are involved in another's trauma story, and the training shares tips for recognizing signs and how to prevent or mitigate it. This transitions into a discussion around self-care, which is the cornerstone of success for parenting, the foundation on which all other successes depend. You will be introduced to the "self-care wheel," a tool that offers many ideas around how to engage in self-care, and you will also participate in a variety of exercises that support reflection around what will work best for you, at the end creating a concrete plan. At the close of this training, you will celebrate your success, and reflect on what you have learned and the positive impacts it can have. It is hard work, but just like parenting, the potential rewards are equally great.	Webinar	3.0	12.0	Alliance	Caregivers	Statewide	75%	

Parenting the Positive Discipline Way Part 1: What Do You Want for Your Children?	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.5 hours and may be taken individually or in any order. Session 1: What Do You Want For Your Children? Session 1 explores what you want for your children, curiosity questions, the power of connection through hugs, and an introduction to Positive Discipline tool cards. The Alliance also offers An Introduction to Positive Discipline for those who are interested in experiencing a 2 hour sample of Positive Discipline training around techniques and principles for your home. In addition, the Alliance offers individual coaching sessions around implementing Positive Discipline techniques. The coaching session requires that a participant has completed at least one of the sessions of Positive Discipline.	Classroom	2.5	12.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 2: What Is Positive Discipline?	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.5 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 2 explores what Positive Discipline is, how to be kind and firm, the three R's of punishment, the 5 criteria, Positive Discipline no-nos, understanding the brain, and how to implement positive time outs.	Classroom	2.5	12.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 3: Not So Perfect Parenting	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.5 hours and may be taken individually or in any order. Session 3: Not So Perfect Parenting. Session 3 explores the belief behind the behavior, the idea that it is not your job to make your children happy, and sibling rivalry and birth order.	Classroom	2.5	12.0	Alliance	Caregivers	Statewide	75%	

Parenting the Positive Discipline Way Part 4: Why Children Misbehave	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.5 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 4: Why Children Misbehave. Session 4 explores childhood decisions, natural consequences, logical consequences, solutions, family meetings, and routine charts.	Classroom	2.5	12.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 5: Connection Before Correction	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.5 hours and may be taken individually or in any order. Session 5: Connection Before Correction. Session 5 explores connection before correction, encouragement versus praise, and the wheel of choice.	Classroom	2.5	12.0	Alliance	Caregivers	Statewide	75%	
Parenting the Positive Discipline Way Part 6: What Is My Part?	Parenting the Positive Discipline Way is a series of six in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings. The six sessions are each 2.5 hours and may be taken individually or in any order. Session 2: What Is Positive Discipline? Session 6: What is My Part? Session 6 explores lifestyle priorities, mistakes as opportunities to learn, and empowering versus enabling.	Classroom	2.5	12.0	Alliance	Caregivers	Statewide	75%	
Partners Make Better Decisions (webinar)	Partners Make Better Decisions brings together social workers and caregivers in a dynamic environment of dialogue, small-group activities and scenario discussions. This course mimics the way the child welfare process works, with many voices at the table, with the goal of building understanding and relationships through finding commonality and mutual respect. Building partnerships and finding common ground with others is integral to achieving the best outcomes for children and families. When approaching decision making, it is vital that you can work effectively with all parties involved, and this training provides you the foundation for making that happen. You will start the training by sharing and hearing from other participants about why they do the work they do, likely finding many shared values. The training also will guide you through a conversation about communication and potential barriers and breakdown points, with special consideration of the high stakes and complicated dynamics involved in this work. Finally, you will learn some tools and strategies for working together and remaining focused on the "main thing," the interest of the child, even when distractions or disagreements arise. When you leave the training, you will have a new understanding of and appreciation for your partners on the child's care team, and a plan for communicating and working together.	Webinar	3.0	6.0	Alliance	Social Workers, Caregivers, Tribal Staff	Statewide	75%	

Qualified Expert Witness Training for Tribes	This training will provide information on the importance of the qualified expert witness (QEW) in state Indian Child Welfare Act (ICWA) cases and offer you an interactive learning session to illustrate what QEW testimony looks like in practice. ICWA applies to a state child welfare case when there is an Indian child and a child custody proceeding. Before a state can remove a child or terminate parental rights, the state must find a QEW to support the finding that the continued custody of the child by their parent will likely result in serious emotional or physical damage to the child. This testimony is designed to counter implicit bias in state court proceedings and ensure the removal of the child is for their safety and in their best interests. The work of a QEW is both important and sensitive. This course will guide you through basic state child welfare proceedings, from removal to reunification or termination of parental rights. You will learn fundamentals around the history, purpose, and necessary qualifications of a QEW in an ICWA case, and gain understanding of the differences between a witness for the Tribe and the QEW. You also will discuss the standard questions an attorney may ask a QEW and how to answer them.	Webinar	2.5	2.0	Alliance	Tribal Members	Statewide	75%	
Relative/Kinship Caregiving: Navigating Change in Family Dynamics	You made the choice to step in and provide care for a child when they needed it. This choice changed the day-to-day rhythms of your life, and the life of the child or children you are caring for. As a grandparent or relative caregiver, this choice also changed your relationship with the child's parents, and sometimes with other adults in your family. In this course, we'll explore how family relationships between adults have changed, and how you feel about these changes. We will learn and practice solution-focused communication skills that might help in navigating relationships with the parents of the child (ren) you are caring for. Lastly, we'll review resources and sources of support to help lighten your load.	Webinar	2.0	12.0	Alliance	Caregivers	Statewide	75%	
Relative/Kinship Caregiving: Supporting the Child in Your Care	You made the choice to step in and provide care for a child when they needed it. This choice changed the day-to-day rhythms of your life, and the life of the child or children you are caring for. The changes that come with assuming full time care of a child bring with them a host of feelings and often added stressors. In this course, we'll explore how this experience is impacting you and how to cope and care for yourself through the inevitable ups and downs. Then, we'll shift our focus to understanding the feelings and behaviors the children are experiencing. It's common for them to have conflicting feelings about their parents, the situation and even you. We'll consider how to accept their feelings, respond to their statements and questions, and support them as they navigate this. Lastly, we'll review resources and sources of support – in particular support for children of all ages who are challenged by this transition and need support to not just survive but to thrive.	Webinar	2.0	12.0	Alliance	Caregivers	Statewide	75%	
So You Have a New Placement ... Now What?	This 3 hour in-service training for caregivers is intended for those who are ready for, or have received their first placement, or have a new placement after some time without placements. The course focuses on understanding and planning for new placements. The course addresses both the emotional elements to new placements and the practical details of requirements, paperwork, forms and expectations. Participants should leave with an understanding of what is expected during the first 30 days of a new placement including: mileage, reimbursements, visitation, court reports, documentation, medical care, accessing services, and how to get their questions answered as new issues arise.	Classroom	3.0	6.0	Alliance	Caregivers	Statewide	75%	
So You Have a New Placement, Now What? (webinar)	Getting a new placement is a big transition, and there are many ways you can prepare for and navigate the process make it as successful as possible for yourself, your family and the youth or child. This webinar addresses both the emotional elements to new placements and the practical details of requirements, paperwork, forms and expectations. You will focus on four areas: Getting Ready; The First Day, Week and Month; Settling In; and Working With the System. You will share ideas with other participants around how to prepare for a new placement, including ways to make them feel comfortable and safety precautions to take. A big part of this training is understanding which forms you will receive and what they mean; what meetings, appointments or hearings you need to be aware of; and who the key players are during this time. You will leave the training with an understanding of what is expected during the first 30 days of a new placement. You also will know how to access resources when you have questions – you will probably have many, but there is a great community of support available to you and the new child in your care.	Webinar	2.5	14.0	Alliance	Caregivers	Statewide	75%	
Suicide Prevention LEARN® Training by Forefront	LEARN is a suicide awareness training that helps participants identify and act on signs of suicide. The training was developed in the School of Social Work by noted Suicidologist, Dr. Jennifer Stuber, and is based on best practices outlined by the federal Substance Abuse and Mental Health Administration (SAMHSA). LEARN® is designed to empower individuals to help others move in the direction of hope, recovery, and survival. Presenters for this training are contracted and trained by Forefront Suicide Prevention.	Webinar	3.0	3.0	Alliance Contracted Training	Caregivers	Statewide	75%	

Supporting the Educational Success of Youth Experiencing Foster Care	Treehouse Education Advocates work with schools, caregivers, social workers and youth in foster care statewide to resolve difficult issues and remove barriers to school success. In this training, learn how to access education-related support services; including special education services; and how to advocate for youth who may experience discipline or behavioral issues at school. Treehouse facilitators will also discuss the importance of stabilizing school placements and the educational rights of students experiencing foster care. Finally, caregivers will have the opportunity to learn about the basics of establishing and maintaining positive school relationships in order to create educational success for children and youth in foster care.	Classroom	2.5	6.0	Alliance Contracted Training	Caregivers	Statewide	75%	
Supportive Facilitated Discussion Group for Caregivers: Connected Child Book Club	Join us for our first Book Club! The CaRES team will be leading a group through reading and discussion of "The Connected Child," by Karyn Purvis. "The Connected Child" lays out the foundational principles for Trust Based Relational Intervention (TBRI), a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children. Discussion at the five weekly book club meetings will dive into what TBRI is, and discussion will include a look at new strategies for building connection and managing behaviors. So you can fully participate in the class, please have access to a copy of the book. You can find "The Connected Child" on Amazon, at your local library or at local retailers. Scheduled meeting topics: Week 1 Introduction. Week 1 will be an opportunity to get to know one another and be introduced to the principles of TBRI. This will be a place to discuss and get support for the challenges in your home. Week 2 Chapters 1-3. We will be discussing the first three chapters of the book. These chapters help us to make the connection between what children have experienced, the difficult behaviors they are struggling with, and how we can move forward with connection. Week 3 Chapters 4-6. We will discuss providing a structured and nurturing environment for children, which includes disarming fear and providing felt safety. Week 4 Chapters 7-9. Week 4 will dive further into how to provide nurture at every opportunity while also dealing with challenging behaviors. Chapter 9 offers proactive strategies to make life easier. Week 5 Chapters 10 and 12. In our final week we will discuss brain chemistry to gain a better understanding of how trauma impacts the brain. We will also have an opportunity to think about our own needs, healing and self-care as caregivers.	Webinar	10.0	8.0	Alliance	Caregivers	Statewide	75%	
Supportive Facilitated Discussion Group: Who Is Taking Care of the Caregiver?	As a caregiver, the very best thing you can do for those who depend on you is to take care of yourself. This group will engage in conversations around how to make sure you see how valuable your contribution is, as well as also how demanding it can be. You can talk about challenges you're facing when thinking about self-care, because real life does sometimes make it hard to prioritize. You'll work toward developing an action plan that takes into account your unique circumstances and proactively addresses things that might derail your self-supporting activities.	Webinar	11.0	12.0	Alliance	Caregivers	Statewide	75%	
Talking With Children About Race	Recent research has shown that children have very complex understandings of differences and how they make meaning of stereotypes. Far from being color-blind, most children are aware of how their own skin color is an advantage or disadvantage. They also judge their peers based on these differences, even though many adults believe young children in today's generation don't stereotype. Because of this, it is important to give children anti-bias messages, through actions and words that actively counter what they are internalizing and witnessing in the world. In this workshop we will explore how children and youth learn and practice racism and privilege. Participants will learn strategies to for acting on teachable moments and ways to create counter narratives.	Classroom	6.0	6.0	Alliance Contracted Training	Caregivers	Statewide	75%	
Trust Based Relational Intervention (TBRI®) Module 1: Connecting Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This module focuses on attachment, which is the most important dynamic system that a child experiences during development. This module covers several topics including the attachment cycle, infant attachment classifications, what happens when things go wrong in attachment, adult attachment styles, and applying your knowledge through TBRI Connecting Principles using Mindful Engagement, Choices, Compromises, and Life Value Terms. This training is the first of a three-part series.	Classroom	6.0	2.0	Allliance	Caregivers	Statewide	75%	
Trust Based Relational Intervention (TBRI®) Module 2: Empowering Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This training module is designed to give participants insight into the roots of self-regulation difficulties common among "children from hard places." This module aims to give participants practical tools to facilitate learning and practicing self-regulation skills. This training is the second of a three part series.	Classroom	6.0	2.0	Allliance	Caregivers	Statewide	75%	

Trust Based Relational Intervention (TBRI®) Module 3: Correcting Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This module is designed to help participants learn skills that can be used to manage children's behavior. The goal for this training module is to help participants understand how children learned 'survival behaviors' (fight, flight, freeze) and how they can disarm those behaviors, teaching them adaptive, new skills for life. This training is the third of a three-part series. You must complete the first two modules before enrolling in this module	Classroom	6.0	2.0	Allliance	Caregivers	Statewide	75%	
Trust-Based Relational Intervention: Introduction and Overview to TBRI (webinar)	TBRI® (Trust-Based Relational Intervention) is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. This course is an overview designed to give you exposure to all parts of TBRI® by highlighting the ways in which each section of the intervention strategy fits into the holistic nature of TBRI®. The first few activities provide an opportunity for you to become comfortable with each other, share successes and challenges with each other, and become familiar with the basic ideas of TBRI®.	Webinar	6.0	12.0	Allliance	Caregivers	Statewide	75%	New class 6/15/2021
Understanding Family Time Supervision for Caregivers (webinars)	This 90 minute webinar training for caregivers covers what you should know about why Family Time matters for all those involved in a dependency case. The course will teach you a wide range of how you can support Family Time including preparing children for visits, supervising visits, providing transportation, sharing information with the birth family, and much more. You will learn why Family Time matters and the range of possibilities for what Family Time may look like including location options, frequency and length of visits, and level of supervision. As a caregiver you play a role in making Family Time successful and this training will teach you how.	Webinar	1.5	12.0	Alliance	Caregivers	Statewide	75%	
Understanding Post Traumatic Stress Disorder in Children	This 6-hour focused topic training for caregivers provides a foundation for understanding Post Traumatic Stress Disorder (PTSD). The training develops caregivers' understanding of the diagnosis (especially in those under 6 years of age) as well as covering Developmental Trauma Disorder for complex trauma events often experienced by youth in alternative care situations. Dissociation and hyper arousal behavior patterns are explored as protective responses to challenges in the environment and methods to reduce the impacts discussed. Strategies for healing and resolving trauma as caregivers are explored.	Webinar	6.0	6.0	Alliance Contracted Training	Caregivers	Statewide	75%	

Verbal De-Escalation	The goals of this workshop include:
	   Developing skills to manage children with behavioral challenges in a non-violent crisis intervention manner;
	   Skill building for empathetic listening;
	   Identifying children's needs and creative strategies to help children manage their emotions in difficult situations.
		Webinar	6.0	10.0	Alliance Contracted Training	Caregivers	Statewide	75%	

Why Children Lie	This training will address lying on several levels. Attitudes, values, beliefs and societal norms are examined and discussed. The caregiver will learn about factors which motivate children to lie. Suggestions will be offered to assist caregivers in responding to children when this behavior occurs and how to prevent its occurrence in the future.	Classroom	3.0	6.0	Alliance	Caregivers	Statewide	75%	
Why Children Lie: Development, Trauma, and Supporting the Truth (webinar)	Lying is a complex, layered behavior that involves both the person telling the lie and the perception of the person receiving it, as well as each person's history and development. Surprised it's not so black and white? This training will take you through understanding what lying is, why it happens and how to support the truth. "Why Children Lie" addresses lying on several levels. You will look at your own attitude about lying and how your values and beliefs affect that perception. The course will cover what lying looks like in different stages of development and what the motivating factors may be for a child. You will also talk about the societal norms around lying and how to support a child telling the truth. You will learn how to set a child up for being truthful through positive communication, and how to make changes to your own behavior and responses. The impact of trauma is a big part of this training, too, as trauma and other diagnoses impact the ability to be truthful. You will talk about how lying can be a trauma response and what you can do to change the pattern. When you leave the class, you will have a deeper understanding of how to respond to children when they lie and how to prevent lying.	Webinar	3.0	14.0	Alliance	Caregivers	Statewide	75%	

Workforce and Caregiver Online Training

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Adoption Support for Caregivers (eLearning)	This short eLearning will answer your questions about how and why adoption support services are offered, what adoption support services exist, and how to access them.	Online	0.75	1.0	Alliance	Caregivers	Statewide	75%	
Advanced Adoption Training: Effects of Trauma and Loss on Adopted Children (eLearning)	For many children in foster care, the path up to, including and even after adoption can include trauma, grief and loss. As a potential adoptive parent, it's crucial that you understand the story a foster child is bringing to you and what part you can play in that. This course, "Advanced Adoption: The Effects of Trauma and Loss on Adopted Children," takes you beyond the introductory level into beginning to understand more deeply the emotional, mental and physical needs an adoptive child may have. A startlingly high number of adoptions are not successful, which is why it is so important that you have realistic expectations and adequate support, both of which are explored in this training. You will first be guided through a discussion around the definition of adoption, including what it is and what it isn't, and you will be encouraged to share your ideals and goals as an adoptive parent. You will then spend a majority of your time learning about the impact of trauma, grief, loss and ACES (adverse childhood experiences) on development in adopted children, and exploring how to recognize behaviors related to these issues. This includes training on attachment and learning ways to strengthen your bond with the children in your care depending on their attachment style. When you leave the training, you will have numerous new training resources and supports to assist you as you navigate this new environment.	Online	2.75	1.0	Alliance	Caregivers	Statewide	75%	
Afterhours Core 1.1 Child Safety: Defining Abuse, Neglect, and Child Safety (eLearning)	In this course, you will learn the definitions of child abuse and neglect used in Washington State, as well as your obligation to report suspected child maltreatment. You will be introduced to 3 foundational concepts used in child welfare work: child safety, risk assessment and global assessment. You will consider how ethical principles, particularly related to confidentiality and your role as a helping professional impacts how you do your work. Lastly, you will be introduced to the Safety Framework, the guiding structure used in our state to understand and assess child safety. You will be asked to consider how culture might affect both your assessment of child safety and the work you do to ensure children are kept safe.	Online	2.5	1.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 2.1 Physical Abuse: Critical Community Partners (eLearning)	In this course, you will learn more about how Washington State defines and responds to physical abuse. You will learn about a program connecting DCYF staff to local physicians with expertise in child maltreatment (MedCon) and hear two doctors describe the program and their roles. You will read the policy on photographic documentation and use a scenario to ensure that you understand how, why, and what to take pictures. In addition, you will consider how you may work with law enforcement in responding to cases of suspected physical abuse. Lastly, you will consider what steps you are required to take to work effectively with people who are not proficient in spoken English and resources to support you.	Online	2.5	1.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 3.1 Maltreatment and Placement: Overview (eLearning)	In this course, you will learn more about how Washington State defines and responds to neglect and sexual abuse. Afterhours staff rarely interview children to gather information about the specifics of maltreatment, but their discussions with young people can help or hurt DCYF's ability to protect the child in the future. You will review and apply basic principles of child interviewing to support you in talking with children about their overall safety at home. You will learn about the function of child advocacy centers as partners in responding to sexual abuse concerns. Lastly, you will learn best practice for assessing the suitability of unlicensed relatives/others and the importance of providing caregivers with all information available about the child.	Online	2.5	1.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 4.1 Caring for Children: Car Seats, Worker Safety and ICWA (eLearning)	Afterhours staff spend time driving with and caring for children. You will learn how to select, install, and fit a car seat correctly in this course. You will also review basic consideration for caring for youth with behavioral or medical needs. Considerations for your own safety, both in the field and when caring for young people who are in need of placement, are reviewed. Lastly, you will learn about a federal law called the Indian Child Welfare Act, which outlines the rights of federally recognized Tribes, Indian Children, and their families. The historical context and present need for this law is discussed	Online	2.5	1.0	Alliance	Social Workers	Statewide	75%	
Authority to Place (eLearning)	This short eLearning will orient participants to the four means by which this legal authority to place a child may be granted: Law enforcement protective custody, hospital holds, court order, and a voluntary placement agreed to by the child's legal parents. Legal, policy and practice consideration for each, as well as subsequent placement requirements are reviewed. In addition, the legal and policy preference for placing children with safe, suitable relatives is reviewed.	Online	0.5	1.0	Alliance	Social Workers	Statewide	75%	

Basics of Domestic Violence in Child Welfare (eLearning)	The purpose of this e-learning is to provide foundational information about what domestic violence is, and how it can affect child safety. This eLearning also highlights CA's domestic violence policies and best practices, found in CA's Social Worker's Practice Guide to Domestic Violence. It's recommended that staff complete this e-learning prior to attending "Domestic Violence and Child Welfare" Course Code ILT 110229.	Online	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Bloodborne Pathogens	Bloodborne Pathogens Safety Training is a mandatory training for all potential foster parents and respite providers in the State of Washington. This training will help you understand the risk anticipated by contact with blood and other potentially infectious materials as the result of caring for children. This class contains bloodborne pathogens training that is specific to non-healthcare related homes and workplaces. Upon completing this training, participants will be able to: Summarize the characteristics of pathogens and the primary functions of our immune system. Identify the most common diseases caused by bloodborne pathogens and how they are transmitted. Differentiate the infection control principles and practices used against bloodborne pathogens. Implement procedures and precautions to prevent the spread of bloodborne pathogens in your home and in the community.	Online	1.5	1	Alliance	Caregivers	Statewide	75%	New class 6/15/2021
Car Seat Safety: Select, Fit and Install Correctly (eLearning for workforce)	Did you know more than half of children's car seats are installed incorrectly? The car is a dangerous place for a child to be, but there are many resources that can help ensure you're following all safety and legal guidelines. This brief eLearning for DCYF staff is the perfect spot to start, helping you select, fit and install the correct seat each time you need to transport a child. You will find an overview of basic requirements and Washington state laws as well as real-world installation examples and tips. The course is full of useful, surprising facts – the appropriate time to transition a child out of a booster seat might surprise you! You will also find links to many outside resources for more in-depth information.	Online	0.5	1.0	Alliance	Social Workers	Statewide	75%	
Car Seat Safety: Select, Fit, and Install Correctly (eLearning for caregivers)	Did you know more than half of children's car seats are installed incorrectly? The car is a dangerous place for a child to be, but there are many resources that can help ensure you're following all safety and legal guidelines. This brief eLearning is the perfect spot to start, helping you select, fit and install the correct seat each time you need to transport a child. You will find an overview of basic requirements and Washington state laws as well as real-world installation examples and tips. The course is full of useful, surprising facts – the appropriate time to transition a child out of a booster seat might surprise you! You will also find links to many outside resources for more in-depth information.	Online	0.5	1.0	Alliance	Caregivers	Statewide	75%	
Caregiver Core Training (eLearning)	Caregiver Core Training (CCT) is the mandatory training for Washington State's caregivers to become licensed. Caregiver Core Training can be taken two ways – online or in the classroom. If you prefer to use a self-paced, online eLearning, please consider the general guidelines for online trainings listed below, and then scroll down to Registration Instructions and click the link to start the online course. If you prefer to take the course in a classroom (conducted at various locations around the state) click this link to register. Both the online and classroom training cover the same critical content. CCT Online Version The 24-hour Caregiver Core Training is made up of eight sessions (each about three hours long) and a field experience, which can be completed at any point during the online portion. There is also a mandatory coaching session after the online portion is completed. Session 1: Introduction to the Child Welfare System Session 2: Working as a Member of a Team Session 3: Working with Birth Families Session 4: Cultural Connections and Advocacy Session 5: Growing Up with Trauma, Grief, and Loss Session 6: Understanding and Managing Behavior Session 7: Communication and Crisis Management Session 8: Getting Ready and the Effects on the Caregiving Family Field Experience: Participants will learn outside the classroom by choosing an activity that will give them more awareness of the experience of children within the system or of the role of a caregiver for children in the system. The sessions are designed to help you understand how the system works, what your role is as a member of the team, how to effectively work with birth families in order to best support the child, how caregiving may impact your own family, child development and the impact of trauma, all about attachment, how to incorporate	Online	24.0	1.0	Alliance	Caregivers	Statewide	75%	

Caregiving for Children With Physically Aggressive Behavior Concerns	In this 6 hour training CPS Social Workers will learn how to re-assess child safety when considering reducing or increasing levels of supervision during parent-child visits; during reunification; and when there has been a change in composition in the household. CPS Social Workers will learn how to apply the Safety Framework when determining whether to close a case and how to complete a safety assessment to determine if safety threats have been mitigated, risks have been reduced, or identify new safety threats and developing higher levels of protection.	Online	6.0	1.0	Alliance	Social Workers	Statewide	75%
Caregiving for Children With Physically Aggressive Behavior Concerns (eLearning)	This eLearning course for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors. You will explore the potential impacts of trauma and maltreatment on attachment, behavior and development as well as the risk factors for violent behavior in children. You will review the Washington Administrative Code (WAC) related to discipline and will contrast principles of positive discipline and punishment. Skill building will focus on creating a plan to prevent a crisis; the various forms aggression may take and how to look for signs of when a child is agitated or escalating; how to intervene during a crisis; and how to manage ongoing or explosive aggressive behaviors via teaching coping skills and Collaborative Problem Solving. Resources and supports for the youth as well as the caregiver are provided.	Online	4.0	1.0	Alliance	Caregivers	Statewide	75%
Caregiving for Children With Sexual Behavior Concerns (eLearning)	This eLearning course will prepare you to work with children with sexual behaviors concerns and create an environment to keep the child and other household members safe. You will explore values and beliefs before reviewing typical child sexual development and the impacts of trauma, abuse and neglect on development and behaviors. You will explore how sexual abuse can impact development, self-image and the household supporting them. After reviewing typical sexual development, you will learn how different experiences and circumstances may lead to sexual behavior concerns and how to intervene and respond safely. As a caregiver, you will learn your role in promoting healthy sexual development, positive messaging, prevention education, the importance of establishing house rules and other ideas to maintain safety for the whole household.	Online	4.0	1.0	Alliance	Caregivers	Statewide	75%
Child Information and Placement Referral (ChIPR) (eLearning)	The Child Information and Placement Referral (CIPR, DSHS form 15-300) captures the most essential information about the needs, strengths and interests of a child placed in foster care. This information enables placement desk staff to match children with available placement resources, and empowers caregivers with the information they need to support successful out of home placements. This eLearning provides information on the policies and required timelines. Participants will also receive a step by step demonstration of the entire ChIPR process including creating the document in FamLink, and how to successfully document in FamLink that the ChIPR	Online	0.3	1.0	Alliance	Social Workers	Statewide	75%
Child Protection Medical Consultation (eLearning)	This eLearning primarily features a video of a popular Child Protection Medical Consultation (MedCon) presentation for Regional Core Training. The video showcases two respected and well-known child abuse pediatricians, Dr. Rebecca Wiester and Dr. Joyce Gilbert. Dr. Wiester and Dr. Gilbert discuss important aspects of Physical Abuse, Sexual Abuse, and Neglect within the context of their expertise as child protection medial consultants. Viewers are walked through recognizing sentinel injuries; understanding Abusive Head Trauma and its connection to the Period of PURPLE Crying; identifying when to seek medical consultation, how to submit a referral, and what information to provide; and how to locate important county protocols and policy resources online. Viewers will also be provided with a helpful Notes Worksheet, which will guide them through capturing important information needed in practice, and to pass the quiz at the end. This eLearning also provides a Facilitator Guide and can be viewed either individually, or facilitated for a small group viewing.	Online	3.0	1.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%
Connecting: Sexual Orientation and Gender Identity and Expression Training for Caregivers and Kinship Providers (eLearning)	Viewers are walked through recognizing sentinel injuries; understanding Abusive Head Trauma and its connection to the Period of PURPLE Crying; identifying when to seek medical consultation, how to submit a referral, and what information to provide; and how to locate important county protocols and policy resources online. Viewers will also be provided with a helpful Notes Worksheet, which will guide them through capturing important information needed in practice, and to pass the quiz at the end. This eLearning also provides a Facilitator Guide and can be viewed either individually, or facilitated for a small group viewing.	Online	2.0	1.0	Alliance	Caregivers & Social Workers	Statewide	75%

Course	Description	Format	Hours	Credits	Provider	Audience	Region	%	Notes
Contract for Services Part 1: Understanding the Contract Process (eLearning)	This course provides information on the service contract process and the role of Social Workers, Fiduciaries, Program Managers, and Contract Managers. Participants will learn how to identify what types of services do and do not require contracts, how to determine if a contract is already in place, how to access contracted providers appropriately, how CA Contract Managers develop contracts and the Social Worker's role in the process, as well as the process for paying for contracted services through FamLink.	Online	0.25	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Contract for Services Part 2: Contract Monitoring (eLearning)	Participants will learn about the importance of contract monitoring, the Contract Monitoring Team, the purpose of a Compliance Agreement, and what to do if there are concerns about a contractor's performance.	Online	0.25	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
CPR and First Aid for Caregivers (eLearning)	The CPR/First Aid blended online course teaches solutions to a range of problems that can arise from minor everyday instances such as cuts and headaches to the more serious emergencies such as allergic reactions, heart attacks and strokes. This eLearning is the first of two parts needed for full certification and includes instruction in CPR, First Aid, and AED usage. The second step is an in-person skills assessment, which will become available when covid restrictions are lifted. CPR and First Aid for Caregivers (eLearning) follows the latest American Heart Association and ECC/ILCOR guidelines and is nationally accredited.	Online	4.5	1.0	ProTraining	Caregivers	Statewide	75%	New class 6/15/2021
CPR and First Aid Recertification for Foster Parents (eLearning)	If you are a current licensed foster parent and have an expired CPR certificate and need to obtain recertification this course is for you. The course is a blended online course with two parts – an online eLearning and a skill based in person class. The CPR/First Aid online course provides the knowledge needed when dealing with the range of problems that can arise from minor everyday instances such as cuts and headaches to the more serious emergencies such as allergic reactions, heart attacks and strokes. Once you have completed the online eLearning, the final part is the skill evaluation with an instructor where you will get to apply and practice the techniques you have learned. A certificate will be issued once both parts are successfully completed and will be valid for two years.	Online	4.5	1.0	ProTraining	Caregivers	Statewide	75%	
De-Escalation for Administrative Staff: Managing Crises (eLearning)	As an administrative professional you are important, and so is your safety! This eLearning will help you learn how more effectively manage a situation that has become a crisis and may involve threats to someone's safety. The key insights in this course relate to: · Identifying a crisis · Verbal de-escalation strategies – how to help, and how to manage your own reaction · Specific stay-safe strategies and considerations during and after a crisis There are many opportunities within the course to examine real-life situations and practice applying the information. Upon completing the course, learners will be better prepared to respond in a crisis and prevent safety issues from occurring. They also will have a better understanding of what to do when worker safety threats do occur, and what to do after such incidents.	Online	0.75	1.0	Alliance	Support Staff	Statewide	50%	
De-escalation for Administrative Staff: Managing Tense Situations (eLearning)	As an administrative professional you are important, and so is your safety! This eLearning will help you learn a range of prevention behaviors that can keep tense situations from turning into crises. The key insights in this course relate to: · Understanding anger – where it comes from and what it looks like · Tools to help others stay calm and communicate what they need · Which communication strategies are helpful in tense situations · Acknowledging individual and cultural differences and how they affect communication · Understanding how to manage your own emotional responses to hard situations There are many opportunities within the course to examine real-life situations and practice applying the information. Upon completing the course, learners will be better prepared to manage their own and other people's responses to tense situations, helping everyone stay calm and safe.	Online	1.5	1.0	Alliance	Support Staff	Statewide	50%	
De-escalation for Meeting Facilitators Part 2: Managing Safety and Crisis (eLearning)	As a meeting facilitator you have an important role in achieving safety, permanency and well-being for children in out of home care. Permanency planning meetings can be emotionally charged. This eLearning will help you learn how more effectively manage a situation that has become a crisis and may involve threats to someone's safety. The key insights in this course are identifying a crisis, verbal strategies to help de-escalate situations and managing your own reaction, as well as specific stay-safe strategies and considerations during and after a crisis. There are many opportunities within the course to examine real-life situations and practice applying the information. Upon completing the course, you will be better prepared to respond in a crisis and prevent safety issues from occurring. You will have a better understanding of what to do when staff safety threats do occur, and what to do after such incidents.	Online	0.75	1.0	Alliance	Social Workers	Statewide	75%	

Course	Description	Format	Hours	Credits	Provider	Audience	Location	Pass	
De-escalation for Meeting Facilitators Part I: Tools for Tense Situations (eLearning)	As a meeting facilitator you have an important role in achieving safety, permanency and well-being for children in out of home care. Permanency planning meetings can be emotionally charged. This eLearning will help you learn a range of prevention behaviors that can keep tense situations from turning into crises. You'll learn about understanding where anger comes from and what it looks like, tools to help others stay calm and communicate what they need, helpful communication strategies for tense situations, acknowledging individual and cultural differences and how they affect communication, and understanding how to manage your own emotional responses to hard situations. There are many opportunities within the course to examine real-life situations and practice applying the information. Upon completing the course, you will be better prepared to manage your own and other people's responses to tense situations, helping everyone stay calm and safe.	Online	1.5	1.0	Alliance	Social Workers	Statewide	75%	
Dependency Petition (eLearning)	The Dependency Petition eLearning is an interactive and independent learning activity integrating brief legal instruction and practical application/skill building regarding Dependency Petitions.	Online	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Drug Testing (eLearning)	Drug testing practices and their use in child welfare assessment of safety and risk is covered in this course. Participants learn the guidelines for the frequency and duration of testing, practices at drug collection sites, detection of adulterated samples and interpreting drug test results. Participants will know what to test and how to include this in the assessments of parents involved in the child welfare system, focusing on the behavior of parents, and knowing what a drug test can tell us is emphasized.	Online	0.75	1.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Education Policy and Case Planning (eLearning)	This course focuses on DCYF Education Policy and Procedures to achieve positive educational outcomes through solid education planning throughout the child's experience in out-of-home care. Caseworkers will understand education case planning and documentation requirements as well as how to engage with schools on enrollment, transportation plans, and potential cost sharing agreements. Information sharing processes and Post-Secondary Education and Training resources are also provided.	Online	0.5	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	

Effects of Abuse and Neglect on Child Development: 11 to 17 Years (eLearning)	This is Section 5 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning:
	   Section 1: Foundational Concepts of Child Development (30 minutes)
	   Section 2: Birth to Three Years (60 minutes)
	   Section 3: Three to Five Years (30 minutes)
	   Section 4: Five to 11 Years (30 minutes)
	   Section 5: 11 to 17 Years (30 minutes)
		Online	0.5	1.0	Alliance	Caregivers & Social Workers	Statewide	75%	

Effects of Abuse and Neglect on Child Development: Birth to Three Years (eLearning)	This is Section 2 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning:
	   Section 1: Foundational Concepts of Child Development (30 minutes)
	   Section 2: Birth to Three Years (60 minutes)
	   Section 3: Three to Five Years (30 minutes)
	   Section 4: Five to 11 Years (30 minutes)
	   Section 5: 11 to 17 Years (30 minutes)
		Online	1.0	1.0	Alliance	Caregivers & Social Workers	Statewide	75%	

Effects of Abuse and Neglect on Child Development: Five to 11 Years (eLearning)	This is Section 4 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning:
	   Section 1: Foundational Concepts of Child Development (30 minutes)
	   Section 2: Birth to Three Years (60 minutes)
	   Section 3: Three to Five Years (30 minutes)
	   Section 4: Five to 11 Years (30 minutes)
	   Section 5: 11 to 17 Years (30 minutes)
		Online	0.5	1.0	Alliance	Caregivers & Social Workers	Statewide	75%	

Effects of Abuse and Neglect on Child Development: Foundational Concepts of Child Development (eLearning)	This is Section 1 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning:
	   Section 1: Foundational Concepts of Child Development (30 minutes)
	   Section 2: Birth to Three Years (60 minutes)
	   Section 3: Three to Five Years (30 minutes)
	   Section 4: Five to 11 Years (30 minutes)
	   Section 5: 11 to 17 Years (30 minutes)
		Online	0.5	1.0	Alliance	Caregivers & Social Workers	Statewide	75%	

Effects of Abuse and Neglect on Child Development: Three to Five Years (eLearning)	This is Section 3 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning:
	   Section 1: Foundational Concepts of Child Development (30 minutes)
	   Section 2: Birth to Three Years (60 minutes)
	   Section 3: Three to Five Years (30 minutes)
	   Section 4: Five to 11 Years (30 minutes)
	   Section 5: 11 to 17 Years (30 minutes)
		Online	0.5	1.0	Alliance	Caregivers & Social Workers	Statewide	75%	

Extended Foster Care (eLearning)	Washington States Extended Foster Care Program allows dependent youth in placement at age 18 to continue to receive services including placement resources until age 21, in order to complete their education and ease the transition to adulthood. In this eLearning, case carrying Supervisors and Social Service Specialists will become familiar with the evolution of this program as well as its current Policy and Practice and learn how to document various EFC Services in FamLink.	Online	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Family Preservation Services (eLearning)	Family Preservation Services, or FPS, is one option social workers have when assessing for the most appropriate in-home service. This interactive elearning will cover the service components of FPS, what to expect from the FPS provider and what is required of the referring social worker in the delivery of FPS services.	Online	0.25	1.0	Alliance	Social Workers & Supervisors	Statewide	50%	

Family Time with Incarcerated Parents (eLearning)	Family time is an essential part of supporting a child's ongoing relationships while they are in out-of-home care. When a parent is incarcerated, there are specific policies and processes that need to be followed to ensure continuation of family time. This training will help you understand from start to finish the process of completing a visitation at a Washington Department of Corrections prison, and how to supplement contact in other appropriate ways. This eLearning will walk you through the myriad requirements and details involved in these types of visitations, in an easy-to-understand way. You will learn how to navigate DOC websites, schedule visitation, and which forms you will need to secure and why. You also will review the requirements and steps to arranging electronic/telephonic contact, which are additional tools you can use to support the connection between parent and child. You will have multiple opportunities throughout to test your knowledge with real-life scenarios. The course also covers information you will need to prepare a child, the caregiver and the family time supervisor in advance of a visit to an incarcerated parent. This learning includes why it's important to "debrief" with the child after family time. At the close, you will get the complete resources you will need going forward, and you will take a final quiz to ensure you have fully grasped all of the information.	Online	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Family Time: Relationships and Reassurance (eLearning)	Parent, child and sibling family time helps reduce further trauma from the separation by reassuring the child and maintaining the parent-child relationship or helping build the relationship. Social workers and caregivers are part of a team in making family time happen, making sure that the benefits are realized for the children and parents, and helping children through the separation from their families, friends, and homes. This short eLearning will cover the role of family time in child well-being and permanency, as well as the social worker's role in providing parent-child and sibling family time. The key learning objectives of this course are: 1. Recognize the importance of family time and its association with positive outcomes for the child and family. 2. Identify appropriate levels of supervision based on safety threats; appropriate people to help with family time, and in what roles; and the best location. 3. Identify the roles of social workers and caregivers in supporting children and parents to make family time positive.	Online	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Family Time: Supportive Virtual Family Time Program and Training (eLearning)	Supervised visitation staff and child welfare staff who want to develop skills to support virtual family time will benefit from this online learning. In this training you are provided with structured support, guidance and training to: · Connect with the caseworker to prepare for remote supervised visits that will, to some extent, include both parent and foster/relative caregiver(s) · Prepare the parent(s) for positive remote supervised visitation with their children · Prepare the foster or relative caregiver(s) for how to support the child in their care in having positive remote supervised visitation with their parent(s) · Hold a virtual Family Time Partnership meeting between the parent(s) and foster/relative caregiver(s) prior to supervised visits taking place to plan and prepare for virtual visits by getting to know one another, setting expectations and agreements and plan for and provide some structure for the remote visits · Support the parent(s) and caregiver(s) in having positive and productive remote supervised visits and supervise the visits · Create a plan to debrief one-on-one with the parent(s) and the caregiver(s) to celebrate success In addition, two videos developed by Fostering Connections for Families will be shared that model a family time partnership meeting as well and an example of what a virtual family time could look like.	Online	1.0	1.0	Alliance	Social Workers & Private Agency Staff	Statewide	75%	
Identifying and Supporting Commercially Sexually Exploited Children for Caregivers (eLearning)	This 90-minute in-service level course will help caregivers identify and support youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic practices that support helping these youth reach positive outcomes. Learning Objectives: - Know the legal definition of commercial sexual exploitation of children - Understand how commercial sexual exploitation might happen to a youth - Understand how experiencing commercial sexual exploitation may impact a youth - Be able to spot signs that youth are at risk for becoming (or are) commercially sexually exploited - Have strategies for caring for youth who are at risk for becoming (or have been) commercially sexually exploited	Online	1.5	1.0	Alliance	Caregivers	Statewide	75%	

I-LABS Module 10 – Language Development: From Listening to Speaking (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Babies begin making vowel-like sounds soon after birth. They soon add consonant sounds. Then they transition to syllables, words, and finally sentences. This pattern is similar across different cultures and languages. -Children use different strategies to learn words and word combinations. During the process of learning, they sometimes make errors in word or sentence use. As they hear more language, their use of words and sentences becomes more adult-like. -Language learning begins at birth! Those children who hear more language and experience more high quality interactions tend to produce more words and longer sentences.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 11 – Bilingual Language Development (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -The brain is primed to learn language in the first few years of life. As we age, it becomes harder to learn a second language. -Language is the product of our experiences. The amount and type of language input determines our language outcomes. This is true whether we're learning one or two languages. -Bilingual and monolingual children develop language at the same pace. -Bilingualism is associated with cognitive advantages, such as better flexible thinking skills	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 12 – Temperament in Early Childhood (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Babies are born with different temperaments or ways they approach everyday events and challenges. Biology helps determine temperament, but environment and experiences also influence a child's temperament and development. -Temperament consists of three dimensions: positive reactivity; negative reactivity; and attention, soothability, and regulation. Each dimension is a continuum, meaning a child can show more or less of a behavior. -You cannot change a child's temperament, but you can adapt your behavior and environment to meet the child's needs. This is creating goodness of fit between your expectations and a child's temperament.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	

Title	Description								
I-LABS Module 13 – Race Today: What Kids Know as They Grow (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Race is meaningful in our social world and racism still exists today. -Racism is like a conveyor belt and we are all on it. It is our responsibility to work actively to recognize and work against racism in our society. Otherwise we will continue to live as a member of a racist society. -Kids are aware of race and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Kids form racial identities. They recognize that their race and racial group is part of who they are and how others see them. -Research suggests that not talking about race with kids increases racist thinking and racism. Racial silence will never create racial equality, but talking about race can!	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 14 – "Racing" Towards Equality: Why Talking to Your Kids About Race is Good for Everyone (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Race is meaningful in our social world and racism still exists today. -Our actions matter - what parents do – or don't do – is a strong indicator of children's attitudes about race. -Our words matter too! Research suggests that not talking about race with kids increases racist thinking and racism. But talking about race can be one of the best ways to counteract racism. -Kids are aware of race, form racial identities and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Preventative and Reactionary 'race chats' are an effective way to discuss race and racism with children. These conversations with evolve and change over time, as a child grows. -We do not need to have all the answers to have effective 'race chats' with children. We just need to be open, and be able to offer a safe space to talk.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	

I-LABS Module 15 – Early Music Experience (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online modulecovers the following points: -The brain learns musical information very early in development. Infants learn from listening to music in their environment and culture. -Research suggests that infants have a sensitive period when their brains are particularly primed to learn the basic structure of musical components. -Music and language share some key elements, such as pattern and rhythm. Practice with musical patterns and rhythms may help young children learn language patterns and rhythms. -Musical experiences may help children build other skills, too. For instance, music training has been linked to executive function skills, and moving to a beat in time with another person can help build social-emotional skills.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 16 – Foundations of Literacy (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Spoken language skills serve as the foundation for literacy development. Literacy involves years of systematic instruction and practice. -Children may enter kindergarten with a range of pre-literacy skills. It is important for teachers to provide a rich literacy environment for all children. Reading to and with children is a great way to boost pre-literacy skills. -The brain is not born to read. With practice, our brains learn to recognize words, match words with sounds, and associate those words with meaning. -Some people have more difficulty learning to read than others. But this does not mean that they won't ever learn how or that they are less intelligent. Many different factors contribute to a child's pre-literacy skills.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 17 – Development of Literacy (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Literacy is an important part of daily life. It helps empower a child's educational, societal, and civic development. -The best curricula for teaching children how to read include explicit instruction in phonological awareness. Explicit classroom instruction is a key part that builds on a strong foundation of phonological awareness. -Some children have difficulty learning to read. Research tells us that it is important to identify struggling readers early on, and to provide them with extra support before they fall behind their peers. -Early intervention helps struggling children build foundational skills and improve their reading ability. Effective programs encompass the school, home, and community.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	

I-LABS Module 18 – Learning to Make Things Happen: How Children Learn Cause-and-Effect (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online modulecovers the following points: -In the first year of life, babies already start to make predictions about what things are causes and what are effects. By the time they are in preschool, children are proficient causal learners, ready to engage in and learn from causal lessons. -Children of all ages learn how to make things happen on their own from watching what other people do. They do this even if the people they are watching make mistakes or things don't work perfectly. -Cause-and-effect relations also occur between living things. Figuring out how to cause people to change their behavior is important for children's social development. -Lessons about cause-and-effect happen at home and in the classroom all the time, with little or no need for special tools, toys, or preparation.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 19 – Early STEM Learning (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -It is important to build children's STEM (science, technology, engineering, and math) skills starting at an early age so they become fluent. -Parents/teachers can provide children with a variety of STEM materials and activities, and ask questions about what children observe and expect. -Doing STEM activities with other people can help children enjoy STEM.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 2 - Why the First 2,000 Days Matter: A Look Inside the Brain (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following: -How brains are built. An enormous amount of brain development occurs in the first five years. -Early childhood experiences shape the physical development of the brain. -The strength of connections formed in a child's brain depends, to a certain extent, on the frequencies of experiences they have in their lives.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	

Title	Description								
I-LABS Module 3 – The Importance of Early Interactions (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -School-readiness starts from birth. Early cognitive and social experiences play an important role in children's early development. -Children are particularly attuned to other people, and learn best from face-to-face interactions. -Children are incredibly social. Using eye-gaze, pointing, infant-directed speech, and contingent actions can draw children's attention to their environment and support learning.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	

I-LABS Module 4 – The Power of Learning Through Imitation (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners.
	
	This 20-minute online modulecovers the following key points:
	   -From the first day of life, children watch others and imitate their actions to learn about the physical world and their culture.
	   -As they grow older, they can remember actions for longer (deferred imitation), and use them to navigate situations (generalizations).
	   -Children's brains seem ready to imitate-studies have found similar changes in infants' brain activity whether they are doing an activity or just watching it.
		Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	

I-LABS Module 5 – Understanding Emotions (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Children take cues from other people to guide their emotions and behavior, especially in new situations (social referencing). -Children even learn from interactions they're not directly involved in – they pick up on emotional states of others just from watching and listening. -In their second year of life, children begin managing their own emotions or behaviors (self-regulation), often using others' reactions to guide their actions.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	

I-LABS Module 6 – Language Development: Learning the Sounds of Language (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: - Language learning begins before birth. A young brain is particularly ready to learn language. -When listening to language, infants engage in statistical learning. This helps them become sensitive to the specific sounds of their native language. -Face-to-face interactions are critical for language learning. In the first year of life, social interactions expose children to language. They also prepare the infant brain for speaking.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 7 – Development of Attachment (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Babies have a biological need for loving care. They begin forming an emotional bond with their caregivers at birth. Infants form an attachment to primary caregivers by the end of their first year. -The quality of attachment relationships is different for each child. Child and family factors can affect attachment quality. -Attachment relationships during infancy can have lasting effects on children's development. Yet, attachment quality can improve with proper support.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 8 – Attachment in Practice (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Attachment is a dyadic relationship. This means that an attachment relationship depends on both the adult and the child. -Attachment security is on a continuum. Children's attachment behavior can be more or less secure. Their behavior depends on the caregiving they receive. -A child is more likely to form a secure attachment when her caregiver provides consistent and sensitive care.	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	
I-LABS Module 9 – Sharing Attention During Early Childhood (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and	Online	1.0	1.0	Alliance	I-Labs	Statewide	75%	

Intake 1.1: Welcome to Intake (eLearning)	This is Session 1.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants will receive practical information about their main job functions, and get to practice applying many of this information. Intake staff serve as the first point of contact for community members with concerns about children, and complete the first assessments of this information to determine if and how CA may respond. These two functions are addressed and information about the role of Intake staff in assessing child safety and in educating the community is provided. The training helps new staff to understand the differences between intake types and to identify timelines associated with each. Lastly, roles and actions outside the scope of Children's Administration Intake are discussed.	Online	1.0	1.0	Alliance	Social Workers	Statewide	0%	100% TANF
Intake 1.2: Screening in Intake and the Intake SDM Tool (eLearning)	This is Session 1.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants will learn critical information about how to make screening decisions using the standardized tools in FamLink – the sufficiency screen and the SDM for Intake. Participants will learn about the state definitions of child abuse and neglect, and the SDM Intake tool, which helps ensure accurate and consistent screening decisions for screened in CPS Intakes. During much of the training, participants will be applying what they have learned to a series of intake scenarios, and will receive feedback on their work.	Online	1.5	1.0	Alliance	Social Workers	Statewide	0%	100% TANF
Intake 1.3: Interviewing for Assessment in Intake (eLearning)	This is Session 1.3 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This training will support you in identifying the most important information to gather from callers, and in building skills to focus and guide callers toward this important information, so the best possible screening decisions can be made.	Online	1.0	1.0	Alliance	Social Workers	Statewide	0%	100% TANF
Intake 1.4: Disproportionality and Cultural Competence for Intake (eLearning)	This is Session 1.4 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This training will identify the problem of racial disproportionality in our state's child welfare system, focusing on disproportionality at intake. The importance of Cultural competence for intake workers is presented, and practical tips related to Intake's role in child welfare are provided. Participants will learn how they can work to best serve persons with Limited English Proficiency. Additionally, the training will provide guidance about Intake's role in complying with the Indian Child Welfare Act and in supporting early identification of children who are Native American.	Online	0.75	1.0	Alliance	Social Workers	Statewide	0%	100% TANF
Intake 1.5: Working With Law Enforcement and Collateral Contacts at Intake (eLearning)	This is Session 1.5 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants in this e-learning will learn how and why to collaborate with Law Enforcement to protect children, gather information needed for good screening decisions, and meet legal and policy requirements to share specific types of reports and information. How and why to work with medical professionals to support good screening decisions and assessments of child safety is also presented. Participants will have a chance to practice both skills and receive feedback.	Online	0.5	1.0	Alliance	Social Workers	Statewide	0%	100% TANF
Intake 1.6: Screening Provider Related Intakes (eLearning)	This is Session 1.6 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This brief e-leaning will orient you to some basic considerations related to screening intakes which involve licensed or other state regulated facilities.	Online	0.5	1.0	Alliance	Social Workers	Statewide	0%	100% TANF

Intake 2.1: Special Circumstances in Intake: Substance Exposed Infants (eLearning)	This is Session 2.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This brief e-learning will review policy and legal requirements in screening intakes regarding currently pregnant substance using mothers and infants who were exposed to substances during gestation. Participants will consider important questions to ask callers in order to gather the most relevant information, which will support good screening decisions and capture foundational information which may be used by workers who are assigned to this family now or in the future.	Online	0.5	1.0	Alliance	Social Workers	Statewide	0%	100% TANF
Intake 2.2: Special Circumstances in Intake: Domestic Violence (eLearning)	This is Session 2.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This e-learning will help you ask the screening questions most likely to provide you with information about domestic violence if its occurring, identify domestic violence based upon the information you have gathered, consider the impact of identified domestic violence on the child's safety, and adequately document the information you obtain.	Online	1.0	1.0	Alliance	Social Workers	Statewide	0%	100% TANF
Interstate Placements: Fundamentals and Your Role (eLearning)	In this course you will learn about the requirements of the Interstate Compact and Placement of Children (ICPC), including both sending children in foster care to other States, and receiving children in foster care from other States. In addition, you will learn how ICPC applies to ICWA cases. Your role and responsibilities from beginning to end are covered including the home study process, completing quarterly reports, and closing cases. Details about common violations, parent visits, and how to contact the headquarters ICPC team for support and guidance are provided.	Online	0.5	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Interviewing Parents for CFWS & FVS (eLearning)	In this eLearning participants will review the stages of an adult FVS/CFWS interview and the information they need to gather in each stage; read a case summary; and view an interview with the parents related to the case.	Online	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Interviewing Parents for CPS (eLearning)	In this eLearning participants will review the stages of an adult CPS interview and the information they need to gather in each stage; read a case summary; and view an interview with the parents related to the case.	Online	1.0	1.0	Alliance	Social Workers	Statewide	0%	
Keys to a Successful Termination Referral (eLearning)	This training helps social workers understand the legal requirements that must be met in order for a court to terminate a parents' rights to their children. Social workers also learn to separate myths from facts in the area of termination and regarding their role in preparing and submitting a termination referral to their local Assistant Attorney General or other legal representative. A score of 80% is required to complete this course.	Online	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Mandatory Reporter Roles and Responsibilities (eLearning)	Mandatory reporters play a key role in ensuring the safety of vulnerable children. These professionals are obligated to report concerns about abuse or neglect, and this eLearning will guide you as mandated reporter through the process of identifying and documenting those concerns. This training breaks the process down into three parts: Recognize, Record and Report. Through the training, you will understand what indicators of abuse to look for; how to appropriately record and what information to have; and what happens when a report is filed. You will consider the impact of biases on reporting possible child abuse and neglect, and learn about the problem of racial disproportionality in our state's child welfare system. The training also covers the federal requirement of identification of Indian heritage and affiliation with federally recognized tribes. At the conclusion of the training, you will feel confident in understanding your role in keeping children safe.	Online	0.75	1.0	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	0%	100% TANF
Medication Management and Administration (eLearning)	This eLearning covers the correct way to administer, log, store, and dispose of medications. In addition, this eLearning will provide information/protocol to revise agency policies and procedures with current information and best practice.	Online	0.5	1.0	Alliance	Social Workers & Supervisors	Statewide	50%	
Medication Management and Administration for Caregivers (eLearning)	This eLearning covers the correct way to administer, log, store, and dispose of medications. In addition, this eLearning will provide information/protocol to revise agency policies and procedures with current information and best practice.	Online	0.5	1.0	Alliance	Caregivers	Statewide	50%	
Multi-Ethnic Placement Act: What Caregivers Need to Know (eLearning)	This training focuses on a law that mandates that race, culture, or ethnicity may not be used to prevent a child from being placed in a particular home, nor can it be used to delay the placment of a child.	Online	0.5	1.0	Alliance	Caregivers	Statewide	75%	

NAIR: Creating and Monitoring Your Native American Inquiry Request (eLearning)	This in-service level training will teach participants the steps for identifying Indian Children, address practical steps to input information into FamLink, and give CA staff tips on completing Ancestry Charts and submitting referrals to the Native American Inquiry Request (NAIR) unit to fulfill the requirements of the Federal ICWA, State Law and CA policies.	Online	0.5	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Paquete de Herramientas para Denunciadores de Abuso Infantil por Mandato	Las personas que toman este curso digital aprenderán sobre su rol como denunciadores de abuso por mandato cuando se sospecha abuso o negligencia infantil y los pasos para reportar estas preocupaciones. Este entrenamiento provee información sobre los indicadores que pueden indicar que abuso o negligencia infantil está ocurriendo y las situaciones comunes que en que es necesario llamar a la agencia correspondiente para hacer una denuncia. Las personas tomando este curso también aprenderán a considerar el impacto de los prejuicios culturales cuando se hacen estas denuncias y el problema de disparidad racial representada en el sistema. También este curso explica los requisitos federales para reconocer el linaje de un niño/a con una tribu indígena o su afiliación a una tribu reconocida federalmente. Finalmente, este curso también repasa los pasos para comunicarse con la Administración de Protección Infantil y hacer una denuncia, la información que se necesita, y lo que ocurre una vez que la denuncia ha sido hecha e investigada.	Online	0.75	1.0	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	0%	100% TANF
Parenting a Native American Child: Partnering in the Interest of Culture for Caregivers (eLearning)	This 3-hour eLearning provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.	Online	3.0	1.0	Alliance	Caregivers	Statewide	75%	
Permanency Considerations (eLearning)	This course will provide participants with an overview of permanency planning for children in out of home care. This course will focus on the differences and similarities of adoption, guardianship and non-parental custody as concurrent plans. Participants will explore personal bias, how it influences their professional decision-making, and how to counter bias in making permanency decisions that reflect the best interest of children. All permanency options are explored and a case scenario will help participants understand the multiple factors to consider in determining the child's best interest and best alternate plan. ***Supervisors: This eLearning may be completed individually or as a group during a unit meeting. If the eLearning is completed as a group, be sure to contact an Alliance coach to input completion of the eLearning training in LMS for all participants. Supervisors may use the "Supervisors Guide to Permanency Considerations eLearning" available here to promote a permanency discussion after caseworkers have taken the eLearning. (this is an optional activity)	Online	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Pregnant and Parenting Youth for Caregivers (eLearning)	This eLearning focuses on how caregivers can best support and care for pregnant and parenting youth (and their children) who are living in foster care. Participants will identify their roles and responsibilities and determine what they are able and willing to do. They will also gather information about supports, resources and partnering with the other members of the child welfare team.	Online	1.5	1.0	Alliance	Caregivers	Statewide	75%	
Pregnant and Parenting Youth for DCYF staff (eLearning)	This course focuses on the successful transition of pregnant and parenting youth involved with child welfare, and covers specific case management activities. You will learn about your role and responsibilities to provide information to pregnant and parenting youth, including the Pregnant and Parenting Teen Guidebook and tip sheets (DSHS #22-1536), and utilizing a Shared Planning Meeting to identify services and community resources.	Online	2.0	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	

Preparing Youth for Transitioning to Adulthood (eLearning)	As a caregiver you play a key role in helping youth in your care transition into adulthood. During this course you will review the impact of childhood trauma on foster youth. You will explore the rights of youth in care and recognize your responsibilities for insuring those rights are met. You will explore ways to engage youth in conversations and activities in your home and community to develop life skills for launching into adulthood.	Online	0.5	1.0	Alliance	Caregivers	Statewide	75%	
Prudent Parenting (eLearning)	This elearning on Prudent Parenting is for both Caregivers and Social Workers. This training discusses the parenting decisions that fall to the Caregiver according to the Prudent Parent Law, provides a few additional considerations when making prudent parenting decisions for children in care, and presents several scenarios that address frequently asked questions related to the Prudent Parent Law.	Online	0.75	1.0	Alliance	Caregivers & Social Workers	Statewide	75%	
Random Moment Time Study (RMTS) Roles and Responsibilities for DCYF Coord. (eLearning)	As a coordinator for the Random Moment Time Study (RMTS), you will learn key elements needed to support local offices with technical and program support. You will be able to identify your significant role and responsibilities in the RMTS process and how to locate notifications, determine proper coding for tasks completed during the sample and properly document associated details into FamLink.	Online	0.5	1.0	Alliance	Social Workers & Support Staff	Statewide	50%	
Random Moment Time Study (RMTS) Roles and Responsibilities for DCYF Staff	Following this eLearning you will be able to define the key elements in Random Moment Time Study (RMTS) and the role it plays in the agency's work, as well as, your role and responsibility in completing the study. You will learn how to locate the RMTS notifications, determine proper coding for tasks completed during the sample, and properly document associated details into FamLink.	Online	0.5	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Relative Home Studies	This eLearning will help learners understand the process for assessing the suitability of prospective unlicensed caregivers and when to initiate a home study.	Online	0.5	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Relative Search for Caregivers (eLearning)	When a child is in need of out-of-home care, the Department should be actively seeking placement of children with relatives. The goal of this training is to help Caregivers understand the process as it impacts placements and long-term permanency.	Online	0.5	1.0	Alliance	Caregivers	Statewide	75%	
Relative Search: Creating and Monitoring Your Request (eLearning)	This training will teach the participant the steps to initiate and monitor efforts completed by the Relative Search unit. When a child is in need of out of home care, the Department should be actively seeking placement of children with relatives. The centralized Relative Search unit assists staff to locate and identify relatives and this training will help staff learn about the process, required forms and how to gather detailed information from FamLink.	Online	0.5	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Right Response 3 Recertification - Required Pre-Learning to In-Person Right Response 3 class	The RIGHT RESPONSE Blended Recertification is a self-paced eLearning module to be used in conjunction with instructor-led training, leading to Recertification. This course contains Elements, Elements+, and Advanced levels for recertification, depending on the user's need. If attending a Blended Recertification Workshop, the user must complete this eLearning portion of the course as a prerequisite to attending the instructor-led portion. Upon successful completion of the eLearning, the user will receive a Certificate of Eligibility, which must be brought to the instructor-led portion of the workshop. You must also have a copy of your Recertification Workbook (either digital or printed) with you when completing this eLearning, as there will be discussion during the instructor-led portion directly related to your answers. Access to this course is limited to 30 days and is only intended for those who currently hold either an un-expired certificate or a certificate that is not more than 90 days expired. Those who do not have current certification should not take this course. This eLearning must be completed either before expiration of the user's current certification or no more than 90 days past expiration. Please make sure to click the "Complete this Course" button immediately upon completion of the eLearning to download your certificate, as you will not be able to do so once your 30 days of access lapses. **Please note this is certificate is an automatic download and you may need to temporarily disable your browser's download blocker to receive your certificate.** A recertification workbook is required. Please do not start the training until your workbook has arrived.	Online	2.5	1.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	

Course	Description	Delivery	Hours	Credits	Provider	Audience	Location	Pass	
Right Response 4 Recertification - Required Pre-Learning to In-Person Right Response 4 Class	The RIGHT RESPONSE Blended Recertification is a self-paced eLearning module to be used in conjunction with instructor-led training, leading to Recertification. This course contains Elements, Elements+, and Advanced levels for recertification, depending on the user's need. If attending a Blended Recertification Workshop, the user must complete this eLearning portion of the course as a prerequisite to attending the instructor-led portion. Upon successful completion of the eLearning, the user will receive a Certificate of Eligibility, which must be brought to the instructor-led portion of the workshop. You must also have a copy of your Recertification Workbook (either digital or printed) with you when completing this eLearning, as there will be discussion during the instructor-led portion directly related to your answers. Access to this course is limited to 30 days and is only intended for those who currently hold either an un-expired certificate or a certificate that is not more than 90 days expired. Those who do not have current certification should not take this course. This eLearning must be completed either before expiration of the user's current certification or no more than 90 days past expiration. Please make sure to click the "Complete this Course" button immediately upon completion of the eLearning to download your certificate, as you will not be able to do so once your 30 days of access lapses. **Please note this is certificate is an automatic download and you may need to temporarily disable your browser's download blocker to receive your certificate.** A recertification workbook is required. Please do not start the training until your workbook has arrived.	Online	3.0	1.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Right Response Elements+ (eLearning)	The RIGHT RESPONSE Elements+ course is designed for staff who support individuals with identified behavioral challenges but minimal aggression risks, as well as those staff who have more opportunity or influence with those they support. Focus is on proactive strategies to manage the individual's environment and provide positive behavior support to avoid the need for physical safety techniques. Note: Basic Physical Safety Skills is not included in this course. You will learn the cycle of risk management and response, which includes prevention strategies, de-escalation techniques and post-crisis follow-up. Topics include: Prevention, stress, and self-care, De-escalation process and postvention, Proactive environments, Effects of Trauma, Positive Behavior Support, Motivational Model for de-escalation, Re-stabilization, Postvention teaching, Cycle of reflecting. The RIGHT RESPONSE Elements+ Workshop combines a 3-hour self-paced online learning with a 6-hour instructor-led discussion and training.	Online	3.0	1.0	Alliance	Social Workers	Statewide	75%	
Service Referral: An Introduction (eLearning)	This course provides instruction on using the service referral tool in the FamLink case management system for both social workers and fiduciaries. Step by step guidance walks through the steps necessary to launch the referral, provide customized details and instructions for the authorization of payments	Online	0.25	1.0	Alliance	Social Workers	Statewide	75%	
Services: How to Prevent Placement and Promote Reunification of Children (eLearning)	This course is designed to teach social workers how to identify the service needs of families when trying to prevent out-of-home placement or to support reunification. Working through scenarios social workers actively engage in the decision-making process for appropriate services. Workers will learn the fundamentals of the referral process, engagement with providers and families as well as documentation.	Online	0.5	1.0	Alliance	Social Workers	Statewide	75%	
So You Have Your First Placement...Now What? (eLearning)	Everything you need to know about agency processes: • Procedures and paperwork • Meetings and court proceedings • Allegations and investigations • Miscellaneous information This class will help you to be familiar with your regional paperwork and policies. This is an excellent class for both new and experienced caregivers.	Online	3.0	1.0	Alliance	Caregivers	Statewide	75%	
Structured Decision Making and Risk Assessment (eLearning)	Following successful completion of this elearning course, participants will understand the purpose of the Structured Decision Making-Risk Assessment (SDM-RA), and how it provides a framework for consistent decision making as well as a way to target in-demand resources toward those who can benefit most. Participants will understand the definition of each SDM-RA question, its application, and the procedures for completing this tool. This course incorporates numerous types of media through video, audio, images, and scenario application in order to enhance the transfer of learning. A score of 80% is required to complete this course.	Online	1.0	1.0	Alliance	Social workers	Statewide	75%	

Supervising for Safety: Decision Making Tools for Supervisors (eLearning)	The Child Safety Framework and the Structured Decision Making Risk Assessment are the tools that should guide caseworkers in making their most important decisions. Both tools aim to improve critical thinking and objective decision making, and ultimately to help DCYF correctly identify what level of intervention – from placement out of the home to providing referrals and case closure – is the most appropriate for each child and family. As a supervisor, you must understand these tools, but you also have a responsibility to integrate the tools into your supervision. This eLearning aims to strengthen your understanding by providing an overview of each of these tools. It also asks initial questions about how you might continue to integrate these tools into your work within your unit.	Online	1.0			Alliance	Supervisors & Area Administrators	Statewide	50%	
Supervisor Core Training 1.1: Essential Professional Tools (eLearning)	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings and field based activities about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. You will be assigned a coach upon notification of hire to support you through the learning. Part 1.1 of this course is designed to provide you critical information needed on Day 1 in your new role. When you complete this training, you will be able to effectively use FamLink, including managing cases and approvals and using the Tickler; recognize the structure and goals of Learner Centered Coaching; use the Administrative Incident Reporting Systems; understand the scope of Aiden's Act Review; and be able to identify the components of clear documentation and your responsibilities around it. You will have reviewed your unit employees' personnel information and identified gaps; be able to describe how power influences subordinate employees and develop a plan for self-awareness and self-management. This course consists of these eLearnings: Welcome to FamLink for Supervisors, Introduction to Learner Centered Coaching, AIRS/Critical Incidents, Aiden's Act, Professional Documentation/Human Resources Division. These activities are part of this course: Personnel File Review (field-based learning activity completed prior to webinar), Everyday Leadership (video and field-based learning activity completed prior to webinar), Welcome and introduction to SCT overview with assigned coach (approximately 90 minutes)	Online	7.0	1.0		Alliance	Supervisors	Statewide	50%	
Understanding Autism: Reflections and Insights From Parents and Professionals (eLearning)	The University of Washington Research in Early Autism Detection and Intervention Lab (READi Lab) focuses on conducting research related to early identification and intervention for children with Autism Spectrum Disorder (ASD), which is also referred to as autism. The UW READi Lab has developed this online course which offers: "…compassionate, practical information that is based on the latest scientific knowledge as well as the experiences of parents who have 'been there'." "This course is designed especially for caregivers of newly diagnosed children, and provides helpful tips and strategies for the journey that lies ahead." This course is also helpful for child welfare staff who need more information about children who may have Autism Spectrum Disorder. This course includes five chapters: • Welcome • Chapter One: Understanding the Diagnosis (Approximately 12 minutes) • Chapter Two: Voices of Experience: Caring for Yourself and Your Family (Approximately 10 minutes) • Chapter Three: Finding Help for Your Child (Approximately 11 minutes. Provides Washington State Resource Information.) • Chapter Four: Setting Up a Treatment Program (Approximately 22 minutes) • Chapter Five: Voices of Experience: The Long View (Approximately 6 minutes)	Online	1.0	1.0		Alliance	Caregivers & Social Workers	Statewide	75%	
Visitation (eLearning)	In this short eLearning, participants will learn the role of visitation in child well-being and permanency, as well as the social worker's role in providing visits.	Online	1.0	1.0		Alliance	Social Workers	Statewide	75%	
Working With Clients With Limited English Proficiency (eLearning)	In this course, participants learn the policies, procedures and best practices for using interpreter and translation services when working with CA clients with limited English proficiency. Participants learn how interpreter services assist in helping families achieve permanency by enhancing communication between families and the social worker. Participants also learn how to appropriately and accurately document the use of interpreter and translation services for LEP clients in FamLink, as well as how to navigate the CA Intranet to identify LEP tools and resources in order to best meet the language and communication needs of clients.	Online	0.5	1.0		Alliance	Social Workers	Statewide	75%	

Title	Description	Format	Col1	Col2	Provider	Audience	Region	Percent	
Your Role in the Child Welfare System Part 1 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Your Role in the Child Welfare System Part 2 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Your Role in the Child Welfare System Part 3 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	0.5	1.0	Alliance	Social Workers	Statewide	75%	
Your Role in the Child Welfare System Part 4 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Youth Missing from Care for Caregivers (eLearning)	This 1 hour in-service eLearning is designed to provide caregivers with the information needed to identify, support, and intervene with youth who are living in care and are at risk of running away. Caregivers will learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of them running. Legal and procedural requirements are presented so caregivers can successfully partner with Social Service Specialists and understand what steps to take when a youth is missing from care, and when they return. Caregivers will learn how to participate with youth and Social Service Specialists in the development of a Run Prevention Plan for youth identified as being at risk of running, and a Returning Child De-briefing to assess the youth's immediate needs upon their return to care.	Online	1.0	1.0	Alliance	Caregivers	Statewide	75%	
Youth Missing from Care for Workforce (eLearning)	Participants learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of running behavior. Policy and procedural requirements are presented. The components of a Run Prevention Plan are covered, as well as the fundamentals of conducting a debriefing meeting to assess the youth's immediate needs upon their return.	Online	1.5	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	

FamLink Training									
Title	**Course Description**	**Venue**	**Length per Topic Area (Hrs.)**	**# of Sessions Statewide**	**Provider**	**Audience**	**Location**	**IV-E**	**Notes**
Adoptions	Participants will learn and practice skill in Compressive Family (Child) Assessment and Court Report adoption referral, adoption support registration, legal and APR documentation in FamLink. Participants will learn how to access information and complete redactions. The course will teach and build skill in file upload and CSEC assessment access and data input in FamLink.	Classroom, E-Learning & Immersive Learning	5.0	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Advanced Placement Skills for Placement Workers	This course teaches through skill practice how to search in FamLink for cases and providers. Participants will learn advanced searching steps, how to complete overcapacities, placements, file uploads and maintain, manage and track child location.	E-Learning	1.0	24	CATS Trainer/Coach	Placement Workers	Statewide	75%	
Advanced Search	This course teaches through skill practice how to search in FamLink for difficult to reach people, cases and providers in FamLink. Advanced searching steps and criteria will be taught.	E-Learning	1.0	24	CATS Trainer/Coach	New and Existing CA FamLink Users	Statewide	75%	
Basic FamLink Navigation and Search	Participants learn and practice basic FamLink navigation using real case scenarios. Participants learn to search for information in the FamLink system by case, person, worker	Classroom, Virtual Classroom, E-learning &	5.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Basic FamLink Navigation and Search for Attorney General	Participants will learn and build skill in basic FamLink navigation, all search functions, accessing legal records, basic participation information and case notes.	Classroom	2.5	2	CATS Trainer/Coach	Attorney General Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Department of Health	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	Department of Health Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Discovery Staff	Participants will learn and build skill in basic FamLink navigation, all search functions and redaction.	Classroom	2.5	2	CATS Trainer/Coach	Discovery Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Division of Child Support	Participants will learn and build skill in basic FamLink navigation and all search functions	Classroom	2.5	2	CATS Trainer/Coach	Division of Child Support Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Health Care Authority	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	Health Care Authority Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Public Disclosure	Participants will learn and build skill in basic FamLink navigation, all search functions, redaction and accessing case notes.	Classroom	2.5	2	CATS Trainer/Coach	Public Disclosure Staff	Headquarters	50%	
Basic FamLink Navigation and Search for State Auditor's Office	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	State Auditor's Staff	Headquarters	50%	
Case Closure	Participants will learn how to check all relevant areas of FamLink to case closure and how to close and approve all work which enables a case to be successfully closed. This is includes accessing and checking AFCARS, outcome measures, initiating a request for closure and approval.	E-Learning & Immersive Learning	0.45	72	CATS Trainer/Coach	New CA FamLink Users Supervisors	Statewide	75%	

Child Abuse and Neglect Collaborative Case Planning and Documenting - Training for Trainers	Participants will learn through real life scenarios and skill practice all aspects of FamLink access and documentation through classroom, e-learning and immersive training. Adult learning theory, strengths based practice, supporting positive skill development, understanding the impact of working in a child welfare environment and how to provide culturally relevant training will be taught. Coaching, Team consulting, communication with supervisors and administrative staff and planning with agency and stakeholders skills will be developed. Learning to focus on improving child welfare outcomes is a theme throughout the course.	Classroom	16.0	3	Training Architect	CATS Coaches & Trainers	Statewide	75%	
Child Health and Education Tracking	This course teaches through skill practice how to enter education case notes, the CHET summary, how to input medical notes and how to order medical records and enter them in FamLink.	E-Learning	4.0	6	CATS Trainer/Coach	CHET Screeners	Online	75%	
Clerical	Participants will learn and build skill in basic FamLink navigation, all search functions, launching court reports, accessing and entering legal, fiduciary, Payment Program (SSPS) and entries, and payments. Participants will learn and practice using Modis, accessing and entering case note and updating maintain case page.	E-Learning	3.0	24	CATS Trainer/Coach	New CA FamLink Users	Online	75%	
Commercially Sexually Exploitation of Children (CSEC) Tool Access and Entry in FamLink	Participants will have an overview of CSEC and the CSEC assessment tool in FamLink. Skill practice on accessing the tool, assessing youth needs in relation to sex trafficking, filing out the tool and saving is taught.	Classroom, E-Learning & Immersive Learning	2.5	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Comprehensive Family Assessment and Court Report	Using real life scenarios participants will learn how to enter case notes, the Comprehensive Family Assessments, court reports, Family Team Decision Meetings, Permanency/Concurrent Planning Review meetings, Annual Permanency Reviews and 17 and ½ yrs. staffings, Child Protection Team meetings and Local Indian Child Welfare Advisory Committee meetings. The course will cover how to access and review payments and services. Participants will learn how to do Child in Need of Services filings. Participants will learn safety, risk, family strengths and needs and reunification assessments and documenting in FamLink. The course will teach knowledge and skill building in Youth at Risk and CSEC Assessments.	Classroom, E-Learning & Immersive Learning	5.0	50	Classroom E-Learning Immersive Learning	New CA FamLink Users	Statewide	75%	
Continuum of Care	This course teaches through skill practice how to locate a resource family for a child in out of home placement, steps to establish the family as an approved caregiver including immediate assessment and automated documentation of child's location in FamLink. Participants will learn advanced searching steps, how to complete overcapacities, placements, file uploads and maintain, manage and track child location.	Classroom, E-Learning & Immersive Learning	2.5	50	CATS Trainer/Coach	Placement Workers	Statewide	75%	
Department of Early Learning (DEL)	Participants will learn and build skill in basic FamLink navigation, all search functions and accessing licensing, intakes, investigations and provider actions. Management of their providers and licenses.	Classroom	2.5	3	CATS Trainer/Coach	Department of Early Learning	Headquarters	50%	
Department of Licensing Resources	This course teaches through skill practice how to search in FamLink for people, cases and providers. Participants will learn how to fill out a home study, enter background check result and upload documents. Creating licensing parameters and data entry in FamLink will be taught. Through skill practice participants will learn about Licensing infractions documentation and entry in FamLink. Participants will learn how to access and enter case notes, compliance agreements and how to make modifications to maintain provider and participants.	Classroom, E-Learning & Immersive Learning	5.0	12	CATS Trainer/Coach	Licensing Workers	Statewide	75%	
Education	Participants will learn how to create and access the education historical record, current school, grade and progress. The course will teach how to upload an IEP, 504 Plan and documentation. For out of home placement children, participants will learn how to identify educational information from Office of Superintendent of Public Instruction (OSPI) as it relates to case planning.	Classroom, E-Learning & Immersive Learning	2.5	30	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
FamLink CPS: Investigation and Assessment, Visit Plans and Court Reports	Using real life scenarios the Participants will learn how to write Case notes and enter them in FamLink. They learn how to document the Initial Face to Face (IFF) visit, Safety Assessment, and Risk Assessment. They learn how to document Determination, Investigation Assessment, FAR Assessment, case notes and launching court reports in FamLink. The participants will have skill practice with documenting Family Team Decision Meetings and Perm Planning meetings. How to access and write Visit Plans. CSEC assessments will be taught and practiced.	Classroom, E-Learning & Immersive Learning	5.5	50	Classroom E-Learning Immersive Learning	New CA FamLink Users	Statewide	50%	
FamLink Field Application	The video trainings developed to support real time information for field workers on viewing, documenting and processing case management information specific to assessing child safety and family needs from the field.	E-Learning	0.30	6	CATS Trainer/Coach	All CA Line Staff and Supervisors	Online	50%	
FamLink Mobile Releases	FamLink mobile continues to add functionality. Training on new functionality as it is released.	E-Learning	0.30	1	CATS Trainer/Coach	All CA Line Staff and Supervisors	Online	50%	
FamLink Modernization CCWIS System	New functionality will be built out from the existing FamLink system. Training on new functionality as it is released.	Classroom	27.0	72	CATS Trainer/Coach	All CA Line Staff and Supervisors	Statewide	75%	
FamLink Security	Using real life scenarios, participants will learn basic knowledge of FamLink security structure; including password criteria, do's and don'ts, troubleshooting and best practices.	Classroom & E- Learning	1.5	12	CATS Trainer/Coach	New and Existing CA FamLink Users	Statewide	50%	
FamLink Training for Trainers	Participants will learn through real life scenarios and skill practice all aspects of FamLink and mobile, classroom, e-learning and immersive training. Adult learning theory and practice will be taught. Coaching, Team consulting and planning with agency and stakeholders skills will be developed.	Classroom	16.0	3	Training Architect	CATS Coaches & Trainers	CATS Office Spokane	50%	
Health Folder	Participants will learn how to document and access medical Diagnosis, Well child exams, allergies, immunization and mental health visits in FamLink.	E-Learning	0.45	1	CATS Trainer/Coach	New CA FamLink Users	Online	75%	

Course	Description	Delivery Method			Trainer	Audience	Location	%	Notes
ICW	Participants will learn and build skill in basis navigation in FamLink and accessing and entering Case notes, updating the maintain person page and documenting ICW active efforts. This course can be tailored to the needs of both SSS and Tribal Social Services as well at their level of access to FamLink.	Classroom & E-Learning	1.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Independent Living Skills (ILS)	Participants will learn and build skill in basic FamLink navigation and all search functions and how to complete ILS Assessments.	Classroom	2.5	6	CATS Trainer/Coach	ILS Contracted Providers	Region as Requested	75%	
Intake	Using real play scenarios, participants will gain knowledge and skill in using and navigating Washington State's Call Management System. Participants will learn and practice using a safety screening assessment, screening inquiry, Intake screens, determination, initial decision, supervisor review, decision and assignment. Searching internal and external sources (ACES/Barcode) will also be explored and practiced. Making collateral calls and data entry will be practiced. The course covers law enforcement notification, generating a referral document and assigning intake to case. Accessing and filling out the Commercially Sexual Exploitation of Children (CSEC) Assessment is covered. This class is also recommended for new CPS Supervisors.	Classroom, E-Learning & Immersive Learning	8.5	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	0%	100% TANF
Introduction to FamLink	Participants will understand the Continuum of Care fo Child Welfare in Washington State and how the components of FamLink serve the workflow. Participants will learn the use of the Mobile tools (tablet, docking station, iPhone) Login and set up. System history and CCWIS Policy will be explored. Software tools for FamLink field work will be taught, accessed and coached. Participants will gain knowledge of the FamLink Desktop and organization, common terms, glossary and terminology. Common FamLink components will be demonstrated and skill practice incorporated.	Classroom & Virtual Classroom	4.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Investigation and Assessment, Visit Plans and Court Reports	Using real life scenarios the participants will learn how to create case notes and enter them in FamLink. They learn how to document the Initial Face to Face (IFF) visit, Safety Assessment, and Risk Assessment. They learn how to document Determination, Investigation Assessment, FAR Assessment, case notes and launching court reports in FamLink. The participants will have skill practice with documenting Family Team Decision Meetings and Perm Planning meetings. How to access and create Visit Plans. CSEC assessments will be taught and practiced.	Classroom, eLearning & Immersive Learning	5.5	50	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Legal	Participants learn and practice creating a legal action and legal results for every dependency and permanency review hearing. Along the Child Welfare continuum of care, They learn and practice generating caregiver report to the court notices, termination referrals, and compelling reasons to file or not file; aggravated circumstances. They will understand that termination applies to the parent and not to the child. They will understand FamLink fields and mapping to important auto population documents for legal.	Classroom, eLearning & Immersive Learning	5.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Maintain Case/Person	Participants will learn person based identification information, needed for case building and AFCAR, NYTD, and Federal and State Outcome reporting. Data entry of participant and case information entry and maintenance will be covered. Mapping of data that auto- populates into key areas and documents will be learned. Knowledge and skill in correcting errors will	Classroom, eLearning & Immersive Learning	2.5	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
New Supervisor/Manager	New supervisors will learn in FamLink and mobile how to make primary, secondary and child assignments. Participants will learn the legal functions for supervisors in FamLink and how to manage the intake straw on the laptop, tablet and phone mobile technology. Placements and placement corrections will be taught as well as; approvals for placement, service referrals, licensing, home studies and case closure. Assessments and approving in addition to FamLink reporting are taught in the course.	Classroom, eLearning & Immersive Learning	5.5	12	CATS Trainer/Coach	New CA Supervisors	Statewide	75%	
New Technology and Devices to Support FamLink	New technology updates are deployed to line staff to support mobile functionality of FamLink. Training on new devices and integration with FamLink	Classroom, eLearning & Immersive Learning	2.0	72	CATS Trainer/Coach	All CA Line Staff and Supervisors	Statewide	50%	
Our Kids - Training Private Agencies, Licensed Homes and DLR Licesnsed Homes	Accessing the Foster Parent portal and the Our Kids app with be taught with skill building. The FamLink functions of the Our Kids app will be taught.	Classroom & eLearning	1.0	72	CATS Trainer/Coach	Foster Parents & Relative Caregivers	Statewide	50%	
Placement	Participants will learn and practice how to enter Child Health Information Placement Requests (CHIPR), placements, over capacity, and how to document placement and care authority in FamLink. Participants learn the process and documentation of Relative and Fictive Kin placements along with how to make placement correction and close placements	Classroom, eLearning & Immersive Learning	5.0	48	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Practice Profiles for All FamLink Competencies and Training Scenarios	Develop level competencies for each FamLink knowledge and skill area. Develop training scenarios in each skill area for assessment learning and evaluation of FamLink Training Program.	Classroom & eLearning	12.0	18	CATS Trainer/Coach	New FamLink Users	Statewide	75%	
Relative/Fictive Kin Search	Participants will learn in-depth information and skill in searching internal and external sources for relatives and documenting relative information in FamLink. Entering and accessing Case notes is taught and practices.	eLearning	1.0	1	CATS Trainer/Coach	NAIR/Relative Search Workers	Online	75%	
Resource Management, Administration, Help/Service Team	Participants will learn the Administration, resource management and service desk processes in FamLink for adding/closing users, entering permissions, searching for and fixing errors, completing merges, trouble shooting, training new features, data management activities, data fixes, completing incident reports and documentation.	Classroom & Immersive Learning	4.0	12	CATS Trainer/Coach	Help Desk, Administrators, Trainers & Super Users	Statewide	50%	
Service Referral	Participants will understand the parameters of services referrals and setting up authorizations for services for families and children in FamLink. They will learn how to enter and requests and view payments and tracking. Course will teach skills in file uploading and approval.	eLearning	0.5	1	CATS Trainer/Coach	New DCYF FamLink Users	Online	75%	

Sprout Training	Sprout is an external platform which accepts visitation referrals through an interface from Famlink. Social Service Specialists complete a visitation referral within FamLink. The referral is then assigned to a service provider in order to have services provided using	Classroom	1.0	50	CATS Trainer/Coach	DCYF Staff	Statewide	75%	
Title IV-E Placement and Payment - Fiduciary FamLink Training	Participants will learn how to make authorizations and payments for all services that require a report or receipt; analyze payment documents for compliance with contractual terms, including rates, hours of services billed and number of slots for documenting in FamLink. Participants will learn how to document overpayments and underpayments in FamLink. They will gain skills to analyze, review and make recommendations concerning payments and perform financial reviews of SSPS payment data for FamLink entry. Fiduciaries will learn how to Maintain Services and gain knowledge about Service Relationships to include Inclusive and Exclusive Relationships and how to address duplicate service requests. Fiduciaries will gain competency in navigating FamLink dashboards for Service Referrals and Child Location.	Classroom, eLearning & Immersive Learning	4.0	6	CATS Trainer/Coach	Fiduciaries	Statewide	75%	
Title IV-E Tribes	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	6	CATS Trainer/Coach	Tribal Social Services Staff	Region as Requested	75%	
Understanding Title IV-E Reporting - Using Data to Understand Outcomes and Support improved Practice Efficiencies	Teach staff how to use basic analytics and reporting to achieve better outcomes, improve service, and work more effectively. Using data reporting tool participants learn how to access and read reports and how to document AFCARS to support federal reporting	Classroom, eLearning & Immersive Learning	12	72	CATS Trainer/Coach	FamLink Users	Statewide	75%	

Region 1 Training									
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Provider	Audience	Location	IV-E	Notes
BRS	Training on BRS referrals, Wise agency and how to fill out the forms.	DCYF	1.5	2	DCYF	DCYF Staff	Region 1	75%	
CIPR/15-300 Training	Training on how to write a CIPR correctly.	DCYF	1	9	DCYF	DCYF Staff	Region 1	75%	
Completing Quality Health and Safety Visits	Two-hour training about the key elements of a quality health and safety visit.	DCYF	1	6	DCYF	DCYF Staff	Region 1	75%	
CPA Homes	Training on CPS homes and referral requirements.	DCYF	1.5	2	DCYF	DCYF Staff	Region 1	75%	
CSEC	Policy requirements and practice tips.	DCYF	1	1	DCYF	DCYF Staff	Region 1	75%	
Evidence Based Practices	Training on what they provide and how to best match the correct service to the family need.	DCYF	1	3	DCYF	DCYF Staff	Region 1	75%	
Extended Foster Care	Training on policy around EFC and resources.	DCYF	1.5	2	DCYF	DCYF Staff	Region 1	75%	
Extensions/Exceptions	Policy on initial face to face extensions and exceptions, when to use, common errors etc.	DCYF	1	6	DCYF	DCYF Staff	Region 1	75%	
Family Unification Vouchers (FUP)	Requirements and how to refer.	DCYF	1	1	DCYF	DCYF Staff	Region 1	0%	
Fatherhood Liaison	Training for liaisons for each of the Region 1 offices for engaging fathers in child welfare cases.	DCYF	2	1	DCYF	DCYF Staff	Region 1	75%	
Fostering Well-Being Coordination Refresher	Explanation of programs, roles, health screen information, forms, immunizations, ethnic grooming, contacts, and FamLink documentation	DCYF	4	1	DCYF	DCYF Staff	Region 1	75%	
FTDM Facilitator Training	FTDM facilitators to help better engage families and include families in the case planning process	DCYF	32	1	DCYF	DCYF Staff	Region 1	75%	
Guardianship	Unsubsidized and subsidized Title 13 Guardianships & Relative Guardian Assistance Program (RGAP) requirements	DCYF	1	2	DCYF	DCYF Staff	Region 1	75%	
Independent Living Skills Program	Services and when and how to access them for youth.	DCYF	1	1	DCYF	DCYF Staff	Region 1	75%	
JR/DDA/HCS	Training on partnership with these agencies and what resources they offer.	DCYF	1.5	2	DCYF	DCYF Staff	Region 1	0%	
Legal Process for Serving Parents	Legal process for serving parents	DCYF	1	4	DCYF	DCYF Staff	Region 1	75%	
LEP	How to access interpreter services. When & Why	DCYF	1	1	DCYF	DCYF Staff	Region 1	75%	
Mandatory Reporting and CPS Protocols and Disproportionality	Training on reporting abuse when there is reasonable cause to believe a child has been abused or neglected. CPS protocols	DCYF	1	8	DCYF	DCYF Staff	Region 1	0%	
Missing From Care	Training on MFC policy and procedures.	DCYF	1.5	2	DCYF	DCYF Staff	Region 1	75%	
New Employee Case Review & Resource Training	Orientation of new employees to key federal review items. Introduction to the regional field guide and office resources.	DCYF	2	15	DCYF	DCYF Staff	Region 1	75%	
Oral Swab Training	Training on how to do a oral fluid swab for Drug testing.	DCYF	2	5	DCYF	DCYF Staff	Region 1	0%	
Parent Contact	Training on parent engagement and correct use of coding in FAMLINK.	DCYF	1	7	DCYF	DCYF Staff	Region 1	75%	
Policy Rollouts	This covers a variety of classes that offer social workers training in DCYF policy changes. Each class pertains to new and existing policy, changes to policy, and resources	DCYF	1	4	DCYF	DCYF Staff	Region 1	50%	
QRTP	Requirements and documentation.	DCYF	1	1	DCYF	DCYF Staff	Region 1	75%	
Quality Case Review (OSRI) Training	A training about how to meet or exceed federal standards in case work. This training introduces line staff to the OSRI tool and the case review process.	DCYF	1	12	DCYF	DCYF Staff	Region 1	75%	
Recruitment and Family Selection Process	Covers guidelines for permission to recruit, NWAE/WARE?AdoptUSKIDs, how to narrow down homestudies and the selection committee	DCYF	1	1	DCYF	DCYF Staff	Region 1	75%	
Relative Guardian Assistance Program (RGAP) requirements	This training provides workers with a basic understanding of RGAP requirements and process.	DCYF	1	2	DCYF	DCYF Staff	Region 1	75%	
Reports and Databases training	Training to QA staff on usage of performance reports, building and maintaining databases to monitor performance	DCYF	1-2	6	DCYF	CPS supervisors, AA's and line workers	Region 1	50%	
Responsible Living Skills Program	Services and when and how to access them for youth.	DCYF	1	1	DCYF	DCYF Staff	Region 1	75%	
Safety Boot Camp	Training focuses on assessing child safety across program areas, dynamics of child abuse and neglect from both a medical and social services perspective, critical thinking and AAG Lessons Learned	DCYF	10	3	DCYF	DCYF Staff	Region 1	75%	
Safety Framework	Training on how to use of the SDM and assessments.	DCYF	1	6	DCYF	DCYF Staff	Region 1	75%	

SAY/PAAY	Polciy requirmeents and practice tips.	DCYF	1	1	DCYF	DCYF Staff	Region 1	75%	
Shared Planning Meeting 101	This training would cover why to have a shared planning meeting and how to prepare for it. Who should attend and the purpose of the meeting. Adoption/APRS/Reunificaiton	DCYF	1	6	DCYF	DCYF Staff	Region 1	75%	
Treehouse: Navigating through School Discipline and Special Services	Special Education process, evaluations, and qualifying categories, Individual Education Plan (IEP), 504 Plans and accommodations, General Education, Special Education Suspensions and expulsions, readmission process.	DCYF	1	3	DCYF and Treehouse	DCYF Staff	Region 1	75%	

Region 2 Training

Title	Course Description	Venue
Adolescent Training	Focus on engaging adolescents, services and resources available, case planning, transition planning, etc	DCYF
Afterhours Training	Training focuses on comprehensive assessment, worker safety, reviewing an intake, assessing Risk and Safety, working with LE and Safety Interviews, navigating the hospitals, placements and infant safety.	DCYF
AX 16.6	FamLink user access	DCYF
Case Planning (upcoming)	Review of needs/risk assessment and discussion about how to select services that meet family needs and how to create a case plan with the family. Review of policy and timeframes	DCYF
Child Information and Placement Referral (CIPR) Form Training	Provides staff and supervisors with both expectations and information on how to write a balanced and appropriate placement referral for children.	DCYF
CHINS Training	Powerpoint presentation via zoom on CHINS policy and RCW	DCYF
Components of an Investigation	Basic overview of Components of an Investigation including IFF, subject interview, safety assessment timeframe, investigative assessment closure timeframe, and health and safety timeframes	Goldendale DCYF Office
CPA/BRS/EFC/DDA/CASE AIDE Presentation	Basic overview of CPA's, BRS, EFC/DDA/CASE Aide services and process in Region 2.	DCYF
Dependency petition writing & Court preparation	Overview of Shelter Care Dependency Process & Court preparation	DCYF
Engagement	Engagement training with children & parents	DCYF
Family Time	Review of Family Time policy and discussions about Visit Plan and when to supervise, unsupervised, and monitored.	DCYF
FTDM/SPM Facilitator	This 3 day training is designed to prepare new FTDM and SPM facilitators and backup facilitators to facilitate meetings utilizing the shared decision making model of engagement of families, staff, providers, legal representation, family supports and community and tribal partners.	DCYF

FVS Training	Introduction to Family Voluntary Services (FVS). The goal of this training is for staff to obtain a better understanding of the FVS model, policy and what is best practice. We will have a live discussion of what helps make a FVS case successful along with the importance of engagement and building rapport.	DCYF
Health and Safety Refresher Training Via Zoom	Health and Safety VisitsWhy they are important, policy explanation, and how data helps measure our success!We will be discussing policy, data for our region and tips from the field for making your H/S visits worthwhile.	DCYF
IFF Extensions/Exceptions	Reviewing policy and guidelines around IFF requirements/Reasonable Efforts and when approving an extension/exception is appropriate. Also showing the data and where to go to see any extensions completed were marked as non-compliant and how to see the reason for the non-compliance	DCYF
Managing Excellence Reports Training R2	These training sessions will provide Region 2 staff a walkthrough of Regional reports, Child Welfare Database and examples on how to use the databases to manage their own cases, and performance.	DCYF
Monthly In-Person Contact with Parents	Why it matters, how it's measured, and how to do it successfully!	DCYF
New Employee Binder	Going through the New Employee Binder specific to their program area. This includes forms, laws, policies, and guides related to their work.	DCYF
New Employee Case Review & Resource Training	Orientation of new employees to key federal review items. Introduction to the regional field guide and office resources.	DCYF
Placements: Parental, Informal, Formal	Regional training provided regarding when legal authority needs to be created	DCYF
Pre-Filing Consultation Training		DCYF
Program Orientation	Overview of program duties and frequent forms used.	DCYF
Quality Case Review Training	A training about how to meet or exceed federal standards in case work. This training introduces potential reviewers to the case review process.	DCYF
Relative Guardian Assistance Program (RGAP) requirements	This training provides workers with a basic understanding of RGAP requirements and process.	DCYF
Reports and Databases training	Training to QA staff on usage of performance reports, building and maintaining databases to monitor performance	DCYF

RGAP, Permanency, FCAP program coverage	Remind staff of key points of program areas, access etc.	In Person
Safety Assessment (CFWS)	Refresher training about safety assessments in CFWS: Key points to complete a safety assessment, how to fill in the narrative box to answer five threshold questions, and what to do if you write a safety plan.	DCYF
Safety Case Consultation	Safety Case Consultation	DCYF
SDM Refresher	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS.	DCYF
Sentinel Injury Training	Dr. Gilbert presented on sentinel injury training	DCYF
Services Unit Training	During this 1hr training we will discuss the role and responsibilities of the Services Caseworker and Supervisor. In addition, we will discuss the WHY behind Services Unit.	DCYF
Sprout	Sprout provides information regarding visitation referrals and provider notes regarding each visist as well as a cumulative report of the case visits.	DCYF
Supervision Orientation	Provides oversight of navigation of FamLink, closure errors, AFCAR fixes, how to run and interpret reports. Covers proper use of extensions, managing approvals and assigning cases.	DCYF
Using Data to assist in reduction of Intakes over Timeline	Training for Supervisors and Aas on the use of data to prevent intakes from rolling over timelines and focusing on greatest impact	DCYF
Using Data to Improve Outcomes (AKA Onboarding)	How to understand and utilize key data elements in child welfare.	DCYF
Voluntary Placement Agreement (VPA) Setting Families up for Success	This Training will provide guidance on how and when to utilize VPA's. In addition, we will walk you through policy and procedures.	DCYF

Length per Topic Area (Hrs.)	# of Sessions	Provider	Audience	Location
1	4	SHPC	DCYF Staff	Region 2/ Zoom
3	16	DCYF	DCYF Staff	Region 2/ Zoom
1	3	DCYF	DCYF Staff	Region 2/ Zoom
1	4	QPS & SHPC	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF	DCYF Staff	Region 2/ Zoom
1	1	Monica Jenkins (DCYF)	DCYF/FRS	Region 2/ Zoom
1.5	Upon request	DCYF-QPS	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF Program Staff	DCYF Staff	Region 2/ Zoom
1.5	1	AAG - Attorneys	DCYF staff	Region 2/ Zoom
1	1	QPS & SHPC	DCYF Staff	Region 2/ Zoom
1	4	SHPC	DCYF Staff	Region 2/ Zoom
17	2	DCYF	DCYF Staff	Region 2/ Zoom

Length per Topic Area (Hrs.)	# of Sessions	Provider	Audience	Location

1	Upon request	DCYF	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF Program Staff	DCYF Staff	Region 2/ Zoom
2	5	Debi Gregory (DCYF)	DCYF CPS Staff	Webinar
1	Upon request	DCYF Program Staff	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF Program Staff	DCYF Staff	Region 2/ Zoom
1	1	DCYF-QPS	DCYF Staff	Region 2/ Zoom
2	75	DCYF	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF Program Staff	DCYF Staff	Region 2/ Zoom
2	3	Colleen McGuire	DCYF Staff	Region 2/ Zoom
1	12	DCYF	DCYF Staff	Region 2/ Zoom
2	2	Colleen McGuire	DCYF Staff	Region 2/ Zoom

0.25	3	Andrea Goberville, Permanency and Mental Health Program Consultant	DCYF Staff	Region 2/ Zoom
1.5	1	DCYF-QPS	DCYF Staff	Region 2/ Zoom
2	Upon request	DCYF Program Staff	DCYF Staff	Region 2/ Zoom
2	4	DCYF-QPS	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF	DCYF Staff	Region 2/ Zoom
1	12	DCYF, Nak-Nu-We-Sha	DCYF Staff, Nak-Nu-We-Sha	Region 2/ Zoom
2	2	Colleen McGuire	DCYF Staff	Region 2/ Zoom
2	7	DCYF	DCYF Staff	Region 2/ Zoom
2	2	Colleen McGuire	DCYF Staff	Region 2/ Zoom
1	Upon request	DCYF	DCYF Staff	Region 2/ Zoom

IV-E	Notes
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Region 3 Training									
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Provider	Audience	Location	IV-E	Notes
A Picture is Worth a Thousand Words	During this interactive training, staff will learn the policy requirements for photographing children and their environment, understand how pictures can enhance the quality of documentation in an efficient manner, and how to use the camera on your state issued iPhone.	DCYF	4	Upon Request	DCYF-QPS	DCYF Staff	Region 3	75%	
Accessing and Utilizing the Mexican Consulate	Training will provide insight in the consulate's role and services in detail. Explaining the reunification process with the Consulate from the beginning to the end. Review of services available in the welfare system in Mexico (DIF-National System for Comprehensive Family Development) that help assesses the parent's ability to care for children in Mexico. Guide in obtaining dual citizenship. Accompanying children to Mexico to be reunified with family. Follow up home visits after reunification.	DCYF	2	4	DCYF-QPS	DCYF Staff	Region 3	50%	
ACES Training	ACES online - how to access, information within, how to read information	DCYF	4	2	ESD/CSD	DCTF Staff	Region 3	50%	
Aspects of Child Abuse and Neglect	Recognizing signs of abuse and neglect; sentinel injuries and abusive head trauma	DCYF	3	4	Seattle Children's Hospital	DCYF Staff, Tribes	Region 3	75%	
Case Plannning & Service Referrals	Training on appropriate service referrals and case plans that address the identified safety and risk factors associated with CA/N. Assessing Progress and compliance and deciding when a case can be closed	DCYF	2	4	DCYF-QPS	DCYF Staff	Region 3	75%	
CFE Training	This training is designed to provide all of the essential information necessary to produce and full and comprehensive court report aka: CFE that is clear, direct and stands alone.	DCYF	1.5	4	DCYF-QPS	DCYF Staff	Region 3	75%	
Child Information and Placement Referral (ChIPR) Training	Provides staff and supervisors with both expectations and information on how to write a balanced and appropriate placement referral for children.	DCYF	0.5	12	DCYF-Centralized Services AA	DCYF Staff	Region 3	75%	
College Resource Fair	Graduation celebration and training around local colleges/ FAFSA / support services available to FC youth	DCYF	2	1	DCYF Community Partners, Foster Care Students, Caregivers, DCYF Staff		Region 3	0%	
Completing Quality Health and Safety Visits & ongoing Assessment of Safety	Training focuses on the key elements of a quality health and safety visit and ongoing assessment of child safety	DCYF	2	6	DCYF-QPS	DCYF Staff	Region 3	75%	
Comprehensive CPS Interventions	Training is focused on gathering AND analyzing information to adequately assess and address safety in the home through Child Interviews, Subject/Parent Interviews, and gathering appropriate collateral information	DCYF	3	2	DCYF-QPS	DCYF Staff	Region 3	0%	
Diligent Search	This training is done in partnership with the AAG office and will provide helpful information, and support on any particular questions around how to complete a diligent search thoroughly, when to complete one, and why it is so important to timely permanency.	DCYF	2	2	DCYF-QPS, AAG	DCYF Staff	Region3	75%	
Disproportionality Awareness and Cultural Competence	True Colors - Native American Relative Search, Cross Cultural Communication Skills and strategies for multicultural organizational change	DCYF	6	4	Community Partners	DCYF Staff	Region 3	75%	
DV Assessment & Safety Planning Workshop	This training will provide staff with a refresher on the DCYF DV policy, how to complete an assessment and how to safety plan when safety threat 4 applies. Participants are encouraged to bring their own cases to the workshop to discuss and plan around.	DCYF	2	6	DCYF	DCYF Staff	Region 3	75%	
Education Services	Overview of DCYF Educational Policy and Identification of services available through treehouse & ETV	DCYF	1	10	DCYF	DCYF	Region 3	75%	

Evidence Based Practices	Training on what they provide and how to best match the correct service to the family need.	DCYF	1	4	DCYF	DCYF Staff	Region 3	75%	
FAR and FVS Case planning and Assessment of progress	This training will provide staff information on how to develop Case Plans per policy 1150 that are specific to the identified family need, and directed at eliminating safety threats, preventing placement, reducing risk and increasing the parent's protective capacities. The training will focus on the importance of gathering and documenting information using behaviorally specific descriptions and objective language to ensure the child's safety, well-being, and permanency needs are met.	DCYF	3	4	DCYF-QPS	DCYF Staff	Region 3	75%	
FTDM Facilitator Training	FTDM facilitators to help better engage families and include families in the case planning process	DCYF	32	2	DCYF-QA	DCYF Staff	Region 3	75%	
FVS Case Planning from Day 1	Family Voluntary Services (FVS) allows parents to voluntarily engage in services to increase their protective capacities and meet the child's safety, health, and well-being needs. A Case Plan specifies what must change to reduce or eliminate safety threats and increase the parents or caregivers' protective capacities. This training is intended for the new and experienced FVS Social Service Specialist. Direct instruction will provide you a framework on working with families to identify the safety threats/risk, reduce the risk of maltreatment through cooperatively identifying goals that improve family functioning from day 1.	DCYF	4	2	DCYF-QPS	DCYF Staff	Region 3	75%	
Gathering Questions	This training will tell you exactly what answers the 6 gathering questions and where the information then goes in the assessment	DCYF	2	4	DCYF-QPS	DCYF Staff	Region 3	50%	
Guardianship	This trainng will partner our AAG team with our Program Manager wich will offer the opportunity to receive training from both the legal and policy teams at the same time. This training is designed to support the field in understanding the process and how to work the case plan for timely permanency and also be able to better communicate this information to our caregivers and families.	DCYF	2	2	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	
How to write a founded finding	This training will be provided by the Assistant Attorney General's office for DCYF and will cover both legal sufficiency and how to write a founded finding	DCYF	2	4	DCYF-QPS, AAG	DCYF Staff	Region 3	50%	
Incredible Years	Training on appropriate referrals to parenting interventions and services	DCYF	8	2	DCYF and Community Partners	DCYF staff, Community Partners	Region 3	0%	
Infant Safety Refresher	Staff across program will receive a refresher training on the policy and practice requirements associated with assessing and addressing infant safety. This includes, but is not limited to an overview of the agency's "Infant Safety Education and Intervention" policy, how to develop and document a Plan of Safe Care, observing and documenting a safe sleep environment.	DCYF	4	4	DCYF-QPS	DCYF Staff, Tribes	Region 3	75%	
Legal Process for Serving Parents	This training will be provided by the Assistant Attorney General's office for DCYF and will cover the legal process for serving parents	DCYF	1	4	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	
LGBTQ Foundation - Level 1	Staff will become familiar with LGBTQ+ terminology, experiences and outcomes of LGBTQ+ children and youth, and how to create welcoming and affirming spaces for all.	DCYF	2	2	DCYF-QPS	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	75%	
LGBTQ Foundation – Level 2	Staff will become familiar with LGBTQ+ terminology, experiences and outcomes of LGBTQ+ children and youth, and how to create welcoming and affirming spaces for all.	DCYF	2	2	DCYF-QPS	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	75%	
Mandated Reporter Training	This training defines child abuse and neglect and the laws around reporting concerns of abuse and neglect.	DCYF	3	12	DCYF-QPS	DCYF Staff, Community Partners, Private Agencies	Region 3	0%	

NCAST - Keys to Caregiving Feeding Scales/Teaching Scales	Strength based NCAST assessment builds on the assets a parent/caregiver already possesses while creating a more enjoyable relationship between parent/caregiver & child. This evidence based tool teaches parents/caregivers to read their infant's behavioral cues in order to foster developmental and social growth.	DCYF	80	2	DCYF	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	0%	
New CFWS Worker Training	This one-time mandatory training is designed to provide NEW CFWS workers who have completed Regional Core Training with a detailed overview of safety-focused policies, tools, and best practices needed to thrive while managing a caseload. At the end of the training each worker will be provided with a field binder that includes vital guides, tools, and practice information essential to identifying, assessing, and addressing child safety as well as engaging parents and caregivers while in the field.	DCYF	3	12	DCYF-QPS	DCYF Staff	Region 3	75%	
New CPS Worker Training	This training is designed to provide new CPS (Investigations & FAR) workers & Supervisors with a detailed overview of what constitutes a comprehensive CPS intervention beginning with the moment a worker receives an Intake. At the end of the training the worker will be provided with a field binder that includes vital guides, tools, policies, and best practice information essential to completing work in the field.	DCYF	3	12	DCYF-QPS	DCYF Staff	Region 3	0%	
New Employee Onboarding	Provides overview of Policy and Federal Measures around Safety, Permanency and Well Being. Provides specific information as to common practices (placement entry, linking intakes, FamLink Support, SPM and driving permanency)	DCYF	2	50	DCYF QA	New DCYF Staff	Region 3	50%	
New Employee Orientation	Employee checklist of DCYF policies and procedures.	DCYF	6	As needed	DCYF	DCYF Staff	Region 3	50%	
New Supervision Orientation	Provides oversight of navigation of FamLink, closure errors, AFCAR fixes, how to run and interpret reports. Covers proper use of extensions, managing approvals and assigning cases. Provides navigation of data and reports.	DCYF	2	16	DCYF - QA	DCYF Supervisors	Region 3	50%	
Organizational Skills	This group training is designed to provide staff with tips, tools, and skills specific to organizing tasks associated with their roles as case carrying Social Service Specialists. This includes, but is not limited to assisting staff with identifying his/her organizational style, effectively utilizing Outlook (task manager, calendar, and email) to manage deadlines, reminders, and tasks; time management, and efficient planning.	DCYF	4	As needed	DCYF-QPS	DCYF Staff	Region 3	50%	
Parent Engagement Training	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	DCYF	3	As needed	DCYF-QPS	DCYF Staff	Region 3	75%	
Parent-SW Contact Training	Overview of engagement and quality contacts with training on new Codes for SW contact with parent(s).	DCYF	1	8	DCYF-QA	DCYF Staff	Region 3	75%	
Pediatric Grand Rounds	Various topics held twice per month such as but not limited to: Scared Sick: The Role of Childhood Trauma in Adult Diseases, Diagnosis & Treatment of Pediatric Intellectual Learning Disabilities	Seattle Children's Hospital	1	3	Children's Hospital	DCYF Staff, Medical personnel, Community Partners	Region 3	75%	
Policy Rollouts	This covers a variety of classes that offer social workers training in DCYF policy changes. Each class pertains to new and existing policy, changes to policy, and resources	DCYF	4	4	DCYF-QA	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	50%	
Post Secondary Pathways for Student in Foster Care	Training around postsecondary educational opportunities for FC youth and	DCYF	1.5	2	DCYF commuity provider dcyf staff community partners		Region 3	75%	

Present Vs Impending Danger	This training helps you understand the difference between Present Danger and Inpending Danger and where does risk come in.	DCYF	1	4	DCYF	DCYF Staff	Region 3	0%	
Project Safe Care	Training on appropriate referrals to parenting interventions and services. Participants learn about the Project Safe Care program, which is a 16-20 week in home parenting intervention that focuses on child health, home safety, and parent-child interactions. Participants learn how to make the right referral to certain parents. They learn about the weekly parents group, and the type of strategies taught to parents for handling different behaviors with their children.	DCYF	32	1	DCYF	DCYF Staff and Community Partners	Region 3	0%	
Project SafeCare	Evidenced Based Practice overview	DCYF	2	2	Community Partners		Region 3	75%	
Promoting First Relationships	This is parenting curriculum that focuses on the social and emotional development/needs of birth to three year olds. Provides consultation strategies for working with parents and other caregivers.	DCYF	8	6	DCYF	DCYF Staff, Community Partners	Region 3	0%	
Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety.	DCYF	2	4	DCYF-QPS	DCYF Staff	Region 3	50%	
Safety Assessments and Safety Plans	Training reviews office performance and then provides specific areas needing improvement and how to accomplish through assessment and proper documentation which alligns with the Safety Framework and Federal Guidelines on assessing and addressing safety and safety plans.	DCYF	2	21	DCYF-QA	DCYF Staff	Region 3	75%	
Safety Boot Camp	This training focuses on: identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	DCYF	10	2	DCYF-QPS	DCYF Staff	Region 3	75%	
Safety Focused Documentation	This training focuses on how to effectively document using behaviorally specific descriptions and objective language, to ensure child safety and meet requirements.	DCYF	4	2	DCYF-QPS	DCYF Staff	Region 3	75%	
Safety Framework Refresher	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety. CFWS - Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and plan for risk.	DCYF	5	6	DCYF-QPS	DCYF Staff	Region 3	75%	
SDM Refresher	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS.	DCYF	2	4	DCYF-QPS	DCYF Staff	Region 3	75%	
Timely Placement Entry	Training provides information on what is needed and required in order to get a placement entered within 3 calendar days. Covers date of removal, provider creation, opening PCA and using the Child Location App.	Zoom	1	7	QA	DCYF Staff	Region 3	75%	
Tort/Lessons Learned	This training is taught by AAG Allison Croft regarding. The workshop will focus on patterns seen in serious injury and child fatality cases, CAPTA cases and the appeal process, contacts with constituents and the complaint process, and tort cases. Case examples will be used and discussion of the issues will be encouraged.	DCYF	2	4	DCYF-QPS, AAG	DCYF Staff	Region 3	50%	
Trial preparation	This training will be provided by the Assistant Attorney General's office for DCYF and will cover trail prepration.	DCYF	2	2	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	

Trial Return Home Training	Training focuses on the key activities to be completed prior to, at and after a Trial Return Home.	DCYF	1	14	DCYF-QA	DCYF Staff	Region 3	75%	
Understanding the Federal Requirements for Case Review	Training goes through the 18 items of the OSRI and reviews the practice required in order to meet the Federal Standards around safety, permanency and well-being.	DCYF	2	48	DCYF-QA	DCYF Staff	Region 3	75%	
Writing Dependency Petitions	What to include in petitions, what not to include and the relevant timelines.	DCYF	4	4	DCYF	DCYF Staff	Region 3	75%	
Writing for the court	This training will be provided by the Assistant Attorney General's	DCYF	2	2	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	

Region 4 Training

Title	Course Description	Venue	Length per Topic Area (Hrs.)
A Picture is Worth a Thousand Words	During this interactive training, staff will learn the policy requirements for photographing children and their environment, understand how pictures can enhance the quality of documentation in an efficient manner, and how to use the camera on your state issued iPhone.	DCYF	4
BRS	This training will address what qualifies a child/youth for this intensive treatment program, steps required to refer a child/youth to BRS, how to complete the referral packet; how a search for treatment providers occurs; staff responsibilities once a child/youth is accepted to a BRS program.	DCYF	2
CFE/court report Training	This training is designed to provide all of the essential information necessary to produce and full and comprehensive court report aka: CFE that is clear, direct and stands alone.	DCYF	1.5
Coaching	Safety, Permanency, or Well-being session	DCYF	.5 or more
Concurrent Planning and TPR training (Dependency 101)	This training focuses on the policies around identifying a permanent plan, time-lines and court/federal expectations, as well as the mechanics of developing a Termination Referral	DCYF	2
Developmental Milestones	Coaching session-discussion regarding where when and how to access appropriate resources, how to document accurately and potential red flags related to neglect.	DCYF	1.5
Domestic Violence Workshop	Overview of DV policy, how to navigate and conduct DV Universal Screening and Specialized Assessment.	DCYF	2

Evidence Based Practice (EBP) training	This training focuses on an introductory level exposure to the various EBP services that are available in the community as well as, how to contact the agencies and refer in FAMLINK.	DCYF	1
Family Time	Overview of what is required for family time. What to look at to determine safety and level of supervision.	DCYF	1
Findings Training	Documenting evidence/information to support the finding on an investigation. Specific case type information provided. Maureen Bartlett trains as a discussion.	DCYF	1
Foster Care Assessment Program	FCAP is a statewide contracted program available to children in all six DSHS regions. The purpose of FCAP is to provide a comprehensive assessment of a child's level of functioning in the home, school and community, and to assist with service planning and implementation. The goals are to improve the child's health and wellbeing, and help DCFS accomplish permanency	DCYF	1.5
Gathering Questions	What should we gather to complete a global vs incident focused assessment. Learning the in and outs of the gathering questions (how and why).	DCYF	2
Global Assessments	This training opportunity is designed to help you navigate the different database systems you have access to as a DCYF employee. This is not mandatory, please come if you would like to get extra training on this to help you with conducting	DCYF	1
Guardianship	Updates to policy and WAC	DCYF	1
ICW	This is a one-time in-service training to teach basic steps in determining Indian status when a case is first assigned to the social worker. This will include a detailed overview of DCYF policy regarding Indian Child Welfare practice, when to staff at the Local Indian Child Welfare Advisory Committee, (LICWAC), and definitions for Active Efforts and Qualified Expert Witness. Workers will be provided with tip sheets, flow charts and forms.	DCYF	1
Lessons Learned (CNFR/CFR)	TBD	DCYF	3
Lessons Learned (Tort)	Review of TORT case and what we learned from the review. AAG provided	DCYF	1-3
Mental Health, WISe, CLIP	Sandy Tomlin	DCYF	2
Minimal Facts	Overview and details on how to conduct minimal facts intereviews when children are set up to have a forensic interview with KC Child Forensic Interviewer	DCYF	2

New CFWS Worker Training	This one-time mandatory training is designed to provide NEW CFWS workers who have completed Regional Core Training with a detailed overview of safety-focused policies, CFSR 18 items reviewed, tools, and best practices needed to thrive while managing a caseload. At the end of the training each worker will be provided with a field binder that includes vital guides, tools, and practice information essential to identifying, assessing, and addressing child safety as well as engaging parents and caregivers while in the field.	DCYF	3
New Court Worker Training	This is a 3 hour training, the first 1.5hrs are meant for brand new case carrying workers and goes over the who, what and where of our courthouses, judges, all legal parties associated and what types of hearing we have. We briefly touch on LEP and ICW related cases. After 1.5hrs the training shifts to go over e-filing, working copies and e-service and then the last hour is spent for all case carrying social workers of all experience level. This is a very small learning environment that is meant to support the workers. We will use our safety framework to help guide our testimony prep. Case workers who have an upcoming contentious hearing and/or some questions about court testimony are encouraged to join the call for that last hour from 11-12pm.	DCYF	3
New CPS Worker Training	This training is designed to provide new CPS (Investigations & FAR) workers & Supervisors with a detailed overview of what constitutes a comprehensive CPS intervention beginning with the moment a worker receives an Intake. Introduction of CFSR 18 items reviewed. At the end of the training the worker will be provided with a field binder that includes vital guides, tools, policies, and best practice information essential to completing work in the field.	DCYF	3
Parent Engagement Training	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	DCYF	3
Petition Writing	Creating an outline to guide the process of writing a petition. Gathering information that clearly outlines the safety threat(s) and risk factors to the court when completing a dependency petition.	DCYF	TBD
Quality H&S Visits	Defines what is considered a quality H&S visit. Engage, motivate and provide space to gather important information.	DCYF	1

Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety	DCYF	2
Safety Assessment	Specific areas such as "threshold questions" "Conditions for return home", "safety assessment in CFWS/return home and or visitation.	DCYF	1.5
Safety Boot Camp	This training focuses on: identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	DCYF	10
Safety Focused Documentation	This training focuses on how to effectively document using behaviorly specific descriptions and objective language, to ensure child safety and meet DCYF Child Welfare requirements.	DCYF	1.5
Safety Framework Refresher	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety CFWS- Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and plan for risk.	DCYF	1.5
SAU	Working with LE and Medical – protocol cases	CJCKC	5
SDM Workshop	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS. Training developed to introduce or revisit how to accurately complete the SDM in order to accurately determine the need for service provision and identify risk of future CA/N.	DCYF	2
Sexually Aggressive Youth (SAY)	This training will provide an overview of the SAY program, address behaviors that may qualify a child/youth for evaluation & treatment services, give direction on how & when to refer a case to the SAY Committee, provide guidance supervision plans, training requirements for caregivers of SAY & resources available for children who have sexual behavior issues that are not severe enough for formal SAY services.	DCYF	1

# of Sessions	Provider	Audience	Location	IV-E	Notes
Upon request	QPS	DCYF Staff	Region 4	75%	
2	DCYF - Karen Rall	DCYF Staff	Region 4	75%	
10	QPS	DCYF Staff	Region 4	75%	
Upon request	QPS	DCYF Staff	Region 4	75%	
2	QPS w/AAG	DCYF Staff	Region 4	75%	
1	QPS	DCYF Staff	Region 4	75%	
4	QPS	DCYF Staff	Region 4	75%	

1	DCYF	DCYF Staff	Region 4	75%	
2	QPS	DCYF Staff	Region 4	75%	
2	Maureen Bartlett &/or QPS	DCYF Staff	Region 4	0%	
1	DCYF	DCYF Staff	Region 4	75%	
5	QPS	DCYF Staff	Region 4	50%	
5	QPS	DCYF Staff	Region 4	0%	
2	DCYF:HQ	DCYF Staff	Region 4	75%	
2	DCYF	DCYF Staff	Region 4	75%	
2	Paul (Review Team)	DCYF Staff	Region 4	0%	
?	AAG Office of Tort Claims	DCYF Staff	Region 4	0%	
1	Multiple: Lee Selah &/or King Co DBHR	DCYF Staff	Region 4	75%	
2	King County, CAC: Alyssa Lane	DCYF Staff	Region 4	0%	

12	QPS	DCYF Staff	Region 4	75%	
12	QPS	DCYF Staff	Region 4	75%	
12	QPS	DCYF Staff	Region 4	0%	
2	QPS	DCYF Staff	Region 4	75%	
?	QPS	DCYF Staff	Region 4	75%	
4	QPS	DCYF Staff	Region 4	75%	

2	QPS	DCYF Staff	Region 4	50%	
6	QPS	DCYF Staff	Region 4	75%	
4	QPS	DCYF Staff	Region 4	75%	
2	QPS	DCYF Staff	Region 4	75%	
6	QPS	DCYF Staff	Region 4	75%	
2	CJCKC & QPS	DCYF Staff	Region 4	0%	
4	QPS	DCYF Staff	Region 4	75%	
2	DCYF - Karen Rall	DCYF Staff	Region 4	75%	

Region 5 Training									
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Provider	Audience	Location	IV-E	Notes
CAC & DCYF Protocol Collaboration	Training focuses on the joint investigations of Serious Child Abuse and Sexual abuse	DCYF	2	2	DCYF	DCYF Staff	Region 5	75%	
Child Safety Framework	Fundamentals of Child Safety Framework through the life of the case.	DCYF	4	4	DCYF	DCYF Staff	Region 5	75%	RMTS Base 590/592/593
CIPR Training	Training focuses on providing All Staff the the information required in a CIPR	DCYF	2	0	DCYF	DCYF Staff	Region 5	75%	
Diabetes Training	Training focuses on providing social service staff a basic understand of Diabetes.	DCYF	1	2	DCYF	DCYF Staff	Region 5	0%	
IFF Training for CFWS	Training focuses on providing CFWS Staff skills to complete Initial Face to Face for new CPS intakesl	DCYF	4	2	DCYF	DCYF Staff	Region 5	0%	
Lesson's Learned	Training focuses on the "7 C" and lessons learned for the Risk Management Team.	DCYF	1	2	DCYF	DCYF Staff	Region 5	50%	
New Employee Orientation (NEO)	Training for new employees with checklist of DCYF policies and procedures	DCYF	3	20	HRD	New DCYF Staff	Region 5	0%	100% GFS
New Employee Support (NEST)	One on One support provided to all new employees in Region 3 to provide desk and field support in completing work requirements.	DCYF	6	20	DCYF	New DCYF Staff	Region 5	50%	RMTS Base 590/592/593
Race Equity Diversity Inclusion Training	Training for Social Workers to explore complexities of race and identity when working with DCYF families as well as co-workers.	DCYF	3	1	DCYF	DCYF Staff	Region 5	75%	
Safety Boot Camp	Training focuses on assessing child safety across program areas, dynamics of child abuse and neglect from both a medical and social services perspective, critical thinking and AAG Lessons Learned	DCYF	10	4	DCYF	DCYF Staff	Region 5	75%	RMTS Base 590/592/593

Region 6 Training

Title	Course Description	Venue	Length per Topic Area (Hrs.)
"There's No Place Like Home"- Everything You Need to Know About Missing From Care	this presentation helps caseworkers understand what to do when a youth goes missing from care.	Zoom	1.5
17.5 Staffings	Provide information to staff around 17.5 staffings practice and procedure.	Zoom	1
AFCARS	How to resolve AFCARS errors	Zoom	1
Assessing Domestic Violence	Overview of DV policy, how to navigate and conduct DV Universal Screening and Specialized Assessment.	Zoom	1.5
Assessing Other Adults	How to identify other adults in the household and fully assess them. Why this is so important for child safety.	Zoom	1
Audio Recording	Learning how and when to audio record children in CPS	Zoom	1
BRS Refresher	Provide information to staff around BRS practice and procedure.	Zoom	2
Case Planning in CPS and FVS	How to complete case plans in CPS FAR and FVS	Zoom	1
CFE for CFWS	How to write strong CFE's	Zoom	1
CIPR Presentation	What information needs to be shared in a CIPR, how to adequately convey that information. Everything you need to know about CIPR's	Zoom	1
Coaching	Safety, Permanency, or Well-being session. Coaching will be done for all new staff at every level (worker, supervisor, AA) as well as any staff that need extra time.	DCYF	1.5 or more
Confidentiality Presentation	What you can and can't share and who and in what circumstances confidential information can be shared. This presentation focuses on youth confidentiality, client confidentiality and employee related confidentiality.	Zoom	1
Court Evidence	How, What, and Why you should provide evidence in court hearings	Zoom	1
CPS Case Organization	How to stay on top of your CPS intakes and create an organizational system	Zoom	1.5
Drug Testing	how and when to appropriately use drug testing in cases	Zoom	2
Extended Foster Care	Train DCYF child welfare staff on extended foster care policy and practice.	Zoom	2
Extensions and Exceptions	What are appropriate extensions and exceptions?	Zoom	1.5

Findings Training	Documenting evidence/information to support the finding on an investigation. Specific case type information provided.	Zoom	1
FVS for Supervisors and Caseworkers	Understanding FVS policy and casework	Zoom	2
Monthly Parent Contact	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	Zoom	1
Petition Writing	Creating an outline to guide the process of writing a petition. Gathering information that clearly outlines the safety threat(s) and risk factors to the court when completing a dependency petition.	Zoom	1
Photography in CPS	During this presentation, staff will learn the policy requirements for photographing children and their environment, understand how pictures can enhance the quality of documentation in an efficient manner, and how to use the camera on their state issued iPhone.	Zoom	1.5
Policy Roll Out	Train DCYF child welfare staff to new and updated policies.	Zoom	2
Pre-Filing Consultation training	How to have, track, and document pre-filing consultations	Zoom	0.5
Preparation & Organization as a Child Welfare Caseworker	For new employees and other employees who need a refresher: getting email set up, communications, using your calendar, tips for productivity	Zoom	1
Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety	Zoom	2
Safety Boot Camp	This training focuses on: identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	Zoom	6
Safety Planning	How to create strong safety plans	Zoom	1.5
Safety Threat Refresher	Brief overview of the safety framework and how to apply it throughout all program areas	Zoom	1.5

Safety Through the Life of a Case	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety CFWS- Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and plan for risk.	Zoom	4
SDM Workshop	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS. Training developed to introduce or revisit how to accurately complete the SDM in order to accurately determine the need for service provision and identify risk of future CA/N.	Zoom	2

# of Sessions	Provider	Audience	Location	IV-E	Notes
	Regional Staff	DCYF staff	Region 6	75%	
	Regional PM's	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	
	BRS program managers	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	0%	
	QPS	DCYF staff	Region 6	75%	
	QPS and Placement Desk	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	
	QPS and Public Disclosure	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	0%	
	Regional Medical Consultant	DCYF staff	Region 6	75%	
	QA	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	

	Maureen Bartlett &/or QPS	DCYF staff	Region 6	0%	
	QPS	DCYF staff	Region 6	75%	
	QPS and QA	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	0%	
	QPS	DCYF staff	Region 6	50%	
	QPS	DCYF staff	Region 6	0%	
	Regional QPS	DCYF staff	Region 6	0%	
	QPS	DCYF staff	Region 6	50%	
	QPS/Med Con Dr	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	

	QPS	DCYF staff	Region 6	75%	
	QPS	DCYF staff	Region 6	75%	

Washington State Adoption Call To Action Plan

Members: DCYF: Brandy Otto, Julie Pettit, Melanie Meyer and Debbie Marker; DCYF Licensing: Becky Taylor and Codie Veitenheimer; Administrative Office of the Court: Cindy Bricker; Northwest Adoption Exchange: Tyler Helbach; Child Placing Agencies: Jill May; Mental Health: Becky Daughtry

Moving to Action: Strategy or Intervention Timeline and Development:

RED INDICATES ACTION COMPLETED

YELLOW HIGHLIGHT IS IN PROCESS

~~BLACK WITH STRIKETHROUGH INDICATES SECTIONS THAT WERE NOT ABLE TO OCCUR WITH ADDITIONAL INFORMATION ENTERED INTO THE PROGRESS SECTION~~

Strategy #1	DATA	Actions in next 30 days	Actions needed in 3 months (May 2020)	Actions needed for success by Nov. 2020	Monitoring Plan
Increase timeliness to permanency by providing redaction assistance to adoption workers statewide **Step 1:** EFS unit will address redaction backlog secondary to case creations. • As of April 1st redaction work began on incoming cases only and with only 5 of the 6 EFS workers. They are tracking timeliness from redaction to adoption. We are re-assessing June 30th to see if they are able to also address the redaction backlog. They are taking backlog cases on a case-by-case request. • Worker must report that child/youth can be adopted within three months of case transfer into adoptions (typically TPR date). • Collecting data on these cases and timeliness of adoptions for review July 1st.	1. Redaction backlog of approx. 220 cases statewide. 2. Anecdotally reported as barrier to finalization. 3. ~~It appears 2 EFS workers could work full time on redaction.~~	~~1. Develop training completed~~ ~~2. Develop PDF for re-allocation of positions.~~ ~~3. Set up protocol for referrals for redaction from field. completed~~ 4. Contact HR for reallocation of positions: completed by Ericka R. Positions are not being reallocated. 5. Gather data-ongoing Follow up by Brandy Otto: ~~6. Set up training for EFS staff. (cannot be done until re-allocation)~~ 7. Union-Labor issue resolution(?) (mentioned by R.H.): *Brandy Otto and Steve Grilli*	1. Contact HR for reallocation of positions: completed by Ericka R. Follow up by Brandy Otto: 2. Union-Labor issue resolution (?)(mentioned by R.H.): *Brandy Otto and Steve Grilli* 1. Redaction services started April 1, 2020 with the 5 of 6 EFS staff. EFS unit will redact cases they create if worker reports child/youth can be adopted within three months of case creation. ~~2. To address backlog of 200+ cases, Debbie is requesting 2 Project Specialists through the grant to assist with the redaction~~	~~1. At least 8 months of assistance on redaction backlog by EFS unit to impact adoptions by November 2020.~~ 2. EFS workers will incorporate redaction of pre-adoption disclosure into case creation duties as a test pilot by November 2020 which would streamline work for adoptions for cases that are otherwise ready to be adopted at time of case transfer.	1. Project Specialists Backlog: EFS supervisor will track number of cases redacted per month. 2. Use EFS spreadsheet to track timeliness quarterly. ~~3. When backlog is addressed, timeliness will continue to be tracked.~~ ~~4. EFS unit redact backlog cases that they have split as time allows.~~

Step 2: Upon review of data, if case creation time allows, within 6 months of starting this, EFS workers will begin redacting all PAD folders as part of legally free case creation as a test project. Adoption workers will receive a completed pre-adoption disclosure folder up to date of termination of parental rights. Target Goal: • 20% increase in number of adoptions the first 12 months (backlog). • Increase timeliness to adoptions in under 6 months for cases able to be adopted at time of transfer into adoption units.		8. Procure funding for re-allocation.	backlog. ETA Sept/October 2020		
Strategy #1: Progress	4/10/20-With the exception of on-going gathering of data and waiting for the final approval on the grant (request for 2 Project Specialists). Unable to obtain PDF1 grant funding for the positions. 6/11/20-data will be gathered on an on-going basis; waiting for the ability to hire two project specialists to assist with redaction-dependent upon whether hiring for these positions will be approved through DCYF. Unable to obtain PDF1 grant funding for the positions. 9/4/20-data starting January 1, 2019 through August 31, 2020 is being put into a spreadsheet for further analysis. This information will be added to the report to the legislature. 4/15/21- In June 2020, the EFS unit was moved from Child Welfare Programs and placed under Administrative Services which specializes in public disclosure tasks and laws. The Adoption Program Manager has been assisting with this unit due to the complexities of the work but is not able to directly provide supervision. The unit provided redaction services for a few months which resulted in a backlog of the creation of the legally free cases and the pre-adoption disclosure folders. As additional positions were not able to be added through the PDF1 grant, the assistance with redaction is not sustainable. Additional staff would need to added in order to address this barrier. In addition, there were a number of staff who did not want assistance with redaction due to concerns of liability.				

Strategy #2	**DATA**	**Actions in next 30 days**	**Actions needed in 3 months (May 2020)**	**Actions needed for success by Nov. 2020**	**Monitoring Plan**
Facilitate placements for legally free youth by providing an avenue to identify those home studied families in Washington State who primarily want to adopt	There is currently no way to identify those families who ask to be licensed for adoption.	1.Procure grant funding for this strategy-*Debbie M* 2. Complete contract with NWAE-*Debbie M*	1.Procure grant funding for this strategy-*Debbie M.* 2. Obtain final funding from grant. Possible ETA July 3. Complete contract with NWAE-*Debbie M*	1. Procure grant funding for this strategy *Debbie M.* 2. Complete contract with NWAE-*Debbie M.*	Julie Pettit, Tyler Helbach and Debbie Marker will set up a monitoring plan. This will also be

Step 1: NWAE will provide direct support to home studied families to be registered on a website accessible to DCYF staff and youth. Website is already created; NWAE and licensing will need to communicate so that every month licensed homes who primarily want to adopt will be identified.	Anecdotal: with the change to unified home study in 2012, there are no DCYF staff assigned to support families who want to only adopt. They become "lost" in our system.		4. Meet with NWAE and Licensing and CPA to set up communication plan for newly licensed homes: *Tyler Helbach, Becky Taylor, Codie V., Julie Pettit, Jill May, Debbie Marker*	3. Meet with NWAE and Licensing and CPA to set up communication plan for newly licensed homes: *Tyler Helbach, Becky Taylor, Codie V., Julie Pettit, Jill May, Debbie Marker*	evaluated and monitored through the PFD1 Grant.

Strategy #2: Progress	**TO DO's & Information from meetings held on 3/17/20 & 3/26/20:**
	Ideas:
	   1) FAQ regarding NWAE/WARE services for licensors and potential adoptive families. These will/may be added to the adoption and LD pages on the internet, provided to potential adoptive families via paper or electronic, and will/may be used as a promotional document on the caregiver website and any other associated social media accounts.
	   2) Look at adding a box on the application that asks if they would like to be contacted by NWAE/WARE to assist with the process of registering the family with this agency
	Potential issues/delays/barriers:
	   1) There will be no way to go back and determine families in these categories so a big population could be missed
	   2) Binti is far into the future and not sure how it will look/operate-projected launch is Fall 2021
	   3) IT will not make changes in Famlink for licensing due to the impending implementation of the BINDI system
	To do
	Julie:
	   1) Work with Tyler to formulate an FAQ
	   2) Write up a communications statement that will be utilized when the FAQ is sent out as an explanation
	Codie:
	   1) Will contact communications to place FAQ on adoption & LD internet and intranet, and on any associated social media websites
	Becky:
	   1) Will communicate with LD management this idea
	
	4/10/20-Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. The action of meeting with NWAE, licensing & CPAs will be determined once contract is in place.
	6/11/20- Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. The action of meeting with NWAE, licensing & CPAs will be determined once contract is in place. This strategy is also dependent upon the approval of the contract exception for NWAE for recruitment. None of the progress steps can be completed until the

	NWAE contract exception is approved. If the contract exception is approved, progress for this strategy can begin on July 1, 2020. **9/4/20-**This strategy is currently on pause as the foundational contract with NWAE has ended due to budget cuts. An exception request was sent in June 2020 to allow this personal services contract to continue. Debbie has a contract ready for signature but NWAE is not able to move forward until the foundational contract is resolved. **4/15/21-**Due to the lapse in the foundational contract with NWAE, this strategy was effected but is well-underway now. Once the foundational contract was back in place, DCYF began pulling data for families who have a finalized home study and are seeking to adopt. This has been provided to NWAE on a weekly to bi-weekly basis. NWAE has been making contact with these families to explain their services, as well as inform them of monthly adoption consortium where they can hear about children available for adoption and are able to present themselves to the caseworkers on the call.

Strategy #3	DATA	Actions in next 30 days	Actions needed in 3 months (May 2020)	Actions needed for success by Nov. 2020	Monitoring Plan
Developing a pathway to support all families interested in adoption of dependent children/youth **Step 1:** A connection will be available for interested families on the DCYF website that will take them to NWAE. NWAE will refer families to licensing division, Adoption Program Manager or private agency depending upon the family's adoption preference. Process would be: DCYF Website → NWAE for screening for interest in targeted groups → licensing or Adoption PM for private HS referral depending on wait times and family interest in target groups. NWAE will provide those families with information and work with them to determine most realistic option for completing a successful home study. Ideally referring:	~~Backlog in home studies.~~ FL Adoption only home studies are not top priority. (we understand why)-LD No support in place for families that want to only have home study to adopt.	~~1. Set up meeting with Luba, Steve, Jody(?), Brandy, Ruben, teams-Brandy Otto--completed~~ ~~2. Next steps dependent upon meeting with Licensing Division.~~	1. ~~Union meeting if moving forward-_Brandy Otto and Steve Grilli and Licensing?-6/09/20 meeting held with union liaison to request approval to move forward with this action._~~ 2. Develop website change—_Julie Pettit and Tyler Helbach-dependent upon exception approval for contract with NWAE_	~~This strategy is dependent upon union approval for the use of a private agency to facilitate adoption only home studies for the duration of one year. Recent restrictions on types of contracts and the availability of funds will determine if this comes to fruition~~	To be established by NWAE.

• *Families that want to be foster to adopt (licensed) to Licensing Division.* • *Families that want to be adoption only, (no license) to Adoption PM.* **Step 2:** DCYF will use Purchase of Services funds to pay for adoption only home studies for families looking to provide permanency to children/youth most in need of permanency. **Estimated families: < 5 a month but these families are specific to our LF population in need of homes.**	

| Strategy #3: Progress | **TO DO's & Information from meetings held on 3/17/20 & 3/26/20:**
Ideas:
1) Use adoption POS funding to pay for adoption only home studies to take some of the pressure off of LD
2) Communicate with the CPAs about their ability to complete adoption only home studies
    a. Mark Fullington of Community Families has provided this service previously. He allows his staff to make additional money through completing a home study on their off time.
    b. Community and Family has licensors across the state who are willing to provide adoption home studies for our families (confirmed).
3) Work with NWAE/WARE to have the DCYF web page link to the NWAE/WARE website specific to the portal-pending approval of exception to this contract due to recent freezes and restrictions on contracts.

Potential issues/delays/barriers:
1) ~~Need approval from LD and CW management to move forward with this strategy. All parties need to be in agreement in order for this strategy to happen.~~
    ~~Strategy phone call occurred between LD and SW on May 5th~~

2) If it is approved the following issues will need to be addressed:
    a. Ensuring the quality and content of the home studies
    b. ~~Need to ensure union is in agreement-previously they did not have an issue~~
    c. ~~Need to ensure that practices and procedures are in place for this service~~
    d. ~~Determine vetting process~~
To do:
Becky:
1) ~~Will discuss with LD management~~ |

2) Will make contact with Brandy to assist with having the bigger discussion of approval to move forward (Brandy sent email to Luba on 4/9/20) –meeting completed 5/20

4/10/20-Much of this strategy involves the collaboration and approval from LD to bring to fruition.

6/11/20- Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. The action of meeting with NWAE, licensing & CPAs will be determined once contract is in place. This strategy is also dependent upon the approval of the contract exception for NWAE for recruitment. None of the progress steps can be completed until the NWAE contract exception is approved. The goal is officially start utilizing the CPA to complete adoption only home studies as of August 1st dependent upon approval from the union. If the contract exception is approved, overall progress for this strategy can begin on July 1, 2020

9/4/20- This strategy continues to be on pause as the foundational contract with NWAE has ended due to budget cuts and the Department is still waiting to discuss this request with the union through a Demand to Bargain. An exception request was sent in June 2020 to allow this personal services contract to continue. NWAE is not able to assist until the foundational contract is resolved.

4/15/21- This strategy took much longer than expected due to obtaining permission/clarity on the type of contract involved for this service as well as clearance from the union. A demand to bargain was held in January 2021 resulting in an official agreement between DCYF and the Union that the number of adopt-only home studies completed by private agencies would not exceed 40 per year. At this time there are four private agencies across the state who have entered into contracts for this service with DCYF. These contracts were completed and approved in March 2021. As of this date, two adopt-only home studies have been sent for completion to two of the private agencies with another possible home visit waiting for background check approvals. There will need to be quality assurance done by the Adoption Program Manager once the home studies are complete. If there are concerns about the quality, the private agencies will be made aware and will need to correct or address any concerns brought forward. Strategy 2 is embedded in this strategy as well due to the implementation of NWAE receiving lists from licensing on a weekly or bi-weekly basis. NWAE is supporting adoptive families through assisting them in completing a video profile similar to that of the In-Depth Profiles being done with youth. Please see information in strategy as of 4/15/21 for further information.

Strategy #4	DATA	Actions in next 30 days	Actions needed in 3 months (May 2020)	Actions needed for success by Nov. 2020	Monitoring Plan
Increase youth directed recruitment **Step 1:** NWAE facilitates 3 statewide Reverse Matching events a year for up to 36 youth. *To hold these must be able to identify those home studied families who are interested in adoption* **Step 2:**	193 legally free youth aged 12-17 not in permanent placement: FL data 95 youth on Exchange placed, of those 23 identified as placed through Exchange (of	1.Procure grant funding for this strategy *Debbie M.* 2. Complete contract with NWAE. (depends on #1) *Debbie M.*	1.Procure grant funding for this strategy *Debbie M.* 2. Waiting for grant funding approval 3. Complete contract with NWAE *Debbie M.* 4. Meet with NWAE and Licensing and CPA to set up communication plan for newly licensed homes: *Tyler Helbach, Becky Taylor, Codie*	1. Procure grant funding for this strategy *Debbie M.* 2. Complete contract with NWAE *Debbie M.* 3. Meet with NWAE to set up Reverse Matching events: *Tyler Helbach, Julie Pettit, Debbie Marker and*	Julie Pettit, Tyler Helbach and Debbie Marker will set up a monitoring plan. This will also be evaluated and monitored through the PFD1 Grant.

Increase the number of families on the website where workers can sit with youth to conduct individual reverse matching. **Additional step added as part of the PDF1 grant:** Increase youth involvement in their recruitment plans.	those workers that responded)		~~V., Julie Pettit, Jill May, Debbie Marker~~	~~regional representatives~~	
Strategy #4: Progress	4/10/20-Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. The action of meeting with NWAE for reverse matching will occur once contract is complete and grant is approved. 6/11/20- Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. This strategy is also dependent upon the approval of the contract exception for NWAE for recruitment. None of the progress steps can be completed until the NWAE contract exception is approved. If the contract exception is approved, progress for this strategy can begin on July 1, 2020 9/4/20-This strategy is currently on pause as the foundational contract with NWAE has ended due to budget cuts. An exception request was sent in June 2020 to allow this personal services contract to continue. Debbie has a contract ready for signature but NWAE is not able to move forward until the foundational contract is resolved. **4/15/21-**Despite the pause in the contract, this strategy moved quickly once the contract was in place. A committee was convened in December 2020 to discuss Enhanced Youth Recruitment strategies (EYR). Requests for participation from youth who were made legally free but were not adopted was requested but only one youth participated in some of the meetings. From this committee, two subcommittees were formed. One was to work on the Reverse Matching Events and the second to work on a youth directed recruitment plan and guidebook for staff. The first Reverse Matching event is occurring on April 30th and includes youth from Regions 1 and 2. There are currently 8 youth signed up to participate and 15 families. NWAE is also assisting adoptive families with preparing a video about their families similar to the In-Depth Profiles they are currently producing. The youth directed recruitment plan is also in process. The actual document, which is called the Youth Engagement Permanency Plan (YEPP) has been made and reviewed. In May 2021 this subcommittee will begin work on the training for staff in engaging youth in their permanency plan/use of the document and a guidebook to help the field.				

Strategy #5	DATA	Actions in next 30 days	Actions needed in 3 months (May 2020)	Actions needed for success by Nov. 2020	Monitoring Plan
Increase permanency for youth by training BRS home workers on permanency options	Anecdotally, BRS workers do not understand permanency for youth and that every youth is adoptable.	~~1.Set up meeting with CPAs to discuss training staff- *Julie Pettit and Jill May*~~ ~~2. Contact CHS to see if WWK would like to be involved-*Julie Pettit-CHS would like to be involved*~~	-Training started with agencies. -Utilize families who have adopted from BRS for training and outreach- *Melanie Meyer* -Further conversations with Mark Fullington to discuss	Increase in the number of BRS youth adopted after training completed.	Developed by Julie Pettit and Jill May.

		3. Set up workgroup to establish training - *Julie Pettit, Tyler Helbach & Jill May emailed group on 3/5/20*	training starting with his staff at CFSF (word of mouth to hopefully get other CPAs interested)- *Tyler Helback & Julie Pettit*		
		4. Set up a timeframe for trainings - *Julie Pettit, Tyler Helbach & Jill May*			
Strategy #5: Progress	**Internal meeting with PM Michael Campbell, Doug Allison, Melanie Meyer, and Julie Pettit held on 3/13/20:** Discussed willingness/ability to have BRS providers/caregivers participate in trainings about permanency. 1) Michael cannot mandate additional training but there is already language built into the contract that outlines the number of hours necessary for each provider/caregiver to complete and this may be an option. 2) Michael thought an e-learning format may be helpful but not an in-person training (possibly use the Alliance training) Discussed providing BRS providers/caregivers information about recruitment services such as NWAE and outline the assistance needed to make permanency happen for our youth. 1) NWAE will come up with an FAQ regarding their services and what his staff needs from BRS staff and caregivers to assist with permanency activities such as In-Depth profiles. 2) Michael Campbell sent out the FAQ information to all of his BRS providers 3) BRS agencies are asking for information regarding recruitment from NWAE staff. **6/11/20-** Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. This strategy is also dependent upon the approval of the contract exception for NWAE for recruitment. None of the progress steps can be completed until the NWAE contract exception is approved. If the contract exception is approved, progress for this strategy can begin on July 1, 2020. Julie will contact the Alliance to determine types of permanency training that can be offered to BRS agencies and foster parents. **6/12/20**-email sent to Michael Campbell with a list of trainings that would be useful to BRS group care staff and foster parents; requested this list be sent out to his BRS counterparts. **9/4/20-** This strategy has been placed on pause as it is a collaborative effort between the Department, CPAs, and NWAE. Due to COVID budget cuts, NWAE is not able to provide any further assistance until the contract issue is resolved. **4/15/21-**Information was provided last year for many of the agencies that have BRS contracts. The contact was made via presentation primarily with staff in therapeutic foster care, not congregate care programs. The agencies are aware that adoption can take place for youth in BRS, or those transitioning out of BRS. Over the past year three youth from BRS were adopted. In the year prior two youth in BRS, or transitioning out of BRS were adopted. Once COVID restrictions are removed, more conversations with staff in facilities regarding adoption and permanency will be possible.				

	DATA	Actions in next 30 days	Actions needed in 3 months (May 2020)	Actions needed for success by Nov. 2020	Monitoring Plan
Provide in-home evidenced-based intensive counseling services to identified adoptive homes not finalizing due to "child or youth behaviors" Funded by Adoption Incentive Money **Step 1:** See Actions in next 30 days	TBD Based on "Deep Dives" approximately 15	1.Email adoption staff to estimate home many adoptions not finalized due to child's behaviors- *Julie Pettit* 2. Set up workgroup to determine: -*Eligibility* -*Referral criteria* -*Timeline for intervention* -*Contract for intervention Julie Pettit, Melanie Meyer* 3. Increase field knowledge of availability of adoption incentive funding. *Julie Pettit & Melanie Meyer*	1. Set up contract with provider/s-*Melanie Meyer* 2. Communicate process to field *Julie Pettit and Melanie Meyer* 3. Work with Darla Henry & other therapists to identify adoption-competent evidence based services- *Melanie Meyer*.	This is a support service that will need to be in process at least six months.	Developed by Julie Pettit, Melanie Meyer and Debbie Marker.
Strategy #6: Progress	**4/10/20:** No feedback received from adoption staff. Melanie is in the process of obtaining information on what is allowed for purchase/funded through the Adoption Incentive Money. **6/11/20:** Feedback from adoption support consultants indicate they have not been contacted within the last year by case workers or families who indicate they are not able to adopt due to the behaviors of the child. Due to COVID-19, the original plan to have Darla Henry present to adoption staff and CPAs in May 2020 was cancelled. Melanie is exploring options for a web-based training on EBPs such as Darla Henry's 3-5-7 Model for providers. This is dependent upon available funds approved by management to facilitate this type of training. Melanie has confirmed the potential use of adoption savings funds-70% of the funds can be used to remove barriers and promote permanency, and the remaining 30% has to be used for post-adoption services. **9/4/20-** Efforts are being explored to create supports to families where there are barriers to adoption. Families are currently able to access EBPs and other counseling services for youth in their care. These services were not been listed as barriers to adoption. Based on information being shared, staffing was shared with fiscal to explore the use of savings funds for permanency. Upon further review, it was determined that other barriers existed such as access concerns- vehicles safely transporting wheel chair bound children, stair access, ramps, special medical care during times of a nursing shortage and COVID 19. Exploration of methods to access these supports using savings is underway. The process for requesting these supports is in the final stage of development and will be shared with adoption and guardianship staff to promote permanency.				

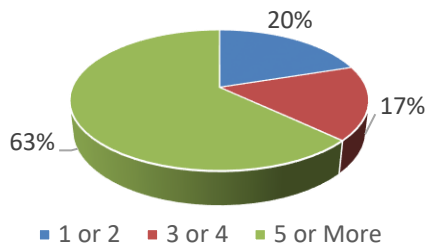|	
	Use of training funds for families may be difficult to access at this time due to special requirements in place by the governor's office for personal service contracts. **4/15/21-**A committee was convened in August 2020 to discuss the process and implementation of providing one-time payments for needs that may be a barrier to permanency. This was completed and monthly Barriers to Permanency committee meetings have been held. Since the implementation of this committee, three cases have been staffed since January 2021 and another is scheduled for April 21, 2021. This process is designed to remove those one-time needs that might contribute to a lack of permanency. These include the use of van lifts for wheelchairs, Hoyer lifts, door widening and roll in showers. In one instance additional supports to a home than will allow the home to be licensed allowing the caregiver to remain close to other family members. Once COVID-19 protocols decrease, a further review of the potential implementation of web-based trainings on EBPs will occur. This will also be dependent upon funding availability.

Youth Services
(FY 20 total served: 1,907 youth)

Includes information about all youth who received at least one independent living service paid for or provided by the state CFCIP agency.

Characteristics of youth receiving services (FY 20)

Male	40%	In foster care	57%
Female	60%	In federally recognized tribe	11%
White	75%	Adjudicated delinquent	16%
Black	18%	Receiving special education	11%
American Indian	18%	Age range	14-24
Other Race	5%	Mean age	19
Hispanic	21%		

Number of services received (FY20)

Pie chart: 20% (1 or 2), 17% (3 or 4), 63% (5 or More)

- 1 or 2
- 3 or 4
- 5 or More

Education level of youth receiving services (FY 20)

Bar chart (scale 0%–25%): Under 9th Grade, 9th Grade, 10th Grade, 11th Grade, 12th Grade, Post 12th Grade, College, Blank
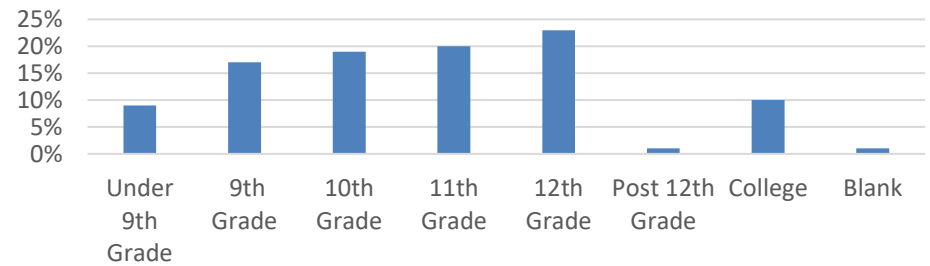
Type of services received (FY 16-20)

Percent of youth receiving each service (of total youth served)
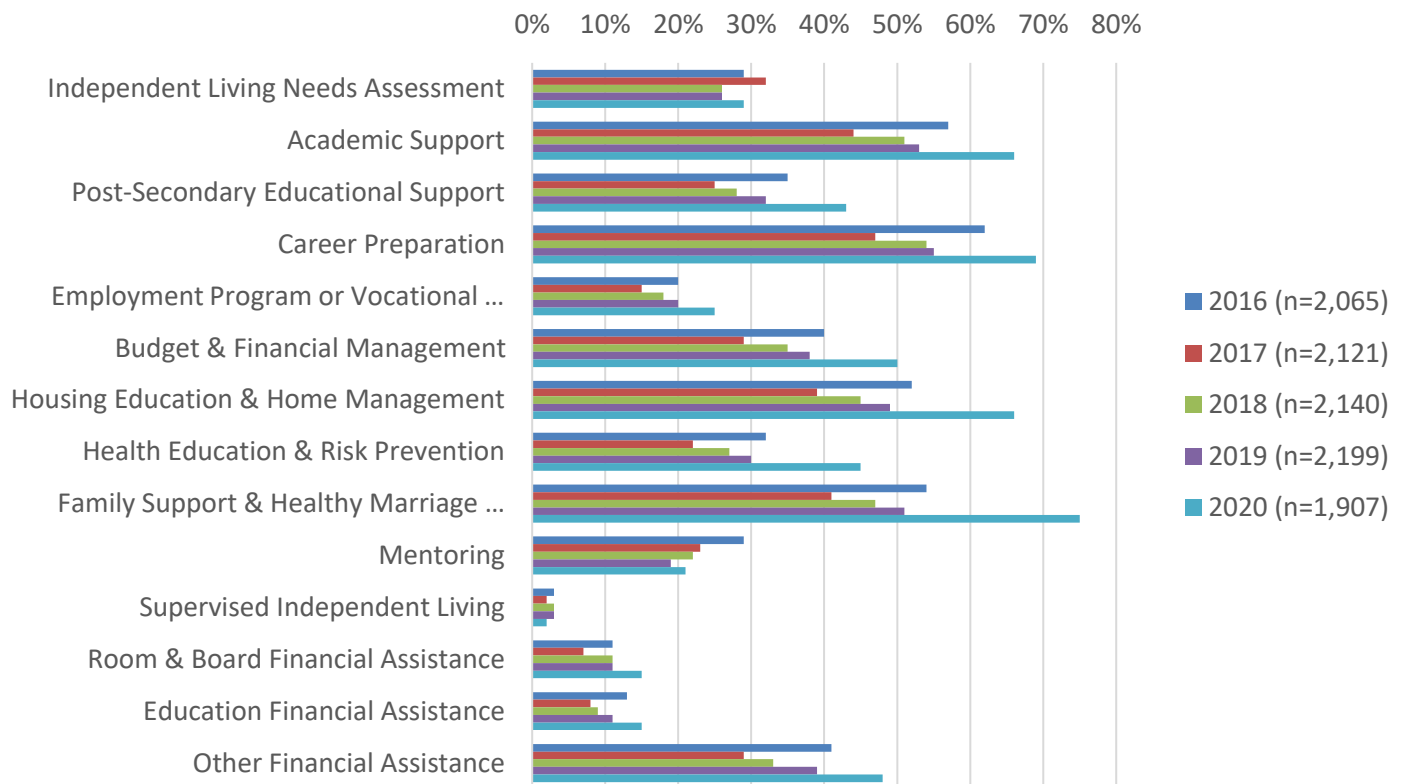
Horizontal bar chart (scale 0%–80%) with categories:
- Independent Living Needs Assessment
- Academic Support
- Post-Secondary Educational Support
- Career Preparation
- Employment Program or Vocational …
- Budget & Financial Management
- Housing Education & Home Management
- Health Education & Risk Prevention
- Family Support & Healthy Marriage …
- Mentoring
- Supervised Independent Living
- Room & Board Financial Assistance
- Education Financial Assistance
- Other Financial Assistance

Legend:
- 2016 (n=2,065)
- 2017 (n=2,121)
- 2018 (n=2,140)
- 2019 (n=2,199)
- 2020 (n=1,907)

Children's Bureau

Youth Outcomes	Includes information about all youth who were eligible to take the NYTD survey at age 17		
	Baseline Population* (17 year-olds in foster care, FY 20)	**Follow-Up Population** (19 year-olds, FY 22)	**Follow-Up Population** (21 year-olds, FY 24)
Cohort 4 survey participation, FY 20	340 eligible / 292 surveyed / **86% surveyed** / *Preliminary based on 20A and 20B report periods*	TBD	TBD
Characteristics of survey participants			
Male	44%		
Female	56%		
White	84%		
Black	18%		
American Indian	15%		
Hispanic	20%		
In foster care	100%		
Reasons for non-participation			
Youth declined	2%		
Parent declined	1%		
Incapacitated	3%		
Incarcerated	<1%		
Runaway/missing	4%		
Unable to locate	2%		
Invalid Participant/Missing	4%		
Outcomes reported			
Employed full- or part-time	**16%**		
Receiving public assistance	**N/A**		
Finished high school or GED	**2%**		
Attending school	**91%**		
Referred for substance abuse treatment	**26%** (in lifetime)		
Incarcerated	**25%** (in lifetime)		
Had children	**2%** (in lifetime)		
Homeless	**44%** (in lifetime)		
Connection to adult	**90%**		
Medicaid coverage	**71%**		
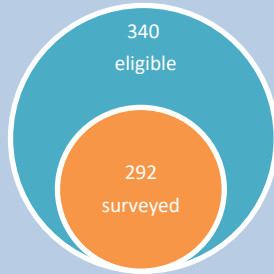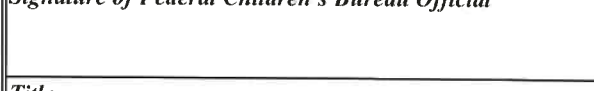
CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2022: October 1, 2021 through September 30, 2022

1. Name of State or Indian Tribal Organization and Department/Division:		**3. EIN:**	82-3847397
Washington State Department of Children, Youth, & Families		**4. DUNS:**	81027376

2. Address: (insert mailing address for grant award notices in the two rows below)	5. Submission Type: (select one)
PO BOX 40970	
Olympia WA 98504-0970	☑ NEW
a) **Email address** for grant award notices: dcyf.costallocandgrantsmgmt@dcyf.wa.gov	☐ REALLOTMENT

REQUEST FOR FUNDING for FY 2022:

The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.
Hardcode all numbers; no formulas or linked cells.

	% of Total	
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$5,127,147
a) Total administrative costs (not to exceed 10% of the CWS request)		$512,714
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		$5,618,503
a) Family Preservation Services	30.0%	$1,685,553
b) Family Support Services	20.0%	$1,123,700
c) Family Reunification Services	20.0%	$1,123,700
d) Adoption Promotion and Support Services	20.0%	$1,123,700
e) Other Service Related Activities (e.g. planning)	0.0%	$0
f) Administrative costs (*STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %*)	10.0%	$561,850
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100.0%	*$5,618,503*
8. Requested Monthly Caseworker Visit (MCV) funds: *(For STATES ONLY)*		$354,540
a) Total administrative costs (not to exceed 10% of MCV request)		$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: *(STATES ONLY)*		$2,009,025
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		$3,313,867
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$994,160
11. Requested Education and Training Voucher (ETV) funds:		$1,106,126

REALLOTMENT REQUEST(S) for FY 2021:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment):

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*
Title Chief Financial Officer		*Title*
Date 6-29-2021		*Date*

CFS-101, Part II
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: Washington State Department of Children, Youth, & Families

For FY 2022: OCTOBER 1, 2021 TO SEPTEMBER 30, 2022

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	$ -								98,766	-	Reports of abuse and neglect	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ 1,732,147	$ 1,685,653		$ 2,009,025				$ 458,372	18,158	-	Families whose children and substantially likely... or at imminent risk of placement or to reunify a child or children with their family	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ 2,882,286	$ 1,123,700						$ 1,232,245	16,130	-	Families needing help to safely maintain their child(ren) in their own home.	Statewide
4.) FAMILY REUNIFICATION SERVICES		$ 1,123,700						$ 700,591	7,118	-	Families with a child (ren) returning home.	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		$ 1,123,700						$ 388,217	427	-	All eligible children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)							$ -	-	-	-		
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE							$ 17,975,302	$ 47,886,596	10,248	-	All eligible children	Statewide
(b) GROUP/INST CARE							$ 4,338,131	$ 37,430,397	450	-	Youth with extreme, high levels of service needs.	Statewide
8.) ADOPTION SUBSIDY PYMTS.							$ 45,772,482	$ 54,742,338	17,068	-	Children in a licensed relative home when reunification with parents or adoption or not options for the child	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS												
10.) INDEPENDENT LIVING SERVICES					$ 3,313,867		$ 1,536,465	$ 1,518,955	626	-	Dependent youth age 14 or older	Statewide
11.) EDUCATION AND TRAINING VOUCHERS						$ 1,106,126	$ -	$ 663,606	2,100	-	Eligible youth pursuing post secondary education	Statewide
12.) ADMINISTRATIVE COSTS	$ 512,714	$ 561,850	$ -				$ 103,747,289	$ 103,747,289	-	-		
13.) FOSTER PARENT RECRUITMENT & TRAINING							$ 637,933	$ 1,142,281				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING			$ -				$ 227,713	$ 730,181				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING							$ 4,513,232	$ 4,682,979	6,027	-	All eligible children	Statewide
16.) STAFF & EXTERNAL PARTNERS TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			$ 354,540				$ 9,770,957	$ 5,036,652				
18.) TOTAL	$ 5,127,147	$ 5,618,503	$ 354,540	$ 2,009,025	$ 3,313,867	$ 1,106,126	$ 188,519,504	$ 260,350,599				
19.) TOTALS FROM PART I	$ 5,127,147	$ 5,618,503	$ 354,540	$ 2,009,025	$ 3,313,867	$ 1,106,126						
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	----	----	----	----	----	----

20.) Difference (Part I - Part II)
(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses ($) means Part II exceeds request)

21.) Population data required in columns I - L can be found: on the form / in the APSR Narrative

CFS-101, Part III
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2019 Grants: October 1, 2018 through September 30, 2020

1. Name of State or Indian Tribal Organization:
Washington State Department of Children, Youth, & Families

2. Address:
PO BOX 40970
Olympia WA 98504-0970

3. EIN: 82-3847397

4. DUNS: 81027376

5. Submission Type: (select one) ☒ NEW   ☐ REVISION

Description of Funds	(A) Actual Expenditures for FY 19 Grants	(B) Number Individuals served	(C) Number Families served	(D) Population served	(E) Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	$ 5,245,813	74,220	N/A	Children and Adults	Statewide
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ 524,581				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ 5,823,341	15,808	N/A	Children and Adults	Statewide
a) Family Preservation Services	$ 1,747,003				
b) Family Support Services	$ 1,164,668				
c) Family Reunification Services	$ 1,164,668				
d) Adoption Promotion and Support Services	$ 1,164,668				
e) Other Service Related Activities (e.g. planning)	$ -				
f) Administrative Costs					
(FOR STATES: not to exceed 10% of PSSF allotment)	$ 582,334				
g) Total title IV-B, subpart 2 funds:					
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 5,823,341				
NO ENTRY: This line displays the sum of lines a-f.					
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ 373,657				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 3,191,087	1,300	N/A	Eligible Youth	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of Chafee allotment)*	$ 279,945	-	-		
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 1,040,909	200	N/A	Eligible Youth	Statewide

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*	
Title Chief Financial Officer	**Date** 6-24-2021	**Title**	**Date**