# 2015-2019 FINAL ANNUAL PROGRESS AND SERVICES REPORT (APSR)

**WASHINGTON STATE**
**Department of**
**Children, Youth, and Families**

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# General Information

## Collaboration

Washington has a strong culture and structure that supports collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, Tribes, courts, 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 provisions of the 2015-2019 CFSP and subsequent APSRs. Through this collaboration, DCYF is able to assess the needs of children and families, use the input to amend strategies, and monitor progress towards achieving identified outcomes and measures.

The Department, at the state and regional level, consult with a large and diverse group of stakeholders through advisory groups, oversight committees, provider meetings, and other workgroups to assess the goals, objectives, data, and progress and the day to day work of the Department. Partnership has been key to our success over the past few years and will continue to move the Department towards achieving the safety, permanency, and well-being outcomes. Through ongoing collaboration we are able to better utilize resources, identify needs and services, and develop new goals and improvement efforts that will have a positive impact on the children and families served. Examples of substantial, ongoing, and meaningful collaboration include:

### Court Improvement Programs

Over the last year, DCYF has worked closely with the Washington Court Improvement Program (CIP), administered by the Administrative Office of the Courts (AOC), on a number initiatives including:

- Innovative Dependency Court Collaborative – This new committee comprises a broader array of stakeholders, including early intervention/prevention services, and meets the CIP requirements for a statewide multidisciplinary task force. The Innovative Dependency Court Collaborative encourages, generates, and supports innovation with interested dependency court stakeholders and communities to empower and achieve justice for families. The Collaborative held their first meeting in March 2019, and will continue to meet quarterly.

- Permanency Summits – The criteria for choosing permanency summit locations included counties with the longest length of stay that also lacked system improvement resources, such as state FJCIP grants and CITA Tables of Ten stakeholder groups. The first Permanency Summit was held in September 2016 in Clark and Cowlitz, followed by Grant and Benton in 2017, and Okanogan and Kittitas in 2018. Additional summits will be held in 2019. The CQI workgroup co-chairs facilitated discussions with the local stakeholder groups to share information and plan for the summit. The summits culminated in the creation of action plans for each county, and the CQI workgroup tracked the progress of the action plans.

  These permanency summits will facilitate better working relationships between child welfare partners in and out of the courtroom. The action plans created by each community will work toward reducing lengths of stay and increasing reunification and permanency rates and ultimately improving permanency outcomes.

- Fathers Engagement Outreach – In 2018, DCYF was a part of a larger movement toward fatherhood equity that started with the support of the first annual statewide

Fatherhood Summit. The summit included a multitude of agencies that came together with fathers to increase understanding of barriers that fathers encounter and strategize intentional ways to work toward equity. DCYF is committed to continuing these partnerships and expanding father engagement. DCYF participates in fatherhood coalition meetings and annual summit planning. The department leads internal statewide meetings to increase consistency and quality in fatherhood services and to implement additional strategies. Child Welfare Programs is partnering with other agencies and divisions such as the Department of Corrections (DOC), Department of Early Learning, and Juvenile Rehabilitation to target fathers earlier to prevent the need for placement and to increase the safety and well-being of their children.

In 2018, DCYF co-facilitated an incarcerated parent visitation workshop between DOC and DCYF. This workshop focused on increasing knowledge between the two agencies, identifying barriers and biases to dependent children visiting their parents in prison, and working toward strategic solutions to increase parent-child visitation in prison. Although the percentage of women in prison is increasing, statistically men are much more likely to be imprisoned, making this a fatherhood strategy. From that workshop, training was developed to assist staff in this process. DCYF is also working with DOC to target fathers while in prison, around the prevention of infant abuse and deaths through the education of Infant Safe Sleep and other topics.

- <u>Youth Leadership Summits</u> – CIP provides ongoing support and funding to the Mockingbird Society to sponsor the annual Youth Leadership Summit. In 2018 the Supreme Court Commission on Children in Foster Care co-hosted the summit in partnership with the Office of Homeless Youth Prevention and Protective Programs Advisory Committee. This effort included peers from the Youth Advocates Ending Homelessness program. Policymakers, advocates, and community members work alongside youth throughout the year to address the proposed reforms. Proposed reforms developed by youth during this year's summit included:
    — Youth participation in a state plan to prevent exits from systems of care into homelessness.
    — Safety and youth voice in group homes.
    — Access to financial education for youth in foster care and who are experiencing homelessness.
    — Expanded opportunities for youth with foster care experience to inform policymaking.
    — Transition planning for youth in foster care.
    — Building independent living skills for foster youth.
    — Supportive foster care placements for LGBTQ+ youth in care.
    — Eliminating youth detention for status offenses.

The proposals are presented by the youth at the summit to the Washington State Supreme Court Commission on Children in Foster Care, the Office of Homeless Youth Prevention and Protective Programs Advisory Committee, legislators, and other stakeholders. The presentations combine research and data to describe problems the youth identify, personal experiences that underscore the impact of these problems, and thoughtful solutions that will improve the system. These proposals initiate a year-round

effort to bring positive changes that will benefit those who are currently in foster care or homeless, as well as those who have yet to enter the system.

- Best for Babies Court – Recognizing that infancy is a critical developmental stage, especially for children who have experienced trauma and neglect, Pierce County dependency court partners implemented the Best for Babies court docket in October 2016. Modeled on the national Zero to Three Infant-Toddler Court Team structure, the court focuses on front-loading services to infants (0-3 years) and their parents to preserve the infant-parent bond, promote child well-being, and reduce time to permanence. In October 2018, Best for Babies became an official Zero to Three Infant-Toddler Court Team. As a result, the court now receives grant funding, technical support, training, and access to Zero to Three's QIC portal, which will aid in collecting data in alignment with Safe Babies Court Team sites across the nation.

  Best for Babies cases are heard by the court every 60 days before the same judicial officer. To reduce workload, a status hearing is held between review hearings with a written update submitted by the social worker and Court Appointed Special Advocate (CASA). DCYF is an active partner in the court and has assigned a designated social worker from each of the Pierce County DCYF offices to handle Baby Court cases. In August 2018, Amara, a private foster care agency, partnered with Pierce County Juvenile Court to fund a Community Coordinator position. The Community Coordinator serves as a neutral party in the Community Advisory Team staffings and assists with implementing the Community Advisory Team's recommendations for parents and caregivers. The Coordinator also recruits partner agencies to ensure families have supports in place after the dependency is dismissed and works with a data team to compile and analyze program data.

  The Community Advisory Team brings together stakeholders from the fields of medicine, mental health, social work, nutrition, education, law, and others. The team staffs cases twice monthly with parents, foster parents, social workers, and CASAs. The team offers input, feedback, and suggestions to enhance the infant-parent relationship and development, and provides information, support, and encouragement to parents and caregivers. With the help of community partners, families are referred to programs already in existence in the community. These programs provide avenues for families to engage with their children and become well-grounded in their community. With these natural community supports in place, families receive continued support from programs that promote healthy families, long after the dependency is dismissed.

  Since its founding, the Best for Babies Court has served 24 infants, toddlers, and their families. Seven cases have resulted in permanency, with five cases achieving reunification within an average of 9.6 months and two cases resulting in adoption within an average of 17 months.

- Early Childhood Table of Ten and Early Learning Partnership – The King County Early Childhood Table of Ten is a multidisciplinary court improvement effort focused on addressing the needs of young children who encounter dependency court. The group's mission is to increase access to services for children birth to three years and their families, with a focus on engaging parents and caregivers to address developmental delays and disabilities. Court partners have worked with King County Developmental Disabilities Division and local providers of Early Support for Infants and Toddlers services to enable both a child's birth parent and caregiver to participate in therapeutic

services. The Table of Ten has trained court and child welfare professionals on early childhood services available in the community and how everyone can encourage parents and caregivers to participate.

Children's Home Society of Washington, a Table of Ten member, has operated the King County Early Learning Partnership to increase access to existing, high quality, and culturally appropriate early learning and development services for young children involved with child welfare. The partnership conducts monthly case staffing meetings at each DCYF office, where local providers consult and make referrals. To date, the program has made resource referrals for over 2,500 families. Additionally, the partnership developed and maintains a searchable database of early learning programs that is available to social workers, CASAs, and others.

## Continuous Engagement Initiatives

- Quality Improvement Center for Workforce Development (QIC-WD) Grant – Washington's was selected as one of eight sites awarded a federal grant to test innovative workforce interventions that seek to address staff turnover and retention, a challenge for states across the nation and a threat to achieving the highest quality child welfare practice. The Quality Improvement Center for Workforce Development (QIC-WD) at the University of Nebraska-Lincoln will lead a team of experts in child welfare, workforce, implementation, evaluation, and dissemination from University of Colorado, Denver; University of Louisville; University of Tennessee, Knoxville; C.F. Parry Associates; CLH Strategies & Solutions; and Great Eastern Consulting.

  Telework has been selected as the intervention for the QIC-WD grant to impact caseworker turnover with the goals to:
  — Make alternative work arrangements more widely available and consistently implemented;
  — Provide staff with improved choice and sense of control over work environment, ability to focus with fewer interruptions, less travel time, and/or ability to accommodate personal demands;
  — Provide staff with a greater work-life balance, work efficiency, and less stress and burnout;
  — Improved staff performance and retention;
  — Increased continuity of effective case practice; and
  — Improved safety, permanency, and well-being for children, youth, and families.

- Strengethening Child Welfare Systems: Permanency from Day One Initiative – In 2018, Washington was awarded one of five grants nationally to improve permanency outcomes for children and youth. The selected grant application was developed in partnership with multiple partner agencies and organizations, including the Administrative Office of the Courts, local county juvenile courts, Casey Family Programs, Office of Public Defense, Court-appointed Special Advocates, Northwest Resources Associates/Northwest Adoption Exchange, Children's Home Society of Washington's Parents for Parents program, and Tribal partners. The six intervention counties are King, Pierce, Spokane, Grays Harbor, Chelan, and Mason.

  The goals of Washington's 5-year Permanency from Day One Initiative are: enhanced system capacity to support caseworkers in concurrent planning and early family

engagement; enable parents to partner effectively and earlier in the process with caseworkers; align concurrent planning efforts with court improvement efforts; and provide for adoption of legally free children and youth.

## Targeted Engagement Initiatives

- <u>Agency Goals and Outcome Measures</u> – The Department of Children, Youth, and Families (DCYF) is committed to the goals of supporting children, youth, and families in achieving better outcomes in the areas of resilience, education, and health. These outcome goals are essential to our agency's work — they will guide what we do and the decisions we make every day.

  After months of cross-agency work led by the DCYF Office of Innovation, Alignment, and Accountability (OIAA), that included input from hundreds of internal and external stakeholders around the state, nine population-level outcome goals were developed for DCYF related to the resilience, education, and health of children, youth, and families.

  The OIAA director and staff sought stakeholder feedback on the outcome goal priorities from May through August 2018, attending numerous existing Department advisory meetings, staff meetings, and holding three general community input sessions in Aberdeen, Renton, and Yakima. Suggestions and feedback from partners and stakeholders (internal and external) illuminated areas of common priorities, as well as areas of potential innovation. Overall the OIAA met with over 25 groups of community members, advisory bodies, tribal partners, and staff for input on this work. These groups included over 375 individuals representing various roles including providers, parents, foster parents, kinship caregivers, youth, tribal partners, mental health and healthcare professionals, researchers, Department and agency-of-origin staff, other state agency staff, and others. In addition, OIAA communicated about this effort on the Department website, soliciting additional feedback from those not able to provide their input in person.

  After this extensive process of soliciting stakeholder input, OIAA worked with an extended workgroup, including DCYF leaders and staff from the OIAA Data and Reporting, Research and Analysis, and Policy teams and an expert external consultant[1] to refine a list of nearly 100 possible outcome goals. To narrow the list, staff compared the collected possible outcome goals to those prioritized by other state agencies and related initiatives.[2] There was interest on the part of OIAA in recognizing the potential leverage that could be gained by aligning efforts with other state agencies, while also understanding the unique opportunity for innovation in the selection of DCYF child outcome goals. In addition, staff reviewed relevant research on factors related to positive outcomes for children, youth and families. This research helped inform how the metrics under consideration are related to one another, as well as helped the group to validate choices when comparing similar metrics.

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[1] A retired Department of Health Epidemiologist with more than two decades of experience in similar state efforts around child well-being outcome goals.

[2] These included: OSPI Washington School Improvement Framework, the Governor's Poverty Reduction Workgroup, the Interagency Council on Health Disparities Action Plan to Eliminate Health Disparities, DOH Essentials for Childhood Shared Measures, State Board of Education Statewide Indicators of Educational System Health, DOH Washington State Suicide Prevention Plan, Children's Mental Health Workgroup Recommendations, OSPI Educational Opportunity Gap Oversight Committee Annual Report, Commission on African American Affairs Creating an Equitable Future, Commission on Asian-Pacific American Affairs Strategic Plan, Commission on Hispanic Affairs Biennial Assessment Report, Annie E. Casey Foundation Kids Count, and the American Indian Health Commission for Washington Priorities.

Table 1 outlines the nine approved priority outcome goals recommended by the the extended workgroup and approved by the DCYF Strategic Leadership. Overarching all of these is the goal to eliminate disparities in each of the education, health, and resilience goals so that race, ethnicity, and family income are no longer predictors of child and youth well-being.

Table 1.

| DCYF CHILD OUTCOME GOALS (WORKING VERSION) | | |
|---|---|---|
| Category | Outcome Goal Area | Measured By… |
| Resilience | 1.  Youth are supported by healthy relationships with adults | Healthly Youth Survey |
| | 2.  Parents and caregivers are supported to meet the needs of their children or youth | Rates of children requiring CPS response Youth detention rates |
| | 3.  Family Economic Security | Census |
| Education | 4.  Kindergarten Readiness | WaKIDS |
| | 5.  Youth School Engagement | Health Youth Survey[3] |
| | 6.  High School Graduation | 4- and 5-year cohort graduation rates |
| Health | 7.  Healthy Birthweight | Low birthweight babies |
| | 8.  Child/Youth Development | EPSDT[4] provision Universal Developmental Screening (when available) |
| | 9.  Youth Mental/Behavioral Health | Healthly Youth Survey |

The child outcome goals project is not yet done. OIAA will translate each outcome area into an analytic framework that will communicate the current state of each outcome and serve as a tool for the agency and external partners to monitor progress and identify strategies to drive improvement. OIAA will continue to engage stakeholders to solicit input on the direction of this work; targets for each outcome area still need to be set, and the agency needs to continue to thoughtfully address equity and disproportionality in these outcomes. Rooted in research, evidence, and the experiences of affected communities, substantially improving outcomes in these nine areas, along with eliminating disparities in outcomes by race/ethnicity and family income, will ensure that Washington's children, youth and families are thriving.

- Casey Family Programs – DCYF and Casey Family Programs has a long standing relationship of collaboration to improve outcomes for children and families by providing technical assistance and funding in many areas of DCYFs work. Ongoing collaboration includes efforts to reduce racial disproportionality through training and hosting Washington State Racial Disproportionality Advisory Committee events, permanency related efforts particularly focused on finding permanent placements for children in long-term foster care by planning for technical assistance to increase kinship care and subsidized guardianship, improving service support for foster children in education and early childhood development.

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[3] https://www.askhys.net/

[4] Early and Periodic Screening, Diagnostic, and Treatment https://www.medicaid.gov/medicaid/benefits/epsdt/index.html

Beginning in 2017, DCYF and Casey partnered to complete Targeted Permanency Reviews. These targeted reviews help inform CQI efforts through collecting, analyzing, and disseminations of data as part of our targeted reviews and are focused on two distinct populations.

— Children ages 2 to 5-years old who have been in out-of-home care for two or more years and have not yet reached permanency.

— Children who have returned home and whose case is still open 8 months or longer (following the return home).

The Targeted Permanency Reviews are designed to highlight system barriers to permanency to inform further deeper review and strategies for improvement and this work will help inform and achieve our Program Improvement Plan (PIP) goals.

In the first round of the Targeted Permanency Reviews, DCYF reviewed 509 cases. Below is a summary of the most commonly identified systemic barriers:

— Shared Planning Meetings did not occur or were not documented in 38% of the cases;

— The process to establish a parenting plan was a barrier in 43% of the cases;

— Lack of father engagement was identified in 40% of the cases; and

— Difficulty in locating parents was a barrier in 34% of the cases.

DCYF will continue the targeted permanency review and is working on updating the tool to track policy timeframes as well as performing a more through root cause analysis into some of the identified barriers.

- Development of Program Improvement Plan – Early in the CFSR process, work began to inform development of our PIP, including identification of department sponsors and PIP team members. The PIP sponsors included DCYF executive leadership, who approved and advocated for work and necessary changes. The PIP development team guided the project and program teams throughout the development process and obtained final approval from sponsors. The development team was responsible for writing the improvement plan, as well as tracking completion of key activities and completing quarterly reports.

In addition to the development team, Washington created a PIP project team to support to the development team. The role of the team was to provide data analyses, goal setting, project planning, and project updates. Department representatives on the project team included regional quality assurance leads, statewide program managers, and staff from data and reporting, communications, policy, and licensing. External members included representation from the Alliance for Child Welfare Excellence, Washington Court Improvement Program, Office of Public Defense, Administrative Office of the Courts, and Washington CASA. Statewide program managers regularly obtained additional external stakeholder input through their close working relationships with program-specific stakeholders.

In November 2017, Washington's CFSR PIP development team hosted a statewide stakeholder's meeting. In attendance were over 100 stakeholders and individuals, including regional staff, department attorneys, defense attorneys, court administrators, biological parents, foster and adoptive parents, youth, tribal partners, DCYFs training contractor, and service providers. The purpose of this meeting was to gather input and

feedback from stakeholders to be used in the development of the CFSR PIP. Utilizing data gathered in 2016 and 2017 by the central case review team, participants identified the major factors impacting specific federal practice items and systemic factors. CFSR PIP development team members, in partnership with the statewide program managers, served as table leads and facilitated individual group discussions to identify the underlying factors and root causes impacting each practice area. Information from the meeting assisted in development of strategies and key activities for the PIP.

Additional stakeholder engagement and outreach activities conducted by development team members to inform root cause analysis and strategy development included the following:

— Local Court Improvement Team Meetings in the following counties: Spokane, King, Mason, Pierce, Kitsap, Snohomish, Whatcom, Thurston, and Kittitas

— Washington State CASA Conference

— Parent Ally Meeting

— Passion 2 Action Youth Meeting

— "State of the State" Community Meetings

— "Ross on the Road" Community Meetings

— Annual Foster Parents Survey conducted by DSHS Research and Data Analysis Unit

— Washington State Legislature, Health and Human Services House Committee Work Session

— Innovative Dependency Court Collaborative Meeting

After conclusion of the CFSR review period and utilizing preliminary results, the development and project teams identified practice themes impacting performance. Identified practice themes include safety throughout the life of a case, permanency from day one, supported workforce, and service delivery. Utilizing a template provided by the development team, regional quality assurance leads conducted local office focus groups in October and November 2018 to identify barriers, strengths, and ideas for improvement specific to safety and permanency.

# Assessment of Performance

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

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

- CFSR Data Profiles – These data profiles are generated from the state's AFCARS data files. DCYF produces data profiles semi-annually which are submitted to the U.S. Department of Health and Human Services. The semi-annual submissions are considered the official data for determining conformity with the CFSR Federal Data Indicators on safety and permanency.

  Federal data indicators are aggregate measures developed by the Children's Bureau and are calculated for all states. Along with the measures, they establish a national standard for each measure based on the performance of all states. Because laws and populations are different, each state's performance is risk-adjusted for factors that vary between states such as the age of children in care; therefore, a state's observed performance may meet the national standard, but their risk-adjusted performance will not meet the standard. Although these measures were not included in determination of CFSR performance, they are useful for monitoring.

  The federal data indicators are calculated by using administrative data available from Washington's submissions to:

  — AFCARS which collects case level information from state and tribal title IV-E agencies on all children in out-of-home care and those who have been adopted with title IV-E agency involvement. Title IV-E agencies must submit AFCARS data to the Children's Bureau twice a year.

  — NCANDS which collects child-level information from state and tribal title IV-E agencies on every child who receives a response from a child protective services agency due to an allegation of abuse or neglect. States voluntarily report this data to the Children's Bureau.

- infoFamLink – This is the reporting system for DCYF Child Welfare workforce which is integrated into our information management system, FamLink. The reporting system includes reports regarding safety, permanency, well-being, licensing and caregivers, and administrative that are populated from information data entered into FamLink. All DCYF staff including caseworkers, supervisors, regional leadership, and program managers, have access to run reports.

- Monthly Informational Report – The Department uses a monthly informational report to track performance on several key indicators, including but not limited to percentage of

intakes requiring a face-to-face, number of children residing in out-of-home care, number of licensed foster homes statewide, and percent of children in out-of-home care placed with a relative or kin. This data is based on activities documented in FamLink on or before the report "as of" date.

- Priority Performance Measures – The Priority Performance Measures (PPMs) are designed to address two major issues in evaluating practice in child welfare:
  — How can we know that we are on track with improving outcomes for children closer to "real time", that is, soon enough to affect those outcomes, and
  — With so many performance measures, how do we know which are the most important to track and improve?

Each outcome measure in the PPM framework is associated with one or more process or early warning measures. In turn, each process or early warning measure can be associated with one or more outcomes. A "process" measure is a way of tracking changes in how the agency actually functions: case activities over which the agency has some control. In contrast, "early warnings" are ways of tracking changes in case characteristics that affect outcomes but over which the agency has little or no control, such as the number of families experiencing domestic violence. All the PPMs are derived from FamLink administrative data, and we are well aware that such data cannot possibly capture everything meaningful that is going on in a family or a child's life, or everything beneficial that a caseworker does on a case. The hope is that the measures will capture enough of what's important so that improvements in outcome measures over time mirror real and lasting improvements in family and child functioning and improvements in agency effectiveness.

- Dependent Children in Washington State: Case Timeliness and Outcomes 2018 Annual Report – This report is published by Administrative Office of the Courts (AOC), Washington State Center for Court Research and reflects all of the juvenile dependency and termination cases that were filed in Washington's courts from January 2000 through December 2018. Court records from the AOC's Superior Court Management and Information System (SCOMIS) were matched with information from DCYFs statewide information system, FamLink. Information represents a subset of matched cases that were documented before January 1, 2019. The complete report can be viewed on the Washington Courts website.

The 2018 report is county-focused and does not include statewide performance. As of November 13, 2018 King County Superior Court case information and activitiy may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system. For futher information please consult the King County Court portal. Historical numbers have been and will continue to be updated as data is received.

- Central Case Review Team (CCRT) – This data is generated by reviewing investigation, in-home, and out-of-home care cases. The case sample for reviews is designed to be large enough to show practice trends within the office, to include at least one case from each case-carrying worker, and to not over-represent a single program or worker. The sample includes randomly selected cases that were open one or more days in the six months prior to the review date. CCRT results provide information about practice strengths and areas needing improvement which helps in the development of statewide and regional strategies for improvement.

In calendar year 2014, there were 24 offices reviewed with a total of 643 cases reviewed and in calendar year 2015, 15 offices were reviewed with a total of 411 cases being reviewed utilizing the state developed review tool.

In 2016, Washington's CCRT began utilizing the federal Onsite Review Instrument (OSRI) for reviewing cases in accordance to the federal standards and documenting results in the Online Monitoring System. Transition to the OSRI has assisted in gathering qualitative data, increased the focus on safety, permanency, and well-being, and provided sufficient time for the CCRT to utilize the federal tool in advance of Washington's Round 3 CFSR.

In calendar year 2016, 23 onsite reviews were conducted encompassing 25 offices with a total of 566 cases reviewed. Parent interviews occurred on a sample of the cases which remained open beyond child protective services (CPS) investigation. There were a total of 105 parents available and willing to participate in interviews by phone.

In calendar year 2017, 20 offices reviews were completed, with a total of 290 cases being reviewed. Parent, caseworker, and caregiver interviews occurred as part of the case review process. There were a total of 111 mothers, 69 fathers, 378 caseworkers, 32 caseworker supervisors, 194 caregivers, and 28 target children who were available and willing to participate in an interview by phone or in-person.

In calendar year 2018, 29 offices were reviewed by the central case review team. There was a total of 297 cases reviewed during which included over 1,100 key case participant interviews. Prior to the CFSR, the CCRT received technical assistance from Children's Bureau to ensure review conformity and to evaluate the CCRTs readiness to conduct a state-led federal review. During the CFSR, the CCRT received secondary oversight from Children's Bureau on 67 of the 130 cases reviewed. The CCRT has not received any secondary oversight regarding the reviews completed post-CFSR.

Table 2.

| DCYF CENTRAL CASE REVIEW TEAM OFFICE REVIEWS CALENDAR YEAR 2014-2018 | | | | | | |
|---|---|---|---|---|---|---|
| CALENDAR YEAR | REGION 1 | REGION 2 | REGION 3 | REGION 4 | REGION 5 | REGION 6 |
| 2014 | Colfax<br>Newport<br>Clarkston<br>Colville | Ellensburg<br>Richland<br>Walla Walla<br>Sunnyside | Everett<br>Smokey Point<br>Mount Vernon<br>Bellingham<br>Lynnwood | King West<br>King East<br>Office of Indian Child Welfare<br>Martin Luther King Jr. | Pierce East<br>Pierce West | Kelso<br>Long Beach<br>South Bend<br>Vancouver<br>Tumwater |
| 2015 | Omak<br>Spokane<br>Wenatchee | Goldendale<br>Toppenish<br>Yakima | Everett<br>Oak Harbor<br>Yakima | No offices reviewed in 2015 | Bremerton<br>Lakewood | Aberdeen<br>Forks<br>Port Angeles<br>Port Townsend |
| 2016 | Moses Lake<br>Colfax<br>Newport<br>Clarkston<br>Colville | Ellensburg<br>Richland<br>Walla Walla | Bellingham<br>Smokey Point<br>Mount Vernon<br>Friday Harbor<br>Lynnwood | King East<br>King South<br>King West | Pierce East | Centralia<br>Kelso<br>Long Beach<br>South Bend<br>Shelton<br>Stevenson<br>Vancouver – Cascade<br>Vancouver – Columbia |
| 2017 | Spokane | Omak Sunnyside<br>Toppenish<br>Wenatchee<br>Yakima | Everett<br>Oak Harbor | King Southeast<br>King Southwest<br>Martin Luther King Jr. Office<br>Office of Indian Child Welfare | Bremerton<br>Lakewood<br>Tacoma | Forks<br>Port Angeles<br>Port Townsend<br>Shelton<br>Tumwater |
| 2018 | Clarkston<br>Colfax<br>Colville<br>Moses Lake<br>Republic<br>Spokane<br>Wenatchee | Ellensburg<br>Goldendale/<br>White Salmon | Mount Vernon<br>Oak Harbor<br>Sky Valley<br>Smokey Point | King East<br>King West<br>King Southeast<br>King Southwest<br>Martin Luther King Jr. Office<br>Office of Indian Child Welfare<br>West Seattle | Bremerton<br>Tacoma | Aberdeen<br>Centralia<br>Kelso<br>Long Beach<br>South Bend<br>Stevenson |

*Data Source: Central Case Review Team, 2016 Annual Report, February 2017, CFSR Onsite Review Instrument*

## Safety Outcomes 1 and 2

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

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

Table 3.

| ITEM 1: TIMELINESS OF INITIATING INVESTIGATIONS OF REPORTS OF CHILD MALTREATMENT | | | | | | | |
|---|---|---|---|---|---|---|---|
| WASHINGTON STATE DEVELOPED CASE REVIEW TOOL | | | | | | | |
| The Initial Face-to-Face (IFF) contact with all child victims occurred within the required 24 or 72-hour response time, or sufficient attempts were made | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 92% | 93% | 98% | 94% | 93% | 76% | 95% |
| CY2015 | 85% | 90% | 61% | 95% | | 94% | 82% |
| ON SITE REVIEW INSTRUMENT | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 90% | 91% | 93% | 88% | 97% | 92% | 83% |
| CY2017 | 85% | 84% | 76% | 100% | 86% | 85% | 84% |
| CY2018 | 85% | 86% | 78% | 86% | 83% | 92% | 83% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

CCRTs results found that the timeliness of initiating an investigation or assessment of reports of child maltreatment were found to be a strength in 85% of cases reviewed in calendar year 2018. During the 2015-2019 reporting period, statewide performance has ranged from a high of 92% to 85%.

The identified children who is were the subjects of the maltreatment reports had face-to-face contact within the state timeframes (24-hours or 72-hours) and requirements in 76% (115 out of 152) of cases. When face-to-face contact did not occur within the required timeframe, 38% (14 out of 37) of reviewed cases included documentation of an acceptable reason for the delay which was due to circumstances beyond the agencies control.

DCYF staff (caseworkers, supervisors, regional quality assurance (QA) staff, regional leadership) have the ability to monitor completion of initial face-to-face visits utilizing an infoFamLink report which identifies each intake assigned for investigation or assessment[5]. In calendar year 2018, 98.1% (18,975 of 19,335) of 24-hour child welfare intakes (excluding Licensing Division CPS investigations and Licensing Division CPS risk only intakes) were completed and attempted with appropriate documentation within the required timeframe. For the same time period, 98.1% (41,911 of 42,705) of 72-hour Child Welfare intakes (excluding icensing Division CPS investigations and Licensing Division CPS Risk only intakes) were completed and attempted with appropriate documentation within the required timeframe.

The use of exceptions and extensions related to initial face-to-face visits can also be monitored through an infoFamLink report[6]. For 24-hour response intakes 22.7% (4,400 out of 19,335)

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[5] Data Source: Initial face-to-face summary report; Calendar Year 2018; infoFamLink; May 15, 2019

[6] Data Source: Initial face-to-face exception and extension summary report; Calendar Year 2018; infoFamLink; May 15, 2019

received during calendar year 2018 had a documented exception or extension; 470 intakes had an exception and 3,930 intakes had an extension. For intakes with a 72-hour response time, 18.0% (7,722 out of 42,705)had an exception or extension documented; 1,322 intakes had an exception and 6,400 intakes had an extension.

Between calendar year 2010 and calendar year 2018, reports of child abuse and neglect increased by 39%, and those requiring a face-to-face response increased even more. In 2018, there were nearly 45,000 CPS reports requiring a face-to-face response, a 60% increase over the nearly 28,000 reports requiring a face-to-face response in 2010 as shown in figure 1. This increase in reports increases the group of children who may be placed and have a subsequent dependency filed. The following numbers exclude 2,156 CPS investigations on providers during calendar year 2018.

Figure 1.



Intakes Received Annually - Calendar Year 2010-2018
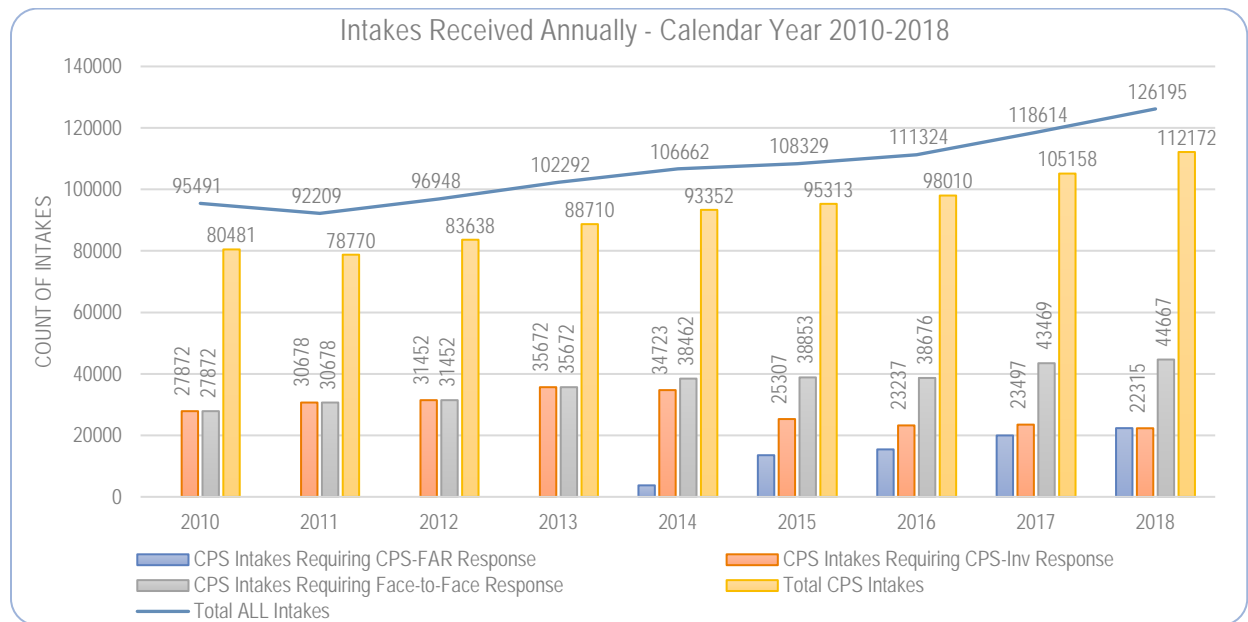
Figure 2 shows the increase by month for each year of reports requiring a face-to-face response, illustrating the substantial seasonality in reporting, with the highest number generally occurring in March, May, and October of each year and the lowest in July. The first five months of 2018 had the highest total reports ever documented, and the last seven months of 2018 were only slightly lower than 2017. The total reports requiring a face-to-face response in 2018 was three percent higher than 2017.

Figure 2.
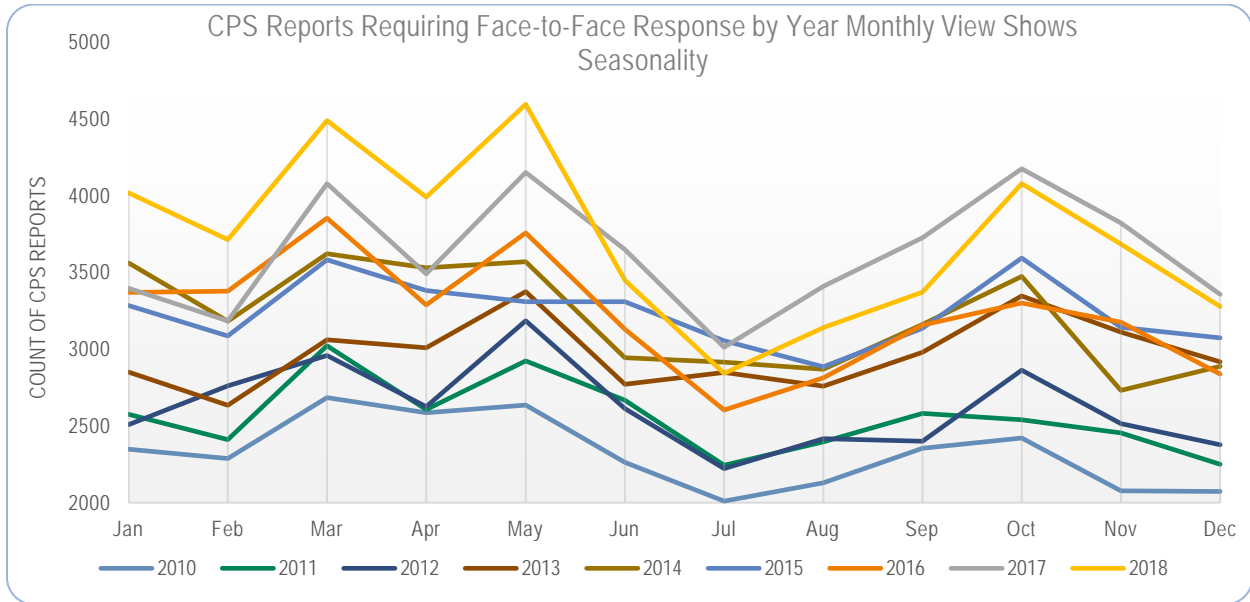


Reports of child abuse and neglect requiring a 24-hour response increased from nearly 5,000 in calendar year 2010 to 14,100 in calendar year 2018, an increase of 185%. By contrast, reports requiring a 72-hour response increased by 22% during this same period. The increase in reports requiring a 24-hour response from 2012-2017 was unprecedented based on historical data, and leveled off in 2018 for the first time since 2012. Figure 3 shows the overall increase in reports since 2010.

Figure 3.

Table 4.

| SAFETY OUTCOME 1 ASSESSMENT OF PERFORMANCE | |
|---|---|
| STRENGTHS | AREAS NEEDING IMPROVEMENT |
| • Caseworkers are consistently making timely face-to-face visits with alleged victims of child abuse and neglect for both emergent and non-emergent intakes.<br><br>• Appropriate use of and documentation of initial face-to-face visit extensions and exceptions, when needed.<br><br>• Use of initial face-to-face visit extensions and exceptions is minimal. | • Accurate assessment and screening of new intakes and appropriate response time noted (24-hour response time when circumstances of intake warrant 72-hour response time).<br><br>• Clarification on what constitutes diligent efforts or an appropriate attempt to contact victim within required timeframes |

## Safety Outcome 1 Implemented Practice Improvements

- A change in our intake policy regarding children ages birth through three-years old who were alleged to have been physically abused now meet the intake sufficiency screen-in criteria. For these intakes, the screening decision changed to require an emergent response (24 hours) and an assignment to investigation rather than differential response (FAR).

- In 2016, the headquarters Quality Assurance and Continuous Quality Improvement (QA/CQI) section began meeting semi-annually with regional QA/CQI staff to learn additional information regarding strengths and challenges the office and or region may be experiencing regarding the federal practice and systemic factors. These meetings are referred to as deep dives. The deep dive process provides regions an opportunity to obtain staff feedback, and identify promising practices, strengths, and are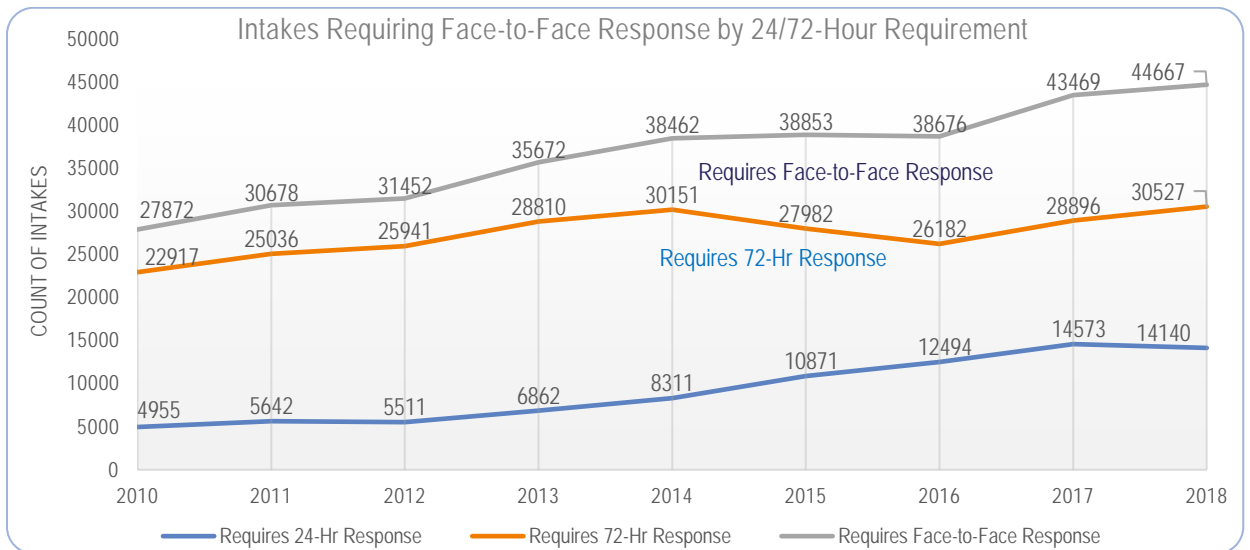as needing improvement regarding the 18 CFSR items. Information gathered is summarized and shared with headquarters program staff to assist in the identification and development of statewide strategies for improvement.

- Throughout 2016, training and consultation was provided for statewide intake staff to address the timeliness of completing documentation. The focus was on the need to complete intakes timely to provide adequate time for caseworkers to be assigned and respond to allegations of maltreatment. These trainings and consultations occurred by statewide conference calls, during statewide Intake and CPS Leads meetings, and during regional intake refresher trainings, as well as, at new employee training for intake staff.

- In November 2016, an update to FamLink occurred which now requires intake staff to document the date and time of the alleged maltreatment, which provides a safeguard that the correct date of the alleged maltreatment; increasing the accuracy of documentation related to the alleged maltreatment. Prior to this improvement, the alleged maltreatment date was pre-populated and defaulted to the date and time the intake tool was launched in FamLink. The previous method required staff to manually change the date when entering the intake.

- Appropriate use of IFF extensions for CPS investigations was noted as an area for improvement and each region increased monitoring and adherence to policy to increase performance. Examples of the increased focus include:
  — Review of law enforcement protocols with caseworkers.

- — Safety Boot Camp training available on a monthly basis for new and existing staff.
  - — Regional Quality Practice Specialist completing random quality assurance reviews to verify compliance.
  - — Regional QA staff provide weekly data on the use extensions to Area Administrators.
  - — QA and CQI Program Managers assistance in identifying offices and staff in need of safety refresher training.
- Regional Quality Practice Specialists provide feedback and consultation to supervisors and caseworkers on the accurate use of the IFF extension. Consultation included workload management and skills to organize and prioritize work so caseworkers can respond quickly to new intakes and complete assigned IFFs within the required timeframes; 24 hours or 72 hours.
- Implemented the *MyCases* mobile application that allows workers to access limited case information in the SACWIS system as well as document IFF case notes and audio recorded interviews while in the field.
- Updated the SACWIS system to email notifications of incomplete IFF to field staff and supervisors twice weekly until IFF has been correctly documented in FamLink. The report was also modified for use in the field by including access via links to the *MyCases* mobile application so caseworkers can more easily find information such as date and time IFF is due, family address, age of child and child's school.

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

Table 5.

| SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE | | | | | | | |
|---|---|---|---|---|---|---|---|
| On Site Review Instrument | | | | | | | |
|  | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 76% | 74% | 79% | 84% | 71% | 81% | 71% |
| CY2017 | 69% | 76% | 48% | 70% | 72% | 75% | 65% |
| CY2018 | 64% | 60% | 60% | 72% | 62% | 70% | 66% |
| Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

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

Table 6.

| ITEM 2: SERVICES TO FAMILY TO PROTECT CHILD(REN) IN THE HOME AND PREVENT REMOVAL OR RE-ENTRY INTO FOSTER CARE | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| Appropriate services needed by the family to safely prevent removal or re-entry of the child were offered or provided. | | | | | | | |
|  | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 86% | 76% | 82% | 95% | 92% | 81% | 81% |
| CY2015 | 88% | 86% | 92% | 95% |  | 85% | 86% |
| The child was removed from the home without first offering or providing services, and the removal was necessary to ensure the child's safety. | | | | | | | |
|  | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 99% | 100% | 93% | 100% | 100% | 100% | 100% |
| CY2015 | 99% | 100% | 88% | 100% |  | 100% | 100% |
| On Site Review Instrument | | | | | | | |
|  | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 96% | 93% | 100% | 100% | 96% | 92% | 95% |
| CY2017 | 87% | 94% | 63% | 100% | 89% | 92% | 92% |
| CY2018 | 74% | 77% | 75% | 84% | 63% | 75% | 69% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

Calendar year 2018 CCRT results found that the agency made concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into out-of-home care or re-entry into out-of-home care after reunification in 74% of reviewed cases. During the 2015-2019 reporting period, statewide performance has ranged from a high of 99% to 74%.

In calendar year 2018, over 21,000 cases were opened for some type of service, with 6,131 entries into out-of-home care to ensure child safety[7]. Count of services indicates services provided in addition to the CPS response. Children and youth enter out-of-home care when they cannot safely remain in their current home. The number of children in out-of-home care has continued to increase over time. Although the number of children entering out-of-home care has remained constant for the past few years, exits from care remain slightly lower than entries into care each year, resulting in more children in out-of-home care.

According to Washington State Center for Court Research[8], our states dependency filing rate (per 1,000 children in general population) in 2017 was 3.02 with 4,978 dependency petitions filed. Between 2013 to 2016, dependency filings decreased, with a 3% increase in 2017 as noted in figure 4.

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[7] Data Source: Washington State Center for Court Research, Dependent Children in Washinton State: Caes Timeliness and Outcomes 2018 Annual Report.

[8] Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2018; as of December 31, 2018

Figure 4.
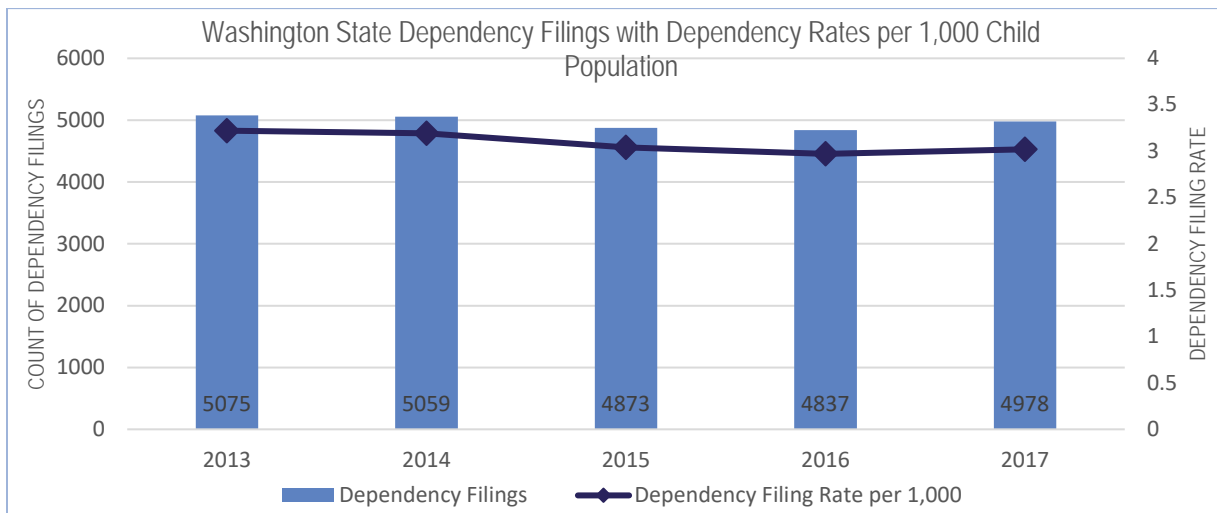


In calendar year 2018, 10.2% (468 out of 4,599) of newly established dependencies had a previously dismissed dependency case.[9] Dependency filings with a previously dismissed case decreased from 533 in calendar year 2014 to 468 in calendar year 2018, a decrease of 14%. In reviewing the time between the previously dismissed and newly established dependency case, 50% (233 out of 462) remained home following previous dismissal more than 24 months before re-entry and 29% (134 out of 462) re-entered care within 12-months of previous dismissal.

Table 7.

| ITEM 3: RISK AND SAFETY ASSESSMENT AND MANAGEMENT | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| Risk and safety threats to the child(ren) were adequately identified, assessed, and addressed. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 88% | 82% | 84% | 96% | 93% | 86% | 84% |
| CY2015 | 81% | 82% | 63% | 88% | | 89% | 79% |
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 76% | 75% | 79% | 84% | 72% | 81% | 71% |
| CY2017 | 69% | 76% | 48% | 70% | 72% | 75% | 65% |
| CY2018 | 65% | 60% | 60% | 72% | 63% | 70% | 66% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

Cases reviewed statewide during calendar year 2018 found 65% of the cases were rated a strength regarding risk assessment and safety management. Since beginning use of the OSRI,

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[9] Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2018; as of December 31, 2018. Report information for King County Superior Court, State, FJCIP and State excluding FJCIP is temporarily incomplete as of November 13, 2018. King County Superior Court has transitioned to a locally implemented and maintained case management system known as KC-JAMS.

statewide performance has steadily decreased from 76% in calendar year 2016 to 65% in calendar year 2018.

The agency conducted an accurate initial assessment in calendar year 2018 that identified all risk and safety concerns for the child in out-of-home care and or any child(ren) remaining in the family home in 70% of cases opened during the period under review. Reviewing performance by case type noted both foster care (69%) and in-home cases (68%) as an area needing improvement.

Calendar year 2018 case review results found that an accurate ongoing assessment was conducted in 69% of the reviewed cases, with the majority of reviewed cases identified as foster care. An accurate ongoing assessment occurred in 74% of foster care cases, 56% of in-home cases, and 52% of CPS FAR cases. Since 2016, the completion of an accurate ongoing assessment has continued to decrease and remains an area needing improvement.

Historical targeted case reviews focused on the child safety framework revealed challenges with achieving an accurate analysis to determine whether an in-home or out-of-home safety plan was needed; gathering adequate information to make fully informed assessments; expanding analysis beyond an incident focused CPS investigation; application of the safety threats; and development of effective safety plans. Washington continues to face the same challenges and has identified strategies for improvement within our Program Improvement Plan.

### Child and Family Services Review Data Profile

Washington reviewed the federal data indicators that have a direct impact on Safety Outcome 2. As of January 2019, based on the risk standardized performance, Washington is not achieving the national performance for the two federal safety data indicators. Washington's Priority Performance Measures logic model identifies the following process measures have a direct influence on maltreatment within 12-months of the initial report:

- Percentage of CPS intakes resulting in an out-of-home placement;
- Average days from CPS intake to first provision of in-home services;
- Percentage of victims and identified children that received a face-to-face response of those who required one; and
- Percentage of cases requiring a CPS investigation completed ithin the 90 maximum timeframe for a CPS -nvestigation.

Table 8.

| CFSR ROUND 3 FEDERAL DATA INDICATOR: RECURRENCE OF MALTREATMENT | | | |
|---|---|---|---|
| | FY14-15 | FY15-16 | FY16-17 |
| National Performance (at or below) | 9.5% | 9.5% | 9.5% |
| Washington Risk Standardized Performance | 11.7% | 9.1% | 10.8% |
| Washington Observed Performance | 9.2% | 7.1% | 8.4% |

*Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019*

*National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".*

*Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.*

| CFSR ROUND 3 FEDERAL DATA INDICATOR: RECURRENCE OF MALTREATMENT | | |
|---|---|---|
| FY14-15 | FY15-16 | FY16-17 |
| *Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator* | | |

The recurrence of maltreatment federal data indicator provides an assessment of whether the Department was successful in preventing subsequent substantiated reports of maltreatment within 12-months of the initial report. Nationally, 9.5% of children experienced recurrence of maltreatment. Washington's risk standardized performance for fiscal year 2016-2017 was 10.8%, slightly higher than the national performance and higher than the previous fiscal year.

Table 9.

| CFSR ROUND 3 FEDERAL DATA INDICATOR: MALTREATMENT IN FOSTER CARE (VICTIMIZATIONS/100,000 DAYS IN CARE) | | | |
|---|---|---|---|
| | FY14-15 | FY15-16 | FY16-17 |
| National Performance (at or below) | 9.67 | 9.67 | 9.67 |
| Washington Risk Standardized Performance | 12.01 | 10.00 | 9.77 |
| Washington Observed Performance | 8.99 | 7.47 | 7.29 |

*Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019*

*National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".*

*Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.*

*Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator*

Maltreatment in (out-of-home) care identifies the rate of victimization per 100,000 days in care for all children in out-of-home care during a 12-month period. The national performance is fewer than 9.67 victimizations and Washington's risk standardized performance for federal fiscal year 2016 was 9.77 victimizations, which is statistically no different from the national performance standard. Performance has continued to improve (number decreasing) since fiscal year 2014-2015.

Table 10.

| SAFETY OUTCOME 2 ASSESSMENT OF PERFORMANCE | |
|---|---|
| Strengths | Areas Needing Improvement |
| • Washington has a broad variety of Evidence-Baed Program's available. <br> • There has been an increased utilization of Evidence-Baed Program's prior to placement and after placement. <br> • Evidence-Baed Program's are contracted to provide support to families tailored to the family's needs and availability. <br> • Significant increase in utilization of concrete good in both CPS-Investigation, CPS-FAR, and FVS. <br> • Increase in engagement in collaboration with community partners. | • Imminent Risk of Placement FTDMs are not utilized prior to placement at the same rate as after placement. These would increase the likelihood of service being offered to prevent placement. <br> • Return Home FTDMs are not consistently encompassing all domains that may prevent the success of the return home. <br> • Experience of new caseworkers and new supervisors is limited which leads to higher filing rates. <br> • Families are not routinely engaged in safety-related services to prevent entry or re-entry into foster care after reunification. |

| SAFETY OUTCOME 2 ASSESSMENT OF PERFORMANCE | |
| --- | --- |
| Strengths | Areas Needing Improvement |
| • The SDM risk assessment is required on CPS investigation cases prior to closure.<br><br>• Safety Assessments are required on all CPS, CFWS, and FVS cases at various decision points throughout the life of a case.<br><br>• Some component of Safety Framework education is included in most trainings, including the updated regional core trainings. | Appropriate safety plans are not utilized or developed with the family.<br><br>• Appropriate ongoing assessment of needs is not occurring consistently. Caseworkers are not routinely assessing families for unmet needs, either tangible or physical, and are not providing a basic screening of the parent's behavioral health needs.<br><br>• Availability and tailoring of individual services is a challenge. Caseworkers lack knowledge regarding the correct service or interventions to specifically match the family's needs.<br><br>• There is a lack of critical thinking by caseworkers.<br><br>• A better understanding of safety versus risk by staff is needed.<br><br>• Ongoing CFWS caseworkers are less familiar than CPS caseworkers with the safety assessment tool and how to drive decisions regarding placement and case closure. |

## Safety Outcome 2 Implemented Practice Improvements

- Infant Safety policy was created in October 2014 to help reduce the risk of injury and death for children birth through one-year old. This policy includes:
  - Plan of Safe Care – Substance-exposed newborns and newborns born to dependent youth.
  - Infant Safe Sleep – Infants birth through one year.
  - Period of Purple Crying – Infants birth through six months.
- Developed and launched a two-day Domestic Violence training statewide with the goal of educating staff on domestic violence screening and assessment regarding child safety. The training also focused on safety planning and how to identify appropriate services to meet the needs of the child and family.
- In April 2016, Safety Boot Camp was launched for caseworkers across all programs statewide. Safety Boot Camp training focuses on the fundamentals of assessing child safety to include when it would be appropriate to offer families services and what services could enhance the safety of children, both in the home and in out-of-home care. Safety Boot Camp focuses on initial and ongoing safety and risk assessment and provides training to staff on collaborating with community partners and providers related to child safety and intervention with families. It includes information on domestic violence, infant safety, and the dynamics of child abuse and neglect from a medical perspective. A review of critical incident cases which involved unaddressed safety and risk factors and discussion of service interventions that could have improved the case outcome are shared.
- In 2015, Washington State developed a protocol to identify and alert headquarters and regions when a child victim has been identified in ten or more intakes accepted by CPS within the past three years. The intention is to provide additional response and guidance for cases that present chronic neglect circumstances.
- Regional Quality Practice Specialists have been conducting reviews on cases that involve ten or more screened-in CPS intakes. These reviews provide a secondary level

assessment of child risk and safety issues and recommends services that would be appropriate based on the risk and safety issues identified. Feedback from reviewed cases is provided directly to the office area administrator, supervisor, and caseworker.

- Policy was updated to improve clarity and understanding of procedures and practice related to:
  — Psychological and psychiatric services
  — CPS FAR
  — Drug and alcohol testing and assessment

- Critical Incident Specialists across the state provide annual Lessons Learned training to field staff with a focus on scenarios developed from fatality and near fatality cases. The training objective is to assist staff in identifying critical times in a case to assess and address risk and safety issues for children. The training also focuses on critical thinking and gathering sufficient information through interview, collateral contacts and collaboration.

- Licensing Division provides a specific specialized track week for CPS licensing investigators about how to investigate and identify risks within facilities, how to document investigations, and how to complete the risk assessment tool. This is required within the first two years of employee.

Table 11.

| 2015-2019 CFSP STATEWIDE SAFETY ACTION PLAN | | | | | |
|---|---|---|---|---|---|
| **Goal 1: Increase and Maintain Performance Regarding The Timeliness Of Initiating Investigations** | | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 1.1 | Intake policy and screening guide is being updated to reflect current policy and timeframe requirements | To provide intake staff with a updated document that guides them on how to accurately screen intakes and in what timeframes they should be completed. | March 2017 | July 2017 | Complete – September 2017 |
| 2018 APSR Update: | Intake guide and screening tool updated in September 2017 and are available to staff statewide. Stakeholder feedback included intake supervisors and area administrators across the state and DCYF AAG review. | | | | |
| 2017 APSR Update: | Intake policy has been updated and completed as of March 2017. The guide and screening tool are in progress. | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 1.2 | IFF policy update with clarification of extension use | Improve performance on CFSR measure | April 2017 | July 2017 | Complete – October 2017 |
| 2018 APSR Update: | IFF policy was updated in October 2017. Stakeholder feedback included: HQ staff, regional and office level staff statewide. | | | | |
| 2017 APSR Update: | Drafts are in progress | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 1.3 | Review law enforcement protocol and its use in extensions in curriculum | Improve performance on CFSR measure | January 2017 | September 2017 | Complete – June 2018 |

| 2015-2019 CFSP STATEWIDE SAFETY ACTION PLAN | | | | | |
|---|---|---|---|---|---|
| 2018 APSR Update: | Regional Safety program staff meet quarterly with their local stakeholders which include Prosecutors, Law Enforcement, Other First Responders (EMT), and Parent Allies. During these meetings, stakeholder's provided input into the law enforcement protocol which was then shared with the HQ Program Managers. Additional stakeholder input was provided by the Children's Advisory Center. The information gathered was utilized in the development of the CPS in-service curriculum which was completed June 2018. | | | | |
| 2017 APSR Update: | CPS in service curriculum is in progress | | | | |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 1.4 | Develop and implement health and safety report for in-home cases | Consistent monthly visits with children | January 2017 | August 2017 | Complete – August 2017 |
| 2018 APSR Update: | FVS in home cases health and safety report completed August 2017. Stakeholders included: HQ and Regional program staff and office level staff statewide. | | | | |
| 2017 APSR Update: | Pilot in progress | | | | |

**Goal 2: Increase Services To The Family To Protect Children In The Home and Prevent Removal Or Re-Entry Into Foster Care**

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 2.1 | Domestic Violence policy has been developed for caseworkers across program areas and training to support the policy is being rolled out statewide. | To increase caseworker knowledge around services and interventions related to safety that can being offered to families with cases involving domestic violence. | January 2017 | December 2017 | Complete – March 2017 |
| 2018 APSR Update: | Washington Collation Against DV participated through in-person meetings and co-authored the DV Practice Guide, as well as, to help inform the mandatory training. Partnering with DCYF policy staff (DV and Safety) was the Alliance to provide the contract for Anne Ganley PhD, a national subject matter expert to contribute to the curricula development and implementation of the training content. Feedback was collected from staff through a Domestic Violence workgroup that supported improvements on the training content and delivery. | | | | |
| | WACADV has a board of directors that includes representatives from member programs and communities. WACADV was founded by survivors and their allies. Also participating in the work was Tracy Parker at Save House (Federally funded program). | | | | |
| | The DCYF Domestic Violence policy was updated to reflect the work completed by the Domestic Violence workgroup and incorporated their feedback and input. | | | | |
| | Training continues as needed across the state. | | | | |
| 2017 APSR Update: | Training was developed and continues as needed across the state since March 2017. | | | | |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 2.2 | Policy regarding the Plan of Safe Care has been enhanced by creating and requiring a form for caseworkers across programs to use when they have a case involving a substance affected newborn. | For staff to have a useable document that outlines all of the federal requirements for the Plan of Safe Care related to services that should be offered to the family. The form is an NCR form and is able to be left with the family and documented in FamLink. | September 2016 | December 2017 | Complete – March 2017 |
| 2018 APSR Update: | Policy completed and practice implemented and in use across the state in March 2017. | | | | |

## 2015-2019 CFSP STATEWIDE SAFETY ACTION PLAN

| Action Item | | Intended Outcome | Begin Date | End Date (Target) | Status |
|---|---|---|---|---|---|
| 2.3 | Develop a practice guide for CPS investigators and CPS FAR caseworkers that includes practice competencies, critical thinking processes, policies and laws related to child safety. | Draft guide is available and disseminated to staff. | January 2016 | December 2017 | Work moved to PIP/CFSP |

| 2019 APSR Update: | The practice guide for CPS Investigators and CPS FAR is in the process of being finalized. There are new changes over the last year as a result of CFSR feedback and FPSS therefore it continues exist draft form. The guide is being updated with this new information and will be reviewed by our key stakeholders and their input will be integrated into the process. |
|---|---|
| 2018 APSR Update: | Stakeholders input from action item 1.3 was utilized to develop the CPS investigators and CPS FAR practice guides. External stakeholders include Prosecutors, Law Enforcement, Other First Responders (EMT), and Parent Allies through meetings with local Safety program staff and the Children's Advisory Center. <br><br> This is still in progress and has been discussed and reviewed at statewide CPS Leads meeting for development. |
| 2017 APSR Update: | Draft has been developed, policy changes need to be added. |

**Goal 3: Increase performance related to risk assessment and safety management**

| Action Item | | Intended Outcome | Begin Date | End Date (Target) | Status |
|---|---|---|---|---|---|
| 3.1 | Intake policy and screening guide is being updated to reflect current policy and timeframe requirements. | To provide intake staff with a updated document that guides them on how to accurately screen intakes and in what timeframes they should be completed. | March 2017 | July 2017 | Complete – September 2017 |

| 2018 APSR Update: | Intake guide and screening tool updated in September 2017 and are available to staff statewide. Stakeholder feedback included intake supervisors and area administrators across the state and DCYF AAG review. |
|---|---|

| Action Item | | Intended Outcome | Begin Date | End Date (Target) | Status |
|---|---|---|---|---|---|
| 3.2 | Domestic Violence policy has been developed for caseworkers across program areas and training to support the policy is being rolled out statewide. | To increase caseworker knowledge about when domestic violence impacts child safety and train caseworkers on how to effectively screen and assess cases involving domestic violence. | January 2017 | December 2017 | Complete – March 2017 |

| 2018 APSR Update: | Washington Collation Against DV participated through in-person meetings and co-authored the DV Practice Guide, as well as, to help inform the mandatory training. Partnering with policy staff (DV and Safety) was the Alliance to provide the contract for Anne Ganley PhD, a national subject matter expert to contribute to the curricula development and implementation of the training content. Feedback was collected from staff through a Domestic Violence workgroup that supported improvements on the training content and delivery. <br><br> WACADV has a board of directors that includes representatives from member programs and communities. WACADV was founded by survivors and their allies. Also participating in the work was Tracy Parker at Save House (Federally funded program). <br><br> The DCYF Domestic Violence policy was updated to reflect the work completed by the Domestic Violence workgroup and incorporated their feedback and input. <br><br> Training continues as needed across the state. |
|---|---|

| 2015-2019 CFSP STATEWIDE SAFETY ACTION PLAN | | | | |
|---|---|---|---|---|
| **2017 APSR Update:** | Training was developed and continues as needed across the state since March 2017. *This action item is the same as safety strategy 2.1* | | | |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 3.3 | Policy regarding the Plan of Safe Care has been enhanced by creating and requiring a form for caseworkers across programs to use when they have a case involving a substance affected newborn. | For staff to have a useable document that outlines all of the federal requirements for the Plan of Safe Care related to child safety and medical needs of the infant. The form is an NCR form and is able to be left with the family and documented in FamLink. | September 2016 | December 2017 | Complete – March 2017 |

| **2017 APSR Update:** | Policy completed and practice implemented and in use across the state in March 2017. *This action item is the same as safety strategy 2.2* |
|---|---|

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 3.4 | Regional implementation of Safety Boot Camp, which was developed and rolled out statewide during CY 2016. Regional QPS and CPS Lead staff will continue to roll out the training to new and existing caseworkers as needed across the regions. | Ongoing development of staff skills related to assessing child safety, dynamics of child abuse and neglect from a medical perspective, and lessons learned. | January 2017 | December 2016 | Complete and Ongoing |

| **2017 APSR Update:** | This was completed and regional staff offer the training as needed since December 2016 |
|---|---|

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 3.5 | Update Regional Core Training for new staff to develop an enhanced focus on child safety. | Development of skills related to assessing child safety for new staff. | January 2017 | December 2017 | Complete |

| **2018 APSR Update:** | Over the last year, DCYF Child Welfare and the Alliance have been working to redesign the RCT curriculum for newly hired social support specialists. The primary reasons identified for the redesign included concerns about newly-graduated caseworkers lacking field readiness. The redesigned RCT was launched in November 2018 and included practical training on: completing assessments, case planning, service delivery, FamLink, working with families and family support networks, use of the Shared Planning Model to engage families in case planning, placement decisions, court process and procedures, and safety and permanency planning. |
|---|---|
| **2017 APSR Update:** | In progress |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 3.6 | Update the Structured Decision Making Risk Assessment (SDMRA) guide and policy. | Increase staff ability to assess risk along with child safety and update with differential response language. | August 2017 | December 2018 | Work moved to PIP/CFSP |

| **2019 APSR Update:** | From feedback from our CFSR we are reassessing our SDM tools that provide risk assessment in CPS Investigations and CPS FAR. This will continue in the PIP. |
|---|---|
| **2018 APSR Update:** | In progress; waiting for funding approval and development of training curriculum |

| 2015-2019 CFSP STATEWIDE SAFETY ACTION PLAN | | | | | |
|---|---|---|---|---|---|
| 2017 APSR Update: | In progress | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 3.7 | Update CPS in-service curriculum and training. | Increase CPS staff skill to offer investigation and FAR responses, assess child risk and safety, offer appropriate services to safely maintain children in their home | January 2017 | September 2017 | Complete – June 2018 |
| 2018 APSR Update: | CPS in service curriculum was completed June 2018. Stakeholders included: HQ staff, regional and office level staff statewide. Feedback from LE and CACs were also gathered. | | | | |
| 2017 APSR Update: | In progress | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 3.8 | Develop and implement health and safety report for in-home cases | Consistent monthly visits with children | January 2017 | August 2017 | Complete – August 2017 |
| 2018 APSR Update: | FVS in home cases health and safety report completed August 2017. Stakeholders included: HQ and Regional program staff and office level staff statewide. *This action item is the same as safety strategy 1.4* | | | | |
| 2017 APSR Update: | Pilot in progress | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 3.9 | Create a practice guide for CPS investigators and CPS FAR caseworkers that includes practice competencies, critical thinking processes, policies and laws related to child safety. | Draft guide is available and disseminated to staff | January 2016 | December 2017 | Discontinued |
| 2019 APSR Update: | This is being addressed through 2.3 | | | | |
| 2018 APSR Update: | Stakeholders input from action item 1.3 was utilized to develop the CPS investigators and CPS FAR practice guides. External stakeholders include Prosecutors, Law Enforcement, Other First Responders (EMT), and Parent Allies through meetings with local Safety program staff and the Children's Advisory Center. This is still in progress and has been discussed and reviewed at statewide CPS Leads meeting for development. *This action item is the same as safety strategy 2.2* | | | | |
| 2017 APSR Update: | Draft has been developed, policy changes need to be added | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 3.10 | Alliance coaches will participate in the statewide Safety Boot Camp trainings to further develop safety assessment knowledge and skills. | 100% of Alliance Coaches will participate in Safety Boot Camp training. | April 2016 | December 2016 | Complete - December 2016 |

## Permanency Outcomes 1 and 2

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

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

Table 12.

| PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS | | | | | | | |
|---|---|---|---|---|---|---|---|
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 27% | 29% | 30% | 40% | 17% | 32% | 23% |
| CY2017 | 24% | 29% | 26% | 42% | 9% | 21% | 21% |
| CY2018 | 18% | 19% | 33% | 33% | 9% | 23% | 15% |
| Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

The Department determined that performance related to permanency outcome 1 is an area requiring continued improvement; specifically, the timely achievement of reunification, guardianship, adoption, or other planned permanent living arrangements. Historically, Washington has struggled with achieving timely permanency and performance continues to decrease.

Table 13.

| ITEM 4: STABILITY OF FOSTER CARE PLACEMENT | | | | | | | |
|---|---|---|---|---|---|---|---|
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 73% | 83% | 80% | 70% | 69% | 79% | 67% |
| CY2017 | 68% | 69% | 59% | 58% | 70% | 66% | 83% |
| CY2018 | 66% | 65% | 67% | 67% | 67% | 73% | 62% |
| Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

Approximately two thirds of the target children in cases reviewed by the CCRT during calendar year 2018 maintained stability in their living situation during the period under review. Statewide performance has continued to decrease since calendar year 2016.

An analysis of cases reviewed in calendar year 2018 found that 56% (76 out of 129) of children experienced only one placement setting during the period under review. For children who experienced more than one placement setting in calendar year 2018, 22% (28 out of 129) had two placements, while the remaining 19% (25 out of 129) of children experienced three or more placements.

There has been continued slow growth in licensed foster homes since fiscal year 2015. At the end of fiscal year 2018 there were 5,109 licensed foster homes, an increase of 152 licensed foster homes over the end of fiscal year 2017.[10] However, there remains unmet need for foster home placements to meet the unique needs of some subgroups of children and youth.

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[10] Data Source: DCYF Agency Performance, https://www.dcyf.wa.gov/practice/oiaa/agency-performance/resilience

Lack of placement resources is a theme in offices that have a lower percentage of placement stability. In certain areas of Washington, the limited number of available foster homes impacts the caseworker's ability to ensure the best match for the child is found to support placement stability.

Another factor impacting placement stability is adequate number of foster homes for children with high behavioral needs. When placements were unavailable for children with high behavior needs, short-term placements, including hotel stays may be used. The use of hotels creates instability that can escalate the child's behaviors resulting in increased difficulty of finding an appropriate placement.

Factors affecting placement stability are regularly discussed at the monthly CFWS/Permanency Leads meeting, which includes representatives from all of the regions, headquarters, and the Alliance. The CFWS/Permanency Leads have indicated that some of the barriers to stable placements are the inconsistent use of Evidence Based Practices (EBP); a lack of time to mindfully plan moves due to workload and resource limitations. In addition, challenges related to kinship care placements include home studies not being referred timely to the Licensing Division, length of time time to complete a home study or a home study being denied.

DCYF supports early concurrent planning and the permanent placement of children by minimizing placement moves for children in out-of-home care, partnering with parents and caregivers to support timely permanency, and shared decision making. DCYF continues to actively focus on increasing the number of foster homes, support to caregivers, and education to all caregivers in order to address the issue of lack of foster homes or placement resources. Adequate placement resources allow DCYF to match children with homes that are more likely to provide stability and be a good match to the child's needs. One of the strategies has been to increase appropriate kinship placement as early as possible after the child's OPD. Data suggests children are more likely to be stable when placed with kin. In an effort to accomplish this a relative search is automatically completed when a child enters care. At the end of fiscal year 2018, 45.2% of all children and youth under 18 in out-of-home care were placed with kin or relatives.

Table 14.

| ITEM 5: PERMANENCY GOAL FOR CHILD | | | | | | |
|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | |
| All permanency goals were appropriate to the child's needs, the circumstances of the case, and were established timely. | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 97% | 91% | 100% | 100% | 95% | 92% | 98% |
| CY2015 | 91% | 93% | 83% | 94% | | 94% | 84% |
| A petition to terminate parental rights was filed timely or compelling reasons were documented as to why a petition was not filed. | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 77% | 59% | 82% | 90% | 63% | 93% | 76% |
| CY2015 | 69% | 79% | 73% | 67% | | 73% | 53% |
| On Site Review Instrument | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 63% | 60% | 57% | 80% | 57% | 74% | 57% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| CY2017 | 68% | 75% | 80% | 89% | 44% | 66% | 62% |
| CY2018 | 57% | 54% | 67% | 63% | 43% | 73% | 65% |

*Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team*

In calendar year 2018, the Department established an appropriate permanency goal for the child in a timely manner statewide in 57% of the cases reviewed, which is a decrease in performance from previous reporting periods.

Washington's CCRT found that the child's permanency goal(s) were specified in the case file in 100% reviewed cases. CCRT results noted that statewide 74% of the cases reviewed had all permanency goals established in a timely manner during the period under review and 75% of the permanency goals were appropriate to the child's needs and circumstances of the case. Timeliness refers to establishment of the initial permanency goal no later than 60 days from the child's OPD. It also refers to the changing of a child or youth's permanency goal throughout the case.

Statewide there appears to be more consistent practice around timely identification and appropriateness of the child's permanency goals. Additional analysis of results indicates that only 25% of applicable cases had timely filing of a petition to terminate parental. For the cases where a termination petition was not been filed, 63% had a compelling reason documented within the case file. The challenges experienced regarding timely termination filings is statewide. Barriers include a lack of awareness about when permanency goals can be changed and caseworkers waiting to update permanency goals until there is a hearing. Likewise, newer staff may not have the same breadth of experience to inform their perspective and values around permanency. New caseworkers are not always prepared to articulate reasons why they believe a specific permanent plan is in the best interest of the child. Likewise, it is a challenge to learn and retain the breadth of policy and practice knowledge that impact permanency outcomes. This is exacerbated by competing priorities, turnover, and large caseloads.

Table 15.

| ITEM 6: ACHIEVING REUNIFICATION, GUARDIANSHIP, ADOPTION, OR OTHER PLANNED PERMANENT LIVING ARRANGEMENT | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| Reunification was a current permanency goal and return home occurred or was likely to occur timely. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 90% | 100% | 76% | 100% | 83% | 92% | 86% |
| CY2015 | 78% | 76% | 61% | 89% | | 91% | 69% |
| Adoption was a current permanency goal and adoption occurred or was likely to occur timely. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 76% | 45% | 85% | 85% | 90% | 78% | 70% |
| CY2015 | 69% | 53% | 100% | 79% | | 90% | 56% |
| Third party custody or guardianship was a current permanency goal and third party custody or guardianship occurred or was likely to occur timely. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 77% | 100% | 50% | 89% | 75% | 50% | 90% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| CY2015 | 20% | 33% | 12% | 100% | | | 17% |

Long Term Foster Care or Independent Living was a current permanency goal and concerted efforts were made to achieve a stable and lasting living arrangement.

| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|---|---|---|---|---|---|---|---|
| CY2014 | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| CY2015 | 82% | 67% | 50% | 100% | | 100% | 100% |
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 48% | 49% | 50% | 58% | 31% | 37% | 53% |
| CY2017 | 38% | 42% | 48% | 58% | 19% | 42% | 34% |
| CY2018 | 29% | 33% | 50% | 38% | 13% | 23% | 38% |

*Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team*

Statewide, concerted efforts were made, or were being made, to achieve the child's identified permanency goal timely in 29% of the cases reviewed during calendar year 2018. Reunification accounted for 44% of the identified permanency goals, adoption was the permanency goal in 40% of cases, and guardianship accounted for 13% of the reviewed cases. Five cases had the permanent goal of other planned permanency living arrangement. At the time of the case review, 32% of children or youth were in out-of-home care 13-24 months.

DCYF partners with Washington State Center for Court Research and utilizes their data which is matched from FamLink with court data from SCOMIS. This data provides monthly and/or quarterly data by county on fact-findings, review hearings, permanency hearings, type of permanency achieved, relinquishments, and termination of parental rights. In spite of increased reports at the front end of the system, DCYF has continued to work in collaboration with the Courts toward safe permanency as quickly as possible for children who must be placed away from their families. As seen in Figure 5, reunifications decreased in the third quarter of 2018, but increased by 2.2 percent for the year. Adoptions decreased slightly from 2017 to 2018, as did the total number of children exiting care.

Figure 5.
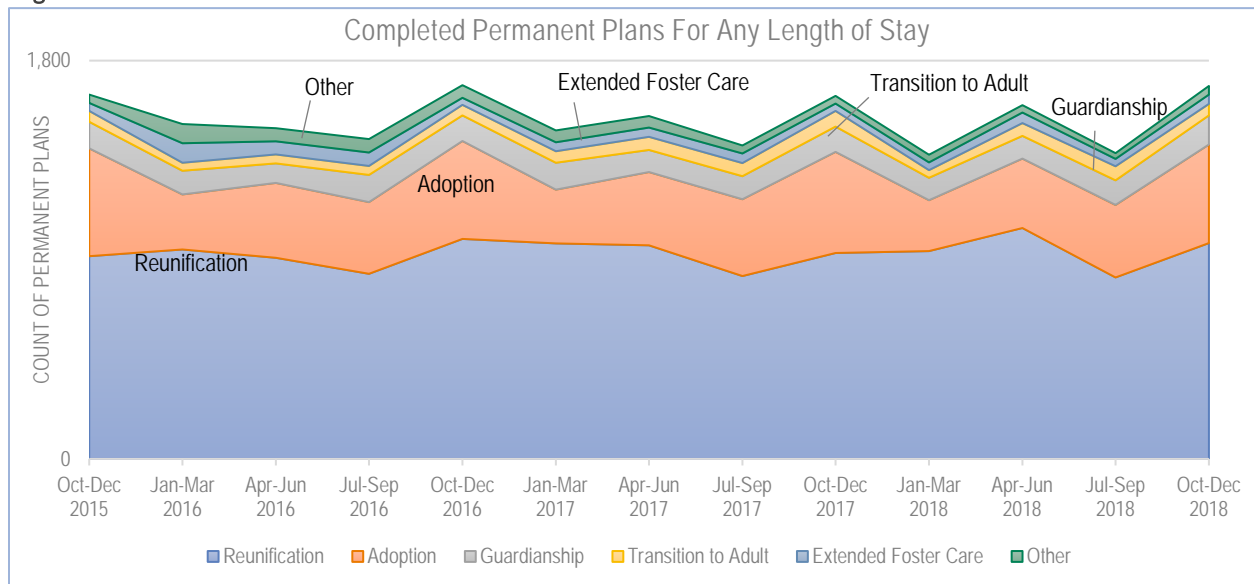


The Washington State Legislature has set a goal of achieving permanency for children in out-of-home care within 15-months of entering care. In calendar year 2018, 88% of children in out-of-home care less than 15-months exited care due to reunification and is a 3% increase from the previous calendar year.

Based on FamLink data, the number of finalized adoptions decreased 8% between calendar year 2015 and 2016. In calendar year 2017, 1,384 adoptions were finalized statewide while in calendar year 2018, 1,313 adoptions finalized were finalized in 2018.

Legally free data from FamLink is reviewed periodically to identify barriers to adoption completion and timely permanency. As of December 31, 2018, 1,898 children and youth were legally free statewide. Table 16 identifies number of legally free children by region. 737 of those children have been legally free less than six months. Statewide, 33.8% of children and youth (642 out of 1,898) have been legally free for over a year. This is a slight increase from 2017.

Table 16.

| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|---|---|---|---|---|---|---|---|
| LEGALLY FREE CHILDREN AND YOUTH BY REGION | | | | | | | |
| CY2018 | 1,898 | 378 | 127 | 302 | 397 | 311 | 383 |

Statewide, 642 children were legally free over 12-months with children 11-years old and under accounting for 46% of legally free children (298 out of 642) and the remaining 54% (344 out of 642) accounting for youth 12 to 17-years old. DCYF is unable to identify the percentage of legally free children and youth in permanent placements through Famlink, however, through periodic reviews completed in 2018 for this population indicates that approximately 33% of children and youth legally free over one year are not in permanent placements with the majority of this youth ages 12 to 17-year old.

DCYF currently relies on data from Washington State Center for Court Research to gather guardianship and reunification information. Based on Washington Court data, in calendar year 2018, 176 guardianships were established in juvenile court. In calendar year 2018, 91 Title 13 guardianships with subsidy were completed and these are limited in Washington because

subsidy is only available to 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. Cases experience delays in permanency because kinship caregivers must be foster licensed and have placement in their licensed home for a minimum of six months. The decision of guardianship as a permanent plan is typically determined at twelve months from out-of-home placement, and then the relative is requested to start the licensing process which can take up to six additional months. There are relatives who struggle to meet foster license regulations although Washington State does have a relative waiver that can be used for certain licensing requirements. There is no state funding of R-GAP subsidies; therefore, only families that meet the federal requirements are eligible.

## Child and Family Services Review Data Profile

Washington reviewed the federal data indicators that impact Permanency Outcome 1. As of January 2019, based on the risk standardized performance, Washington is not achieving the national performance on four of the five federal permanency data indicators. Washington's Priority Performance Measures logic model identifies the following process measures influence the Permanency Outcome 1 federal data indicators.

- CPS intakes resulting in an out-of-home placement;
- Children placed with relatives for at least 75% of time in care;
- Maintaining regular parent-child visits;
- Children in placement the full month who received a health and safety visit;
- Parents who received a monthly visit from their social worker;
- Dependent children with a termination of parental rights within 15 months of placement entry; and
- Children adopted within six months of becoming legally free.

Table 17.

| CFSR ROUND 3 FEDERAL DATA INDICATOR: PLACEMENT STABILITY (MOVES/1,000 DAYS IN CARE) | | | | | | |
|---|---|---|---|---|---|---|
| | Apr 2015-Mar 2016 | Oct 2015-Sept 2016 | Apr 2016-Mar 2017 | Oct 2016-Sept 2017 | Apr 2017-Mar 2018 | Oct 2017-Sept 2018 |
| National Performance (at or below) | 4.44 | 4.44 | 4.44 | 4.44 | 4.44 | 4.44 |
| Washington Risk Standardized Performance | 6.82 | 6.87 | 6.38 | 6.98 | 6.95 | 6.71 |
| Washington Observed Performance | 6.19 | 6.26 | 5.71 | 6.30 | 6.28 | 6.04 |

*Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019*

*National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".*

*Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.*

*Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.*

Washington is not meeting national performance relating to placement stability for either the federal data indicator or the CFSR item. Results from the 2018 case review found that only 35% of placement changes were planned by the agency in an effort to achieve the child's

permanency goal or to meet the child's needs. Information gathered from the case reviews indicated issues regarding the matching of appropriate caregiver to the child. Information provided by caregivers interviewed for the case review process noted that many times the child's behaviors were too severe to maintain placement in the home. Appropriate services may have been offered and provided to the caregiver, however the caregiver did not want to maintain the placement any longer.

Table 18.

| CFSR ROUND 3 FEDERAL DATA INDICATOR: PERMANENCY IN 12-MONTHS FOR CHILDREN ENTERING FOSTER CARE | | | | | | |
|---|---|---|---|---|---|---|
| | Apr 2013-Mar 2014 | Oct 2013-Sept 2014 | Apr 2014-Mar 2015 | Oct 2014-Sept 2015 | Apr 2015-Mar 2016 | Oct 2015-Sept 2016 |
| National Performance (at or below) | 42.7% | 42.7% | 42.7% | 42.7% | 42.7% | 42.7% |
| Washington Risk Standardized Performance | 36.8% | 36.6% | 34.7% | 32.6% | 33.0% | 34.7% |
| Washington Observed Performance | 36.7% | 36.5% | 34.4% | 32.2% | 32.6% | 34.3% |
| CFSR ROUND 3 FEDERAL DATA INDICATOR: PERMANENCY IN 12-MONTHS FOR CHILDREN IN FOSTER CARE FOR 12 TO 23-MONTHS | | | | | | |
| | Apr 2015-Mar 2016 | Oct 2015-Sept 2016 | Apr 2016-Mar 2017 | Oct 2016-Sept 2017 | Apr 2017-Mar 2018 | Oct 2017-Sept 2018 |
| National Performance (at or below) | 45.9% | 45.9% | 45.9% | 45.9% | 45.9% | 45.9% |
| Washington Risk Standardized Performance | 40.3% | 38.8% | 36.8% | 36.0% | 34.5% | 35.0% |
| Washington Observed Performance | 43.3% | 41.5% | 39.5% | 38.6% | 36.9% | 37.8% |
| CFSR ROUND 3 FEDERAL DATA INDICATOR: PERMANENCY IN 12-MONTHS FOR CHILDREN IN FOSTER CARE 24-MONTHS OR MORE | | | | | | |
| | Apr 2015-Mar 2016 | Oct 2015-Sept 2016 | Apr 2016-Mar 2017 | Oct 2016-Sept 2017 | Apr 2017-Mar 2018 | Oct 2017-Sept 2018 |
| National Performance (at or below) | 31.8% | 31.8% | 31.8% | 31.8% | 31.8% | 31.8% |
| Washington Risk Standardized Performance | 32.7% | 32.0% | 31.9% | 32.1% | 31.0% | 30.0% |
| Washington Observed Performance | 41.4% | 41.5% | 41.1% | 42.0% | 40.4% | 39.2% |

*Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019*

*National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".*

*Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.*

*Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator*

Permanency in 12-months for Children Entering Out-of-Home Care measure provides a focus on DCYF responsibility to reunify or place children in safe and permanent homes as quickly as possible after removal. The national standard for this statewide data indicator is at or above 42.7%. Washington's risk standardized performance for children who were placed into out-of-home care October 1, 2015 to September 30, 2018 was 34.7%.

Permanency in 12-months for Children in Care Between 12 to 23-months provides a focus on the responsibility to reunify or place children in safe and permanent homes timely, if not

achieved in the first 12-months of out-of-home care. The national standard for this statewide data indicator is at or above 45.9%. Washington's risk adjusted performance for the October 1, 2017 to September 30, 2018 reporting period was 35.0%, a minor increase from the previous reporting period.

For children in out-of-home care 24-months or more between October 1, 2017 to September 30, 2018, permanency in 12-months was achieved in 30.0% cases based on Washington's risk adjusted performance, which is statistically worse than the national performance and an increase from the previous reporting periods.

Table 19.

| CFSR ROUND 3 FEDERAL DATA INDICATOR: RE-ENTRY TO FOSTER CARE | | | | | | |
|---|---|---|---|---|---|---|
| | Apr 2015-Mar 2016 | Oct 2015-Sept 2016 | Apr 2016-Mar 2017 | Oct 2016-Sept 2017 | Apr 2017-Mar 2018 | Oct 2017-Sept 2018 |
| National Performance (at or below) | 8.1% | 8.1% | 8.1% | 8.1% | 8.1% | 8.1% |
| Washington Risk Standardized Performance | 8.1% | 6.3% | 5.8% | 7.2% | 7.1% | 7.0% |
| Washington Observed Performance | 6.7% | 5.1% | 4.7% | 5.9% | 5.7% | 5.6% |

*Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019*

*National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".*

*Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.*

*Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator*

This statewide data indicator enables the Children's Bureau and DCYF to monitor the effectiveness of programs and practice that support reunification and other permanency goals for children who exit out-of-home care by monitoring for children who re-enter out-of-home care within 12-months of discharge. The national standard is 8.1% or less of children who exit care, re-enter care within the following 12-months.

Washington's risk standardized performance for children who re-enter care within 12-months of discharge October 1, 2017 to September 30, 2018 is 7.0% which is statistically no different than the national performance. Washington's observed performance for the same time frame is 5.6%.

Table 20.

| PERMANENCY OUTCOME 1 ASSESSMENT OF PERFORMANCE | |
|---|---|
| Strengths | Areas Needing Improvement |
| • Services are available to support caregivers.<br>• Licensing Division has recently hired additional staff to work on completing home studies. This will assist in ensuring that children are supported and safe in placement which contributes to stability. | • Lack of placement resources across the majority offices statewide. In certain areas of Washington, the limited number of available placement options impacts DCYFs ability to ensure the best placement match for the child is found to support stability.<br>• A lack of training of relatives who are unprepared for the behaviors associated with trauma.<br>• Proper financial support to foster parents and kinship caregivers.<br>• Home studies are not being referred as early as needed. This leads to a lack of assessment of the needs of caregivers, which in turn can disrupted placement stability. |

## Permanency Outcome 1 Implemented Practice Improvements

- In 2015, an evaluation regarding utilization of permanency roundtables was completed and and a decision was made to focus permanency efforts on improving and strengthening the use of Shared Planning Meetings early and throughout the life of a case. Department field staff participated in a Lean A3 process across the state to address barriers to using Shared Planning Meetings. This event identified a need for a shared planning policy update; training for staff and community stakeholders; and an internal look at the processes in field offices that support an understanding of expectations and the value the meetings offer families statewide.

- In June 2016, a joint communication from the Attorney General's Office (AGO), Child Welfare Programs, and Director of Field Operations, was disseminated to staff. This memo clarified the importance of considering all permanency planning options and making permanency planning recommendations based on the child's best interest.

- In conjunction with the joint communication, DCYF initiated a comprehensive training plan to educate staff on guardianships as well as other permanency options. As a result, 10 webinars were held between April 2016 and November 2016 which trained staff on permanency considerations and the difference between adoption and guardianships. AAG, CASA/GAL providers, tribal representatives and caseworkers were invited to the webinars to ensure community partners were educated on permanency.

- In October 2016, the guardianship policy was modified to strengthen and reiterate the importance of considering the child's best interest, as well as, a variety of other case planning items.

- In 2015 DCYF and AOC formed the Permanency CQI workgroup with a goal to increase the number of children who achieve timely reunification/permanency. In addition to DCYF and AOC staff, the workgroup consisted of representatives from the judiciary, Tribes, OPD, Washington State CASA, CITA, OCLA CRP, Casey Family Program, and Attorney General's Office. The group reviewed both court and DCYF data regarding permanency and determined the following team tasks:
  - Identify contributing factors to racial disparities in system processes.
  - Develop and finalize a permanency CQI plan.

- — Identify and develop key permanency data measures for ongoing progress and performance review. Include ability to break down by race/ethnicity in all measures.
- — Identify practice improvements to support timely filing/compelling circumstances.
- — Establish and act on interim targets for performance improvement.
- — Foster and maintain cross-agency perspective on permanency and permanency improvements.
- — Make recommendations as indicated.

- In partnership with local courts, the Permanency CQI workgroup developed a format and held nine permanency summits between 2016 and 2018. The criteria for choosing permanency summit locations included counties with the longest length of stay that also lacked system improvement resources, such as state FJCIP grants and CITA Tables of Ten stakeholder groups. The first Permanency Summit was held in September 2016 in Clark and Cowlitz, followed by Grant and Benton in 2017, and Okanogan and Kittitas in 2018.The CQI workgroup co-chairs facilitated discussions with the local stakeholder groups to share information and plan for the summit. The summits culminated in the creation of action plans for each county, and the CQI workgroup tracked the progress of the action plans.

- For youth 14 years old, DCYF continues to focus developing transition plans that support the youths' desires and goals for future planning. This also includes the youth's ability to invite two supports he or she chooses to his or her shared planning meetings.

- Beginning in 2017, in collaboration with Casey Family Services is conducting a Rapid Permanency Review project. The aim of these reviews is to identify systemic barriers that impact timely permanency as well promising practices. Cases being reviewed include reunification cases in which a child has been returned home on a trial return home for eight months or more and dependency has not been dismissed. During the pilot of the Rapid Permanency Review, another population reviewed were legally free cases in which a child has been legally free for six months or more and in their current placement for six months or more without permanency having been established. After analysis of the results, it was determined that the most appropriate population to review going forward would be children ages 2 to 5 who have been in care for two years without achieving permanency. We believe that information from this project with help us to better identify barriers and tailor our responses for the greatest impact.

- In June 2016, DCYF initiated statewide monthly adoption consortium meetings target legally free children and youth who are not in a permanent placement. Consortiums are an opportunity for adoption caseworkers, CFWS caseworkers, Licensing Division licensors, Guardian ad litem, CASA, private agency workers and families to present information on children and youth who are in need of permanent homes and families with approved home studies who are awaiting placements. Video conference sites are located in offices across the state and a conference line is available for those private agencies and families who reside outside the state of Washington.

- Consortium events have a training component for staff. Approximately 100 staff from adoptions, CFWS, DLR and adoption support participated in each event and received training on topics including: permanency considerations, team building, and best practice ideas when assessing families for placement. As a result of the consortiums:

- — Region 1 has reported an increase in home studies of families interested in placement of legally free children as a result of consortiums and has reported cases of successful placements. The ability to connect with agencies across the state, and out-of-state, has contributed to placement increase.
- — Region 2 and Region 3 also report placement matches as a result of consortium presentations.

Current data resources do not allow for tracking of matching results and outcome reports rely on anecdotal data. DCYF intends to explore an objectivemethod for evaluating the impact of the consortium events.

- In 2017, a workgroup was established to validate and correct all guardianship and non-parental custody agreement data entered on the legal tab in FamLink. As a result of this work, the available guardianship data has improved validity.

- In an effort to provide some level of placement stability for children or youth with high behavior needs, a specialized contract was created to develop emergency placements. Under this contract 16 beds are available where these children can be placed for up to 15 days.

- Statewide and regional efforts to support caregivers and positively affect placement stability include:
  - — Ongoing trainings, in-person and online, that are offered to caregivers.
  - — Use of recruitment and retention liaisons to support caregivers.
  - — Quarterly 1624 meetings between foster parentsand the Department to identify and address areas of improvement for caregiver retention and support.
  - — EBP being offered within the caregiver's home to support the placement such as Family Functional Therapy (FFT) and Promoting First Relationships (PFR).

- Statewide training that highlights how and where to document permanency goals and legal actions in FamLink.

- In response to requests from the field for training on permanency, in 2017 the statewide Adoption and Guardianship Program Manager trained staff in 13 offices across the state about concurrent planning and the permanency options of reunification, adoption, guardianship and non-parental custody agreements. This training was also provided at the statewide CASA conference, the Children's Justice Conference, a Region 1 South CASA organization, to Attorney General, and the CWTAP program .

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Table 21.

| PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN | | | | | | | |
|---|---|---|---|---|---|---|---|
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | Case review data not available for this time period. | | | | | | |
| CY2015 | | | | | | | |
| CY2016 | 53% | 51% | 67% | 60% | 33% | 42% | 58% |
| CY2017 | 63% | 65% | 63% | 89% | 56% | 53% | 69% |
| CY2018 | 63% | 58% | 83% | 75% | 70% | 59% | 53% |
| Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

The Department determined that performance related to permanency outcome 2 is an area of continued improvement, specially regarding visits with parents and siblings, as well as, parents relationship with child in foster care.

Table 22.

| ITEM 7: PLACEMENT WITH SIBLINGS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | Case review data not available for this time period. | | | | | | |
| CY2015 | | | | | | | |
| CY2016 | 74% | 71% | 87% | 81% | 86% | 44% | 69% |
| CY2017 | 83% | 74% | 89% | 100% | 86% | 71% | 89% |
| CY2018 | 79% | 82% | 86% | 100% | 79% | 88% | 44% |
| Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

CCRT data from calendar year 2018 found that in 79% of cases reviewed, the identified child was placed with siblings who also were in out-of-home care. When siblings were not placed together (50 children or youth) during the entire period under review, documentation 66% reflected a valid reason for the child's separation from the siblings such as large sibling group and child safety. Statewide performance has ranged from 74% to 83% the last three years.

Visit plans are required to be updated every 6 months according to policy. The supervisor and area administrator must approve all visit plans. When a contracted provider provides visits, they must havea new visit referral every 6 months in order to continue to provide visitation services. Visit plans are required even if a parent is not visiting and visit plans may also be used for the sole purpose of sibling visitation. This ensures that the caseworker is reminded at least every six months to further examine barriers to siblings being placed together. When siblings are not placed together, caseworkers are required to document an exception within FamLink in the visit plan page.

Identified barriers to placing siblings together includes: lack of placement resources for sibling groups, caseworkers don't want to disrupt and move child to place siblings together, large sibling groups, and emergent need for placement. Regional efforts are ongoing to recruit

families willing to serve as a placement resource and adopt sibling groups, if reunification is not achieved.

Table 23.

| ITEM 8: VISITING WITH PARENTS AND SIBLINGS IN FOSTER CARE | | | | | | | |
|---|---|---|---|---|---|---|---|
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | Case review data not available for this time period. | | | | | | |
| CY2015 | | | | | | | |
| CY2016 | 59% | 65% | 82% | 61% | 51% | 31% | 56% |
| CY2017 | 63% | 64% | 62% | 76% | 58% | 56% | 74% |
| CY2018 | 62% | 64% | 75% | 63% | 63% | 61% | 45% |
| *Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

Child visits with parents and siblings in out-of-home care was found to be sufficient to maintain or promote the continuity of the relationship in 62% of the cases reviewed in calendar year 2018. Concerted efforts were made to ensure the frequency of visitation with the mother in 75% of the cases and the quality of visitation in 91% of the cases was sufficient. The frequency of visits with the father was sufficient in 69% of the cases and visitation quality was sufficient to maintain or promote the continuity of the relationship in 92% of the cases reviewed. The frequency of sibling visits was sufficient in 63% of the cases. For the sibling visits that did occur, 89% of cases, the quality of visitation between the siblings was sufficient to maintain or promote the continuity of their relationship. Additional work is needed to ensure the frequency of visits with fathers and siblings is sufficient to maintain or promote the continuity of the relationship.

Currently there is not a uniform method of data entry in FamLink permitting the extraction of qualitative data related to visits. Visits can be supervised or facilitated by a visit contractor, approved kin, the child's caregiver or caseworker. When visits are conducted by a contractor, the caseworker is able to upload the visit report into FamLink in the file upload section. For visits conducted by caregivers or kinship providers, details are captured during monthly health and safety visits and documented in a case note in FamLink. Documentation of visits may not happen at all and the quality of the documentation is inconsistent.

An additional challenge for kinship care providers is around the initial steps taken to explain expectations and needed actions around visits. Across the state, caseworkers report that relatives frequently do not understand their role or the expectations of them during visits. Unclear expectations and roles layered with complex family dynamics can cause some kinship caregivers to be reluctant around direct involvement with visitation.

The child's placement location can have a direct impact on the frequency of visits. While the department makes concerted efforts to place children in close proximity to their parents, the current shortage of placement resources has caused a number of children to be placed with caregivers further away from the parents' location. This, in turn, has created transportation challenges that impact visit frequency. When developing visitation plans, caseworkers must consider the duration of transportation. Caseworkers express concern about the impacts on the child when there are multiple long car rides in a week. This is further complicated by the child's age and if they have special physical or behavioral health care needs. Some of the concerns identified include impacts on the child's education through school day disruptions and limiting the child's ability to engage in extracurricular events.

DCYF is currently reviewing opportunities to enhance early visits and broaden the scope of supports available in visits. These efforts would be aimed at changing the way providers approach families involved in visits and would include enhanced coordination and engagement. Coordination will include identification of natural supports for visits such as kin who can help supervise visits as well as other individuals who may be able to provide transportation to visits. Providers will also be looking to hold visits in locations that are known and familiar to the family. Additionally, there is added emphasis on providing foster parent opportunities to determine what role they would like to play in visits. Engagement efforts will be focused on providing parents clear, up front information about expectations related to visits, offering concrete supports to help parents with transportation and food during visits, and supporting parents in planning for visits. In addition to DCYFs internal efforts with providers, we are also working with local child welfare advocacy groups to promote visits that support families to have successful early visits. Other strategies that are being evaluated include the introduction of parent coaching and the creation of visit settings that allow for multiple monitored visits and more natural settings.

Table 24.

| ITEM 9: PRESERVING CONNECTIONS | | | | | | |
|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | |
| Both sides of the family were asked if the child had Indian ancestry. | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 78% | 69% | 88% | 85% | 72% | 62% | 84% |
| CY2015 | 74% | 80% | 65% | 84% | | 63% | 72% |
| The Tribe(s) was contacted to determine the child's Indian status. | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 75% | 68% | 79% | 71% | 83% | 68% | 85% |
| CY2015 | 70% | 74% | 62% | 82% | | 56% | 79% |
| There was ongoing consultation and collaboration with the child's Tribe(s) in case planning. | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 86% | 100% | | 83% | 94% | 57% | 100% |
| CY2015 | 87% | 100% | 92% | | | 20% | 100% |
| On Site Review Instrument | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 81% | 80% | 90% | 88% | 71% | 70% | 82% |
| CY2017 | 83% | 86% | 77% | 95% | 93% | 74% | 76% |
| CY2018 | 79% | 76% | 67% | 88% | 79% | 77% | 86% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | |

DCYFs performance regarding concerted efforts to maintain important connections the child had prior to his or her placement was a strength in 79% of the cases reviewed in calendar year 2018. Performance has decreased from the previous reporting periods. Important connections include maintaining the child in the same school the child attended prior to placement in out-of-home care, connections with siblings who are not in out-of-home care, connections with

extended family members, and maintaining the child's connection to the neighborhood, community, faith, language, tribe, and/or friends.

Multiple requirements are in place that reference preserving a child's connections to his or her neighborhood, community, faith, extended family, tribe, school and friends. Specifically, the Education policy requires that children and youth who enter out-of-home care have the right to remain at the school they were attending when they entered care, whenever it is practical and in the best interest of the child (RCW 74.13.550). Numerous permanency related trainings held in 2017 stress the importance of these ongoing connections and has encouraged caseworkers to shift perspective from only thinking about connections as placement resources to also considering their overall impact on child well-being.

Additionally, youth age 14 and older are encouraged to invite two support people of their choice. While these supports may be child welfare professionals, it is also likely that these individuals represent other connections. Participation in shared planning meetings strengthens their ability to support the youth and may encourage ongoing support based on raised awareness of the youth's needs. Finally, the placement priorities policy requires diligent efforts to identify and notify all grandparents, all adult relatives and tribe(s) of a child's entry into out-of-home care.

Case review results found that 90% of the cases reviewed in calendar year 2018, had a sufficient inquiry conducted with the parent, child, custodian, or other interested party to determine whether the child may be a member of, or eligible for membership in, a federally recognized Indian Tribe. When the child was a member of, or eligible for membership in, a federally recognized Indian Tribe, the tribe was provided timely notification of its right to intervene in any state court proceedings seeking an involuntary foster care placement or termination of parental rights in 75% cases statewide. CCRT found that when the child was a member of, or eligible for membership in a federally recognized Indian tribe, he or she was placed in out-of-home care in accordance with the placement preferences of the Indian Child Welfare Act or concerted efforts were made to place in accordance with placement preferences in 100% of the cases statewide.

DCYF continues to improve the process for contacting the identified tribes to determine membership or eligibility for membership. The Native American Inquiry Relative Seach (NAIR) unit sends two inquiries to identified out-of-state federally recognized tribes and three inquires to Washington state federally recognized tribes. If response is not received from the tribes, the assigned caseworker is responsible for making ongoing attempts to contact them to determine membership. Ongoing efforts are made to emphasize the importance of inquiring with families about tribal membership or eligibility for membership at every opportunity. Caseworkers are required by policy to complete the Indian Identity Request (DSHS 09-761) during initial contact with the parents on all screened-in cases for each child, including those not identified as victims and to routinely inquire with parents and relatives, as well, during shared planning meetings.

Table 25.

| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|---|---|---|---|---|---|---|---|
| ITEM 10: RELATIVE PLACEMENT | | | | | | | |
| CY2014 | Case review data not available for this time period. | | | | | | |
| CY2015 | | | | | | | |
| CY2016 | 67% | 86% | 66% | 62% | 66% | 60% | 65% |
| CY2017 | 70% | 76% | 70% | 78% | 57% | 71% | 72% |
| CY2018 | 77% | 80% | 90% | 82% | 76% | 73% | 71% |
| *Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

Calendar year 2018 case review found that in 51% of the cases reviewed, the child's current or most recent placement was with a relative (kinship care). Of those placements in kinship care, 85% were stable and appropriate for the child's needs. Performance has steadily improved since calendar year 2016.

Current state law defines a relative to include second cousins and persons of preceding generations such as great-great. It is not uncommon to have a single relative search result in hundreds of letters sent to persons who are unaware of their relation to this family or do not reside in the state or proximity of case services to provide support or placement. The Department is required to complete these searches for potential relatives within 30 days of a child's removal from home. In an effort to meet the 30-day requirement, the relative search unit has made adjustments to when the process is completed; however legal requirements are often unmet due to the volume of work and steps required to complete the process. A legislative proviso in 2018 brought more adequate staffing to the statewide relative search unit, growing a unit of six employees to a unit of ten. As the unit nears the 30-day mark there is discussion of completing formalized relative searches on all of the children in relative care in addition to those children we have been processing who are in non-relative care. The relative search unit also struggles with technology to effectively and timely complete their required work. The high volume of work related to relative searches is complicated by an inefficient way to enter results into FamLink which could require hundreds of clicks to enter results from one case search into FamLink.

Another area needing improvement relates to referrals being submitted once paternity has been established and/or confirmed. The department is not authorized to send letters to alleged parents. Once paternity is established, the caseworker must submit a relative search request to the statewide unit for the identified father. This is supported by policy and Fatherhood Engagement efforts of the Department.

The CCRT results noted that for children not placed with kinship, documentation regarding concerted efforts to identify, locate, inform, and evaluate maternal relatives was found in 64% and efforts to identify, locate, inform, and evaluate paternal relatives was noted in 63% of the cases.

DCYF continues to believe that much of the increase in kinship placement statewide is due to the emphasis on identifying and supporting kinship placements. This focus, in addition to prioritizing home studies for relatives, has positively impacted the rate of placement with kin.

Table 26.

| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|---|---|---|---|---|---|---|---|
| ITEM 11: RELATIONSHIP OF CHILD IN CARE WITH PARENTS | | | | | | | |
| CY2014 | Case review data not available for this time period. | | | | | | |
| CY2015 | | | | | | | |
| CY2016 | 40% | 30% | 52% | 34% | 27% | 24% | 54% |
| CY2017 | 59% | 62% | 53% | 63% | 50% | 65% | 67% |
| CY2018 | 60% | 63% | 57% | 25% | 69% | 59% | 56% |
| Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

Calendar year 2018, CCRT results confirmed that concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in out-of-home care and his or her mother and father is an area needing improvement. Statewide, 60% of cases were a strength; which is a 20% improvement since calendar year 2016.

Concerted efforts were made with the mother in 61% of cases reviewed and with the father in 58% of the cases. The CCRT noted the primary form of additional involvement between the child, mother, and father was through participation in school activities and case conferences, attending medical appointments with the child, or engaging in the child's after-school or sports activities.

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

Table 27.

| PERMANENCY OUTCOME 2 ASSESSMENT OF PERFORMANCE | |
|---|---|
| Strengths | Areas Needing Improvement |
| <ul><li>Relative Searches are being completed through a relative search unit which has recently received additional staff to complete the work.</li><li>Portions of the caregiver training is now available online which has increased the usage of these trainings.</li><li>A rate assessment study is currently being completed. This will likely give foster parents higher rates and rates that are more consistent to the child's needs, thus providing more support to the foster parent.</li><li>Relative placement is high which leads to higher rates of siblings being placed together.</li><li>When siblings are not placed together, DCYF has strong policies regarding contact between the siblings and regular decision points where reunification of siblings are looked at.</li><li>Evidence Based Practices are available to support caregivers so they are less likely to become overwhelmed.</li></ul> | <ul><li>To aid in the search for relatives, the Federal Parent Locator System (FPLS) administrator signed an agreement allowing access to the U.S. Department of Health and Human Services Administration for Children and Families Office of Child Support Enforcement database. While the agreement was signed in September 2014, access to this system continues to be pending with Washington Technology Solutions (WaTech).</li><li>Tracking visitation, including sibling visitation, is difficult. As a result, visits with siblings fall through the cracks.</li><li>Per policy, the subject of siblings being placed together who are living apart needs to be discussed and prioritized. This is not consistently occurring.</li><li>Caseworkers ability to follow up with relatives once they have been identified through the relative search process.</li><li>Initiating relative search at key points in the case, such as when paternity is established, when a permanent plan changes, when a child is not placed with a relative, and after a placement disruption</li><li>The Kinship Care Advisory Committee has identified the top three challenges or needs related to kinship care as:<ul><li>— Access to information relatives need at the time of placement including: financial supports, other resources, details about foster care licensing</li><li>— Training and coaching for relatives and youth soon after placement; consider requiring Kinship 101</li><li>— Barriers and issues in background check and home study processes. Need to identify and clarify areas for improvement and information sharing about and throughout the process.</li></ul></li></ul> |

Permanency Outcome 2 Implemented Practice Improvements

- In 2015 the centralized NAIR unit was formed to complete Indian ancestry searches and relative searches for children in out-of-home care. Despite the backlog of referrals, follow-up inquiry work has vastly improved and as a result every case referred includes two attempts to contact the identified Tribe(s). The unit continues to work on building capacity to meet the statewide need.

- The Shared Planning policy was updated in September 2015, adding the requirement formeetings every 6 months rather than once per year after the first Permanency Planning Review Hearing. Data reflects that this is an issue in practice and we have identified Shared Planning meetings be an area focused on using our Permanency From Day One grant.

- In October 2016 training for all caseworkers, included information around caseworker approval for sibling placement exceptions. This provided a reminder forthe majority of caseworkers that sibling placements are a priority, and if siblings cannot be placed together, where to document an exception to sibling placement within FamLink and who needs to approve the exception.

- The Sibling Placement policy was updated again in October 2017 to direct caseworkers to address placement of siblings at every shared planning meeting. Shared planning meetings cover a variety of topics and must occur at least every six months or more, depending on the circumstances of the case.

- In calendar year 2016, visit plans were integrated into FamLink. Caseworkers are required to document placement exceptions within the visit plan page of FamLink. The supervisor and area administrator must approve all visit plans and placement exceptions. With the change from paper plans to electronic plans, the caseworker is prompted to document the reasonable efforts made to place siblings together. Visit plans are required to be updated every six months according to policy and ensures that the caseworker is reminded to evaluate any barriers to sibling placement.

- The October 2016 policy roll-out included updated information for caseworkers on the change to completing the visit plan and placement exceptions approvals. All staff are required to attend policy roll-out training. With the policy being revised and part of the mandatory training, the vast majority of caseworkers were reminded that siblings placement is a priority. In addition, policy updates are available on the DCYF intranet for all caseworkers to view when a refresher is necessary.

- In July 2015, DCYF established a workgroup that includes DCYF staff and representatives of the AOC, OPD, AGO, CASA, Foster Care Providers and Liaisons, Parent Allies, and Partners for Our Children to update the Parent Child Visit policy, as well as review training and other available tools to improve the quality of visits. Additional feedback was gathered from field staff and the Workload Reduction Committee. The feedback and input received was incorporated into the updated policy and implemented in March 2016 and July 2016.

- In March 2017, the Concrete Goods policy was updated to include supports for parents with children in out-of-home care. When available, funds can be used for vehicle repairs to allow for the parent's participation with parent-child visits. Also, food assistance should be used to support quality parent-child visits.

- In an effort to strengthen the quality of visits, caseworkers can now provide EBP programs during visits. Parents have opportunities to receive parenting instruction and participate with their children in these interventions such as: Parent-Child Interaction Therapy and Triple P, Homebuilders, Incredible Years, SafeCare, Family Functional Therapy and Promoting First Relationships.

- In April 2016, DCYF and Generations United presented a session at the annual Children's Justice Conference in Bellevue, Washington. The presentation included national and Washington state data regarding kin, benefits and challenges to kinship care and supports for DCYF kinship caregivers.

- In October 2016, Washington, along with representatives from seven (7) other states and the District of Columbia participated in the Kin First National Convention in Washington, D.C. This event, hosted by Generations United, the American Bar Association, and Child Focus provided an opportunity to share DCYFs successes and learn about other promising practices and policies for supporting kin.

- In November 2016, DCYF added a Kinship Care Program Manager position to strengthen policy, procedure and practice in working with kin. Efforts include:
  - Streamlining relative search and placement policy;

— Updating publications for kin including a guide to the child welfare system and a brochure regarding the dependency court process;

— Establishing a CA Kinship Advisory Committee to review kinship care practice and make recommendations for practice improvement. Membership includes field representatives from each region, kinship caregivers, and youth in kinship care, as well as community partners and stakeholders;

— Improving access to concrete goods to support kin in the home study process; and

— Developing communication strategies so kin are aware of available training opportunities and resources.

- In 2016, visit plans were implemented through our statewide case management system, FamLink, versus on a word document. The tool directs the caseworker to describe the reasonable efforts made to place siblings together.

- A Value Stream Mapping (VSM) process was completed in February 2018 to analyze the process around placement coordination. Barriers identified included:

— The breakdown of high quality relationships between foster parents and placement coordination staff;

— Foster parents having empty beds while the utilization of overcapacity requests are increasing and not being properly documented;

— Accurate list of open and available DLR licensed foster homes and the ability to filter reports to easily identify the best placement options; and

— A shift from a partnership between CA and foster parents to meet the best interest of the child to a fiscal focus with high exceptional costs that are night to night placements.

Some of the recommendations developed were a placement coordinator located in each office, centralization of supervision and area administrator for placement caseworkers, develop a consistent position description, and improve reporting and program collaboration.

- Between October 2017 and May 2018, four multidisciplinary visitation forums were held. The forums brought together child welfare team members including attorneys, current and former foster youth, parent allies, caseworkers, supervisors, providers, CASA, and judicial officers. The agenda for each event included a presentation of visitation research, clarified policy requirements, and sought to provide common language to discuss safety concerns related to visits. Additional forums were held at the 2017 Children's Justice Conference, 2017 Washington CASA Conference, a regional court meeting and local offices.

- A new info FamLink report was released in November 2017 which allows regional quality assurance leads and regional parent child visit leads to track supervised, monitored, and unsupervised parental visits, as well as the frequency and duration of the visits. Feedback regarding the report has been positive with the regions reporting it has helped to see their usage of visit supervision levels and types.

- In late March of 2018, Children's Administration and the Alliance for Child Welfare Excellence finalizedcurriculum for a training on the Relative Search Process designed specifically for caregivers.

- In April 2018, a statewide Value Stream Mapping (VSM) was held to examine the Relative Search Process and make recommendations for improvement. One of the recommendations included convening a second VSM to examne the process from the time a relative responds. Participants should include a multidisciplinary team of caseworkers, supervisors, relative search team members, kinship care program manager, adoptions staff, placement desk caseworkers, and FTDM facilitators.

Table 28.

| 2015-2019 CFSP STATEWIDE PERMANENCY ACTION PLAN | | | | | |
|---|---|---|---|---|---|
| **Goal 4: Strengthen Statewide Infrastructure To Support Permanency** | | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 4.1 | Statewide permanency CQI team formed including external stakeholders. Develops and finalizes permanency CQI plan | CQI plan completed implementation in process<br><br>CQI Plans are ongoing | March 2015 | May 2015 | Complete |
| 2018 APSR Update: | | Permanency Summits were created through a recommendation from the Statewide Permanency CQI workgroup. The criteria for selecting the locations for Permanency Summits was determined by counties with longest length of stay that lack court system improvement resources, such as state Family and Juvenile Court Improvement Program (FJCIP) grants and the Court Improvement Training Academy (CITA) Tables of Ten stakeholder groups.<br><br>The first Permanency Summit was held in September 2016 in Clark and Cowlitz Counties. In 2017 Grant and Benton/Franklin Counties held permanency summits. The CQI workgroup co-chairs facilitated discussions with the local stakeholder groups to share information and plan for the summit. The summits culminate in the creation of action plans for each of the selected counties, and the Permanency CQI workgroup tracks the progress of the action plans.<br><br>These permanency summits facilitate better working relationships between child welfare partners, in and out of the courtroom. The action plans created by each community will work toward reducing lengths of stay and increasing reunification and permanency rates and ultimately improving permanency outcomes that will be measured in the 2018 Child and Family Services Review. The goal is to provide two to three summits per year, depending on available resources. | | | |
| 2017 APSR Update: | | Team members include: Administrative Office of the Courts, Court Improvement Training Academy, Office of Public Defense, Attorney General's Office, Children's Representation Program, Court Appointed Special Advocates, Casey, Tribes and Disproportionality lead.<br><br>First meeting of external stakeholders occurred 5/20/15 and continues. The group meets in-person on a quarterly basis with conference calls in between.<br><br>Charter developed. Ongoing meeting have been occurring since 5/20/15.<br><br>Team held first Permanency Summit in September 2016 for Clark and Cowlitz Counties. | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 4.2 | Develop/identify key permanency data measures for ongoing progress and performance review. | List of measures, reports and reporting frequency will be available and provided. | September 2014 | September 2014 | Complete and Ongoing |
| 2018 APSR Update: | | Data discussed and disseminated at CFWS/Permanency Leads meetings. Data is a standing agenda item for all meetings.<br><br>Additionally, statewide QA/CQI team reviews permanency data monthly in preparation for CFSR. All data now includes race/ethnicity detail for disproportionality work. | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 4.3 | Develop a team with statewide representation that will meet to focus on permanency issues. | Meetings will be scheduled and occur monthly – primarily in person | July 2014 | December 2016 | Complete – December 2016 |

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| 2017 APSR Update: | Meetings began in September 2014 and continued through June 2015. The meetings were restarted in 2016 and continue monthly. | | | |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 4.4 | A workgroup will be established to validate and correct all guardianship data in FamLink legal tab | To improve the accuracy of guardianship data | July 2016 | December 2018 ~~December 2017~~ | Discontinued |

| 2019 APSR Update: | The work to validate and correct guardianship data in the FamLink legal tab was started, however due to the gravity and complexity of the work, it has been postponed until a statewide guardianship program manager is hired. |
|---|---|
| 2018 APSR Update: | A Guardianship Data workgroup was established in June 2017 consisting of HQ program manager, HQ fiscal staff, Region 2 QA/CQI staff, Regional Guardianship Gatekeeper, Regional Adoption Area Administrator, and Information Technology staff. The workgroup did not include external stakeholders due to the confidentiality of information included in FamLink and the primary focus of work being data cleanup. |
| | Approximately 3,000 guardianship cases were identified as having incorrect documentation, such as payment codes, legal outcome, guardianship status, or PCA status. The workgroup reviewed these cases and documentation corrections were made to approximately 500 cases. Nearly half of the remaining cases have been reviewed and the necessary corrections have been noted. As time permits, the documentation issues will be corrected in FamLink. The remaining cases have been reviewed, however due to FamLink permissions, corrections could not be made at the time of the review. |
| | As a result of the data cleanup, the HQ Adoption and Guardianship Program Manager has submitted a FamLink change request to require PCA be closed and documentation of the dismissed dependency before guardianship payments can begin. The change request has been marked as urgent, however a release data has not been provided due to other technology work being completed. |
| 2017 APSR Update: | Data review and analysis is continuing with emphasis on improving data entry in FamLink. |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 4.6 | Develop curriculum on caseworker participation and engagement during Shared Planning Meetings | Complete curriculum and implement the training. | July 2016 | December 2018 ~~December 2017~~ | In process |

| 2019 APSR Update: | An e-learning has been developed by the Alliance to assist in caseworker regarding participation and engagement in Share Planning Meetings. The e-learning was placed on hold when DCYF was awared the Permanency grant due to Share Planning Meetings being one of the identified interventions. |
|---|---|
| 2018 APSR Update: | The HQ Permanency Planning program manager worked with the Alliance and developed an e-learning curriculum for caseworkers regarding participation and engagement during Shared Planning Meetings. |
| | The training is available to all CA staff online. Alliance and DCYF will monitor the evaluations to monitor training relevance and identify any necessary curriculum revisions. |
| 2017 APSR Update: | Collaboration with the Alliance for Child Welfare is in process to complete curricula. |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 4.7 | Improve facilitation of Shared Planning meetings | Create a sustainable structure for facilitation of shared planning meetings that support consistency in quality and quantity of meetings. | July 2017 | December 2018 ~~June 2018~~ | Complete |

| 2018 APSR Update: | Work related to the creation of a sustainable Shared Planning Meeting structure is ongoing and has focused primarily on information gathering. Information regarding the current use and quality of Shared Planning Meetings has been discussed with several groups and forums, including: |
|---|---|
| | • Statewide FTDM Supervisors, CFWS, and Permanency Leads. |

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| | <ul><li>Caseworkers, Regional Program Managers, SPM facilitators, and Tribal representatives through Parent Engagement training.</li><li>Parent Engagement trainings have also been provided at the 2018 Children's Justice Conference and 2017 CASA Conference.</li><li>Parent Child Visitation forums held in Grays Harbor, Thurston, Mason, Whatcom, and Grant Counties. (See Action Item 4.8, 2019 APSR Update for additional information)</li></ul>The statewide Parent Allies group and Office of Public Defense have raised questions regarding FTDM and Shared Planning Meetings. Plans have been made for a SPM supervisor to attend a future Parent Ally and OPD Attorney training to address questions and gather feedback.<br><br>The June 2018 Area Administrator conference will include a discussion about SPM, specifically Permanency Planning Meetings.<br><br>Updates have also been made to the FamLink Shared Planning Meeting report to identify the date and type of the next shared planning meeting based on entry of the previous shared planning meeting. Regional QA/CQI staff utilize the report to inform supervisors when SPM permanent planning meetings are due, to coordinate scheduling, and ensure the meeting is completed. | |
| 2017 APSR Update: | Facilitation structure for all shared planning meetings is being assessed to support increased facilitation and quality of meetings including development of communication tools. | |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 4.8 | Provide enhancements to parent-child-sibling visits | Earlier reunification and parent engagement | July 2017 | December 2018 | In process |

| | |
|---|---|
| 2019 APSR Update: | DCYF is in the process of changing the name of Parent-child visitation to Family Time to signify that parent child contact is about the family. Along with changing what we call visitation, DCYF is in the process of developing a new visitation model. A Family Time workgroup has been established with all stakeholder to develop this model as community. The group has over thirty (30) paricipants and currently meets every other month. Once the mission, charter and goals are identified, sub groups will be established around the identified goals.<br><br>DCYF has purchased and is implementing a web based data system. This data sytem will assist in collecting data in areas that Famlink is unable to provide, which will help DCYF on where improvements are needed as to Family Time. We will be able to collect the following data state wide, broken down by provider or by case:<br><ul><li>Number of referrals</li><li>Number of active referrals</li><li>Average days it takes from request to the provider accepted the referral</li><li>Average days it takes for the provider to set up the referral and provide the first Family Time visit</li><li>Number of Missed visits (with reasons)</li><li>Number of No show rate</li><li>Number of Cancelled (less than 24 hours notice)</li></ul>The data sytem has the abliltiy to track other data areas as they are identitied. The data system will be use to assist tracking Family Time outcomes and determining areas where improvement is still needed or changes that still need to be made. This will be helpful when developing a Family Time model to asses desired outcomes by tracking the number of missed, no show, and cancelled visits by parent. The desire outcome its increase parent participation in Family Time. DCYF will then compare this data to the number of reunifications and the time it takes to achieve reunification. Comparing the data will allow us to see if parent engagement will improve with the new Family Time model. The data system is scheduled to be be rolled out state wide by July 2020.<br><br>As part of the new data system there will be a new Family Time referral process. The referral will be complete in Famlink and once approved the contracted providers will be able to access the referral via the data system and all work from this point will remain in the new data system. This will also reduce the amount of paper work required by DCYF staff and contracted providers.<br><br>DCYF completed the supportive visit pilot in May 2019. DCYF contract with the University of Washington's Nursing Child Assessment Satellite Training (NCAST) to develop and provide training to the pilot sites. NCAST has |

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| | extensive history providing evidence based training around childhood development and the effects of early childhood trauma. In addition to the initial training, the pilot sites received five subsequent coaching sessions. The providers provided their feedback on these visits and how they differ from the standard Parent-Child visit. |
| | Data from this pilot is still being collect and requires a hand count. To have complete data DCYF needs to allow time for the case to have an outcome in order to compare with the standard visit. In the meantime, there are parts of this pilot that is good service to families and will be considered when developing a new Family Time model. |
| 2018 APSR Update: | Over the last three years, visitation has been widely discussed by stakeholders, child welfare staff and leadership, and our legislators. DCYF has developed a strategy which will begin to change the culture of visitation. This work requires partnership to succeed and initial priorities include: <br><br> • Improve early visitation experiences for parents <br><br> • Develop common understanding and language between DCYF and stakeholders <br><br> • Increase systemic compliance with DCYFs parent, child, and sibling visitation policy <br><br> The following counties have been selected as pilot locations for this work based on their existing relationships with court partners. Grays Harbor, Thurston, Mason, Whatcom and Grant Counties. Counties that participate in the pilot can expect: <br><br> • Refresher for child welfare field staff regarding the updated Parent-Child Visitation policy <br><br> • Targeted case review of DCYF records regarding parent-child visitation. The case review will be completed by the DCYF Centralized Case Review Team. <br><br> • One-day Parent-Child Visitation (PCV) Forum with local stakeholders <br><br> • Supported Visits pilot with one visitation provider per county <br><br> • Consultation and feedback from DCYF, visitation providers, and stakeholders <br><br> Grays Harbor hosted the first PCV forum in October 2017 and a targeted case review was completed last fall. Forum participants included OPD, CASA, GAL, DCYF, AOC, and Parent Allies. Word spread about the success of the PCV forum and a judge in Thurston County required that a forum be held with combined Thurston and Mason counties. Whatcom and Grant counties will also host the forums. The supported visitation model will be piloted in Grays Harbor with Thurston, Mason, Whatcom, and Grant counties following after their PCV forums. Counties that participate in the pilot can expect visitation providers who have received trauma-informed training on recognizing the basics of parent and child attachment, practicing cultural humility, and skills necessary to support a parent's visit with their child. Providers will also become familiar with the concrete goods policy supporting visitation. <br><br> DCYF contract with the University of Washington's Nursing Child Assessment Satellite Training (NCAST) to develop and provide training to the pilot sites. NCAST has extensive history providing evidence based training around childhood development and the effects of early childhood trauma. In addition to the initial training, the pilot sites will receive five subsequent coaching sessions. <br><br> The Grays Harbor visitation provider will be trained on April 9, 2018. PCV forums for Thurston and Mason, Grant and Whatcom counties are being scheduled. Efforts are underway to identify training dates for visitation providers and begin coordination with offices. The pilots will be evaluated prior to statewide implementation. |
| 2017 APSR Update: | The parent-child-visit contract being updated and feedback is being gathered. |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 4.9 | Update practice expectations regarding use of another permanent planned living arrangement for youth 16 and older and modify or create new tools to support staff, youth and caregivers | Appropriate usage of plan for youth 16 and older and increased youth understanding and involvement in case planning | July 2017 | December 2018 | Work has been merged with Permanency Action Item 4.11. |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 4.10 | Increase staff awareness and use of parent engagement strategies | Increased parent involvement in case planning and more timely permanency outcomes | July 2017 | December 2018 | In process |

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| 2019 APSR Update: | After dependency has been established one of the first opprotunities to engage parents is through Family Time visits. Positive early engagement during Family Time could influence the families foundation of the case. Making the visits timely and in a supportive manner may shift how some parents engage in the rest of the case. This is one reason why DCYF has made Family Time a new visit model a priority. |
| | DCYF has developed and made available tip sheets and trainigs around engagement. This has been messaged out to field staff through the offices and at state wide leads meetings. Shift culture continues to be a focus of DCYF and involving stakeholders. |
| | The permanency grant is addressing engagement with a focus on early and continuous sharing planning meetings to ensure engagement and children, youth, and parents voices are heard. |
| 2018 APSR Update: | DCYF launched a parent engagement campaign in November 2017 to grow caseworker engagement with mothers and fathers. Feedback via meetings with Parent Allies and OPD informed the campaign materials and revisions were made based input provided. |
| | The campaign includes training, tip sheets, general reminders, and regional and state messaging. In addition to growing parent engagement practice, the campaign supports a culture shift that focuses on parent involvement in case planning and normalizing experiences for children during their time in out-of-home care. |
| 2017 APSR Update: | Strategy and plan are in development |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 4.11 | Caseworkers have a lack of understanding about concurrent planning and the best permanency planning option based on circumstances of the case (reunification, adoption, guardianship, OPPLA). | Staff will have a better understanding of concurrent planning and permanent plans which will lead to timely permanency improvements. | September 2018 | September 2019 | Pending |
| | Concurrent planning and permanency planning training will be updated with input and feedback from stakeholders including: CASA, OPD, AAG, Tribes, Parent Ally, Foster Parents, and Kinship Caregiver. | | | | |
| | The training will be piloted in one or two offices with the intent of the training to improve timely permanency. | | | | |
| | Six-months post training, a targeted qualitative case review will be conducted of cases assigned to caseworkers who attended training to evaluate permanency. Results from the targeted qualitative case review will be shared with stakeholders who provided input into the training curriculum, as well as, CITA, AOC. | | | | |

| 2019 APSR Update: | This work will be addressed through the permanency grant. |
|---|---|

**Goal 5: Termination Petitions Will Be Filed/Compelling Reasons Documented Timely 90% Of The Time By June 30, 2017**

| Action Item | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|

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| 5.1 | Provide standard report reflecting performance with data available at the region/office level using case review data, data from the Administrative Office of the Courts and FamLink. | Standardized report reflecting status will be available. Baseline data will be established. | May 2017 | December 2018 ~~September 2017~~ | Complete and ongoing | |
| 2019 APSR Update: | A Famlink ASFA report is currently being use and is managed by the Regional QA/CQI Leads. The Regional leads provide a targeted version of the report to the office level. This report is used as a guide to assess and improve performance with the data available. The reports include cases that have been open for 12 month or longer and a termination petition has not been filed or compelling reasons have not been documented. The Regional leads are working with offices on what are the barriers of delays in filing for a termination. If there are trens in certain areas that may be the barrier (courts, CASA, work load, and etc) it is brought to the leadship level to address. For the cases that meets the policy of compelling reasons then caseworkers are trained on how to document this in Famlink. Compelling reasons are require to be review every 90 days once it is entered into Famlink. The Removal Episode report is also utilized by Regional QA/CQI staff to evaluate the current permanent plan, length of stay, and placement type. The report allows staff to focus on proactive efforts to keep the case moving towards permanency and is shared monthly with Area Administrators or Supervisors. | | | | | |
| 2018 APSR Update: | A FamLink Permanency Planning Review report is currently being developed with Regional QA/CQI leads providing extensive input and feedback into the development process. The new report will be used to monitor the timely completion of required review court hearings every six-months. Regional QA/CQI staff currently utilize the ASFA report to ensure the termination referrals are being made timely to the AAG office and or compelling reasons have been documented. In addition, regions also review the timely and accurate documentation of compelling reasons to ensure the reason is reviewed every 90 to 180-days post entry to ensure they are still appropriate. The Removal Episode report is also utilized by Regional QA/CQI staff to evaluate the current permanent plan, length of stay, and placement type. The report allows staff to focus on proactive efforts to keep the case moving towards permanency and is shared monthly with Area Administrators or Supervisors. | | | | | |
| 2017 APSR Update: | Provide data at CFWS/Permanency leads meetings and to the regional QA leads | | | | | |

# Well-Being Outcomes 1, 2, and 3

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

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

Table 29.

| WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | Case review data not available for this time period. | | | | | | |
| CY2015 | | | | | | | |
| CY2016 | 32% | 26% | 42% | 34% | 27% | 26% | 35% |
| CY2017 | 37% | 42% | 25% | 52% | 33% | 31% | 38% |
| CY2018 | 44% | 45% | 50% | 41% | 42% | 33% | 53% |
| *Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

The Department determined that performance related to well-being outcome 1 is an area of continued improvement.

Table 30.

| ITEM 12: NEEDS AND SERVICES OF CHILD, PARENTS, AND FOSTER PARENTS | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| The child's needs related to social and emotional development were assessed and addressed. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 99% | 100% | 98% | 99% | 98% | 100% | 100% |
| CY2015 | 97% | 99% | 95% | 98% | | 94% | 98% |
| The mother's needs were assessed and services were offered to address her needs. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 82% | 77% | 80% | 89% | 63% | 67% | 86% |
| CY2015 | 82% | 82% | 86% | 83% | | 75% | 82% |
| The father's needs were assessed and services were offered to address his needs. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 68% | 62% | 77% | 76% | 63% | 52% | 71% |
| CY2015 | 61% | 64% | 57% | 68% | | 54% | 57% |
| The foster parent/relative caregiver's needs were assessed and services were offered to address her needs. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 99% | 100% | 100% | 99% | 98% | 100% | 100% |
| CY2015 | 99% | 100% | 100% | 100% | | 97% | 100% |
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 54% | 45% | 65% | 57% | 54% | 52% | 53% |
| CY2017 | 50% | 62% | 41% | 59% | 38% | 43% | 55% |
| CY2018 | 51% | 54% | 50% | 46% | 49% | 35% | 62% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

CCRT results for calendar year 2018 demonstrate that the majority of children and foster parent or kinship caregiver received an appropriate assessment of needs and appropriate services were provided.

Table 31.

| ITEM 12A: NEEDS ASSESSMENT AND SERVICES TO CHILDREN | | | | | | |
|---|---|---|---|---|---|---|
| On Site Review Instrument | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 93% | 91% | 100% | 92% | 88% | 100% | 93% |
| CY2017 | 85% | 88% | 72% | 96% | 83% | 88% | 85% |
| CY2018 | 82% | 80% | 80% | 87% | 86% | 73% | 81% |

| ITEM 12B: NEEDS ASSESSMENT AND SERVICES TO PARENTS | | | | | | |
|---|---|---|---|---|---|---|
| On Site Review Instrument | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 55% | 51% | 64% | 58% | 54% | 48% | 54% |
| CY2017 | 55% | 63% | 50% | 65% | 42% | 53% | 55% |
| CY2018 | 56% | 58% | 60% | 47% | 53% | 50% | 66% |

| ITEM 12C: NEEDS ASSESSMENT AND SERVICES TO FOSTER PARENTS | | | | | | |
|---|---|---|---|---|---|---|
| On Site Review Instrument | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 95% | 97% | 97% | 98% | 88% | 100% | 95% |
| CY2017 | 86% | 92% | 78% | 88% | 80% | 84% | 90% |
| CY2018 | 77% | 91% | 80% | 83% | 59% | 68% | 81% |

*Data Source: CY2016, CY2017 & CY2018 OSRI, DCYF Central Case Review Team*

The Department conducted a formal or informal initial and/or ongoing comprehensive assessment which accurately assessed the children's social/emotional development needs in 89% of the cases reviewed. In cases where needs were identified, appropriate services were provided to meet the children's identified social/emotional development needs in 76% of the reviewed cases.

Children in the care and custody of DCYF, who are expected to remain in care 30 days or more, must receive a Child Health and Education Tracking (CHET) Screening within 30 days of the child's OPD. CHET assesses the needs of children in five domains including: physical health, mental health, education, development, and social connections. The CHET screening documents the short and long term wellbeing needs of the child and the caseworker is notified when a concern is identified and needs to be addressed. These recommendations are included in the child's case plan. If an urgent need is identified during the CHET process, appropriate referrals are made at that time.

Case review results continue to indicate performance is slightly stronger with mothers than fathers. In calendar year 2018, 72% of the cases, a formal or informal initial and/or ongoing comprehensive assessment was conducted which accurately assessed the mother's needs and appropriate services were offered in 74% of the reviewed cases. In comparison, father's had a formal or informal initial and/or ongoing comprehensive assessment of needs in 63% of the cases. When the father had identified needs, appropriate services were provided in 72% of the cases.

Once service needs are identified, caseworker efforts to address identified needs should include timely referrals. After implementation of services, appropriate follow-up with the service provider and recipient is needed. Documentation is limited to support the caseworker's assessment of needs, provision of services to mothers and fathers, or follow-up information once such services are provided. Caseworker turnover and caseload size are also contributing factors. This is an area in need of improvement.

Needs of foster parents and caregivers were adequately assessed on an ongoing basis to ensure their capacity to provide appropriate care and supervision to the child in their care was a strength in 84% of the cases reviewed in calendar year 2018. When a need was identified, 75% of foster parents and caregivers were provided appropriate services to address identified needs to provide appropriate care and supervision of the child in their care.

DCYF contracts with the Department of Social and Health Services Research and Data Analysis Division (RDA) to conduct a survey[11] of foster parents in Washington. September 2017 through September 2018, RDA surveyed 1,349 licensed foster parents about their satisfaction with support, training and information provided by the department and private agencies contracted by the agency to provide services to foster parents. The majority of foster parents continue to express satisfaction with the support and training they receive, and with the caseworkers assigned to their cases. Key survey findings regarding support for foster parents were:

- Most foster parents are satisfied with the support they receive from the department and contracted private and tribal agencies. General support for foster parents showed a statistically significant improvement since 2017
    — 81% of foster parents said that support was "more than adequate" or "somewhat adequate".
    — Of the 454 general comments about quality and helpfulness of support, 73% were positive (up from 55% in 2015).
- Caseworkers listening to input from foster parents and being treated like part of the team showed statistically significant improvement since 2017.
    — 82% of respondents said that caseworkers listen to their input.
    — Of the 1,128 who commented about caseworkers, 43% made positive comments regarding caseworkers. Comments addressed both caseworkers employed by DCYF and by contracted private or tribal agencies.
    — Most comments were positive in the areas of caseworker support (64% of comments), courtesy and respect (63% of comments), and listening and understanding (68% of comments).
    — 75% of respondents said they are included in meetings about the child in their care.
    — Of the 198 who commented on caseworker inclusiveness, 60% were negative or suggested ways that inclusion could be improved.
    — 10% of all respondents expressed concerns on the need for more caseworkers.
- Foster parents need good access to staff, and timely approvals and payments. Access to help showed a statistically significant improvement since 2017.

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[11] The complete FY 2018 Survey of Foster Parents in Washington State can be viewed on the DSHS Research and Data Analysis website.

- — 84% of respondents said they can get help when they ask for it.
- — Of the 818 foster parents commenting on access to caseworkers, 33% were positive, with almost half (48%) of the comments being negative.
- — 29% of foster parent comments on support discussed phone, email, text, or staff access. Most comments were positive and noted the fact that caseworkers now have their own cell phones has improved access.

- Foster parents value consistent and fair processes, and smooth coordination of efforts. Coordination between private agencies and DCYF staff was praised in most comments, as was the consistency of monthly health and safety visits.
  - — Of the 208 foster parents who commented about general or specific processes, 89% offered negative comments or suggestions for improvement. Comments included problems with reimbursements, difficulty in finding respite care, and clothing vouchers.
  - — Foster parent comments regardng coordination were primarily negative.

- Most foster parents were satisfied with the information they receive about the children in their care. Information sharing showed a statistically significant improvement since 2017.
  - — 73% of respondents agreed that they get adequate information about the needs of the children placed with them. Region 1 had a 78% positive rate. The difference from Regions 2 (70%) and 3 (71%) was statistically significant.
  - — There were 736 comments related to information with 47% being negative or providing suggestions for improvement.
  - — Concerns addressed in the comments began with the need for complete information about the child's health and behavioral issues on or before placement. Ongoing information needs that were addressed included: quick answers to emerging questions, knowledge of local resources to support the children, regular updates on case plans and progress, and notice of court dates and meetings in time to attend them.

Table 32.

| ITEM 13: CHILD AND FAMILY INVOLVEMENT IN CASE PLANNING | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| There were concerted efforts to involve the mother in case planning. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 78% | 73% | 74% | 85% | 73% | 64% | 88% |
| CY2015 | 73% | 79% | 59% | 84% | | 72% | 63% |
| There were concerted efforts to involve the father in case planning. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 58% | 39% | 63% | 64% | 54% | 49% | 66% |
| CY2015 | 55% | 52% | 22% | 72% | | 54% | 70% |
| There were concerted efforts to involve the child in case planning. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 79% | 81% | 89% | 84% | 79% | 67% | 72% |
| CY2015 | 71% | 73% | 62% | 95% | | 71% | 62% |
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 50% | 58% | 58% | 49% | 41% | 45% | 51% |
| CY2017 | 53% | 68% | 45% | 69% | 41% | 49% | 55% |
| CY2018 | 62% | 61% | 73% | 79% | 56% | 67% | 53% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

Concerted efforts to actively involve the child, mother, and father in the case planning process was noted as a strength in 62% of the cases reviewed in calendar year 2018; a 12% increase since calendar year 2016.

In calendar year 2018 there were 103 cases reviewed in which the child was considered old enough to be involved in case planning, with 81% of the cases rated as a strength. Out-of-home care cases accounted for 64% of the sample population with 86% of those rated a strength. The remaining sample population were in-home and CPS FAR cases with 65% rated a strength. The child's involvement was through consultation regarding his or her goals and services, the plan was explained in terms the child could understand, and the child was included in periodic case planning meetings.

Caseworkers are more consistently involving youth in case planning. Documentation indicates that caseworkers and children are discussing permanency, well-being and safety. Generally, older youth are more involved in case planning than younger children. In some cases, involving young children, the caseworker visited with the child each month, but could improve practice by asking for the child's input into case planning issues. Some caseworkers expressed concern about how to involve younger children in their case planning in a developmentally appropriate way. Additionally, while caseworkers ask children and youth about their education, placement,

visitation, and sense of safety, practice could be improved by providing children and youth with education about permanency and supporting them in voicing their preferred permanency plan.

DCYF continues be more involved with mothers than with fathers. Involvement in case planning includes identifying strengths and needs, appropriate services and service providers, establishing case goals, evaluating progress towards goals, and discussing the case plan.

- Mothers were actively involved in case planning in 71% of the cases reviewed during calendar year 2018.
    - Out-of-home cases were rated as a strength in 70% of the cases.
    - Mothers involvement in case plnanning was rated as a strength in 74% of the in-home and CPS FAR cases reviewed.
- Father's involvement in case planning was rated a strength in 62% of the cases.
    - 57% of out-of-home cases reviewed were identified as a strength.
    - 73% of in-home cases were rated as a strength.

Child and youth involvement in case planning offers opportunities for youth development, critical thinking, and buy-in. During monthly visits with the parents, children, and youth, caseworkers focus on a number of topics, one being case planning. Broadly, the case review data connected to this item demonstrates inconsistencies in practice. Improvements to parent and child involvement in case planning for in-home and CPS FAR cases is needed.

Table 33.

| ITEM 14: CASEWORKER VISITS WITH CHILD | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| Monthly visits occurred with the child. | | | | | | | |
|  | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 84% | 79% | 78% | 90% | 89% | 84% | 81% |
| CY2015 | 86% | 85% | 88% | 96% |  | 90% | 72% |
| The quality of visits was sufficient for ongoing assessment of the safety, well-being, and permanency of the child. | | | | | | | |
|  | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 74% | 64% | 81% | 80% | 72% | 64% | 74% |
| CY2015 | 71% | 77% | 51% | 79% |  | 72% | 67% |
| On Site Review Instrument | | | | | | | |
|  | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 57% | 53% | 60% | 61% | 54% | 56% | 57% |
| CY2017 | 63% | 68% | 43% | 70% | 64% | 61% | 65% |
| CY2018 | 79% | 71% | 80% | 87% | 80% | 81% | 83% |
| Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

The frequency and quality of caseworker visits with the child was determined a strength in 79% of cases reviewed in calendar year 2018 to promote the achievement of case goals and ensure the safety, permanency, and well-being of the child(ren). Since calendar year 2016, case review performance has increased 22%.

The CCRT found that the frequency of visits between the caseworker and child was a strength in 88% of the cases reviewed and the quality of caseworker visits with the child meeting practice standards in 85% of the cases reviewed. Ongoing efforts to improve practice and documentation of an individual, private conversation with a verbal child each month accounts for the increase in quality caseworker visits with children.

As part of the case review process, caseworkers are interviewed to gather additional information regarding the child and case activity. In calendar year 2017, 410 caseworkers and supervisors participated in these interviews. During the interviews, it was clear the caseworkers spent an ample amount of time during their health and safety visits to thoroughly assess the case circumstances.

During the case review process, foster parents and caregivers are also contacted to participate in an interview related to the child's case who is in their home. Since January 2017, 397 foster parents and caregivers have agreed to participate in the interview process. During the interviews, foster parents and caregivers indicated they were informed of the need to complete private conversations with the children and the reason for this need.

Frequent and quality visits with children are recognized as critical for assessing child safety, well-being, and supporting permanency. In order to provide support in the tracking and completion of monthly health and safety visits, two additional data reports are utilized to regularly monitor performance related to monthly caseworker visits with children. While these reports do not address the quality of visits, the reports do address the frequency of visits with the child.

Table 34.

| ITEM 15: CASEWORKER VISITS WITH PARENTS | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| Monthly visits occurred with the father. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 25% | 19% | 26% | 29% | 18% | 16% | 32% |
| CY2015 | 30% | 27% | 12% | 50% | | 27% | 33% |
| The quality of visits with the father was sufficient to address case planning. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 84% | 71% | 82% | 87% | 92% | 64% | 90% |
| CY2015 | 76% | 70% | 64% | 81% | | 85% | 81% |
| Monthly visits occurred with the mother. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 39% | 24% | 36% | 41% | 42% | 29% | 48% |
| CY2015 | 50% | 57% | 34% | 59% | | 51% | 42% |
| The quality of visits with the mother was sufficient to address case planning. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 86% | 89% | 88% | 91% | 85% | 64% | 90% |
| CY2015 | 83% | 88% | 80% | 84% | | 76% | 84% |
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 26% | 23% | 27% | 26% | 21% | 26% | 30% |
| CY2017 | 30% | 26% | 22% | 50% | 28% | 31% | 34% |
| CY2018 | 51% | 53% | 78% | 52% | 46% | 48% | 51% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

Case review data continues to highlight that visits and contact with mothers is higher than with fathers. The most common frequency of caseworker visits with mothers and fathers was noted as less than once a month.

Calendar year 2018 results noted that the frequency of caseworker visits with mothers was found to be a strength in 67% of the cases; with the quality of visits between the mother and caseworker were being sufficient in 77% of the cases.

Caseworker visits with father were found to be a strength in 56% of cases reviewed in calendar year 2018. For visits between the father and caseworker that did occur, the quality was sufficient in 71% of the cases.

Despite policy and the work being completed around father engagement, monthly visits with mothers and fathers continues to be an area needing great improvement, which has a large impact on other items. Areas identified as barriers included:

- incarcerated parents

- parents that avoid contact with the department
- caseworker's belief that parents should contact the department, instead of caseworker making efforts to engage mothers and fathers
- parents residing out of the area
- accurate documentation of visits and efforts to locate parents
- workload

Table 35.

| WELL-BEING OUTCOME 1 ASSESSMENT OF PERFORMANCE | |
|---|---|
| Strengths | Areas Needing Improvement |
| • Monthly visits with children are a priority for CFWS caseworkers and case planning is often completed during these visits.<br><br>• Each region now has access to Search Engines which will allow them to systemically complete absent parent location searches. This will increase caseworker's ability to complete attempts to local absent parents. | • Locating and engaging parents continue to be areas needing improvement as these activities are key components for accurately assessing parent's needs and providing services.<br><br>• Documentation of efforts to locate a missing parent, which is often the father, could not be located. When fathers were located and contacted by the caseworker, their needs were not fully assessed.<br><br>• Caseworkers are not consistently prioritizing meeting with parents, in their homes, as a way to drive permanency, assess for safety and increase wellbeing.<br><br>• Engaging parents and children in the development of the case plan and shared planning processes continues to be an area of improvement.<br><br>• Incarcerated parents do not have the same access to reach out to caseworkers and are often not invited or are unable to attend shared planning meetings.<br><br>• ICPC cases continue to be a challenge impacting monthly health and safety visits with children. When a child is placed in another state, the receiving state often has requirements to meet with the child every 90 days which is not consistent with Washington standards to meet with children every 30 days. There is also a delay in receiving documentation regarding the quality and frequency visits.<br><br>• Ongoing assessment of family needs were lacking and when needs were identified, often the services did not match the family's needs.<br><br>• Father engagement has increased but is still lower than engagement with mothers.<br><br>• Timely shared planning meetings are not consistently occurring across the state. These are one opportunity to include parents in case planning.<br><br>• Monthly visits between the parents and caseworker are inconsistent and are less likely to occur than visits with children.<br><br>• Documentation of case planning during visits with parents is not always clear.<br><br>• Regarding in-home cases, of non-dependent children, case planning is not as clearly the focus. |

Well-Being Outcome 1 Implemented Practice Improvements

- In late 2016, the department expanded the role of the regional education leads to include early childhood development. The intent is to strengthen the messaging and communication of resources and processes in the field.

- DCYF contracts with a non-governmental agency, Treehouse, to provide educational coordination for children to address barriers to education including enrollment, lack of academic progress, decreasing discipline and access to school based services. DCYFalso contracts with Treehouse for Grad Success, a program to increase high school graduation rates.

- The Requirements for Monthly Caseworker Visits with Parents desk guide was updated in April 2015. The guideo provides guidance to staff on the frequency of visits, location of visits, and documentation requirements by case type caseworkers

- Kinship 101, an informational class for kinship caregivers that covers financial supports and other resources and provides navigation tips for the child welfare system including the dependency process, court, and permanency options, was expanded to include classroom format,webinars and one-on-one coaching sessions.

- Relative Search for Caregivers, is a training developed in April 2018 as an e-learning provided by the Alliance for foster and kinship caregivers that provides transparency about this key process in our child welfare system.

- A statewide Value Stream Mapping (VSM) was held in May 2018 that resulted in recommendations to leadership that will streamline and improve the initial relative search process in order to better meet the needs of children in out-of-home care and their caregivers, as well as to comply with federal timelines around relative notification.

- Engagement with fathers has improved through targeted strategies which specifically address engagement with fathers. Beginning in 2018, all regions offer father engagement curriculum through local providers via OPDs Fathers Matter project.
    - In Regions 1 and 2, there is a strong community coalition focused on supporting fathers. The DADs Committee (Developing Advocacy for Dads) includes 20 different local state, non-profit, faith-based agencies who meet monthly to develop and provide services to fathers. They host a yearly conference that offers training, resources, networking opportunities and support.
    - In Regions 3 and 4, the OPD and DCYF partner to offer Father Engagement curriculum.
    - In Regions 5 and 6, Fatherhood engagement curriculum is offered in multiple locations and the region is working to add another program in the southern part of the region.

- The March 2017 policy roll-out for caseworkers included updates to the health and safety visit guidelines to provide caseworkers clarity on what areas need to be addressed during visits with children, to remind caseworkers to meet with children privately, and complete required documentation.

- In September 2017, two quick tips regarding parent engagement were launched. Quick tips are brief communications for staff regarding policy and or practice which pop up on staff's computer upon logging in and support continuous quality improvement. Each quick tip remains active for one week.

- In October of 2017, the Acting Assistant Secretary produced a YouTube video for staff that described future efforts to train, mentor, and support staff and improve parent engagement efforts. These resources included information relevant to populations who experience more challenges in working with the Department due to cultural, ethnic, or religious backgrounds.

- Parent Engagement training curriculum was developed and implemented. Statewide training was completed in February 2018. The curriculum includes targeted information around resistant parents, absent parents, fathers, developmentally delayed parents or parents with learning disabilities, incarcerated parents, and parents with substance abuse or mental health disorders.

- In April of 2018, Program and Policy convened a workshop with Department of Corrections (DOC) to identify barriers between DCYF and DOC regarding visitation between incarcerated parents in prison and children in out-of-home care. This workshop successfully identified barriers.

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

Table 36.

| ITEM 16: EDUCATIONAL NEEDS OF CHILDREN | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| The child's educational needs were assessed and addressed. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 95% | 100% | 96% | 92% | 96% | 94% | 96% |
| CY2015 | 89% | 89% | 85% | 90% | | 87% | 91% |
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 89% | 91% | 78% | 90% | 97% | 71% | 89% |
| CY2017 | 91% | 100% | 89% | 100% | 83% | 90% | 86% |
| CY2018 | 93% | 98% | 83% | 95% | 95% | 91% | 85% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

The Department is performing strongly in addressing the educational needs for children and has made performance improvements since calendar year 2016. Well-being outcome 2 is considered a strength with statewide performance at 93% for cases reviewed in calendar year 2018.

When looking at individual questions for this item, the CCRT rated 94% of the cases a strength regarding concerted efforts to accurately assess the child's educational needs. If educational needs were identified, 89% of the cases identified concerted efforts were made to address the child's educational needs through the provision of appropriate services.

Education has been one of the targeted focus areas with information distributed to staff and caregivers in March 2017 and June 2017. The information included practice tips and examples of how to improve educational assessments of children, as well as age-appropriate questions to

ask children, youth and caregivers about education during health and safety visits. An emphasis was placed on documentation of efforts.

The CHET screening identifyies each child's long-term needs at initial out-of-home placement by evaluating his or her well-being and includes the domain of education.The education domain includes children and youth between six and 18-years old. The completion rate for the education domain in calendar year 2018 was 97%.

Under the data share agreement with the Office of the Superintendant for Public Instructio (OSPI), CHET supervisors have access to OSPI's student information database which allows them to look up the Student State Identification Number (SSID#) and obtain the name of the last school a child attended. Having the last school attended allows CHET staff to quickly make requests for education records and can increase the accuracy of the requests.

Table 37.

| WELL-BEING OUTCOME 2 ASSESSMENT OF PERFORMANCE | |
|---|---|
| Strengths | Areas Needing Improvement |
| • OSPI user interface allows education data to populate FamLink, allowing improved caseworker access to key education information. | • Continue to strengthen documentation of education needs and services to meet those needs.<br>• Improve follow-up on identified education needs for in-home cases. |

Well-Being Outcome 2 Implemented Practice Improvements

- In 2018, the following program development activities were completed:
    — Implemented OSPI/ DCYF Data Share Agreement which developed a DCYF interface in FamLink to allow caseworkers to view historical education data received from OSPI for children and youth between ages 3 through 21 that have an open placement and placement care and authority is open to DCYF. Information to includes enrollment and school history, academics, attributes and programs, special education, assessments, attendance and discipline. User training for the FamLink interface was rolled out statewide in September 2018.
    — Co-created an online Education policy and case planning training with the Alliance UW. Trained the Alliance trainers to roll out training to caseworkers and rolled out September 2018.
    — Sent out revised Regional Education Agreements through joint OSPI/DCYF bulletin to districts and regional DCYF leadership outlining school district and DCYF local office commitment to education collaboration RCW 74.13.560.
    — Provided joint outreach throughout state with OSPI to school district staff and DCYF caseworkers providing joint information through emails, listservs, in person trainings and providing networking opportunities.
    — Continued weekly meetings with OSPI Foster Care Supervisor to provide consultation on cases, problem shoot barriers and themes throughout the state and in specific districts/ regions to develop trainings to meet gaps in knowledge.
    — Met monthly with OSPI and Treehouse stakeholders to discuss foster care Education Contracts
    — Monthly calls and quarterly in person meetings with regional Education leads
    — Attended Quarterly OSPI GATE (Graduation is A Team Effort) Advisory meetings

— Participated in Legislative Mandated Foster Care Education Workgroup to increase positive education outcomes and reduce disproportionality

- DCYF collaborated with the OSPI and Treehouse to develop a resource guide for educators. The purpose of the Educator's Guide To Supporting Students in Foster Care is to empower education professionals with information, resources, and tools to positively impact the educational experience for students in out-of-home care. While the guide is primarily designed for education professionals, it will also benefit caregivers, child welfare workers, child advocates, and others who work with students to help them achieve success in school and in life.

- In August 2016, a statewide well-being campaign to support meeting the educational needs of children was implemented. The campaign included the dissemination of information to caregivers regarding what educational information the caseworker needs; as well as, communication to caseworkers which outline required practice elements and tips for properly documenting the child's education information. The staff communication also included prompting questions caseworkers could use during visits with caregivers and the child to gather information about the child's education milestones.

- OSPI and DCYF statewide and regional program managers are updated Interagency Agreements between 295 school districts and 45 local offices to reflect changes to the Every Student Succeeds Act passed in 2015. This agreement outlines state and federal education mandates for school districts and child welfare agencies, as well as, best practice for collaboration.

- To improve the quality of health and safety visits with children, a statewide monthly health and safety visit campaign launched in September 2016 sought to improve documentation and performance related to:

  — Well-Being Outcome 2: item 16
  — Well-Being Outcome 3: item 17
  — Well-Being Outcome 3: item 18

  A grass roots campaign was started in Region 1 Central, where they noticed that improvements in the three above topics could be made through improving information gathering and documentation during health and safety visits. Over the Summer of 2016, the office focused on a specific topic each month. Their success led to a statewide initiative which began in September 2016 and continued through September 2017. The initiative involved giving extra consideration to the monthly theme during monthly health and safety visits with children and documentation. Caseworkers and supervisors received monthly emails which included a topic specific discussion guide, visit tip sheet, and documentation tip sheet. In addition, caregivers were notified of the monthly topic by email and advised to be prepared to discuss the topics during monthly health and safety visits with children.

- Throughout the year, information about important dates, resources, and details on how to document education in a child's case file are sent to staff in a variety of ways. Strategies for sharing information include: all staff memos from executive leadership; practice tips which appear on staff's computer when they log in; emails from regional education leads; regional education leads speaking at all staff and unit meetings; and discussion of education issues at DCYF leadership meetings.

- The statewide Education Program Manager meets weekly with the OSPI Foster Care Program Supervisor to discuss ways education for children in out-of-home care can be improved. Meetings occur monthly with the regional education leads, and quarterly with early learning, K-12 and post-secondary partners to include OSPI, Early Learning, Washington Student Achievement Council (WSAC), Juvenile Rehabilitation, College Success Foundation, Treehouse, and state legislative representatives.

- In July 2017, the department's education policy 4302 was revised and strengthened to align with practice which includes requiring all children in foster care to attend public school, versus homeschool or online school programs, unless they receive approval from DCYF and the courts. Policy also requires caseworkers to use the School Notification Form DSHS 27-093 to alert schools of all placement changes. DCYF partnered with program experts at OSPI (home school supervisor, private school supervisor, and foster care program supervisor) to draft the revised policy and ensure the revised policy aligns with Washington State education requirements for schools and parents. The policy was also reviewed by Treehouse before finalization.

- Through 2017, the HQ education program manager coordinated with the foster care recruitment and retention and kinship care program managers to post articles in the Caregiver Connection Newsletter and various caregiver listserves to communicate with a broad group of caregivers. In July 2017, articles were posted about the revised Education policy and in September 2017 articles were posted about back to school tips and the importance of regular school attendance.

- In October 2017, WSAC and DCYF finalized a data sharing agreement increasing the frequency of information exchanges, which allows WSAC to provide the Supplementary Education Transition Program (SETuP) contractors with more accurate and timely information to support outreach to foster youth.

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

Table 38.

| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
|---|---|---|---|---|---|---|---|
| WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS | | | | | | | |
| CY2014 | Case review data not available for this time period. | | | | | | |
| CY2015 | | | | | | | |
| CY2016 | 43% | 39% | 46% | 46% | 50% | 26% | 41% |
| CY2017 | 56% | 71% | 35% | 62% | 45% | 50% | 66% |
| CY2018 | 56% | 62% | 80% | 52% | 54% | 46% | 56% |
| Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

The Department determined that performance related to well-being outcome 3 is an area of continued improvement. Barriers to timely service provision are associated with waitlists for the limited number of providers that can offer critical services such as mental health, substance abuse treatment, and dental care for children. Accessing services to address the physical health, including dental needs, of children is a challenge, particularly for in-home cases.

Table 39.

| ITEM 17: PHYSICAL HEALTH OF CHILDREN | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| The child's physical health needs were assessed and addressed. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 62% | 71% | 72% | 75% | 60% | 66% | 62% |
| CY2015 | 62% | 66% | 49% | 74% | | 68% | 62% |
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 43% | 44% | 47% | 48% | 48% | 24% | 41% |
| CY2017 | 58% | 71% | 35% | 65% | 54% | 44% | 70% |
| CY2018 | 63% | 65% | 78% | 57% | 53% | 73% | 67% |
| Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team | | | | | | | |

DCYF has continued to make performance improvements addressing the physical health needs of children, including dental health needs, over the previous reporting periods. Statewide, 63% of cases reviewed in calendar year 2018 were rated a strength; an improvement of 20% since calendar year 2016.

CCRT found that in 84% of the cases, the child's physical health care needs were accurately assessed and appropriate services were provided to the child to address all identified physical health needs in 87% of the cases. The physical health needs assessment included ensuring the child received annual well-child examinations.

The dental health care needs of children were accurately assessed in 74% of cases and appropriate services were provided to the children to address identified dental needs in 73% of the cases. An analysis of cases reviewed indicated the child's second dental appointment continues to be a statewide issue.

For children in out-of-home care who require medication for physical health needs, 81% received appropriate oversight of their prescription medications.

In addition to OSRI data, the department utilizes additional sources of information that demonstrate whether the child's medical needs are being addressed. Medicaid billing and encounter data identifies medical and dental appointments the child attended. These medical and dental appointments may not be documented in FamLink. A review of billing records can provide verification that the child received physical and behavioral health care services, an annual EPSDT, and dental services. Medicaid billing data also assures accuracy of when appointments occurred and which provider the child visited.

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

The physical health domain includes an initial EPSDT exam and results are documented in the completed CHET report. Statewide in calendar year 2018, 96% of children had a completed physical health domain within 30 days of placement into out-of-home care. Completion of the CHET physical health domain is impacted by difficulties in timely completion of the initial EPSDT

exam and delays in DCYF receiving requested medical records, children who are on the run, and children returning home prior to the completion of the CHET process.

Table 40.

| ITEM 18: MENTAL/BEHAVIORAL HEALTH OF THE CHILD | | | | | | | |
|---|---|---|---|---|---|---|---|
| Washington State Developed Case Review Tool | | | | | | | |
| The child's mental/behavioral health needs were assessed and addressed. | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2014 | 87% | 84% | 83% | 91% | 92% | 60% | 96% |
| CY2015 | 82% | 85% | 83% | 86% | | 80% | 71% |
| On Site Review Instrument | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| CY2016 | 68% | 68% | 76% | 57% | 67% | 69% | 70% |
| CY2017 | 74% | 87% | 40% | 83% | 61% | 83% | 74% |
| CY2018 | 67% | 73% | 86% | 78% | 73% | 26% | 69% |
| *Data Source: CY2014 & CY2015 DCYF Annual Central Case Review Report. CY2016, CY2017 & CY2018 OSRI, Central Case Review Team* | | | | | | | |

During calendar year 2018, 67% of reviewed cases were rated a strength which reflects a decrease in performance from the previous reporting periods.

Statewide, 84% of the cases reviewed by CCRT included an accurate initial and ongoing assessment of the child's mental/behavioral health needs to inform case planning decisions. All regions unanimously indicated that for the out-of-home placement cases, the CHET report gets things off to a great start and difficulties identified were mainly for in-home and front end cases especially for specialized evaluations such as domestic violence and substance use disorder. It is more difficult to track and assure completion of evaluations and assessments for these cases. When mental/behavioral health needs were identified, 75% of the cases reviewed were provided appropriate services.

The calendar year 2018 case review results indicated that statewide, 82% of the out-of-home cases received appropriate oversight of prescription medications related to the child or youth's mental/behavioral health issues. DCYF partners with the Washington State Health Care Authority (HCA) and Apple Health Core Connections (AHCC) to provide oversight of prescription medications for children and youth in out-of-home care.

The department utilizes additional sources of information that demonstrate whether the child's emotional and behavioral health needs are being addressed. Every child that enters and remains in out-of-home care for 30 days or more receives a CHET[12] screen which includes an assessment of emotional and behavioral health needs. Results from the assessment are used to develop an appropriate case plan and assist in placement decisions for the child. The percentage of children whose emotional and behavioral health needs were assessed within 30 days of entering out-of-home care statewide in calendar year 2018 was 97%.

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[12] 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.

Table 41.

| WELL-BEING OUTCOME 3 ASSESSMENT OF PERFORMANCE | |
|---|---|
| Strengths | Areas Needing Improvement |
| • DCYFs OMH program assists in identifying children a nd youth who may need mental/health behavioral health services<br>• CHET screens provide a strong initial assessment for children entering out-of-home care, allowing for timely identification of services to meet their needs. | • The Children's Mental Health Workgroup identified challenges to meeting the behavioral health needs of children and youth in Washington, including children and youth in foster care:<br>— System Capacity - shortage of mental health providers at all levels<br>— Lack of culturally and linguistically appropriate services and assessments<br>— Cross systems collaboration- increase collaboration across health care, mental health, behavioral health, education, and other child serving agencies and systems<br>• Transportation for children and youth to access mental health services outside their immediate area when placement is in the more rural areas of the region and there is limited service providers.<br>• Documentation regarding the follow-up and outcome of mental/behavioral health services the child received and the oversight of psychotropic medications.<br>• More consistent follow up and follow through with identified needs of mental health/behavioral health services with children and youth who are involved in front end or in-home cases.<br>• |

Well-Being Outcome 3 Implemented Practice Improvements

- In 2014, the Ongoing Mental Health Screening (OMH) program was implemented. OMH uses the CHET mental health screening tools to re-screen children and youth every 6 months for mental health symptoms. Tools used in the re-screen are: ASQ-SE, PSC-17, and SCARED for children ages 3-17. Data is collected to monitor on-going needs and progress of children and youth who are in care. The re-screening process also identifies children and youth who may need mental/behavioral health services or need to have their current services re-evaluated.

- A psychotropic medications targeted case review was completed for children ages birth to five-years old in April 2015 for the purpose of identifying children ages birth to five in out-of-home care on psychotropic medication; and determining if the identified children are engaged in psychosocial interventions in conjunction with medication treatment.

- The Screen for Childhood Anxiety and Related Emotional Disorders (SCARED) was implemented to assess for trauma in July 2014 and is administered to all 7 to 17-year olds who stay care for 30 days or longer.

- In August 2016, a statewide well-being campaign to support meeting the physical, dental, and mental health needs of children was implemented. The campaign included the dissemination of information to caregivers regarding what medical and dental information the caseworker needs; as well as, communication to caseworkers which outline required practice elements and tips for properly documenting the child's medical and dental information. The staff communication also included prompting questions

caseworkers could use during visits with caregivers and the child to gather information about the child's medical and dental history. The campaign continued throughout 2017 and physical, dental, and mental health information were shared in alternating months.

- In August 2015, Coordinated Care of Washington was selected as the successful bidder for the Apple Health Foster Care contract to provide managed health care services. Coordinated Care of Washington will operate the Apple Health Foster Care contract under Apple Health Core Connections (AHCC) brand. AHCC is a managed care plan specifically designed to serve children and youth in the foster care, adoption support, Extended Foster Care, and alumni of care programs. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care services and treatment provided to children and youth in the eligible populations.

- In anticipation of rolling out managed care, presentations were given during all-staff meetings by Apple Health Core Connections managed care staff. Topics included: how to support children and youth in accessing routine and special medical, behavioral, and dental services; sharing a list of service providers in the area with caseworkers, and support in obtaining copies of medical and dental records.

- The Health Care Services for Children in Out-of-Home Care policy was updated based on caseworker feedback and took effect July 1, 2018. The updated policy was included in mandatory policy roll-out training for supervisors and caseworkers. Training included reminders about immunizations, appointments every six months and any necessary follow-up, ongoing medical care upon child's return home, and documentation of necessary elements.

- In 2016, the Children's Mental Health Workgroup[13] was established in Engrossed Second Substitute House Bill 2439 (E2SHB 2439), relating to increasing access to adequate and appropriate mental health services for children and youth. In 2018, Engrossed Second Substitute House Bill 2779 was signed reestablishing the children's mental health workgroup through December 2020. The workgroup was established to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for this population. The workgroup was required to review the barriers that exist to identifying and treating mental health issues in children with a particular focus on birth to age five and to conduct specific tasks.

- In June 2016, three PTSD symptom related questions from the Child Behavioral Health Screener (CBHR) developed by the Oklahoma Trauma Assessment & Service Center Collaborative (OK-TASCC), were introduced as a pilot into the OMH program. The pilot screening tool was called Plus 3 and was administered to all children and youth in the OMH target population (ages 3-17). The Plus 3 pilot was used to determine if the questions could be a viable alternative to the SCARED for use with children ages 3-6 and/or with caregivers. The University of Washington (UW) evaluated the data from the pilot, and compared the data to those children with a formal diagnosis of PTSD. The UW staff determined that the Plus 3 alone was not sensitive or specific enough in identifying trauma, however, the Plus 3 in conjunction with one question from the SCARED (the

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[13] The Children's Mental Health workgroup final report and recommendations submitted to the Governor and the Legislature can be viewed online.

Plus 4) had the best sensitivity and specificity in identifying trauma concerns. Additionally the Plus 4 performed better when used with caregivers. The SCARED performs better at identifying trauma concern with older youth, when screening youth directly. The Plus 4 will be used for screening children ages 3-17 in the OMH and CHET programs when used directly with children 12 and under or when used with caregivers. The SCARED will continue to be used when screening youth ages 13-17 directly.

- Utilizing the Creating Connections (ACF - Children's Bureau) grant, CA collaborated with the University of Washington, DSHS Division of Behavioral Health and Recovery, HCA, and the Harborview Center for Sexual Assault and Traumatic Stress. The grant supported the continued delivery of training to department caseworkers and community mental health professionals titled Mental Health: In-Depth Applications for Child Welfare. This skill-based training increases participant's knowledge and ability to identify, address, and refer a child or youth to address his or her mental/behavioral health needs.

Table 42.

| 2015-2019 CFSP STATEWIDE WELL-BEING ACTION PLAN | | | | | |
|---|---|---|---|---|---|
| Goal 6: Increase And Maintain Performance Regarding Assessment Of Children's Educational Needs And Ensuring Needs Are Appropriately Addressed | | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 6.1 | Regional education leads will review cases rated area needing improvement from office case reviews and will work with the assigned caseworker and supervisor to address any outstanding needs and assist in completing the process. | Improve caseworker documentation to include all aspects of the assessment process, including services provided and result as measured by CFSR item 16. | April 2017 | Ongoing | Complete – December 2017 |
| 2018 APSR Update: | These reviews were completed throughout calendar year 2017 and are a useful practice in helping caseworkers and supervisors know the education requirements and provides caseworkers with one-on-one training from Regional Education Leads. This work will continue as a regular part of the work completed by Regional Education Leads. | | | | |
| 2017 APSR Update: | Regional education leads are provided results from the case review and work directly with staff. Update results from regional education case reviews. A needed 6% improvement is indicated to reach 95%. | | | | |
| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
| 6.2a | All regions will be working with caseworkers and supervisors to roll out the new education policy training. The new requirements will include incorporating the education information received from OSPI into the children's case plan and education plan | Regional leads will conduct qualitative targeted review of education plans to ensure the new requirements are appropriately reflected in the education plan. Each region will review 10 cases for a total of 60 cases statewide. Initial review target – 25% (15 cases) Second review target – 50% (30 cases) | May 2017 | **Initial Review**: February 2019 **Second Review**: August 2019 | In process |
| 2019 APSR Update: | The initial review for February 2019 did not happen as planned. With the new DCYF agency there was a return to six regions from the DSHS three regions. This resulted in an increase in Regional Education Leads and some turnover of the existing leads. Much of this first year of the agency has been spent with the regions hiring four new leads and | | | | |

| 2015-2019 CFSP STATEWIDE WELL-BEING ACTION PLAN | | | | | |
|---|---|---|---|---|---|
| | HQ Education Program Manager training leads and supervisors on the leads responsibilities. We are on track to perform the August 2019 Ed Plan review. A view only page was developed in FamLink to allow caseworkers to see OSPI historical education information and rolled out at the start of the 2018-19 school year. Education training was provided to staff by the Alliance and CATS. The training focused on policy, FERPA requirements, and the new page in FamLink. In September 2018 an online training went live as well to allow for ongoing training. The online training includes a one page tip sheet for supervisors so they may go through the training with staff at a unit meeting. Staff may also take the training on their own. The InfoFamLink report needed for Ed Leads and Program Manager to review information in the Ed Plan was fixed. | | | | |
| 2018 APSR Update: | This action item didn't move forward as planned in calendar year 2017 due to issues with the infoFamLink report and delay in finalizing the OSPI data share agreement. The OSPI data share agreement was finalized and signed in October 2017. A view only page is being developed in FamLink to allow caseworkers to see 2018-2019 school year information. Education training will be provided to staff by the Alliance and CATS. The training will focus on policy, FERPA requirements, and the new page in FamLink. | | | | |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 6.2b | Supervisors will provide coaching to caseworkers on area of focus regarding education. Coaching will include appropriate and complete documentation, as well as available resources to address the child's identified needs. The services will include auto generated services for children based on the area and/or age group; ensuring the caseworker is aware of auto referral and adequately documents result from referral. *Originally item 6.4* | Regional leads will conduct qualitative targeted review of education plans to ensure the new requirements are appropriately reflected in the education plan. Each region will review 10 cases for a total of 60 cases statewide. Initial review target – 25% (15 cases) Second review target – 50% (30 cases) | May 2017 | **Initial Review**: February 2019 **Second Review**: August 2019 | In process |
| 2019 APSR Update: | The initial review for Feb 2019 did not happen as planned. With the new DCYF agency there was a return to six regions from the DSHS three regions. This resulted in an increase in Regional Education Leads and some turnover of the existing leads. Much of this first year of the agency has been spent with the regions hiring four new leads and HQ Education Program Manager training leads and supervisors on the leads responsibilities. We are on track to perform the August 2019 Ed Plan review. A view only page was developed in FamLink to allow caseworkers to see OSPI historical education information and rolled out at the start of the 2018-19 school year. Education training was provided to staff by the Alliance and CATS. The training focused on policy, FERPA requirements, and the new page in FamLink. In September 2018 an online training went live as well to allow for ongoing training. The online training includes a one page tip sheet for supervisors so they may go through the training with staff at a unit meeting. Staff may also take the training on their own. Fall of 2018 the HQ Education Program Manager attended the Lead CFWS Supervisor meeting to give a brief overview of the new education Page in FamLink and the education training opportunities available to supervisors and their staff. Fall of 2018 the HQ Education Program Manager attended the Lead CFWS Supervisor meeting to give a brief overview of the new education Page in FamLink and the education training opportunities available to supervisors and their staff. The InfoFamLink report needed for Ed Leads and Program Manager to review information in the Ed Plan was fixed. | | | | |

| 2015-2019 CFSP STATEWIDE WELL-BEING ACTION PLAN | | | | |
|---|---|---|---|---|
| 2018 APSR Update: | This action item didn't move forward as planned in calendar year 2017 due to issues with the infoFamLink report and delay in finalizing the OSPI data share agreement. The OSPI data share agreement was finalized and signed in October 2017. A view only page is being developed in FamLink to allow caseworkers to see 2018-2019 school year information. Education training will be provided to staff by the Alliance and CATS. The training will focus on policy, FERPA requirements, and the new page in FamLink. | | | |

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 6.3 | DCYF will engage in cross agency collaboration activities with OSPI, Treehouse, College Success Foundation, DEL, and WASAC. Collaborative efforts will address educational requirements for each agency and assist in planning for children in out-of-care. | Collaborative efforts will address educational requirements for each agency and assist in planning for children in out-of-care. | August 2016 | Ongoing | Complete – December 2017 |
| 2018 APSR Update: | This work will continue as a regular part of the work completed by the HQ Education Program Manager and Regional Education Leads. Examples of collaboration that occurred in 2017 include:<br><br>• Education assessment and referrals for supports improved during 2017, in large part, to the reauthorization of the federal Every Student Succeeds Act 2015 (ESSA), which was enacted December 2016. ESSA provided additional provisions for students in foster care and new mandates that the school and child welfare strengthen collaborations.<br><br>DCYF and the Office of Superintendent of Public Instruction (OSPI) worked diligently to implement new provisions and communicate updates through combined bulletins, cross training, and community meetings. The HQ Education Program Manager was invited and participated in the Washington State ESSA Implementation Team led by OSPI.<br><br>A noted accomplishment was the development of a joint process to facilitate payment for shared transportation cost to school districts. ESSA requires child welfare and the school districts to collaborate on transportation to keep children in their same school when it is in the child's best interest. There is not always an additional cost incurred, but when one occurs, ESSA requires the school district and the child welfare agency to collaborate and share costs. OSPI identified contact points at the schools for foster care students. All 295 Washington school districts appointed school district employed Foster Care Liaisons, which has increased communication and collaboration for individual students.<br><br>• In October 2017, Washington Student Achievement Council (WSAC) and finalized a data sharing agreement increasing the frequency of information exchanges, which allows WSAC to provide the Supplementary Education Transition Program (SETuP) contractors with more accurate and timely information to support outreach to foster youth. | | | | |

**Goal 7: Increase Documentation Of Children's Physical, Dental And Behavioral Health Needs In Monthly Health And Safety Visit Case Notes**

| Action Item | | Intended Outcome | Begin Date | End Date *(Target)* | Status |
|---|---|---|---|---|---|
| 7.1 | Develop a statewide well-being campaign that will focus on gathering information about the child's education, physical, dental, and behavioral health needs during monthly health and safety visits. Each month will focus on a new well-being item through monthly all-staff messages distributed via email with information for caseworkers and foster parents. The topic | Documentation will improve related to assessing and addressing child's medical and dental needs.<br><br>Case review design constraints meant efficacy could not be determined, but useful qualitative data was obtained. | August 2016 | Ongoing | Complete – September 2017 |

| 2015-2019 CFSP STATEWIDE WELL-BEING ACTION PLAN | | | | | |
|---|---|---|---|---|---|
| will alternate each month between the three different areas of focus. | | | | | |
| 2018 APSR Update: | A targeted case review of case note documentation was completed in December 2016 to determine the effectiveness of the campaign. Notable improvements in two of the three areas were observed, though causation could not be established. Several months following the close of this action item, data began to reflect a decline in the improvement gains. In order to be sustained, a similar campaign would likely need to become part of normal operations. | | | | |

# Statewide Information System

## Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status (whether the child is in out-of-home care), demographic characteristics (child's date of birth, sex, race, and ethnicity), location (physical address of placement), and goals for the placement (identification of permanency goals [reunification, adoption, guardianship, other planned permanent living arrangement]) of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care?

The Department's statewide information system, FamLink, is functioning well to ensure, at a minimum, the state can readily identify the child specific details described in CFSR systemic factor item 19. 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.

FamLink is the source for Washington's Adoption and Foster Care Analysis Reporting System (AFCARS) extracts, which includes data specific to location, status, goals, and demographic characteristics of every child in out-of-home care. The Department just completed its 2019A AFCARS submission and 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. Data is monitored and sent to regional QA leads who work with field staff to complete or correct data entry and data integrity issues. AFCARS data elements specific to systemic factor item 19 from the most recent AFCARS submission demonstrate Washington's ongoing commitment to accurate data collection.

Table 43.

| AFCARS Submission Data Elements | | | | |
|---|---|---|---|---|
| Data Element | 2016A Errors | 2016A Errors | 2017B Errors | 2018B Errors |
| FC-06 Date of Birth | 0 missing records | 0 missing records | 0 missing records | 0 missing records |
| FC-07 Sex | 0 missing records | 0 missing records | 0 missing records | 1 missing records |
| FC-08 Race | 130 missing records (1.0% failing) | 159 missing records (1.13% failing) | 92 missing records (.64% failing) | 47missing records (.64% failing) |
| FC-09 Hispanic Origin | 327 missing records (2.37% failing) | 383 missing records (2.71% failing) | 228 missing records (1.58% failing) | 167missing records (1.58% failing) |
| FC-18 First Removal Date | 0 missing records | 0 missing records | 0 missing records | 0 missing records 0 errors |
| FC-20 Last Discharge Date | 0 missing records, 54 errors (.42% failing) | 0 missing records, 54 errors (.41% failing) | 0 missing records, 61 errors (.46% failing) | 0 missing records, 65 errors (.49% failing) |
| FC-21 Latest Removal | 0 missing records, 57 errors (.41% failing) | 0 missing records, 58 errors (.41% failing) | 0 missing records, 53 errors (.37% failing) | 0 missing records, 56 errors (.39% failing) |
| FC-22 Removal Transaction Date | 0 missing records, 14 errors (.10% failing) | 0 missing records, 13 errors (.09% failing) | 0 missing records, 7 errors (.05% failing) | 0 missing records, 4 errors (.03% failing) |
| FC-41 Current Placement | 1 missing records (.01% failing) | 2 missing records (.01% failing) | 0 missing records | 0 missing records |
| FC-42 Out-of-State | 121 missing records (.88% failing) | 108 missing records (.77% failing) | 108 missing records (.75% failing) | 0 missing records, 73 errors (.51 % failing) |
| FC-43 Most Recent Goal | 652 missing records (5.08% failing) | 430 missing records (3.28% failing) | 238 missing records (1.78% failing) | 197 missing records (1.78% failing) |
| FC-56 Date of Discharge from Foster Care | 0 missing records, 12 errors (.09% failing) | 0 missing records, 18 errors (.13% failing) | 0 missing records, 24 errors (.17% failing) | 0 missing records, 6 errors (.4% failing) |
| FC-57 Foster Care Discharge Transaction Date | 0 missing records, 12 errors (.09% failing) | 0 missing records, 18 errors (.13% failing) | 0 missing records, 24 errors (.20% failing) | 0 missing records, 6 errors (.4% failing) |
| FC-22 Removal Transaction Date | 86 total errors (.62% failing) | 85 total errors (.60% failing) | 79 total errors (.55% failing) | 79 total errors (.55% failing) |
| FC-57 Foster Care Discharge Transaction Date | 172 total errors (5.82% failing) | 206 total errors (6.82% failing) | 161 total errors (5.47% failing) | 6 total errors (.04% failing) |
| *Data Source: DCYF AFCARS Submissions* | | | | |

Washington is within the acceptable AFCARS threshold for timeliness errors; however, state policy requires entry of placement information be completed within three calendar days. We continue to work towards reducing the lag on data entry of closing placements. Documenting closing episodes within 10 days has improved 7% since calendar year 2016.

Figure 6.



Data Source: Data Lag in Closing Episodes; infoFamLink.
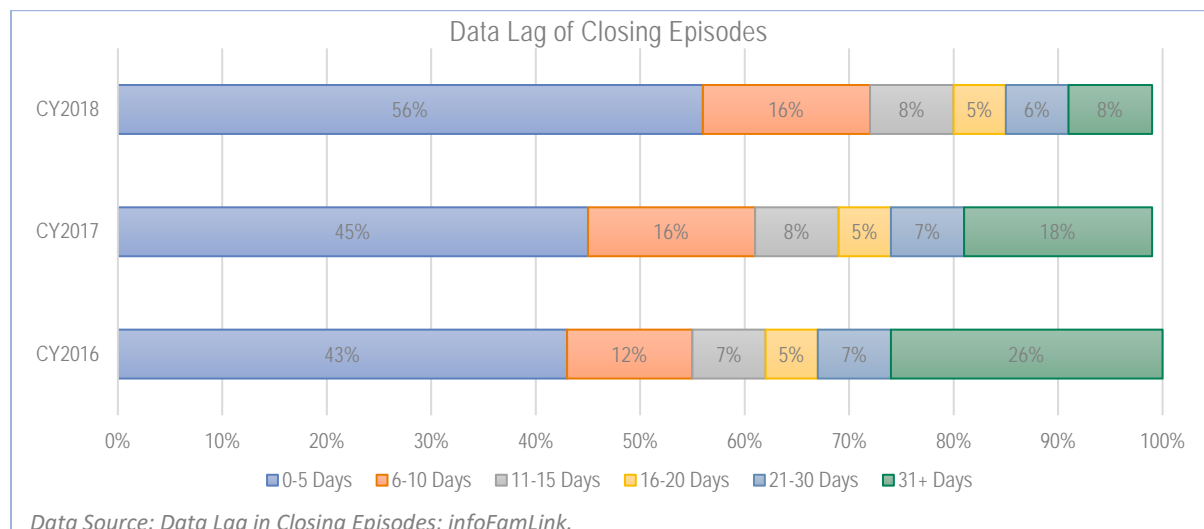
DCYF continues to use the infoFamLink Data Lag in Closing Episodes report to provide clarity in the status of documentation and to support all-staff in reducing the time lag of closing episodes. Emphasis remains a priority as late data entry may lead to overpayments, cause late payments to providers, and means that the system of record (FamLink) has less accurate information regarding the current placement settings for children in out-of-home care.

DCYF has continued to make improvements in timely documentation of out-of-home placements since the inception of FamLink in 2009. In 2009, the average days for entry of initial placements was 25 days, which has reduced to 1 day in 2018 when entered using the Child Location application and 12 days when entered directly in FamLink. The entry timeframe for placement changes improved from an average of 30 days in 2009 to an average of 1 day when entered using the Child Location application and an average of 13 days when using FamLink in 2018.

Table 44.

| PLACEMENT ENTRY TIMEFRAMES | | | | |
|---|---|---|---|---|
| Average Days to Entry | | | | |
| | Initial Removals | | Placement Move Events | |
| Year | FamLink | Child Location | FamLink | Child Location |
| 2009 | 25 | NA | 30 | NA |
| 2010 | 17 | NA | 15 | NA |
| 2011 | 19 | NA | 15 | NA |
| 2012 | 13 | NA | 15 | NA |
| 2013 | 12 | NA | 15 | NA |
| 2014 | 12 | NA | 14 | NA |
| 2015 | 11 | NA | 14 | NA |
| 2016 | 9 | NA | 13 | NA |
| 2017 | 8 | NA | 11 | NA |
| 2018* | 12 | 1 | 13 | 1 |

Data Source: Placement Entry Timeframes Report; infoFamLink; Updated May 29, 2019

*2018 Child Location is only May through December; Placement Correction and Batch changes not considered.

DCYF released the child location application on April 20th, 2018. This tool provides caseworkers the ability to enter a child's whereabouts immediately in the office or from the field. The Minimal Viable Product (MVP) allows staff to document new placements when the provider record exists. Initial feedback has been positive and usage continues to increase.

Field workers can still use the previous Placement Entry Tool to enter a placement when they have not entered the placement into the Child Location application within 72 hours allowed.

## 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.

The new AFCARS rules modify race/ethnicity to align with NYTD values for race/ethnicity. Work is in progress to align values and is expected to release in June 2019.

## 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, case, and permanency planning. Documenting a child's status in the care and custody of the state is necessary for IV-E eligibility, legal actions/timelines, ensuring health and safety requirements are met, and ensuring inclusion in the correct reporting populations. FamLink meets all requirements for documenting a child's status and 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 can continue to focus on for improvement by reducing the number of missing records/goals.

## Data Quality

The Department is in the process of defining a Data Quality initiative that complies with CCWIS Regulation 1355.52. These regulations require: the title IV-E agency's CCWIS so it supports 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.

## Statewide Information System Implemented Practice Improvements

- During the months of August through October 2015, DCYF Technology Services business analysts conducted focus groups statewide, visiting a total of six offices statewide. Through open discussions, significant user feedback was received regarding the usability and challenges with FamLink. We also received feedback regarding the

need to provide staff with mobile technology. A theme throughout the focus groups was the struggle to have to constantly return to the office to "feed the machine". Based on feedback, Washington field staff have been equipped with smartphones (iPhone) and tablets (Dell tablets).

- From October 2015 through March 2016, 450 users began testing the use of mobile technology via the use of tablets and iPhones. This period of time was used to evaluate the theory for mobile computing and was a precursor to current mobile efforts. The users were able to use mobile computing hardware and with the use of Citrix were able to access FamLink from the field. This pilot received overwhelming support from the users that were able to work remotely to support and provide current information on children and families.

- In the fall of 2016, the department began implementation of the Placement Entry Tool (PET) to support the placement documentation process. The PET form was developed through a Lean problem solving event which included caseworkers, supervisors, regional QA staff, and HQ staff to support more timely documentation of placement, as well as, more consistency with the payment process. To date, user feedback regarding the PET form indicates a difficult transition to the new process.

- DCYF released the child location application on April 20, 2018 providing workers the ability to enter a child's whereabouts immediately. The Minimal Viable Product (MVP) allows staff to document new placements where the provider is already created. Initial feedback has been positive and usage continues to increase. Implementation efforts began in January with demonstrations of features and discussions with leadership on business work flows. Field trainers began messaging to workers and demonstrating upcoming features.

  In April, classroom training and one-on-one sessions occurred for staff. Training staff tailored material and sessions to support different job functions such as fiduciaries, placement staff and the field worker. Training efforts continue post-release supporting field adoption as well as supporting new features enhancements and of the child location application.

## Case Review System

### Item 20: Written Case Plan

*How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?*

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

In order to improve the quality of the written court report and ensure that the necessary information is included the Court Report Mapping and Guidance Tool was developed in 2017. This tool provides guidance for the caseworker on what needs to be included in each section of the CFE, as well as where the information is pulling from within FamLink. The guidance tool has been incorporated into caseworker trainings to assist in their everyday work.

A written case plan is required to be submitted to all parties, including the court, no less than 14 days prior to the scheduled hearing date. Local court jurisdictions hold the Department and

caseworker accountable to these timeframes and will not allow a hearing to move forward without the completed written case plan.

Accurate FamLink data regarding the percentage of cases with a written case plan developed or updated within the required timeframes is not available. FamLink does provide the ability to capture the launch or creation date of a CFE, but because the CFE does not require approval to generate the court report, very few CFEs are approved timely in FamLink.

Case plans are also developed jointly during the caseworker's monthly contact with the parents. DCYF policy requires that caseworkers have a minimum of one face-to-face visit with mothers and fathers monthly, unless an exception exists. However, when caseworkers are not having regular visits or contact with mothers and fathers it is difficult to fully assess needs and involve them in case planning.

CCRT results for cases reviewed in calendar year 2018 noted that caseworker visits with mother was found to be a strength in 67% of the cases; in-home cases were rated a strength in 69% and out-of-home care cases were rated a strength in 66% reviewed. Caseworker visits with father was found to be a strength in just over half, 56% of cases reviewed in calendar year 2018. Out-of-home cases accounted for 50% of the cases rated a strength, while 67% of the cases rated as a strength were in-home and CPS FAR cases. DCYF recognizes that performance related to caseworker monthly visits with mothers and fathers is a vital component to involve parents in case planning and recognizes there is much room for improvement.

The conversation with parents includes discussing the court process, the needs of the child, the progress the parents have made, and any barriers that need to be addressed. Caseworkers utilize the information discussed to develop and update the case plan. Court reports contain each child's case plan and are distributed to all parties, including mothers and fathers. This process assures that the required information is captured and available for assessment, planning, and to inform the court of the progress and plan.

In 71% of the calendar year 2018 cases, concerted efforts were made to actively involve the mother in the case planning process. The mother was involved in identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan. In looking at cases rated a strength, in-home cases were 75% and out-of-home care cases were 69%. Fathers were found to be actively involved in the case planning process in 62% of reviewed cases; 73% of fathers involved in case planning were in-home and CPS FAR cases and 57% of fathers involved were a party to an out-of-home case.

Currently, other than documentation and information gathered through participant interviews, DCYF does not have a process to consistently track parent involvement in the development of the case plan. Changes to the documentation system will include eenhancements to the shared planning meeting form that will assist in the tracking of participants at shared planning meetings and parent involvement in case planning.

## Item 21: Periodic Reviews

*How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?*
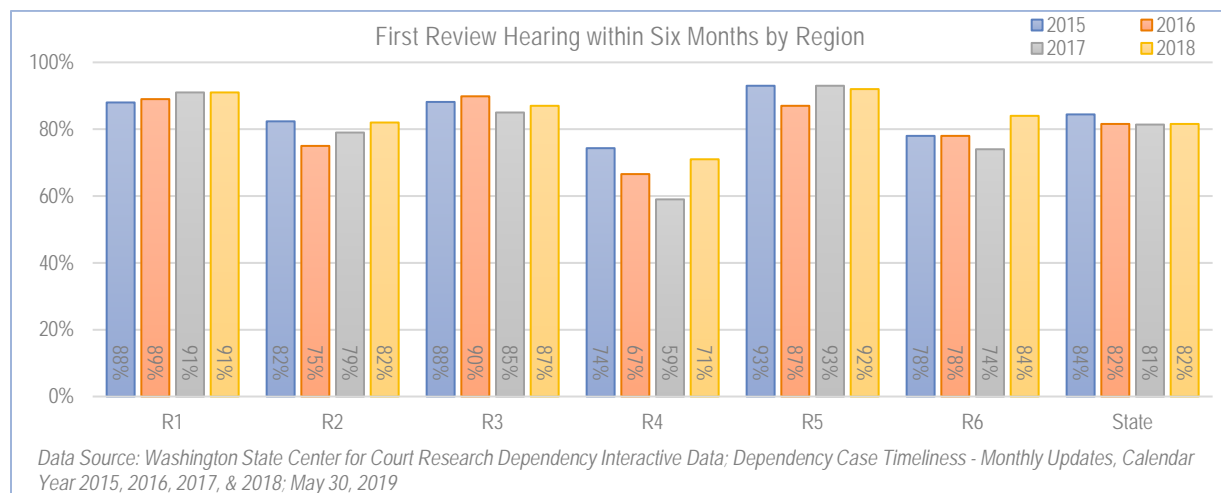
Washington State law and DCYF policy requires that every dependent child or youth's case be reviewed by the juvenile court no less frequently than once every six months; this item is a strength.

In Washington, review hearings, initial permanency hearings, permanency hearings, and administrative reviews all meet the requirements of periodic review hearings and therefore are counted as such. The purpose of these hearings is to assess the progress of the parties and determine whether court supervision should continue. This assessment, also required by DCYF policy and procedures, is conducted through a comprehensive discussion which includes child safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the needs for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan.

DCYF utilizes data compiled by The Administrative Office of the Courts (AOC) to monitor timeliness standards by county jurisdiction for periodic reviews. The Family and Juvenile Court Improvement Plan (FJCIP) coordinates court effort to strategically implement principles of the Unified Family Court which were adopted as best practices by the Board for Judicial Administration in 2005. DCYF receives monthly and quarterly updates to interactive dependency reports. The monthly updates include information from the Superior Court Management Information System (SCOMIS) and quarterly updates include information from SCOMIS that has been linked with DCYF FamLink data.

As of October 2018, there were 9,247 children and youth in out-of-home care. Of the children in Washington's care during this time, 82% had their first dependency review hearing within six months of the child's original placement date into out-of-home care in calendar year 2018.

Figure 7.



Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016, 2017, & 2018; May 30, 2019

During calendar year 2018, the Washington State Center for Court Research Interactive Dependency Data indicated that statewide, 93% cases had an ongoing dependency review hearing within six months of the previous hearing date while in out-of-home care.

Figure 8.



*Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016, 2017, & 2018; May 30, 2019*
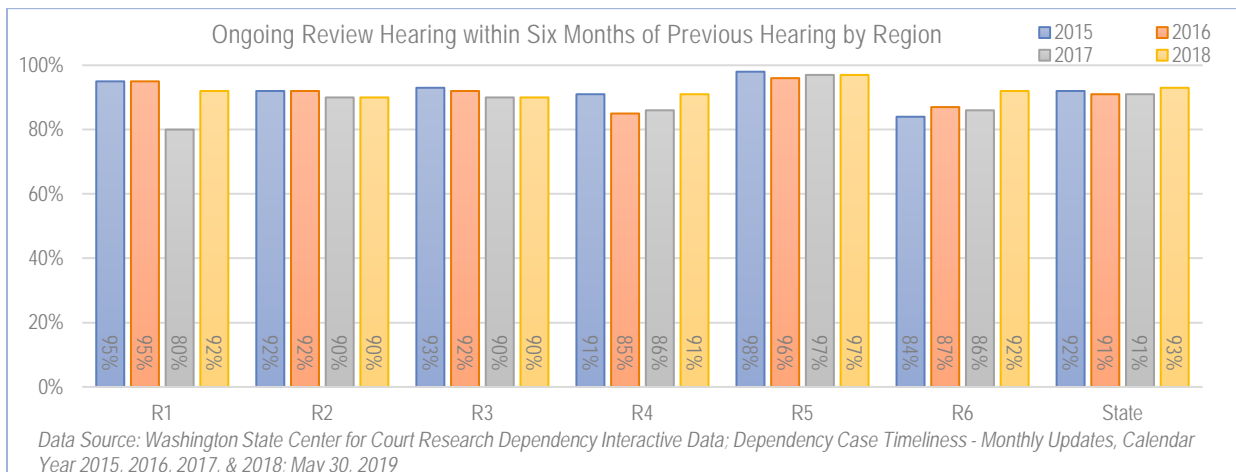
## Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?
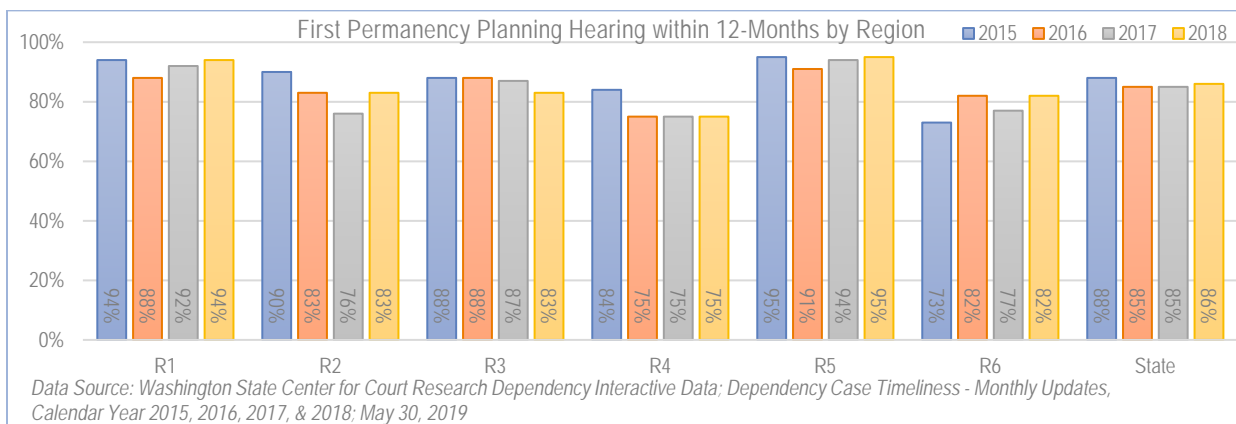
Washington state law and DCYF policy requires a permanency planning hearing to be held for every dependent child who has remained in out-of-home care for at least nine months and an adoption decree, guardianship order, or permanent custody order has not previously been entered. The hearing must occur no later than twelve months from the date the child entered out-of-home care and no less frequently than every twelve months thereafter. Permanency planning goals should be achieved at the earliest possible date, preferably before the child has been in out-of-home care for fifteen months.

DCYF utilizes data compiled by AOC to monitor timeliness standards by county jurisdiction for permanency hearings. Statewide in 2018, 86% of children in out-of-home care had a timely first permanency planning hearing.[14] Performance has remained stable from the previous reporting period. For the first permanency planning hearing to be considered timely, a hearing must occur no later than 12-months of the child's initial placement date into out-of-home care.

Figure 9.



*Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016, 2017, & 2018; May 30, 2019*
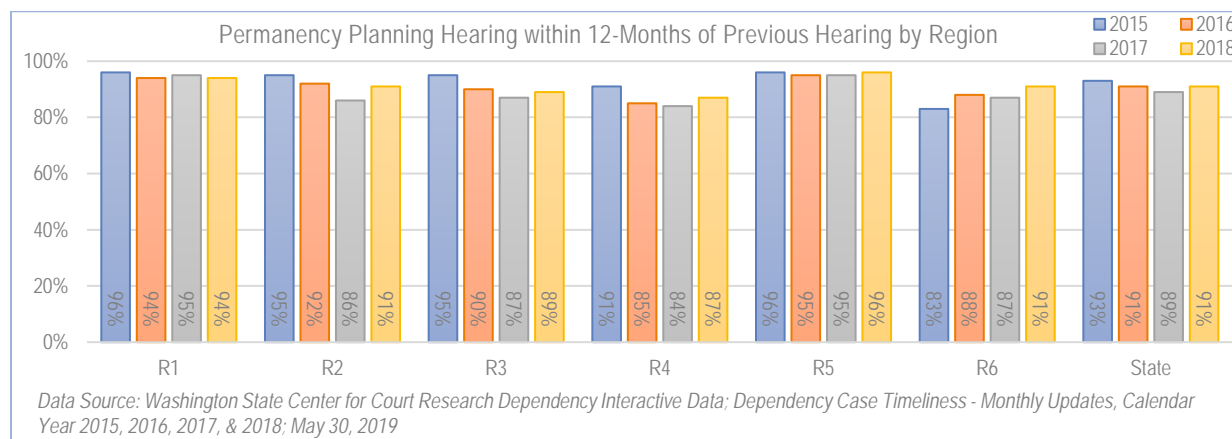
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[14] As of November 13, 2018 King County Superior Court case information and activitiy may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system.

Following the child's first permanency planning hearing within 12-months of entering out-of-home care, a permanency planning hearing must occur every 12-months until the child achieves permanency. Statewide in calendar year 2018, 91% of children had the required permanency planning hearing held in the subsequent 12-months they were in out-of-home care and the median number of days for subsequent permanency planning hearings decreasing to 302 days.[15]

Figure 10.



Permanency Planning Hearing within 12-Months of Previous Hearing by Region

*Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016, 2017, & 2018; May 30, 2019*

## Item 23: Termination of Parental Rights (TPR)

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

DCYF policy requires a referral be made to the Attorney General's Office (AGO) for the filing of a termination of parental rights (TPR). Following that referral, a petition is filed by an Assistant Attorney General (AAG) if a child has been in out-of-home care for 12 of the last 19 months. A TPR referral is either a completed form and a large packet of documentation or is an interview with a paralegal from the AGO's office which is completed by the assigned caseworker. The most common referral for TPR is the completion of a form and large packet. The referral method varies within each county and is dependent upon the AAG's process.
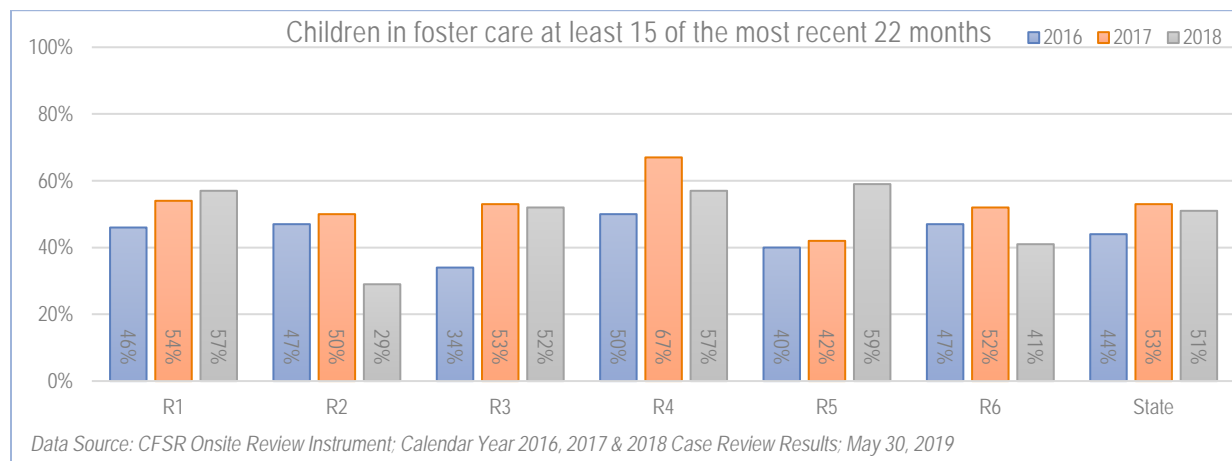
The AGOs office has 45 days from the date the TPR referral is received from the assigned caseworker to file the petition for termination of parental rights or return the referral to the assigned caseworker. If the referral is returned to the caseworker, the AAG must include an explanation as to why the referral is being returned. When the referral has been returned, the assigned caseworker must address the identified needs and resubmit the referral for TPR to the AGO; which restarts the 45-day requirement for AAG review. Currently there is no consistent system for collecting data to assess the impact of these processes on delay of filing TPR.

If there are compelling reasons not to file a TPR petition, the reasons are presented to the court and reflected in the court order and documented within FamLink. This process supports the required filings under the Adoption and Safe Families Act (ASFA), which is to file a TPR if the child has been in care during 15 of the last 22 months.

Of the cases reviewed by the CCRT in calendar year 2018, statewide 51% of the children were in foster care for at least 15 of the most recent 22 months.

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[15] As of November 13, 2018 King County Superior Court case information and activitiy may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system.

Figure 11.



Children in foster care at least 15 of the most recent 22 months ■2016 ■2017 ■2018

R1: 46% 54% 57%
R2: 47% 50% 29%
R3: 34% 53% 52%
R4: 50% 67% 57%
R5: 40% 42% 59%
R6: 47% 52% 41%
State: 44% 53% 51%

*Data Source: CFSR Onsite Review Instrument; Calendar Year 2016, 2017 & 2018 Case Review Results; May 30, 2019*

Of the children in foster care at least 15 of the most recent 22 months, or who met other ASFA criteria, CCRT results indicated the agency filed a timely TPR petition during the calendar year 2018 period under review or before the period under review in 25% of the cases reviewed. The CCRT results noted that an exception to the requirement to file or join a TPR petition existed in 63% of the cases reviewed in calendar year 2018.

In addition to CCRT results, DCYF utilizes data compiled by AOC, which follows ASFA requirements, to monitor the filing of TPR petitions. The AOC Interactive Data Report includes the percent of children with a TPR petition filed within 15-months of entering out-of-home care. Statewide, 57% of TPR petitions were filed timely for children within 15-months of entering out-of-home care or there was documentation of a good cause to not file; a 3% decrease from the previous reporting periods.[16]

Figure 12.



TPR Petitions within 15 months or Good Cause Documented by Region ■ w/in 15 months
Calendar Year 2018 ■ Good Cause Documented

R1: 355 TPR — 52% w/in 15 months, 2% Good Cause
R2: 159 TPR Petitions — 41% w/in 15 months, 9% Good Cause
R3: 297 TPR Petitions — 55% w/in 15 months, 9% Good Cause
R4: 344 TPR Petitions — 18% w/in 15 months, 19% Good Cause
R5: 330 TPR Petitions — 52% w/in 15 months, 17% Good Cause
R6: 374 TPR Petitions — 31% w/in 15 months, 27% Good Cause
State: 1,893 TPR Petitions — 42% w/in 15 months, 15% Good Cause

*Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2015, 2016, 2017, & 2018; May 30, 2019*

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[16] As of November 13, 2018 King County Superior Court case information and activitiy may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system.
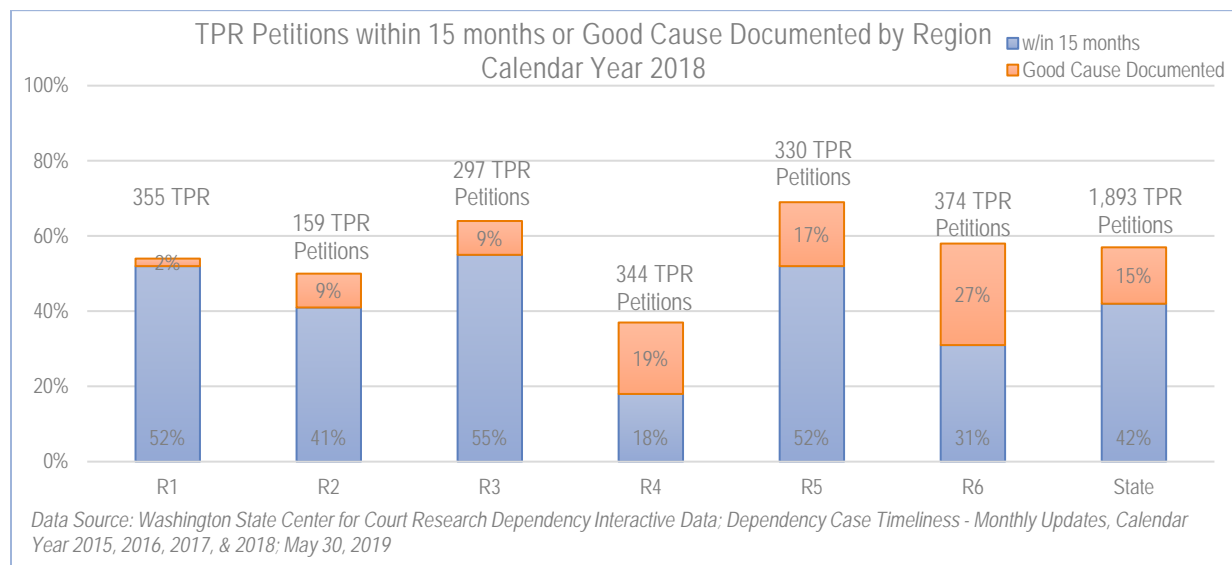
## Item 24: Caregiver Notification of Hearings and Right to be Heard

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

The main challenge to accurately tracking adequate and timely notification of hearings to caregivers is the lack of appropriate documentation in FamLink. While FamLink does allow for tracking of this information, the location of the documentation is not intuitive for caseworkers and the check box is very rarely marked. The infoFamLink Caregiver Notification Report indicates that for calendar year 2018, approximately 6% of caregivers received adequate and timely notification of hearings and were documented in FamLink, which wee believe significantly underreports the notification. As a result, DCYF does not have reliable quantitative data that reflects statewide practice.

During the 2016 Legislative Session ESHB 2591 passed, requiring the AOC annual dependency timeliness report 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. Changes to the 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. Information was provided to the AGO, judicial officers, and the court clerks regarding the revised forms in order to improve data

| CAREGIVER NOTIFICATIONS AND CAREGIVER REPORTS | | | |
|---|---|---|---|
| | Adequate and Timely Notice was Given to the Child's Caregiver | | The Court Received Report from Caregiver |
| | Yes | No | Yes |
| Adams | | | |
| Asotin | | | 1 |
| Benton | 385 | | 22 |
| Chelan | 411 | 6 | 9 |
| Clallam | 247 | 7 | 22 |
| Clark | 5 | | 28 |
| Columbia | | | |
| Cowlitz | | | 87 |
| Douglas | | | 13 |
| Ferry | 28 | | |
| Franklin | 344 | 1 | 89 |
| Garfield | | | |
| Grant | | | 2 |
| Grays Harbor | 552 | 4 | 145 |
| Island | | | 34 |
| Jefferson | 46 | 1 | |
| King | 4013 | 10 | 440 |
| Kitsap | 397 | 3 | 31 |
| Kittitas | | | |
| Klickitat | | | |
| Lewis | 522 | 1 | 2 |
| Lincoln | | | |
| Mason | 480 | | 2 |
| Okanogan | | | |
| Pacific | | | 8 |
| Pend Oreille | | | |
| Pierce | 2976 | 13 | 197 |
| San Juan | 2 | | 1 |
| Skagit | 124 | | 30 |
| Skamania | 43 | | 11 |
| Snohomish | 1580 | 5 | 400 |
| Spokane | 1869 | 7 | 14 |
| Stevens | 264 | | 47 |
| Thurston | 1003 | 1 | 85 |
| Wahkiakum | | | |
| Walla Walla | 224 | | 3 |
| Whatcom | | | 14 |
| Whitman | 1 | | 72 |
| Yakima | | | 30 |

*Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2018; May 30, 2019*
*As of November 13, 2018 King County Superior Court case information and activitiy may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system. For futher information please consult their portal: https://dja-prd-eccexap1.kingcounty.gov/?q=Home. Historical numbers have been and will continue to be updated as data is received.*

collection. Eight counties in Washington began collecting and reporting data to AOC regarding adequate and timely notification to the caregiver beginning in June 2016. While reporting has improved over the last two 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.

As of January 2019, 28 out of 39 Washington counties are collecting and reporting data to AOC regarding adequate and timely notification of hearings to caregivers. The majority of the counties currently not collecting and reporting data are smaller court jurisdictions. AOC gathers updated data each month and continues to request data from the non-reporting counties. Currently there is no time table for these counties to begin reporting data.

Case Review System Implemented Practice Improvements

- In 2015, DCYF in conjunction with AOC formed the Permanency CQI workgroup with a goal to increase the number of children who achieve timely reunification/permanency. In addition to DCYF and AOC staff, the workgroup consisted of representatives from the judiciary, Tribes, OPD, Washington State CASA, CITA, OCLA CRP, Casey Family Program, and AGO. The group reviewed both court and DCYF data regarding permanency and determined the following team tasks:
    — Identify contributing factors to racial disparities in system processes.
    — Develop and finalize a permanency CQI plan.
    — Identify and develop key permanency data measures for ongoing progress and performance review. Include ability to break down by race/ethnicity in all measures.
    — Identify practice improvements to support timely filing/compelling circumstances.
    — Establish and act on interim targets for performance improvement.
    — Foster and maintain cross-agency perspective on permanency and permanency improvements.
    — Make recommendations as indicated.
- In partnership with local courts, the Permanency CQI workgroup developed a format and held nine permanency summits between 2016 and 2018. The criteria for choosing permanency summit locations included counties with the longest length of stay that also lacked system improvement resources, such as state FJCIP grants and CITA Tables of Ten stakeholder groups. The first Permanency Summit was held in September 2016 in Clark and Cowlitz, followed by Grant and Benton in 2017, and Okanogan and Kittitas in 2018.The CQI workgroup co-chairs facilitated discussions with the local stakeholder groups to share information and plan for the summit. The summits culminated in the creation of action plans for each county, and the CQI workgroup tracked the progress of the action plans.
- In September 2017, a Parent Engagement campaign was developed to improve how caseworkers engage parents in all aspects of the case. Utilizing pop up messaging (Quick Tips), followed by training and mentoring co-facilitated with regional and HQ staff, a video, and supportive tools including tip sheets for parents and caregivers were distributed in February 2018. The campaign concluded in April 2018.
- In November 2017, the Washington State Center for Court Research created a new online easy to use tool to assist Superior Court Judges, Court Commissioners, Court

Administrators, Juvenile Court Administrators and FJCIP Coordinators in tracking performance regarding several dependency timelines measures, including periodic reviews. The new online tool has been named the Dependency Dashboard and is an interactive web-based application, which allows users to view current, point-in-time dependency data by state or county. The user specifies data filter criteria and level of detail, allowing the user to view data all along the spectrum, down to case level. In addition to this tool being a public-facing web-based application, the link will be included in monthly Dependency Practice Tips sent out by the AOC.

- The Court Improvement Training Academy (CITA), sited at the University of Washington School of Law, provides training for the courts and child welfare community. CITA has supported Tables of Ten (multidisciplinary groups of ten individuals from a given county interested in improving the local child welfare system) in several counties across Washington. These Tables bring together child welfare professionals and key stakeholders to reach solutions that improve outcomes for families. Many of the Tables of Ten continue to use this format to improve case resolution timeframes and develop local initiatives to improve the local child welfare legal systems.

- During the 2016 legislative session, Engrossed Substitute House Bill 2591 (ESHB 2591) was passed which requires the department to provide notification of all upcoming dependency hearings to foster parents, pre-adoptive parents and relative caregivers regarding foster children in their care; in addition, providers are provided notice of upcoming hearings at the time of placement when appropriate. Notification of hearings is also provided to other parties, such as parents. The bill requires the court to:
  — make written findings regarding whether foster parents were notified of dependency court hearings,
  — indicate whether the court received a caregiver's report, and
  — indicate whether the court provided the foster parent, pre-adoptive parents or relative caregivers an opportunity to be heard.

- Caregiver notification has been an ongoing topic at regional and statewide 1624 meetings, that include caseworkers, foster parents, and the Foster Parent Association of Washington State (FPAWS). In 2017, state 1624 video conference meetings occurred on January 23, April 17, July 17, and October 23, 2017. Regional 1624 meetings occur approximately 6-weeks prior to the state meeting; various issues regarding communication between the caseworker and the foster parent are addressed and the issue of caregivers receiving notification of hearings comes up regularly.

## Quality Assurance System

### Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

DCYF has a well-functioning quality assurance (QA) and continuous quality improvement (CQI) system statewide that is operating in all areas across the state. Each region has a QA/CQI team

that works closely with regional staff, regional leadership, and the HQ QA/CQI section, as well as other divisions to make improvements statewide.

## System Functioning - Operating where services are provided

Washington's QA and CQI processes are operating across the state in each of the six regions. The HQ QA/CQI section consists of one central case review team (one supervisor and six staff), four QA/CQI managers, an administrative support staff, and the Statewide QA/CQI Administrator.

In 2017, the QA/CQI section expanded to add project staff dedicated to a Targeted Permanency Review initiative through a partnership of Casey Family Programs. Currently there are two program managers to support this work which will continue through August 2019.

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

DCYFs CCRT is fully operational around the state and is active in all regions. In calendar year 2018, the CCRT reviewed cases statewide from 29 field offices across the state. Results from case reviews are utilized by local offices to develop action plans and improvement strategies to improve practice. Practice improvements related to child safety have the highest priority.

In January 2016, the CCRT began utilizing the Online Monitoring System (OMS) and reviewing cases according to the federal Onsite Review Instrument (OSRI) standards. In 2017, the CCRT began integrating key case participant interviews into the review process. Key case participant interviews include, but are not limited to, the mother, father, child/youth, caseworker, and caregiver.

## System Functioning - Standards to evaluate the quality of services

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

Washington's practice and service standards are defined through federal and state law, as well as DCYF policy and procedures. Our policy, procedures, and licensing standards all include practice standards and timelines for service delivery.

Upon implementation of the OSRI, regions updated their CQI process to include and focus more on the qualitative data identified within the review tool. Additionally, regions changed their improvement approach from focusing only on office level improvement plans to also include regional improvement plans, using central case review results to determine regional strengths and areas needing improvement. Looking at improvement from a regional level allows for the identification of regional patterns and allows the data to help develop regional strategies for improvement.

In 2016, the HQ QA/CQI section adopted a new approach to continuous feedback and improvement by holding regional semi-annual deep dives with regional QA/CQI teams to complete a root cause analysis regarding strengths and challenges the local offices and/or region may be experiencing on the 18 CFSR items.

The deep dives discuss the previous six months of performance data and local offices where a central case review occurred. Over the last few years, through a continuous improvement process, the deep dives have become a regular part of feedback from the regions. Participants

in these meetings include the appropriate HQ program managers via video conference. This engagement allows for conversation between the region and headquarters regarding an identified strength or challenge and possible identification of a strategy for improvement.

In preparation for the regional semi-annual deep dives, following the CCRT case review, regional QA/CQI staff meet with the local office to help identify strengths and challenges impacting outcomes, as well as reviewing case review results. This information is shared with HQ to identify statewide trends so that adjustments can be made to strategies for improvement or policy. Examples of statewide patterns and trends for the seven CFSR outcomes noted in each region during the deep dives included:

- Safety Outcome 1
    — Sufficient number of attempts are not completed or documented when an extension has been entered.

- Safety Outcome 2
    — Assessment of other adults in the home are not occurring or are not properly documented.
    — Safety of all children was not initially assessed or assessed on an ongoing basis.

- Permanency Outcome 1
    — Lack of documentation to identify reason for placement change.
    — Staff turnover leads to multiple workers on a case and each time the process starts over while new worker learns case details.

- Permanency Outcome 2
    — When siblings were not placed together, documentation could not be found to as to reason placed apart.
    — Lack of documentation that attempts were made to encourage one or both parents to visit child(ren) when not engaged.
    — Once relatives have been identified, caseworkers are not following up with relatives.
    — Lack of documentation to encourage or engage parents beyond visits.

- Well-Being Outcome 1
    — Lack of documentation regarding efforts to locate, assess and engage or re-engage parents.
    — Lack of engagement with one of the parents; such as meeting regularly with mother, but not father.

- Well-Being Outcome 2
    — Lack of documentation regarding if and how educational needs are addressed.

- Well-Being Outcome 3
    — Lack of documentation regarding one or both of the required dental exams. Staff unaware that two dental exams are required each year.
    — Lack of documentation regarding oversight of child's prescription medication.

In addition to the OSRI tool, each region utilizes identified core metrics to assist in the QA process. Each month, regional QA specialists run core metric reports on statewide and regional

areas of focus for regional leadership which allows for the identification strengths and challenges at the region and office level. These core metrics include process measures to ensure adherence to policy related to timely face-to-face contacts and health and safety visits with children. The stability and improvement over the past several years in measures such as timely investigations and health and safety visits with children, can be partially attributed to the regular monitoring of the process data at the region and office levels.

While the quantitative review is a regular part of feedback to evaluate service delivery for regional leadership, from the regional administrator to the supervisor level, the adoption of the ORSI in 2016 has assisted in the ability to see the complete story behind the data and give a deeper perspective. By using both quantitative and qualitative data DCYF can better identify strategies to shift practice and ultimately improve outcomes.

### 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, feedback surveys, workgroup meetings, Lean, and other process improvement activities, stakeholder feedback, and contract monitoring. The following are examples of how DCYF identifies strengths and improvement areas in our delivery of services.

- Case Review – Through use of the OSRI, Washington is able to identify strengths and areas of the system requiring improvement by looking specifically at the service delivery and case practice by assessing the seven CFSR practice outcomes (18 Items). Since 2016, the CCRT has reviewed 1,153 cases statewide and conducted over 2,000 stakeholder interviews.

- Ad Hoc Reviews/Targeted Reviews – Each of the six regions have been conducting ad hoc reviews. The process is regionally driven and implemented differently depending on staff resources and specific office or regional needs. Regions 1 and 2 have used the process to follow up approximately 6 months to a year after the CCRT has been on site to determine if strategies implemented as a result of the Central Case Review (CCR) have impacted targeted areas. Adjustments can then be made to the Regional Action Plan or practice expectations. Not every office receives an ad hoc review, the reviews are determined by the region.

  The process is not a parallel process to the CCRT. Due to time constraints and limited resources, ad hoc reviews do not include interviews and field staff volunteer to participate as reviewers. This allows the reviews to be used as a training opportunity. The agency has learned the following through use of the ad hoc process:
  - It allows the local office and region to approximate progress in regard to implemented strategies.
  - It exposes a broader range of field staff to best practice and the federal outcomes.
  - Staff receive hands on training on CQI processes and practices.
  - Staff who have participated in ad hoc reviews report extensive learning in case practice requirements they did not have before participating in the review.
  - Staff have indicated the information learned through hands on use of the tool will enhance their technical skill in the field.

— The reviews have reinforced learning provided through other agency training venues.

— The reviews have increased statewide practice consistency.

— Statewide CQI managers indicate that the ad hoc and CCRT reviews dove tail on one another to provide focused practice outcomes.

- Monthly Supervisory Reviews – Supervisors meet monthly with each caseworker to complete a qualitative review and provide clinical direction on all cases assigned to the caseworker. DCYF has standardized tools developed for CPS, LD CPS, CFWS, and FVS supervisors to gather consistent information during these reviews. Monthly supervisor reviews are documented in FamLink through case notes or the integrated supervisor review tool. Regional QA/CQI leads are able to generate a monthly report to monitor trends regarding the completion of supervisor reviews and results are distributed to regional leadership. In addition, regional QA staff in each region conduct both quantitative and qualitative reviews of completed supervisory reviews.

- Deep Dives – The deep dives are a prime example of an analytical approach to data review. The OSRI allows the user to run reports which provide detail on the areas of strength and challenges. Through this approach, the regions and HQ partner to look at patterns and trends across the region and across the state.

- CFSR Data Profile – DCYF receives the CFSR data profile from the Children's Bureau and is an example of a report used to identify areas of strength and challenges within our system.

- Core Metrics – As previously discussed, core metrics is another example of how data is used to identify strengths and needs. Statewide and regional specific core metrics are provided monthly to inform regional administrators and the DCYF leadership team. Core metrics are used regionally to inform leadership of areas of strength and challenge. Regional leadership use core metric data to identify areas of focus and planning. HQ uses core metric data to compare regions and to identify statewide patterns and trends.

- Office of the Administration of the Courts – DCYF partners with court personnel, judicial representatives, defense attorneys, and other legal representatives in quarterly workgroup meetings. The team reviews data from DCYF, as well as current data and annual reports from AOC. Through this team, strengths and challenges are identified and an action plan is developed to address service delivery and system challenges using this data. (see Permanency section)

- Employee Turnover – DCYF has faced a growing employee retention problem and utilizes data from Human Resources that shows employee turnover, including exits and whether or not workers are leaving for other state agencies or leaving state service altogether. DCYF is using exit interviews to further analyze the reasons workers are leaving. In 2017, DCYF used this data to apply for, and was awarded a 5-year grant, focused on worker retention through the Quality Improvement Center (QIC) with the University of Nebraska.

- Feedback Surveys –
    — Employee Engagement Survey
    — Foster Parent Satisfaction Survey
    — Customer Feedback Survey

— Internal

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

In late 2017, DCYF received results from the latest employee satisfaction survey that showed statistically significant positive change from 2015 on nearly half of the questions (9 of 20). The largest increase was for "*I have the tools and resources I need to do my job effectively*" (61%, up from 53% in 2015).

Others surveys such as the Foster Parent satisfaction, Customer Feedback, and other internal surveys are good examples of ways DCYF measures strengths and needs of the system.

- Supervisor Conference – In 2017 and 2018, all DCYF supervisors were invited to participate in a two-day supervisor's conference. One popular attraction during the conference was the Wish Bowl. During the conference, a bowl is set out with cards for anyone to write a "wish" for the agency. Wishes are collected, grouped by topic, and read at the end of the conference. Wishes may include resource needs, IT assistance, updates on current events within DCYF, or other supports for field staff and supervisors. This seemingly simple way of gaining feedback was well received and attendees submitted nearly one hundred wishes, which were compiled and assigned to HQ division directors to manage and address. This list is periodically reviewed at DCYF executive team meetings to ensure feedback from the field continues to move forward.

- Clerical Conference – In 2017 and 2018, DCYF held a clerical conference for all support staff in child welfare. Three break-out sessions were held as focused problem solving workshops for clerical to share feedback on system issues. These facilitated sessions were well received and allowed participants to share process and work barriers and problem solve during the workshop. Additionally, participant responses were tracked and provided to management for further review and support in improving processes.

- Workgroups and Committees – As identified in item 31, DCYF partners with both internal and external stakeholders through many avenues including workgroups and committees. These include, but are not limited to the following: Field Advisory Board (FAB), Permanency Leads, Intake Leads, Contracted Services Leads, CQI committees (local and statewide), statewide foster parent committees, Children's Advisory Board, Superior Court Judges, and Critical Incident and Fatality Review teams. Each of these teams use data to inform discussions and identify recommendations for practice improvement.

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

DCYF continues to struggle with closing the feedback loop. Although deep dives are one-way DCYF can capture feedback and present to HQ program managers, DCYF can improve how it handles feedback from parents and families. While DCYF collects feedback from families and parents at Family Team Decision Making (FTDM) meetings and through a customer feedback survey administered by the DSHS Research Data Administration (RDA), DCYF needs to identify a better system of obtaining feedback from older children and families involved with the Department to make system improvements. Individual program managers are, as a regular part of their work, collecting feedback from clients and stakeholders. Improvement could be made by developing an integrated system approach so that we capture this information in a consistent way and feedback to the clients and stakeholders when we make changes. Again, this happens at the individual program level, but making it a complete system approach is desired.

## System Functioning – Provides relevant reports

As part of the CQI process, the 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.

- Local office case review reports – As the CCRT completes and finalizes a local office case review, a narrative qualitative and quantitative report is provided to regional leadership, DCYF leadership team, and is posted on DCYFs intranet site for staff. This report includes office level results from the onsite central case review utilizing the OSRI. This report also includes information about the area served, staffing levels, and service availability to families and children.

- Core metric reports – As previously discussed, core metrics is another example of relevant data used by regional QA/CQI leads to inform internal and external stakeholders.

- DCYF "State of the State" Meetings – In 2017, the DCYF management team visited the three regions and sent out invitations to all external stakeholder groups inviting them to a discussion about the "State of the State". In 2018 and 2019, updated "State of the State" presentations were provided at the Children's Justice Conference. Information shared included both quantitative and qualitative data across all areas of the system, including: budget, staffing and caseload ratios, child related outcome metrics, new legislation, changes in policy and recent policy, updates in technology and mobility, background check changes, risk management, federal outcomes and systemic factors, and the upcoming CFSR.

  In addition to the new stakeholder outreach at the executive level, each region conducted their own stakeholder meetings with the focus of sharing current performance data, engaging discussion of improvements, and informing participants about the upcoming CFSR. In Region 1, regional leadership and the QA/CQI leads broke up the stakeholder meetings by court teams in the Spokane office. There are five court teams in Spokane County and each court team participated in separate meetings to review and discuss the dependency data from their own team. Participants included members of the bench, defense attorneys, CASA, guardians' ad litem, caseworkers, and AAGs. In addition to reviewing their dependency data, they reviewed case review data and discussed strengths and challenges currently facing the teams. Each team left with action plans for improvement.

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

Because the child welfare system is extremely complex, DCYF cannot focus on just one report. DCYF utilizes data from multiple sources and the more data you offer, the more complicated understanding the data can be. To mitigate this risk, the QA/CQI team is partnering with the DCYF Data Unit, Child Welfare Programs, AOC, and regions to identify standardized data that allows the user to customize the report based on the audience. In late 2017, the data unit completed a dashboard for child welfare staff providing performance data at the office level. In 2018, HQ QA/CQI partnered with program managers and regional QA/CQI leads to identify a strategy for best utilizing the dashboard and providing supervisors and regional leadership with the support they need to utilize the dashboard for improvements. As part of the Department's CQI process, ongoing evaluation of implemented program improvement measure to improve practice and service delivery for children and families is conducted.

### System Functioning – Evaluates implemented program improvement measures

In early 2016, the HQ QA/CQI team, in partnership with the statewide CQI committee, reviewed statewide case review data to assess how well DCYF is doing in the 18 federal practice items and seven outcomes. Through a process of assessment and discussion, the committee identified several areas to focus on in 2016 and 2017. Three of these areas were:

- Well-Being Outcome 2: item 16
- Well-Being Outcome 3: item 17
- Well-Being Outcome 3: item 18

Beginning in September 2016 and continuing through August 2017, DCYF initiated the statewide Monthly Health and Safety Visit Campaign in partnership with regional CQI leads and HQ program managers. Each month focused on one of the identified areas of focus, either item 16, 17, or 18. The campaign involved giving extra consideration to the monthly theme during monthly health and safety visits with children and documentation. Caseworkers and supervisors received monthly emails which included a topic specific discussion guide, visit tip sheet, documentation tip sheets, and a specific campaign intranet site. The campaign also included what level of detail is required to be documented in FamLink on each item. In addition, caregivers were notified of the monthly topic by email and through the agency's Caregiver Connection Newsletter to be aware and more involved in the discussions occurring during monthly health and safety visits with children.

Following the first four months of the campaign, a large group of HQ program managers and regional QA/CQI staff came together in December 2016 to assess the effectiveness of the campaign through a targeted review of case notes for a specified time period. While the results from the targeted review were not conclusive, upon further discussion it was decided to continue with the campaign into through August 2017 by cycling through the identified items each month. The decision to continue the campaign could be considered a success though comparing performance from calendar year 2016 to calendar year 2017. Item 16: educational

needs of the child improved by two percent from 89% to 91% and statewide performance on item 18: mental/behavioral health of the child, improved from 67% to 74% in 2017. The largest improvement over 2016 performance was related to item 17: physical health of the child, with a 15% increase statewide (43% in 2016 to 58% in 2017).

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

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

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

### Quality Assurance System Implemented Practice Improvements

- During the DCYF supervisor and clerical conferences, one of the popular attractions was the Wish Bowl. During the conference, a bowl is set out with cards for anyone to write a "wish" for the department. Wishes are collected and grouped by topic and read at the end of the conference. Wishes may include resource needs, IT assistance, updates on current events within DCYF, or other supports for field staff and supervisors. This seemingly simple way of gaining feedback was well received and attendees submitted over one hundred wishes, which were compiled and assigned to HQ division directors to manage and address.

## Staff and Provider Training

### Item 26: Initial Staff Training

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

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

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 (RCT)

The initial staff training is known as Regional Core Training (RCT) and is provided through a contract with the University of Washington's (UW) The Alliance for Child Welfare Excellence (Alliance). RCT is Washington's six-week pre-service training designed to prepare newly hired

social service specialists (caseworkers) with the basic knowledge, skills, and understanding to begin their careers in public child welfare for the State of Washington. RCT is a comprehensive training 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.

RCT curriculum consists of cohesive instruction materials that provide newly hired caseworkers with broad and deep knowledge and skills. RCT provides participants with blended learning opportunities, including classroom instruction, field activities, and coaching totaling 240 hours of training. RCT is organized into three distinct learning modules, each with a subset of dedicated instruction. Caseworkers spend their first six-weeks on the job completing RCT and are supported by an Alliance coach and their assigned DCYF supervisor. RCT cohorts begin twice a month in each of the three regions, to align with the hiring and start dates for newly hired caseworkers. The location for the classroom sessions for each cohort is based on the office location for the majority of the newly hired caseworkers.

A key feature of RCT is the statewide simulation week, which supports trainees in child and adult interviewing and court testimony skills via simulation with trained actors playing children and parents and real judges and attorneys. The curriculum development team consulted with numerous other child welfare systems, UW Health Sciences and Harvard University's Center for medical simulation to develop the simulation curriculum. A UW Social Work faculty member continues to work closely with the curriculum development team and coaches to adapt and implement the key evidence based practices relating to simulation and debriefing from health care to the child welfare context.

Following classroom training, new employees complete and/or observe field training activities. The field training activities include viewing the Washington Mandatory Reporting Toolkit, observing a fellow caseworker by shadowing and observing critical case activities, gradual case assignment, and completing the period of purple crying training.[17]

### RCT Attendance

In calendar year 2018, 230 trainees completed RCT. Registration for RCT is completed online through the Washington Maestro Learning Management System (LMS). The primary Alliance instructor/coach generates a sign in sheet for each training session to document who was in attendance. For courses that cover multiple days, the Alliance uses a Passport document to track participation in each session. Using the sign in sheet or passport, each trainee must sign they were in attendance. On occasion, trainees may miss a session due to illness or other circumstances and the trainee must make arrangements with the primary instructor/coach to make-up the session missed. Upon completion of the training session, the primary instructor/coach documents the trainee's completion in both LMS and the Alliance Learning Management System. Each month and quarterly, Alliance program manager reviews all course completions entered in LMS and the Alliance Learning Management System. The purpose of this review is to ensure correct documentation and generate reports. If a training requirement is not met, the Alliance notifies the appropriate DCYF regional administrator (RA) that training has not been completed and the RA determines next steps.

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[17] Critical case activities include: review an intake, observe and practice an initial face-to-face or health and safety visit, observe and practice a subject interview, initial family meeting or monthly visit with parents, observe an FTDM, attend a court hearing or case conference, introduction to ICWA, review prior case history, oberse or supervise a parent child visit, meet with legal parents, understand court report distribution, permanency planning from day one, worker safety assignment, and identifying community resources.

## Satisfaction Data on Interim RCT

The Alliance utilizes Partners for Our Children (POC), a research organization based in the University of Washington School of Social Work, to evaluate the effectiveness of training activities for Washington state child welfare workers. The research is used to identify training innovations to improve the workforce.

Evaluation is a constant and integral component of the partnership and demonstrates a commitment to being accountable for the impact and outcomes of the partnership. Evaluation is governed by the Alliance Executive Team and is advised by the Statewide Standing Committee on Evaluation, which meets on a regular basis.

Evaluation measures the trainings impact and supports continuous improvement. It includes:

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

The evaluation of the six week course during 2018 includes a series of three trainee surveys. The Alliance evaluates the perceived learning of newly hired employees at the end of weeks 2, 3 and 6 in the program.

Table 45.

| SURVEY 1: WEEK 2 | MEAN (OUT OF 5)[18] |
|---|---|
| The primary trainer supported me in developing the knowledge and skills I will need to be successful in the field. | 4.7 |
| This training has helped me get oriented to my job. | 4.4 |
| The field-based learning activities I completed allowed me to apply my knowledge and skills in the field. | 4.3 |
| It helped me to have the three e-learnings be facilitated in the classroom. | 4.2 |
| Activities on Assessing Child Safety helped me understand my role in assessing safety. | 4.5 |
| The legal training day supported my understanding of federal and state laws governing child welfare and my legal responsibilities as a professional. | 4.3 |
| SURVEY 2: WEEK 3 | MEAN (OUT OF 5) |
| The primary trainer supported me in developing the knowledge and skills I will need to be successful in the field. | 4.3 |
| Following the life of a case from beginning to end helped me to understand key decision points and child welfare practices. | 4.1 |
| The interviewing simulations supported my ability to engage families and assess safety. | 4.0 |
| The court simulation supported my ability to provide appropriate testimony in court. | 4.1 |
| I feel confident in my ability to apply my learning to my job | 4.0 |
| SURVEY 3: WEEK 6 | MEAN (OUT OF 5) |

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[18] The survey items are rated on a five point Likert scale where 1 = Strongly Disagree and 5 = Strongly Agree. For the 230 trainees who completed the course, response rates to surveys were: survey 1= 63%, survey 2=66%, and survey 3=40%. Respondents rated various aspects of the training using a Likert scale for which 1= strongly disagree and 5= strongly agree.

| | |
|---|---|
| The primary trainer supported me in developing the knowledge and skills I will need to be successful in the field. | 4.7 |
| Field activities I completed allowed me to apply my knowledge and skills in the field. | 4.2 |
| Having program-specific coaching sessions (CPS, CFWS, etc.) supported my learning | 4.3 |
| I feel confident in my ability to apply my learning to my job | 4.2 |
| *Data Source: Partners for Our Children (POC), May 2019* | |

Beginning in January 2019, surveys for the eight week course were created to allow for pre and post-group level comparison of trainee knowledge and skills across 14 competencies targeted in RCT. Prior to week one of the course and again at the end of week eight, trainees complete the self-assessment. The tables below include self-assessment data from 112 trainees prior to training and 28 trainees at week 8. Trainees rated their confidence as "high", "moderate", "low" or "none".

Figure 13.



CONFIDENCE LEVELS AT PRE-SURVEY N=112

Figure 14.



CONFIDENCE LEVELS AT POST-SURVEY N= 28

| Statement | High | Moderate | Low | None |
|---|---|---|---|---|
| I have strategies to engage in difficult conversations that may include delivering bad news, addressing conflict, and… | 46% | 54% | | |
| I can complete assessments based on my program assignment (IA, FARFA, CFE). | 54% | 39% | 7% | |
| I understand the policies, timelines, and practices for permanency planning for children in care. | 50% | 46% | 4% | |
| I have foundational knowledge of family poverty, substance abuse, mental health, and domestic violence to support… | 71% | 29% | | |
| I can provide testimony regarding my role and the facts related to a dependency case. | 39% | 57% | 4% | |
| I understand the juvenile dependency system as it relates to child placement and permanency. | 36% | 54% | 11% | |
| I know how to plan for child placement, engage with relatives, and manage visitation with parents and among siblings. | 43% | 50% | 7% | |
| I can effectively interview children and adults to gather information and complete assessments. | 70% | 30% | | |
| I can use FamLink to search for information and complete documentation on my cases. | 61% | 36% | 4% | |
| I know when and how to access a Medical Consultant (MedCon). | 29% | 54% | 18% | |
| I understand and comply with federal and state Indian Child Welfare policies regarding Native American children and tribal… | 54% | 18% | 4% | 25% |
| I understand racial disproportionality in child welfare and efforts to improve equity and culturally competent practice. | 75% | 25% | | |
| I understand the effects of maltreatment and neglect on infant, child, and youth development. | 78% | 22% | | |
| I can identify and assess child maltreatment and neglect using the Child Safety Framework. | 39% | 61% | | |

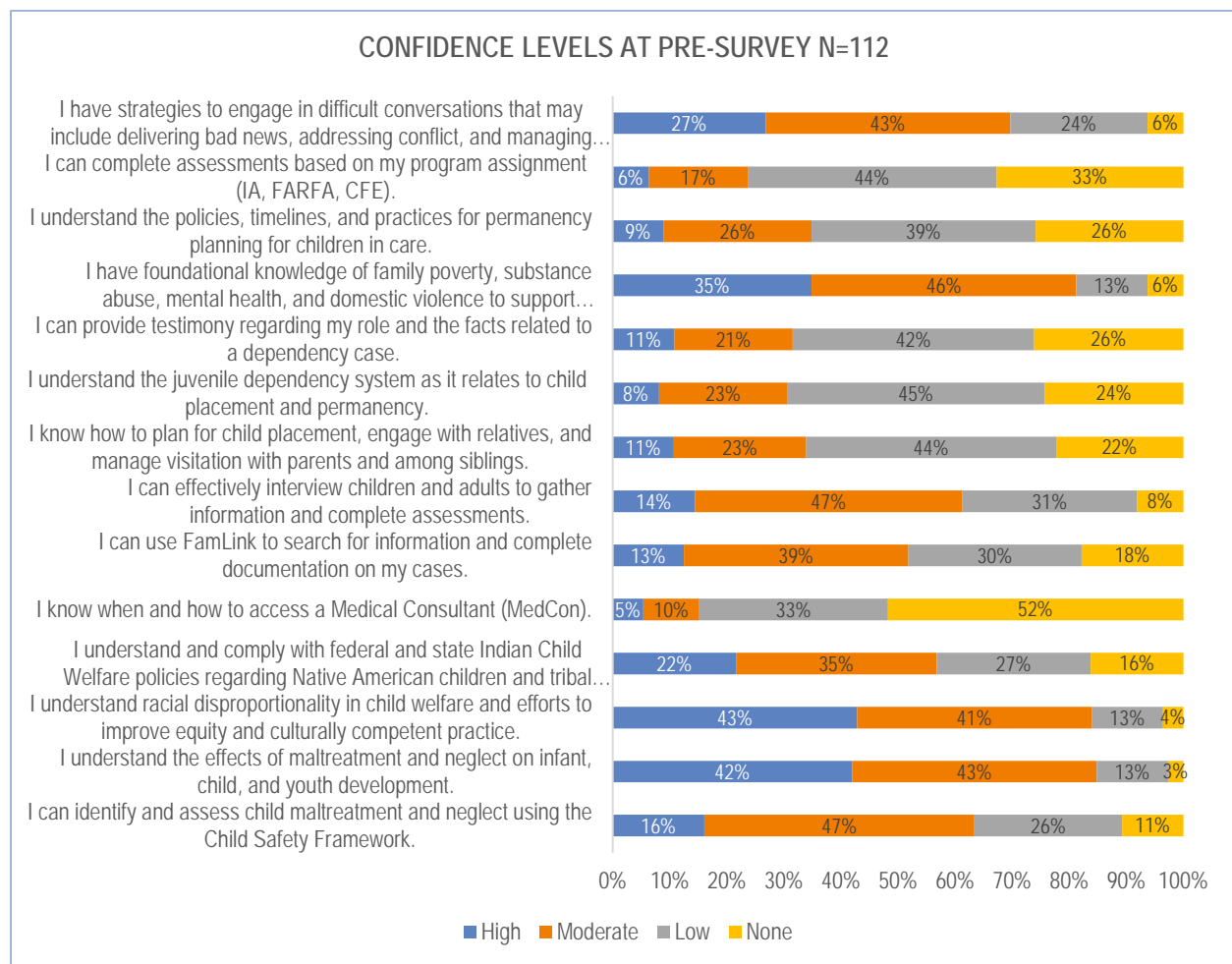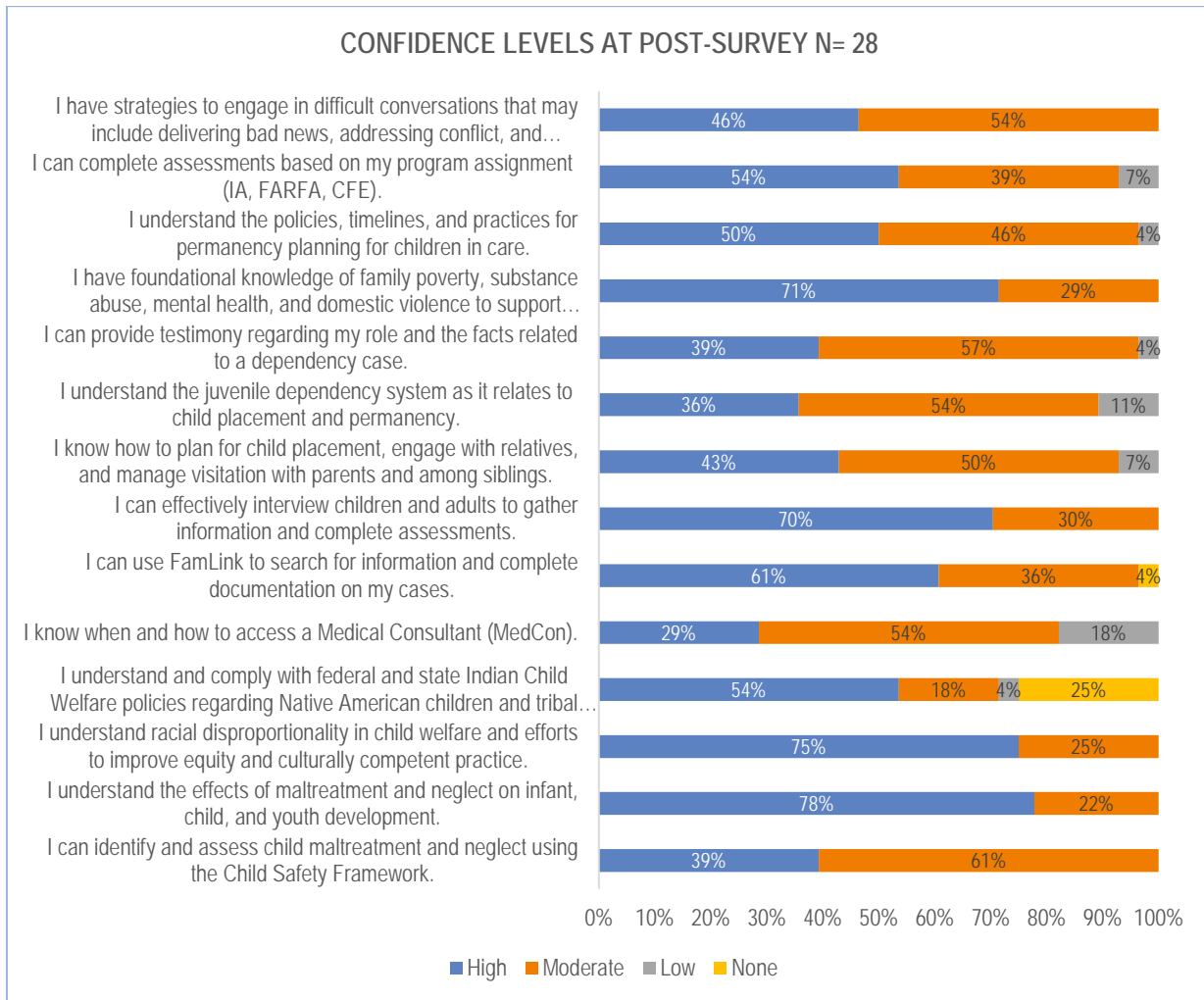0%  10%  20%  30%  40%  50%  60%  70%  80%  90%  100%

■ High  ■ Moderate  ■ Low  ■ None

## Ongoing Quality Improvement

The RCT workgroup reviews qualitative and quantitative feedback quarterly and uses these data to improve the curriculum and delivery. Agency content experts, along with Alliance and POC evaluators, observed classroom sessions between February and May 2019, coaches provided feedback to the curriculum development team, and follow-up surveys will be conducted with trainees and supervisors later in 2019. All of this feedback is reviewed by the RCT workgroup to inform decisions about the course.

## 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, or 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.

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

## Item 27: Ongoing Staff Training

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

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

DCYF contracts with the Alliance to offer ongoing or in-service training to caseworkers and supervisors. In 2014, the agency's policy regarding staff training was revised to outline ongoing training to be completed by caseworkers and supervisors within the first year of employment, the second year of employment, annually, and voluntary and program specific training opportunities.

Following the completion of RCT, DCYF caseworkers must successfully complete specific trainings within the first and second year of employment or existing caseworkers must complete specific trainings within one year of transferring to a new position. The below table outlines the specific courses that must be completed.

In addition to agency policy, DCYF requires the following trainings be completed annually. The completion of these trainings are aligned with the employee's annual performance evaluation and are e-learning courses completed through LMS. Upon completion, the employee must complete the DCYF Employee Annual Review Checklist. The checklist is signed by the employee and supervisor with a copy placed in the employee's personnel file.

Attendance for Ongoing Staff Training Provided by the Alliance

See Item 26.

Ongoing Staff Training

Currently, the Alliance offers over 120 in-service trainings through a traditional classroom setting, video conferencing, and e-learning. Classroom training is provided by Alliance staff or contracted trainers across the state. In 2018, a wide variety of in-service trainings were offered across the state; the DCYF workforce completed 3,048 in-service classroom trainings. New in-service trainings are continually developed to meet the needs of the workforce and 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, coaches and DCYF subject matter experts. Often new training workgroups include external stakeholders including tribal members, partner agencies and caregivers.

After completing in-service trainings, participants are asked to complete surveys to evaluate their satisfaction and the transfer of learning. Participants are also asked to provide open ended feedback which is used for continuous improvement for curriculum and delivery of content. The

list and comments below represent of a selection of in-service trainings offered in calendar year 2018.

Among 298 survey respondents (10% response rate) attending 16 in-service courses listed below, they indicated a total average rating of 4.9 out of 6.0.[19] Six of the survey items relate to the potential transfer of learning and the last two relate to satisfaction.

- Assessing the Whole Household for Child Safety
- Child and Family Welfare Services In-Service (CFWS)
- Child Protective Services In-Service (CPS)
- Critical Thinking
- Decison to Place
- Domestic Violence and Child Welfare
- Early Childhood Development in Child Welfare: Supporting Lifelong Healthy Outcomes
- Guidelines for Difficult Conversations
- Infant Safety and Care
- Mental health- In Depth Applications for Child Welfare
- NCAST Re-Certification - Feeding Scales
- Placement: When to Place, Where to Place, When to Return Home
- Pregnant and Parenting Youth
- Racial Microaggressions
- Secondary trauma
- Supervising for Permanency
- Worker Safety
- Working with Dependent Adolescents

Table 46.

| IN-SERVICE COURSES SURVEY RESPONSES | MEAN (OUT OF 6)[20] |
|---|---|
| As a result of this training, I have a better conceptualization of what I already do on the job. | 5.1 |
| I am motivated to put this training into practice on the job. | 5.3 |
| I will have sufficient opportunities to practice the new ideas, skills, and techniques on the job. | 5.1 |
| The trainer gave examples of when to use ideas, skills, and strategies on the job. | 4.8 |
| The trainer helped motivate me to want to try out training ideas on the job. | 5.0 |
| The training content is consistent with my agency's mission, policies, and goals. | 5.2 |
| I was able to take this course when I needed. | 4.2 |
| Overall, how satisfied are you with the training you received? | 4.7 |
| Total Average | 4.9 |
| *Data Source: Partners for Our Children (POC), May 2019* | |

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[19] *Data Source: Partners for Our Children (POC) May 2019*

[20] Likert Scale rating where 1=strongly disagree and 6= strongly agree.

Below are selected comments from training participants organized by in-service course.

Table 47.

| COACHING SESSION/ TRAINING NAME | PARTICIPANT COMMENT |
|---|---|
| Critical Thinking | *"I loved the use of real case examples on the front end of child welfare. I'm a new CPS investigator and getting to practice the concepts with scenarios was increasingly helpful."*<br><br>*"I need for both thinking fast and thinking slow. It was most helpful to slow down and don't make decisions in a vacuum."*<br><br>*"Becoming aware of how unintended biases effect my ability to perceive things as accurately as possible and how to try to avoid relying on those thinking errors when making decisions."* |
| Domestic Violence and Child Welfare | *"The panel of DV advocates. Exercises where we completed the DV assessment as a group."*<br><br>*"Learning best practices for interacting with DV survivors and how to best manage a DV case."*<br><br>*"Red warning signs of DV; how to talk to perpetrator; resources available."* |
| Infant Safety | *"I never knew what purple crying was about. That was new. I learned about more resources also."*<br><br>*"Learning about babies how they act and react to attachment or detachment from caregivers."*<br><br>*"The importance of why we must do this was paramount because I think it is not something anyone who is not native ever thinks about or considers. We must NEVER forget our history because many people still live with-in the realm of its affects."* |
| Racial Micro-Aggressions | *"The training provided examples of subtle racism. Also trainer provided a safe environment for learning."*<br><br>*"The most helpful piece of this training was instruction on how to start the dialogue around race in varying situations."* |
| Worker Safety | *"De-escalation techniques and how to get released from holds"*<br><br>*"It's always best to learn about de-escalation in our job and any job."* |

*Data Source: Partners for Our Children (POC), May 2019*

## Individual Coaching Sessions

Coaching sessions provided by the Alliance are skill based and are an effective method in responding to and providing immediate attention to the DCYF workforce. Individual coaching sessions include:

- Coaching for Ad Hoc Needs
- Assessing Child Safety throughout the life of the case
- Case Organization and Prioritization
- FamLink
- ICW
- Investigative Assessments and Family Assessments
- Permanency Timelines, Case Plans, and Case Management

The Alliance provided 766 sessions of coaching from January through December 2018. Among survey respondents (n= 69, 9 % response) trainees responded to questions related to their experiences with individual coaching.

Table 48.

| IN-SERVICE COURSES SURVEY RESPONSES | MEAN (OUT OF 6)[21] |
|---|---|
| The coach was able to meet my specific needs. | 5.6 |
| As a result of this coaching session, I increased my knowledge. | 5.6 |
| I expect that I will seek coaching sessions in the future as I need them. | 5.7 |
| This session will make a difference in the way I do my job. | 5.6 |
| *Data Source: Partners for Our Children (POC), May 2019* | |

Trainees were also asked about how they would apply what they had learned in the coaching session in their job. Selected responses are included below.

Table 49.

| COACHING SESSION/ TRAINING NAME | PARTICIPANT COMMENT |
|---|---|
| Assessing Child Safety throughout the life of the case | *"I will apply what I learned from my coach to my cases to address and assess child safety throughout the life of the case. I learned how to effectively make appropriate and immediate referrals to ensure the safety of mother and child in regards to access to mental health providers."*<br><br>*"Increase use of Present Danger assessment tool during the life of the case."* |
| Case Organization and Prioritization | *"Specifically about how to apply the law to a findings letter and ensure proper documentation in letter."*<br><br>*"In taking a critical eye to how I review cases, the way I need to prioritize risk, and how to go forward with a very intense case I currently have."* |
| FamLink | *"Learned about a different way to look up pertinent information to my case."*<br><br>*"I have learned more about the process of dependency in terms of creating court reports, navigating famlink, accessing attorney generals, and establishing paternity for clients."*<br><br>*"I will begin completing a termination packet for submission to my supervisor for approval."* |
| Investigative Assessments and Family Assessments | *"Be able to talk through cases with my staff."* (from a supervisor)<br><br>*"Data use in supervision."* (from a supervisor) |
| ICW | *"I was given constructive feedback to help me improve my documentation. It was brought to my attention the importance of documenting the setting and specific people in attendance during meetings as well as details of how I assessed SDM questions, including DV. I will apply this feedback to my future case notes and assessments. I will utilize the suggestions I was given to manage my caseload and advocate for support from my supervisor to get help in prioritizing tasks to be completed."*<br><br>*"As I move into a SSS2 position this will be especially helpful. I will use the information as new cases are assigned to assure I have a clear understanding of the priorities of the case and to make sure I am meeting the needs of our clients."* |

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[21] For this survey, six point Likert scale 1= Strongly Disagree and 6= Strongly agree

| COACHING SESSION/ TRAINING NAME | PARTICIPANT COMMENT |
|---|---|
| Permanency- Timelines, Case Plans, and Case Management | *"I've learned how to submit Visit referrals for supervisor approval."*<br>*"I found that I wasn't coding case notes correctly, got help with identifying the correct coding procedures."*<br>*"I have a better understanding of timelines for permanency and ICPC."* |
| Other Topics (AFCARS, Case closure, Redaction, Filing Documentation) | *I'll remember to slow down, check my biases, use my tools and resources to make sure I'm serving/investigating families the best that I can.*<br>*By using data obtained I can better help my staff see areas of strengths and areas that need some work. I also learned how I can use coaching sessions as incentives. (from a supervisor)*<br>*How to create a plan of safe care and what that should look like* |
| *Data Source: Partners for Our Children (POC), May 2019* | |

## E-Learning

An analysis of the e-learning data shows that e-learnings that are short (20 to 30 minutes) and focused on a specific skill are likely to be utilized for learning. Examples of e-learnings that staff complete with regularity are the Interstate Compact for the Placement of Children (ICPC), Creating and Monitoring your Native American Inquiry Request (NAIR) and the Limited English Proficiency (LEP). E-learnings longer than 30 minutes, cover broad categories or are not instructional or skills-based are being reviewed, updated or eliminated. Knowledge assessments are embedded in these courses and require participants to answer at least 80% of questions correctly to successfully complete the course.

## Child Welfare Training and Advancement Program (CWTAP)

CWTAP is a state-funded partnership between DCYF, the Alliance, and participating public universities include Eastern Washington University, UW School of Social Work (Seattle), and UW School of Social Work and Criminal Justice (Tacoma). CWTAP promotes training excellence for Washington state's child welfare workforce through the financial support of social work students and professionals by providing qualified participants with specialized field education focused on casework in select DCYF offices. The field experience centers on topics such as abuse-and-neglect prevention, protective services, permanency planning, solution-based casework and competency in working with diverse populations. Once students complete their MSW studies, they commit to seeking employment with DCYF and agree to work for a time period equal to the time they received assistance.

## Supervisor Core Training (SCT)

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 public child welfare. SCT must be completed within the first six months of hire and consists of classroom instruction and e-learnings. There are seven (7) in-person classroom instruction days that occur over a three (3) month period of time.

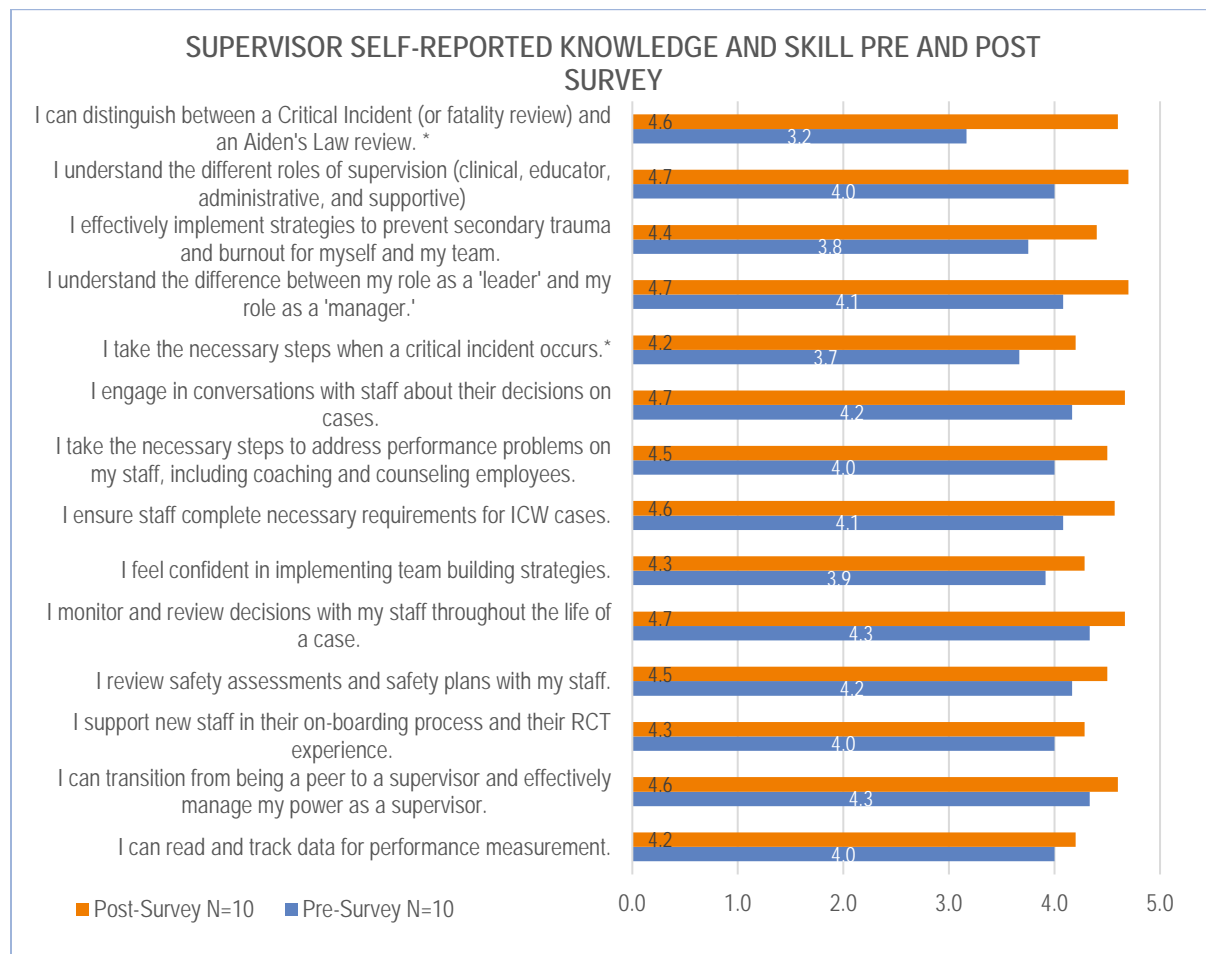SCT is organized into the following four components:

- Administrative Supervision
- Educational Supervision
- Clinical Supervision
- Supportive Supervision

SCT is delivered three times per year. SCT is being updated through a collaborative workgroup which includes DCYF staff and leadership, Alliance curriculum developers and coaches. By 2019 the course will be expanded from seven to nine days, with additional instruction on Debriefing with Good Judgement as a tool for reflective supervision, and using data to better manage outcomes.

### SCT Evaluation

To evaluate the efficacy of SCT, four surveys are administered during the training. There is a pre-training survey and three of the surveys offered after each month of the training. For the training cohorts fall 2018 and winter 2019 the figure below summarizes the self-reported gains in knowledge and skills across 14 targeted competencies. Trainees responded to six point Likert scale questions related to their experiences with SCT.[22]

Figure 15.



SUPERVISOR SELF-REPORTED KNOWLEDGE AND SKILL PRE AND POST SURVEY

| Competency | Pre-Survey N=10 | Post-Survey N=10 |
|---|---|---|
| I can distinguish between a Critical Incident (or fatality review) and an Aiden's Law review. * | 3.2 | 4.6 |
| I understand the different roles of supervision (clinical, educator, administrative, and supportive) | 4.0 | 4.7 |
| I effectively implement strategies to prevent secondary trauma and burnout for myself and my team. | 3.8 | 4.4 |
| I understand the difference between my role as a 'leader' and my role as a 'manager.' | 4.1 | 4.7 |
| I take the necessary steps when a critical incident occurs.* | 3.7 | 4.2 |
| I engage in conversations with staff about their decisions on cases. | 4.2 | 4.7 |
| I take the necessary steps to address performance problems on my staff, including coaching and counseling employees. | 4.0 | 4.5 |
| I ensure staff complete necessary requirements for ICW cases. | 4.1 | 4.6 |
| I feel confident in implementing team building strategies. | 3.9 | 4.3 |
| I monitor and review decisions with my staff throughout the life of a case. | 4.3 | 4.7 |
| I review safety assessments and safety plans with my staff. | 4.2 | 4.5 |
| I support new staff in their on-boarding process and their RCT experience. | 4.0 | 4.3 |
| I can transition from being a peer to a supervisor and effectively manage my power as a supervisor. | 4.3 | 4.6 |
| I can read and track data for performance measurement. | 4.0 | 4.2 |

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[22] Data Source: Partners for Our Children (POC), May 2019. For this survey 0= Strongly Disagree and 5= Strongly agree.
*For these two items, the number of respondents for the post survey was five.

Table 50.

| SCT PARTICIPANT COMMENT |
|---|
| *"I got something out of almost every presentation, even the HR one where our system is nothing like the State's HR. I have been able to take what I've learned and come back to my office with several ideas on how to make changes to make things run either more efficiently or more effectively."* |
| *"Learning about HR/hiring/discipline, discussion about the parallel process, and discussion with Dee Wilson about secondary trauma and burnout, specifically how to prevent."* |
| *Data Source: Partners for Our Children (POC), May 2019* |

## Contracted Staff

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

## Item 28: Foster and Adoptive Parent Training

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

The Alliance is contracted by DCYF to provide pre-service training known as Caregiver Core Training (CCT) and ongoing in-service training for both licensed foster parents, adoptive parents, and unlicensed caregivers.

For current or prospective unlicensed adoptive parents, there are no specific trainings required, but all current or prospective unlicensed and licensed applicants must complete the unified home study process. This process covers everything from the applicant's criminal history check, family background, experience and training related to being a parent, discipline methods, medical and psychological, financial and potential for permanency. As part of the home study the home study writer or licensor will assess the applicants to see whether or not the applicant has the skills and ability to provide care to children or if they could gain the necessary skills through additional training. If trainings are recommended, the unified home study will not be completed until the applicant has completed the trainings.

Prospective foster parents do not have to complete required foster parent trainings prior to the completion of the unified home study, which is part of the foster care license application process; however, required trainings must be completed before the issuance of a foster care license. These required caregiver pre-service trainings are explained later in this item. The DCYF Licensing Division (LD) licensor utilizes a checklist as a quality assurance tool to confirm that all training requirements have been completed prior to issuance of a foster parent license. Private child placing agencies also attest to the completion of appropriate pre-service training.

## Caregiver Core Training (CCT)

CCT is a competency-based training available to all potential foster parents, kinship caregivers and suitable other caregivers. CCT is mandatory in order to become a caregiver licensed directly by the Department and totals 24-hours of training. The CCT curriculum was developed after a review of other foster parent pre-service trainings nationally. The review determined there was no pre-service training program in use that was evidence based regarding outcomes. LD leadership and other field staff collaborated with the Alliance for Child Welfare Excellence to

develop the current required curriculum. Private child placing agencies are allowed by statute to use or develop their own pre-service training curriculum, if it includes the content areas contained in the statute. However, most child placing agencies are either training to the Department's curriculum, or sending foster parents to CCT. In response to new legislation, which mandates pre-service training for caregivers be available online, DCYF and the Alliance developed an e-learning format for CCT which launched in September 2018. The e-learning format includes all elements of CCT that are currently provided.

CCT is divided into eight sessions, each three hours long. The curriculum is designed to help the caregiver understand how the system works, their role as a team member, how to effectively work with birth families in order to best support the child, how caregiving may impact their own family, child development and the impact of trauma, attachment, how to incorporate and honor a child's culture into the family, and more. The sessions include the voices of former foster youth, current caregivers and birth parents who have been involved with the system, available to the class through different panels. Mid-way through CCT, participants have the opportunity to complete a field experience which provides him or her with more awareness of the experience of children in foster care or the role of a caregiver of a child in foster care. This experience may involve networking with other families, additional training, foster parent events, support groups, etc. Completion of all eight training sessions is tracked through a training passport, which is maintained and verified by each instructor. At the conclusion of CCT, confirmation of successful completion of CCT is provided to the family's licensor and maintained in the FamLink system. From April 2018 through March 2019, Caregiver Core Training completions totaled 1586 in-person and 585 online.

For online CCT participants, access to the course is through the Alliance registration system and e-learning platform. The system records their completion of each of the 8 online sessions. Both classroom and online participants have one year to complete the course. Online trainees also must complete a field activity and a follow-up phone based individual coaching session. During the coaching session, trainers discuss supporting children's racial and cultural identity, discipline techniques, community resources and other topics as needed.

### Comparison of CCT Classroom and Online Courses

A comparison analysis of trainee surveys drew from a six month sample of data from September 1, 2018 through February 20, 2019. Of note, the surveys were administered in a different manner in the two courses. The classroom survey is a single survey at the end of Session 8; the online course prompted trainees for some survey items related to use of technology in Session 1, and then prompted them for additional items related to satisfaction, course content and usefulness, and learning assessment in Session 8. Thus, the online respondents completed their surveys prior to completion of their required field activity and their coaching session.

### Survey Response and Demographics

Between September 1, 2018 and February 20, 2019, 196 participants completed the classroom survey and 852 participants completed the first online survey; 431 had completed the second online survey.

### Overall Satisfaction Rates

Satisfaction data for both the classroom and online versions of CCT is found in Table 1. As shown in Table 1, 81% of classroom participants said that they were "very satisfied" with the overall training compared to 69% of online participants.

Table 51.

| HOW SATISFIED ARE YOU WITH YOUR OVERALL EXPERIENCE IN CCT? | | |
|---|---|---|
| RATING | ONLINE *N= 420* | CLASSROOM *N= 178* |
| Very satisfied | 69% | 81% |
| Satisfied | 29% | 18% |
| Neutral | 2% | 1% |
| Dissatisfied | 0% | 0% |
| Very Dissatisfied | 0% | 0% |

Table 2 contains findings about the training content and usefulness. Classroom participants had slightly higher average than online participants for three out of four questions.

Table 52.

| COURSE CONTENT AND USEFULNESS | ONLINE AVERAGE | CLASSROOM AVERAGE |
|---|---|---|
| The content was well organized and clearly written. | 4.7 | 4.8 |
| I know how to apply what I learned in my role as a caregiver. | 4.6 | 4.7 |
| I have enough information to make an informed decision about becoming a licensed caregiver. | 4.5 | 4.8 |
| The training encouraged me to think critically about my beliefs and attitudes. | 4.6 | 4.7 |

## Trainee Self-Assessment of Learning

Trainees were asked to assess their own learning across 14 competencies targeted in CCT using a scale with the options "increased a lot", "increased a little", or "did not increase". As shown in Figure 1, across all competencies, 72% of classroom and 63% of online respondents indicated their knowledge or skill had "increased a lot". Of note, is that caregivers, especially those completing the online course, may still need additional support in managing difficult behaviors, meeting the needs of Native American children and families, understanding how caregivers may impact racial disproportionality, and developing sensitivity and awareness around LGBTQ youth.

## Use of Technology

Survey data from October through December 2018 provide helpful descriptive information about learner preferences and experiences with the two course formats to inform implementation and planning.

A sample of 94 classroom participants responded about their format preferences for completing CCT. Of these, the majority preferred the classroom format: 64% indicated all in-person delivery, 14% preferred some online and some in-person delivery, 6% preferred in-person but shorter classes, and 6% indicated in-person but at a different location or time.

A sample of 455 online course participants rated their confidence, experience and preferences for the online course. Table 3 shows that participants indicated strong average ratings of 4.6 and 4.7 on their confidence in using the computer, troubleshooting technology problems and navigating the course. Further, nearly all respondents strongly agreed that they completed the course online because it fit their schedule.

Table 53.

| USE OF TECHNOLOGY | AVERAGE (out of 5)[23] |
|---|---|
| I am confident in my ability to use a computer and troubleshoot technology problems related to e-learnings. | 4.6 |
| The online course was easy to navigate. | 4.7 |
| I completed this course online because it fit my schedule. | 4.8 |
| *Data source: Alliance quarterly report for October through December 2018* | |

Self-reported learning for online and classroom CCT

Figure 16.



Online and Classroom CCT Self-Report of Learning
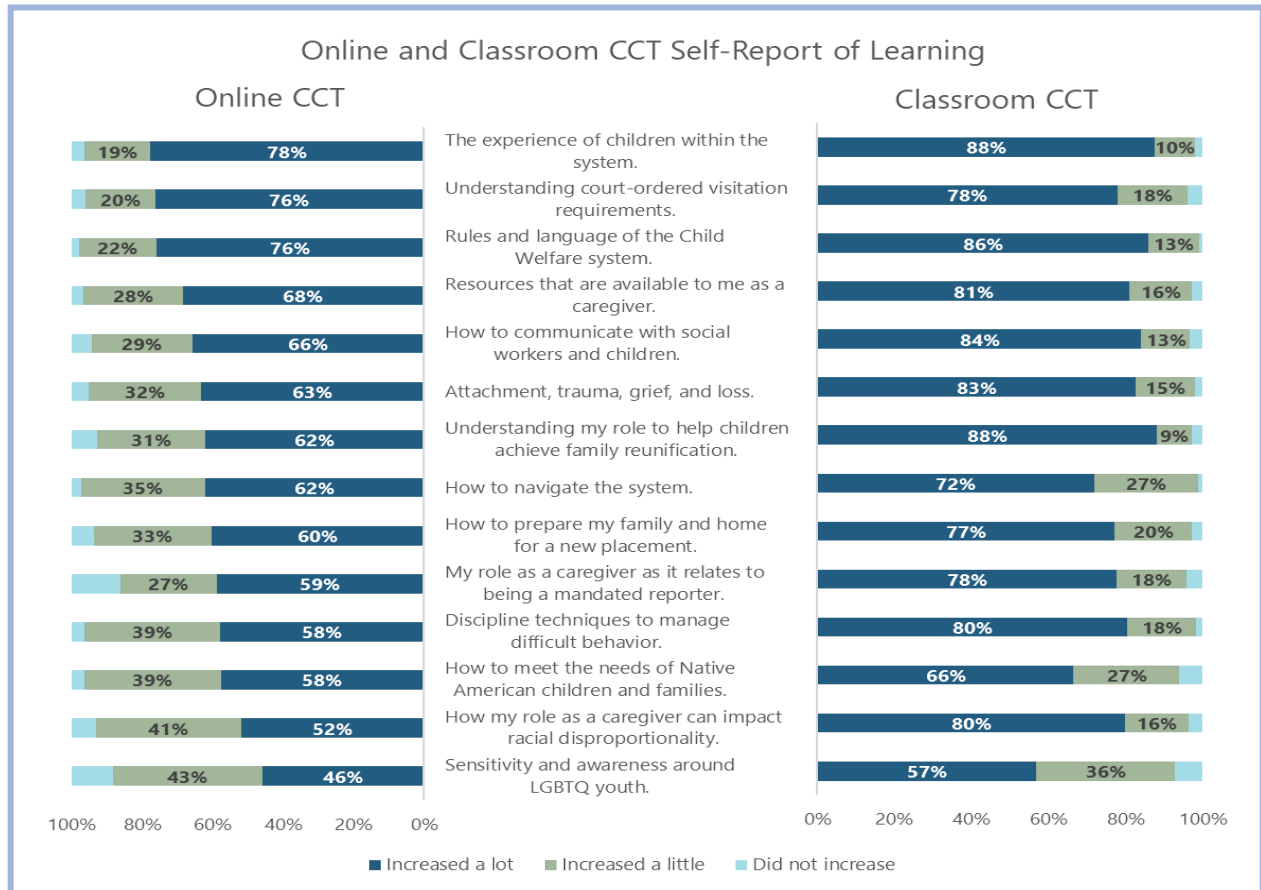
Discussion and Next steps for CCT online

Data suggests the online format is mainly viable alternative to an in-person version of CCT. Initially, trainees who are comfortable with technology and interested in the online format have sought out the course and appreciate the flexibility of completing the course according to their own schedule. They also mainly indicate satisfaction with the training experience at the end of Session 8, though they are slightly less satisfied as compared to the classroom participants. In recent months, nearly 100 participants per month are completing online course content and requesting coaching sessions.

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[23] Likert scale where 5= strongly agree

Multiple data sources for evaluation can provide the Alliance and agency partners with strategies for continuous improvement. Trainers and curriculum developers have been sharing feedback and insights based on their experience, specifically with phone based coaching sessions, to support curriculum modifications and implementation. The LMS system can inform our understanding of trainee persistence and time to complete the online course. Follow-up surveys may be considered in the coming year. Quarterly regional advisory meetings generate helpful feedback from system partners.

A recent change has been implemented to adjust the timing of the trainee survey for the online course. The two part survey for online participants has been combined, and is now administered *after* the field activity and the phone based coaching session. Thus, feedback is gathered in a manner more comparable to that of the classroom course. Early findings from sixteen online course participants in April 2019 using the new survey are promising. Across the 14 targeted competencies 67% of online respondents indicated their learning "increased a lot", which is closer to the 72% reported by classroom participants. Data from surveys and additional sources mentioned above will continue to inform program improvements for CCT classroom and online courses.

### Tracking Caregiver training and licensing concerns

The Department is currently not able to draw a correlation between CCT attendance and the annual rate of licensing revocations and founded findings, as the number of revocations and founded findings for foster homes is relatively low, and CCT is required for all Department-licensed families.

CCT and caregiver in-service training attendees must register for classes using the UW Alliance Learning Management System, which allows the instructor to generate a sign in sheet for each session which the training attendees sign at the complete of the class. For courses over multiple days, the Alliance also uses a training passport to track attendees' participation in each session. Upon completion of training, the instructor updates the UW Alliance Learning Management System to indicate the attendee was present and meet all course requirements. Information entered into the UW Alliance Learning Management System is reviewed by the Alliance management monthly or quarterly to ensure accuracy and for reporting purposes.

### CCT Trainee Survey data for January through June 2018

From January through June 2018, CCT completions totaled 1,378. During the first six months of the year a different survey was used to obtain trainee feedback at the end of session eight. Among those who completed RCT in the first six months of the year, 377 completed surveys for a response rate of 27%. The table below shows survey results.

Table 54.

| USE OF TECHNOLOGY | AVERAGE (out of 5)[24] |
|---|---|
| Your knowledge of the this information PRIOR to the training | 2.8 |
| Your knowledge of this information AFTER the training | 4.7 |
| Trainer's ability to engage you and teach well. | 4.8 |
| The foster parent co-trainer's ability to engage you and teach well | 4.8 |
| Trainer(s) appeared to know the information. | 4.8 |
| Overall, rate the usefulness of this training. | 4.7 |
| The information is relevant to my role as a caregiver | 4.6 |
| The information is easy to apply to my role as a caregiver | 4.7 |
| I am motivated to continue learning in future trainings | 4.6 |
| PARTICIPANT TRAINING COMMENTS | |
| *"The training was very helpful to understand the trauma that the children have gone through. The way the trainers worked together made the class very engaging."* | |
| *"Even though I have a degree in Early Childhood and Family Studies I still found this to be a very valuable course and definitely worth my time. I would encourage ANYONE who works with children or has their own to have this type of training and knowledge."* | |
| *Data source: Partners for Our Children (POC), May 2019* | |

## 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.

Adherence to completion of caregiver in-service training requirements is tracked and monitored by the DCYF LD licensor. The DCYF LD licensor collaborates with the foster parent to complete an individual training plan to identify specific trainings and hours of training the foster parent must complete prior to their license renewal. The foster parent is responsible for providing copies of the training certificate, training agenda, or completed training worksheet to the DCYF LD licensor, who then enters the completed training information into FamLink under the training tab for the specific caregiver. At the time of license renewal, the DCYF LD licensor utilizes the

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[24] Most items were Likert-scaled questions with ratings from 1 to 5, 1 indicating Strongly Disagree and 5 indicating Strongly Agree.

foster home re-assessment to complete the renewal and ensure all requirements have been met.

If a foster home does not complete their required caregiver in-service training hours, the foster parent will be issued a compliance agreement at the time of renewal. Compliance agreements are managed by the individual DCYF LD and currently there is no electronic way to monitor the completion of individual compliance agreements. Starting January 2018, the DCYF LD licensor now creates a provider action along with the compliance agreement. The completion of a provider action allows the licensing supervisor to track and document the completion of the compliance agreement on a spreadsheet saved in a statewide shared drive. For the next APSR, DCYF LD anticipates providing initial data on the completion rate of caregiver in-service training hours at the time of renewal.

The Alliance provides a wide range of in-service courses for caregivers facilitated by Alliance staff and contracted trainers. From April 201818 through March 2019, 2,451 participants completed in-service courses.

Table 55.

| PARTICIPANT RESPONSES TO CAREGIVER IN-SERVICE TRAINING | AVERAGE (out of 5) |
|---|---|
| Your knowledge of the this information PRIOR to the training | 3.0 |
| Your knowledge of this information AFTER the training | 4.5 |
| Trainer's ability to engage you | 4.7 |
| The trainer was able to meet my specific needs | 4.7 |
| Trainer(s) appeared to know the information and was/were able to teach it well | 4.8 |
| Overall, rate the usefulness of this training | 4.7 |
| The information is relevant to your role as a caregiver | 4.7 |
| The information is easy to apply to your role as a caregiver | 4.5 |
| I am motivated to continue learning in future trainings | 4.8 |
| *Data source: Partners for Our Children (POC), May 2019* | |

### Caregiver Webinars

The Alliance offers webinars on Kinship 101 and So you have your first placement-Now what?. During calendar year 2018, 146 trainees completed webinars and 55 surveys completed for a response rate of 38%.

Table 56.

| PARTICIPANT RESPONSES TO CAREGIVER IN-SERVICE TRAINING | AVERAGE (out of 5) |
|---|---|
| Your knowledge of the this information PRIOR to the training | 3.3 |
| Your knowledge of this information AFTER the training | 4.5 |
| Trainer's ability to engage you | 4.7 |
| Trainer(s) appeared to know the information and was/were able to teach it well | 4.8 |
| Overall, rate the usefulness of this training | 4.6 |
| PARTICIPANT COMMENTS | |
| *Kinship 101 participants shared: "I will get licensed as a care giver for foster children because there are lots of supports available. Even if your foster child is a relative", and "This training is useful for me to determine if I want to be licensed or not."*<br><br>*First Placement participants shared what they found helpful: "Preparing for the first day with a new foster child" and "Understanding the role of the caregiver in the first month"* | |
| *Data source: Partners for Our Children (POC), May 2019* | |

DCYF LD is unable to compare the total number of licensed caregivers with the number of foster parents that completed Alliance evaluations, because DCYF LD allows caregivers to complete trainings outside of the Alliance, such as community trainings, trainings from their employer, and by attending college classes as long as the trainings and classes meet one of the three core competencies. Also, the outside training entities do not provide any survey information from the foster parents that attended their trainings. Licensed caregivers have options to take non-Alliance trained courses. For these types of trainings, a certificate of completion is received by DCYF as proof of attendance. Many times it is unknown if both caregivers in a home attended or if only one caregiver attended. In addition, other data from these types of trainings are not tracked such as evaluations or feedback. All Alliance trained courses have complete data available including evaluations and a complete individual caregiver profile of trainings attended.

Another issue with trying to gather this data is that DCYF LD also gives in-service training hours to both caregivers when attending the same training. In those situations, the number of training hours would be duplicated and the training hours can be completed by one or a combination of hours from both caregivers. Therefore, there would be no way to get a valid number.

DCYF contracts with the DSHS RDA under the Services and Enterprise Support Administration. This survey includes a random sample of foster parents who had a child placed in their home within six (6) months of the interview date. The survey includes questions about the foster parents training experience (both pre-service and in-service, depending on licensing date) and whether the training provided was adequate to prepare them for their role as a licensed foster parent.

For the 2018 foster parent survey, 1,349[25] foster parents were contacted for the survey and asked about their training experiences. Foster parents are asked to consider all training completed in the last three years, and identify how adequate the training prepared them to care for the basic needs of foster children placed in their home. Since 2012, foster parents have said their training helps to prepare them for fostering, and 2018 was no exception. Eighty-seven percent (1,145 of 1,320) of foster parents reported that their training adequately prepared them to care for their foster children.

Foster parents were also provided opportunities to make comments about the training, either praising or identifying areas for improvement. Thirty-one percent of the 1,309 foster parents who commented on training discussed the overall quality and helpfulness of the training they received and most comments (84%) were positive or expressed satisfaction. Many commented on the quality of the classes, while a foster parents few commented that meeting with other foster parents was particularly helpful.

All feedback and comments are provided to the Alliance, who is contracted to provide the pre and in-service caregiver trainings and reviews the feedback to make adjustments to the array of training and to determine the best training approach for foster parent trainings.

## Group Care Staff Training

The Washington Administrative Code (WAC) related to licensing regulations for group care facilities requires a specific number of hours (16) of pre-service training for staff and volunteers, including a list of content areas that training usually will include (depending upon the particular facility and the population served). These content areas are selected based on the knowledge and skills necessary for the group care staff to provide quality care to children in out-of-home care. Annually, a minimum of 24-hours of in-service training is required for staff and volunteers of group care facilities, which includes suggested content areas specific to the program. In 2018, there were 151 group care facilities that were actively licensed. Documentation of completed training must be kept by the facility. During license renewals or comprehensive reviews, personnel files are audited by DCYF LD licensors to determine whether the program is meeting the minimum licensing requirements related to training.

## Staff and Provider Training Implemented Practice Improvements

- In the fall of 2015, DCYF and the Alliance began discussions regarding revisions and updates to the RCT curriculum. Feedback received from recent graduates of RCT, field supervisors and management was that some content in RCT was overly focused on theory and did not provide the practical knowledge and fundamental skills needed for staff to assume case management responsibilities. At the same time, DCYF requested that RCT content emphasize child safety centered practice adding an increased focus on assessing, planning and monitoring child safety throughout the life of a case.

  To gather current information from caseworkers and supervisors, an online staff survey, developed in partnership with DCYF, the Alliance, and POC, was administered between December 15, 2015 and January 12, 2016. Survey questions focused on the experiences and perspectives of recent graduates of RCT and their respective supervisors.

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[25] Foster parents may choose not to respond to all questions asked in the Foster Parent Survey. Because of this, the number of foster parents who responded to individual questions, may differ from the total number of foster parents interviewed.

- On January 27, 2016 an all-day Lean workshop occurred to develop a road map for improvements to RCT. Participants included caseworkers who recently attended RCT, field supervisors, and management as well as representatives from the Alliance and POC. The focus of the workshop was to identify content priorities and recommendations regarding the design and structure of RCT.

- SCT for newly hired supervisors was launched in fiscal year 2015 and occurs three times a year. Based on participant feedback from initial cohorts in fiscal year 2015, SCT curriculum has been updated. The updated SCT provides the foundation for effective supervisory practice, assisting new supervisors in orienting to their new role. SCT covers a three-month period with nine days of classroom training. Some of the topics in SCT include the following:
    — Navigating FamLink for effective supervision
    — Supervising with data
    — Clinical supervision
    — Conflict management
    — Building effective teams
    — Building ICW government-to-government relations

- Core training for area administrators (AACT) launched in fiscal year 2016 after a workgroup was convened to explore leadership training for area administrators. A nationally recognized provider was selected to deliver the training. Some of the topics in AACT include the following:
    — Effective relationships as a manager;
    — Strategies for effective organizational communication;
    — Growing and sustaining effective teams; and
    — Strategic thinking and planning tools.

- Throughout 2017, DCYF and the Alliance worked collaboratively to redesign the RCT curriculum for newly hired caseworkers. Activities included:
    — Completion of a comprehensive online survey developed in partnership between DCYF, the Alliance, and POC. The survey was administered between December 15, 2015 and January 12, 2016 and completed by caseworkers who recently graduated from RCT and their respective supervisors. The survey focused on their experiences and perspectives regarding training.
    — On January 27, 2016 DCYF and the Alliance hosted a statewide problem solving meeting to develop a road map and identify the content priority for the redesigned curriculum. Results from the caseworker and supervisor survey were shared with participants.
    — In February 2016, the Alliance met with DCYF and a decision was made to implement an interim RCT, while the curriculum revisions occur. As part of the interim RCT, the training was reduced from eight weeks to six weeks. In addition, nine training topics were removed from the interim RCT curriculum which was launch on April 1, 2016.
    — In July 2016, an internal workgroup, the DCYF Training Committee, convened to review proposals submitted by the Alliance and to provide the Alliance with

additional detail of the content areas to be include in RCT and recommendations on components of design. The Training Committee is comprised of caseworkers, supervisors and program managers representing all regions, headquarters and all program areas.

— The Alliance had an internal RCT redesign workgroup that met five times. These workgroup meetings focused on collecting and synthesizing feedback from Alliance coaches and curriculum developers based on both the experience of delivering RCT curriculum and direct feedback/experiences of RCT participants. The result of these meetings was a compilation of recommendations for curricular revisions, which Alliance curriculum developers used as one component informing the development of redesigned RCT curriculum.

# Service Array

## Item 29: Array of Services

How well is the system working to ensure that the following types of services are available and accessible to children and families served by Department of Children, Youth, and Families in all places in Washington State?

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

Starting in April 2016, a statewide community-based assessment of Washington's service array was conducted to gather feedback from stakeholders on the current functioning of the array of services. The assessment included service needs for children and families, as well as the availability and utilization of services and service gaps. DCYF HQ and regional staff held 30 in-person meetings with a wide variety of stakeholders in attendance including: foster and birth parents, youth, tribal partners, community partners, court stakeholders, and DCYF staff. Meetings occurred in each of the six sub regions.

Feedback from these meetings were rolled up to create a statewide assessment of services. The results suggest that DCYF provides an extensive array of statewide services (strength); however statewide themes regarding needs and barriers to contracted services were also identified.

Statewide themes related to service needs and barriers:

- Additional help for families in accessing housing
  — Support parents in identifying housing options
  — Help parents with applications and concrete support to establish housing

While DCYF partners with local housing authorities and organizations to assist families in accessing housing, all areas of the state identified challenges related to safe, stable and affordable housing as an area for additional focus. DCYF is able to provide some limited financial assistance to help families get into housing such as paying for first/last month's rent.

- Consistency in how DCYF services and resources are made available to families
  — Increase clarity on when services can be offered

— Improve consistency on what services are available

While DCYF provides guidance for staff regarding accessing services, given the staff turnover rate, increasing clarity and accessibility of information will improve consistency in service referrals. Continuing to develop providers that can serve underserved areas is a key component of further developing DCYFs service array.

- Increase the number and diversity of service providers statewide which may result in:
  — Reduced wait times for services
  — Improved cultural responsiveness
  — Increased number of providers who work within the families' communities
- Improve timely access to services to ensure timely referrals and address delays due to wait-lists or limited providers
- Service availability in rural parts of the state
  — Counties without any service coverage (e.g. Ferry County) or very limited (e.g. Clallam)
  — Access to transportation for parents to participate in required services

DCYF continues to explore ways to help sustain contracted services in rural, underserved areas and to explore alternatives for providing services such as online Triple P.

Recommendations received during the statewide assessment of services aligned with many areas DCYF is actively engaged in improving such as:

- Better matching a family's needs with the services offered and available
  — DCYF has developed an online services guidance tool for available Mental Health Evidence Based Practices to help caseworkers better match family based on need to offered services. This resource currently focuses on contracted services offered within the family home. DCYF anticipates expanding this resource to cover placement supports and other services in 2018.
  — DCYF is expanding the service options available within the Combined In-Home service contract to assist parents with direct supports to address contextual issues such as:
    o Identifying affordable housing
    o Accessing community mental health, substance use disorder treatment, and other community-based resources

  DCYF is working with stakeholders through summer 2018, intending to implement contract changes in the fall of 2018.

  — DCYF is exploring the use of an online parenting support intervention, Triple P online. This effort will focus on enabling interventions that can be provided regardless of location of the parent: increasing the ability to reach rural parts of the state. Next steps include:
    o Selection of a small cohort (2 -5) of therapist who will serve up to 5 families each starting late summer 2018
    o Evaluation of process and impacts to determine feasibility of using Triple P online within DCYF early 2019

— DCYF has implemented a first step of comprehensively gathering contextual data of families in a format that supports systemic analysis. The results will provide a first time statewide view of family issues across 55 individual areas of children and families, helping inform availability of services matching to family needs.

  o DCYF has established a method to electronically gather data from the treatment planning assessment used with in-home services.

  o First adopters of the new process began testing in December 2017. DCYF anticipates full implementation for in-home services by summer of 2018.

- Availability of community-based and culturally responsive services.

  — Working with service providers, DCYF identified the model of Cultural Humility as a specific strategy to improve the cultural responsiveness of service providers. DCYF is implementing the requirement of Culturally Humility for in-home service contracts. To date DCYF has:

    o Established contract requirements (2015)

    o Established seven community based trainers statewide to provide training and support on Cultural Humility (2017)

  — Implementation of family satisfaction survey in January 2017 to understand key impacts of services from a family perspective. DCYF will start using this survey within in-home services and expand as needed. Items to be assessed include: service helpfulness, respecting family culture, services offered at convenient times, and other items connected to required service delivery.

- Systemic understanding of the service capacity needs. DCYF 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

Ongoing work continues as DCYF reviews both the systemic service needs of DCYF families and the service capacity needed to respond to those needs. Included in this work is developing a process for capturing when a specific service is needed but not available and why it is not available.

DCYF, in partnership with DSHS RDA, continues to complete research and analysis related to service effectiveness to understand the impact of service provision on outcomes for children and families. Once the research and analysis is complete, the results will be included in future rounds of information gathering. This will include the tracking of feedback by location and stakeholder group, thereby completing the feedback loop and identifying root causes of any barriers to services.

The next step regarding additional recommendations is to compile and evaluate them to identify overlap with current improvement efforts or initiatives. When there is an existing improvement effort or initiative, the recommendation will be combined with ongoing work. For recommendations currently not being addressed, the list will be provided to DCYF leadership for selection and authorization to implement recommendations for improvement. Stakeholder

groups that generated the recommendation will be utilized to develop action steps for improvement.

DCYF contracts for services to address the core needs of children and families throughout the state. There are a few very rural counties where it has proven difficult to sustain service providers and some services are only offered in select counties, but are available within the region. Some service providers may cover multiple counties so the total number of providers includes some duplication.

The gaps within most service categories are known areas of need where DCYF regional program and contract managers work with local DCYF offices, stakeholders, and community members to identify new or expanded service capacity to fill the need.

Category and Contracted Services available in Washington state

| | |
|---|---|
| Child and Youth Safety: | Children's Advocacy Centers of WA, Crisis Family Intervention Services (CFI), Intensive Family Preservation Services (IFPS), Functional Family Therapy (FFT), Triple P, Promoting First Relationships (PFR), Incredible Years Parent Training, Family Preservation Services (FPS), Parent Child Interaction Therapy (PCIT), SafeCare, Diagnosis of Physical Neglect, Physical and Sexual Abuse by Specialized Practitioners |
| Placement Supports: | Behavioral Rehabilitation Services (BRS), Child Placing Agency (CPA), In-State Intensive Residential Child Specific, Resource and Assessment Center (RAC), Responsible Living Skills (RLSP), Special CPA Group Receiving Care |
| Reunification: | Visit Services |
| Education: | Educational Advocacy for Foster Children |
| Substance Affected Newborn: | Pediatric Interim Care Providers |
| Independent Living: | Independent and Transitional Living Services |
| Well-being: | Foster Care Assessment Program (FCAP), Professional Services, Psychiatric Services, Psychological Services, Sexually Aggressive Youth (SAY) Services |

Table 57.

| FISCAL YEAR 2017 CONTRACTED SERVICE PROVIDERS BY COUNTY | | | | | | | |
|---|---|---|---|---|---|---|---|
| County | Child and Youth Safety | Placement Supports | Reunification | Education | Substance Affected Newborn | Independent Living | Well-being |
| Region 1 | 72 | 16 | 11 | 22 | 0 | 10 | 55 |
| Adams | 6 | 2 | 1 | 2 | 0 | 1 | 6 |
| Asotin | 4 | 0 | 1 | 2 | 0 | 1 | 5 |
| Douglas | 7 | 2 | 1 | 2 | 0 | 1 | 5 |
| Ferry | 5 | 1 | 1 | 2 | 0 | 1 | 6 |
| Garfield | 2 | 1 | 1 | 2 | 0 | 0 | 4 |

| | FISCAL YEAR 2017 CONTRACTED SERVICE PROVIDERS BY COUNTY | | | | | | |
|---|---|---|---|---|---|---|---|
| County | Child and Youth Safety | Placement Supports | Reunification | Education | Substance Affected Newborn | Independent Living | Well-being |
| Grant | 8 | 2 | 1 | 2 | 0 | 1 | 6 |
| Lincoln | 7 | 1 | 1 | 2 | 0 | 1 | 5 |
| Pend Oreille | 8 | 1 | 1 | 2 | 0 | 1 | 4 |
| Spokane | 10 | 2 | 1 | 2 | 0 | 1 | 5 |
| Stevens | 8 | 2 | 1 | 2 | 0 | 1 | 4 |
| Whitman | 7 | 2 | 1 | 2 | 0 | 1 | 5 |
| Region 2 | 66 | 16 | 8 | 16 | 0 | 8 | 50 |
| Benton | 9 | 3 | 1 | 2 | 0 | 1 | 6 |
| Chelan | 8 | 2 | 1 | 2 | 0 | 1 | 6 |
| Columbia | 2 | 2 | 0 | 1 | 0 | 1 | 5 |
| Franklin | 8 | 3 | 1 | 1 | 0 | 1 | 6 |
| Kittitas | 8 | 0 | 1 | 2 | 0 | 1 | 6 |
| Klickitat | 8 | 1 | 1 | 2 | 0 | 1 | 4 |
| Okanogan | 8 | 1 | 1 | 2 | 0 | 1 | 5 |
| Walla Walla | 7 | 2 | 1 | 2 | 0 | 0 | 6 |
| Yakima | 8 | 2 | 1 | 2 | 0 | 1 | 6 |
| Region 3 | 45 | 15 | 5 | 10 | 2 | 5 | 29 |
| Island | 9 | 3 | 1 | 2 | 0 | 1 | 6 |
| San Juan | 5 | 3 | 1 | 2 | 1 | 1 | 5 |
| Skagit | 10 | 3 | 1 | 2 | 0 | 1 | 6 |
| Snohomish | 10 | 3 | 1 | 2 | 1 | 1 | 6 |
| Whatcom | 11 | 3 | 1 | 2 | 0 | 1 | 6 |
| Region 4 | 11 | 3 | 1 | 2 | 1 | 1 | 7 |
| King | 11 | 3 | 1 | 2 | 1 | 1 | 7 |
| Region 5 | 20 | 5 | 2 | 3 | 2 | 2 | 12 |
| Kitsap | 9 | 2 | 1 | 1 | 1 | 1 | 6 |
| Pierce | 11 | 3 | 1 | 2 | 1 | 1 | 6 |
| Region 6 | 83 | 9 | 8 | 12 | 11 | 8 | 39 |
| Clallam | 8 | 1 | 1 | 1 | 1 | 1 | 4 |
| Clark | 9 | 3 | 1 | 1 | 1 | 1 | 6 |
| Cowlitz | 9 | 0 | 1 | 1 | 1 | 1 | 6 |
| Grays Harbor | 8 | 0 | 1 | 1 | 1 | 1 | 3 |

| FISCAL YEAR 2017 CONTRACTED SERVICE PROVIDERS BY COUNTY | | | | | | |
|---|---|---|---|---|---|---|
| County | Child and Youth Safety | Placement Supports | Reunification | Education | Substance Affected Newborn | Independent Living | Well-being |
| Jefferson | 10 | 0 | 1 | 1 | 1 | 1 | 5 |
| Lewis | 8 | 1 | 1 | 1 | 1 | 1 | 3 |
| Mason | 8 | 1 | 1 | 1 | 1 | 1 | 3 |
| Pacific | 6 | 0 | 0 | 1 | 1 | 0 | 1 |
| Skamania | 8 | 0 | 0 | 1 | 1 | 0 | 2 |
| Thurston | 9 | 3 | 1 | 2 | 1 | 1 | 6 |
| Wahkiakum | | 0 | 0 | 1 | 1 | 0 | 0 |
| State Total | *297* | *64* | *35* | *65* | *16* | *34* | *192* |

*Data Source: DCYF Regional Program and Contracts Managers Hand Count; State Fiscal Year 2017*

## Item 30: Individualizing Services

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

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

The service array and resource development system is an area for continued improvement. Based on results of the statewide service array assessment completed in 2016, specific service needs and barriers were identified in item 29.

General barriers to services that limit accessibility to families and children throughout the state included funding limitations, cost of services and transportation. Washington contracts with various providers to ensure reasonable access to all services across the state. However, some services may not be available in every county (e.g., mental, emotional, and behavioral health services). Although there are funds to assist families with transportation to counties where the service is available, there may not be transportation services available to purchase.

In reviewing results from the CCRT, parents and caregivers who indicated that a needed service was not received were asked why during the interview process. The main reasons identified by parents and caregivers included lack of awareness, lack of service providers, transportation, and delay in service provision due to waiting lists.

Based on service utilization, the greatest service needs for children and families is: in-home services to improve family functioning; evaluation and treatment for professional, psychiatric, and psychological services to assess and address mental health and behavioral needs; and education advocacy services.

Based on FamLink payment information, table 58 identified the number of children and youth whom utilized services in state fiscal year 2018.

Table 58.

| STATEWIDE SERVICE UTILIZATION BY SERVICE CATEGORY | |
| --- | --- |
| | Service Utilization |
| **Child and Youth Safety** | **FY 2018** |
| Children's Advocacy Centers of Washington | Not available |
| Crisis Family Intervention Services | 289 |
| Intensive Family Preservation Services (IFPS) | 1,193 |
| Functional Family Therapy (FFT) | 1,234 |
| Triple P | 4,359 |
| Promoting First Relationships (PFR) | 1,956 |
| Incredible Years Parent Training | 1,862 |
| Family Preservation Services (FPS) | 8,112 |
| Parent Child Interaction Therapy | 628 |
| SafeCare | 2,072 |
| Diagnosis of Physical Neglect, Physical and Sexual Abuse by Specialized Practitioners | Not available |
| **Placement Supports** | **FY 2018** |
| Behavioral Rehabilitation Services | 943 |
| Child Placing Agency (CPA) | 2,482 |
| In-State Intensive Residential Child Specific | 247 |
| Responsible Living Skills | 36 |
| Special CPA Group Receiving Care | 502 |
| **Well-being** | **FY 2018** |
| Foster Care Assessment Program | 150 |
| Professional Services | 2,477 |
| Psychiatric Services | 22 |
| Psychological Services | 903 |
| Sexually Aggressive Youth Services | 63 |
| *Data Source: DCYF ACD database, FamLink, and Provider Reports; State Fiscal Year 2018.* | |

Service Array Implemented Practice Improvements

- In 2016, DCYF held focus groups across the state with parents, foster parents, service providers, youth, caseworkers, Tribes, court partners, and stakeholders. These focus groups will help DCYF identify opportunities to increase DCYFs ability to tailor and individualize services for children and families served by the agency.
- In July 2015 DCYF updated its FPS contracts to include:
  1. Working with cultural centers or governments when regularly serving unique cultural groups,
  2. Ongoing quality improvement activities focused on contracted providers using a Cultural Humility approach in service families.

- At the beginning of the 2016-17 school year, Treehouse, a subcontractor of OSPI, expanded their Graduation Success Program. The program serves middle and high school youth in foster care in all King County school districts and Spokane and Tacoma School District. DCYF has a data share agreement with OSPI to help facilitate Treehouse's direct outreach to engage eligible youth. The renewal of this school year's data share agreement was delayed, so the program did was not completely utilized until mid-2016-17 school year.

# Agency Responsiveness to the Community

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

*How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with: tribal representatives, consumers, service providers, foster care providers, juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?*

Washington has a strong culture and structure of collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, tribes, courts, and community partners at both the regional and state level. DCYF also works with the regional service networks administering mental health services, community-based service providers, and community networks to provide quality services to meet the unique needs of families. Purposeful engagement occurs through the continuous improvement cycle which includes defining the problem, assessing the problem, planning strategies for improvement, implementing improvement strategies, and monitoring results.

To support meaningful collaboration within the Department's framework, outcome, and additional data is shared with staff and external stakeholders. The Department publishes the *Department of Children, Youth, and Families Annual Quality Assurance Report to the Legislature*. This report along with the Department's CFSPs and APSRs are available to staff and stakeholders on the Department's internet site.[26] The Department presents data to staff and external stakeholders during committee, workgroup, and other meetings. Additional areas of collaboration include:

### Continuous Engagement Initiatives

The Department, at the headquarters and regional levels, consult with a large and diverse group of stakeholders through advisory groups, oversight committees, provider meetings, and collaborative groups, as well as, many other improvement initiatives during the 2015-2019 reporting period. Regularly scheduled meetings are held with specific stakeholder groups including, but not limited to, courts, tribes, behavioral health representatives, youth and internal staff to assess the needs of children and families and monitor progress towards achieving identified outcomes and measures. Through the input provided by these groups, the Department is able to identify areas for improvement, develop strategies for improvement, and discuss best practices.

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[26] Department of Children, Youth, and Families Internet site: https://www.dcyf.wa.gov/practice/oiaa/reports

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

- Tribal Policy Advisory Committee (TPAC) – Members of this committee are delegates appointed through resolution by the 29 federally recognized Tribes in Washington State and by letter for the five (5) Recognized American Indian Organizations (RAIO). *TPAC* meets quarterly and has representatives on DCYF workgroups, advisory committees, and ad hoc committees to represent tribal input and concerns. *TPAC* children's subcommittee meets monthly and works closely with DCYF on issues and policies that affect Indian Child Welfare and programs impacting Indian children and their families.

- Foster Youth Advisory Board Passion to Action (P2A) – This board consists of 20 current and former youth statewide who have been recipients of DCYF services supported by an oversight committee, DCYF representatives, Casey Family Programs and the College Success Foundation. The youth provide valuable ongoing input to improve DCYFs ability to effectively meet the needs of children and adolescents. Feedback from P2A is provided to program and policy manager as new policies and materials are developed. They also provide feedback to community stakeholders who utilize the information to create programs which support children and youth in out-of-home care.

- Foster Parent Consultation Meeting (1624 Meetings) – Statewide and regional meetings occur quarterly and were established by legislation in 2007. Foster parents provide input on recruiting foster homes, reducing foster parent turnover rates, providing effective training for foster parents and strengthening services for the protection of children as well as other issues. The committee works cooperatively to address issues including those raised in the foster parent survey conducted each year.

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

- Internal Program Specific Workgroups –
  — Statewide CPS and Intake Leads meeting which is a monthly statewide meeting that focuses on child safety to include ensuring timely responses to all accepted child maltreatment reports.
  — Statewide CFWS/permanency leads workgroup includes caseworkers, supervisors, and administrators from all regions, and headquarters program staff.

- *Field Advisory Board (FAB)* – FAB is a statewide workgroup comprised of field representatives selected by the regional administrators and director of field operations. There are between 25 and 30 members on the FAB which includes 80% front line caseworkers and supervisors; the remaining 20% are representatives from headquarters. The purpose of the FAB is to act as a sounding board and provide feedback to the DCYF Executive Management Team (EMT) on emerging issues in the field related to statewide child welfare practice and workload. The FAB provides a critical voice on the impact of initiatives, draft policies and practice changes under

consideration. DCYF EMT meets with the FAB quarterly and the ongoing communication between them provides a forum for the exchange of ideas and recommendations that may improve staff recruitment and retention, and quality and effectiveness of practice.

- Kinship Care Oversight Committee – This oversight committee was formed in 2003 to provide guidance in identifying, supporting, and strengthening kinship care families. The oversight committee is comprised of three public administrations including DCYF, DSHS Economic Services Administration, and DSHS Aging & Long-Term Support Administration. Participation in the committee provides an opportunity to hear directly from kinship caregivers about areas of strength as well as areas for improvement. It also supports coordination between formal and informal kinship services and resources to improve access for caregivers.

- Washington State Racial Disproportionality Advisory Committee (WSRDAC) – This committee was established by the legislature in 2007 and advises DCYF in its efforts to eliminate racial disproportionality. The committee includes representatives from around the state and works with DCYF to integrate awareness of disproportionality in child welfare practices and policies. WSRDAC is regularly updated with data and information and provides advice and consultation. Specific initiatives include input into DCYFs practice model training, implementation of the Mandated Reporter Video Brochure focusing on racial disproportionality, enactment of a Washington state Indian Child Welfare Act (ICWA), implementation of anti-racism training (Undoing Institutional Racism) & Diversity Prejudice Reduction Model Training, (formerly Building Bridges) and evaluation of Structured Decision Making Tool. Ongoing initiatives include: recommendations for the use and implementation of a Racial Equity Analysis Tool for DCYF policy and practices, implementation of Evidence Based Practices and Family Support Services. Legislation establishing WSRDAC sunsetted and disproportionality and the work has been integrated into the DCYF wide Race Equity Advisory Committee.

- Alliance for Child Welfare Excellence – The Alliance unites the resources of five organizations committed to improving child welfare in Washington State. This collaboration is comprised of three higher-education institutions—UW, UW Tacoma and Eastern Washington University—as well as the state's DCYF and PPOC, a policy and analysis group. DCYF contracts with the Alliance to provide initial and ongoing caseworker and supervisor training and pre- and post-service training for licensed foster parents.

- Partners for Our Children (POC) – Supported by the UWs School of Social Work, POC focuses on discovering innovative social work solutions to improve outcomes for vulnerable children and families. As part of the Alliance, POC integrates research and evaluation components to help guide curriculum development and pinpoint the effectiveness of training in delivering positive outcomes. This unique approach allows current research results and best practice information to be communicated consistently and effectively to child welfare staff throughout the state.

- Children's Justice Interdisciplinary Task Force (CJITF) – The CJITF was created pursuant to the Children Abuse Prevention and Treatment Act (CAPTA) and operates under DCYF. Members of the task force include law enforcement, judges, attorneys, child advocates, CASA, health and mental health professionals, parent groups and child protective agency staff. The role of the task force is to review and evaluate handling of cases of child abuse and neglect and suspect cases of child maltreatment fatalities and

recommend policy, training and funding that reduces additional trauma to child victims and victims' families. The task force also plans and participates the annual Children's Justice Conference.

- Office of Family and Children's Ombuds (OFCO) – The Ombuds investigates complaints in Washington State about agency actions or inaction that involve any child at risk of abuse, neglect, or other harm and/or a child or parent involved with child protection or child welfare services. OFCO intervenes in cases in which have been determined that an agency's action or inaction is unauthorized or unreasonable. In addition to addressing complaints, OFCO works to identify system-wide issues and recommend appropriate changes in public reports to the Governor, the Legislature and agency officials.

- OPD Court Improvement Advisory Committee – OPDs Advisory Committee includes members appointed by the Chief Justice of the Washington State Supreme Court, the Governor, the Court of Appeals, the Washington State Association of Counties, the Association of Washington Cities, and the Washington State Bar Association, in addition to two Senators and two Representatives selected from each of the two largest caucuses by the President of the Senate and Speaker of the House of Representatives, respectively. OPDs Director is appointed by the Washington State Supreme Court.

- Supreme Court Commission on Children in Foster Care – The mission is to provide all children in foster care with safe, permanent families in which their physical, emotional, intellectual, and social needs are met. The commission goal is to improve collaboration between the courts, child welfare partners and the education system to achieve the mission.

- Superior Court Judges Association Family and Juvenile Law Committee – This committee is comprised of Judges and Commissioners from various county courts in Washington State. They provide leadership and advocacy to assure the family and juvenile court system is responsive, accessible and accountable. The committee reviews and recommends changes to family and juvenile substantive and procedural law and leads the Court Improvement Program (CIP) Steering Committee which oversees federal grant funding for improvements to dependency courts.

- Washington State Court Appointed Special Advocates (CASA) – CASAs ensure all dependent children in Washington State who need court appointed special advocates have one available by promoting, supporting, and developing programs in Washington. Washington State CASA supports local programs through training, networking and awareness, and capacity building support.

- State Interagency Coordinating Council (SICC)-Birth-to-Three – The mission of the SICC is to coordinate and foster development of a comprehensive statewide system of accessible local early intervention services for children birth to age 3-years old who have disabilities or are at risk for developing disabilities and their families, and to coordinate transition into programs these children ages 3 to 6-year olds. In order to carry out this mission, SICC advises and assists the Department of Children, Youth, and Families Early Learning Division and other state agencies on the broad range of early intervention policy and coordination issues.

- Washington Association of Children & Families (WACF) – WACF is a growing association of large and small providers working toward a safer, happier future for the kids and families in Washington. Together, we promote safety, permanency and well-

being for children and families who are involved or at risk of involvement with the child welfare system.

- Washington State Coalition Against Domestic Violence (WSCADV) – The coalition is a non-profit, statewide network of 64 member programs that serve victims of domestic violence in rural, urban and Indian Country communities of Washington, plus 119 individual and organizational associates. The mission of WSCADV is to end domestic violence through advocacy by improving how communities respond to domestic violence and through social change by create intolerance for abuse.

- Child Fatality and Near Fatality Review Committees – When a child who has been served by DCYF and a child death or near death occurs, review teams are convened. Membership includes community representatives, as well as, DCYF specialists who have not worked with the family. The review team carefully examines the Department's practice, policies, and relationships with service providers and community professionals. Results from the review, along with consultation with tribal partners, the Office of the Ombuds, advisory groups and federal reviews, are used to learn from our practices. Final reports are published on the internet and recommendations are shared quarterly for consideration for implementation.

- Private Child Placing Agencies – DCYF has developed contracts with private agencies to help meet the growing demand of homes for the children in out-of-home care. Olive Crest serves Western Washington and Fostering Washington serves Eastern Washington. The Department maintains licensing requirements for both state and private agency foster homes. Private agencies often specialize in serving certain types of children, provide case management support to homes and offer other services to foster children and foster parents.

- Contracted Service Providers – DCYF contracts with various service providers to deliver services to children and families involved with DCYF. The service array section of the statewide assessment includes detailed information regarding contracted services.

- Washington Federation of State Employees/American Federation of State, County and Municipal Employees (WFSE/AFSCME) – WFSE/AFSCME Council 28 is the union who represents Washington State employees employed by state agencies, state colleges and universities, and public service workers. DCYF represented employees includes the Social Service Specialists job classification (caseworkers).

Additional stakeholder input and ongoing consultation is obtained throughout the year during internal and or external program or committee meetings and other advisory groups at the state, local, and regional level. These include, but are not limited to:

- Local Disproportionality Committees
    - King County Coalition on Racial Disproportionality – DCYF staff partners with local service providers, the Center for Children and Youth Justice, and Mockingbird to reduce race-based disparities in the child welfare system. The primary focus is to reduce disparity in one region 4 office per year.
    - Local Disproportionality Workgroups – Regions 3 and 4 have both regional and local disproportionality workgroups in several offices throughout the region including: Everett, Lynnwood, Martin Luther King Jr, and Sky Valley. The primary focus is to increase awareness, educate, and reduce disproportionality in public child welfare. The workgroups include members from the local office and

community members. Information regarding disproportionality is presented at all-staff meetings.

- Local Tribal Advisory Committees
  - Region 1 Tribal Advisory Meeting – Meetings occur quarterly with four (4) tribes and two (2) Recognized American Indian Organizations to review goals and activities outlined in the local 7.01 plan. The primary goal of these meetings is to collaborate in the development and implementation of goals between DCYF and tribes, as well as, ensure compliance with tribal administrative policy. Local tribes include Spokane, Yakama, Kalispel, and Colville Confederated Tribes. Both of the RAIOS are located in Spokane and provide health care, counseling and other support services to Native and Non-Native families living the Spokane urban area.
  - Indian Child Welfare Advisory Committees (LICWAC) – LICWAC staff tribal cases and make recommendations regarding tribal identification, assistance, and cultural case plans. Committee participants include local office staff, tribally connected volunteers from the local community, and tribal representatives. Tribes involved across the state include: Snoqualmie, Samish, Swinomish, Nooksack, Tulalip, Lummi, Hoh, Quileute, Makah, Lower Elwha, and Jamestown S'Klallam .
  - Region 3 Tribal Coordinating Council – The council meets to collaborate and share programs, services, and information with tribes in the region. Participants include DCYF, DSHS Division of Vocational Rehabilitation, DSHS Rehabilitation Administration Juvenile Justice, DSHS Home and Community Services, Employment Security Department, county agencies, local Behavioral Health organizations, and tribes in the region (Lummi, Nooksack, Samish, Upper Skagit, Swinnomish, Sauk Suiattle, Stillaguamish, Tulalip, and Muckleshoot)
  - Region 3 Tribal Child Protection Teams – Teams are located in Bellingham and Mount Vernon and ensure the safety of tribal children by helping with case planning and staffing cases for closure. Tribes involved with the child protection teams include Lummi, Nooksack, and Upper Skagit.
  - Region 3 Tribal Advisory Meeting – Meetings occur quarterly with 10 tribes and 3 Recognized American Indian Organizations (RAIOS) to review goals and activities outlined in the local plan. The primary goal of these meetings is to collaborate in the development and implementation of goals between DCYF and tribes, as well as, ensure compliance with administrative policy. Local tribes include Muckleshoot, Snoqualmie, Tulalip, Stillaguamish, Sauk-Suiattle, Swinomish, Upper Skagit, Lummi, Nooksack, and Samish.
  - South King County Native Youth Coalition – Meetings occur quarterly with school districts and community partners in south King County to support the development of resources, services, and ongoing activities for tribal youth and families living in south King County. The primary focus is to identify and prioritize needs, design strategies for building supports, and services to meet those needs. Participants include Federal Way and Highline Indian Education Programs, Green River Community College, Highline Community College, Seattle Indian Health Board, Cowlitz Tribe, and other community partners.

— <u>Regions 5 and 6 Local Indian Child Welfare Advisory Committee (LICWAC)</u> – Forks, Port Angeles, Port Townsend, Puyallup, Clallam County, Jefferson County, and Thurston County each have LICWAC advisory committees which staff tribal cases and make recommendations regarding tribal identification, assistance, and cultural case plans. Committee participants include local office staff and tribal representatives from Hoh, Quileute, Makah, Lower Elwha, and Jamestown S'Klallam.

— <u>Luggage of Love</u> – The Aberdeen office collaborates with the Quinault Tribe to increase availability of concrete goods for children and families.

— <u>Region 6 Clallam and Jefferson County Tribal and Court Relations Meeting</u> – This group consists of five local tribes, county court commissioner, representatives from the AAG's office and local office staff who discuss ICW court issues. Meetings started out as an educational process for the court commissioner and turned into identifying how to improve tribal court involvement for the client, attorney, or Department. ICW staff from local tribes include Hoh, Quileute, Makah, Lower Elwha, and Jamestown S'Klallam.

- Local Parent Support Groups

  — <u>Region 1 Spokane Parent Advocacy Network (SPAN)</u> – SPAN is a group of veteran parents who seek to provide hope to other parents who currently struggle with CPS issues, and change the child welfare culture from fear and isolation, to connections and trust. A Department representative attends the meetings and brings their input back to share with the regional chain of command.

  — <u>Region 3 Sno-PAC- Parent to Parent</u> – This group supports parents who have open cases with the Department and is supported by parents who have successful completed the dependency process.

  — <u>Region 6 Housing Authority</u> – DCYF staff participate in monthly meetings to discuss clients housing needs in Clallam County, Jefferson County, Bremerton and Aberdeen.

  — <u>Region 6 Wellsprings Community Network (Long Beach and South Bend)</u> – WellSpring is a multi-faceted coalition with individuals representing 12 different areas including: youth, parents, business, media, schools, youth-serving organizations, law enforcement, faith-based organizations, civic organizations, healthcare professionals, local government, and substance abuse prevention. The mission of the Wellsprings Community Network is to support community wellness in South Pacific County through active collaborations.

  — <u>Region 6 Peninsula Poverty Response (Long Beach and South Bend)</u> – Peninsula Poverty Response seeks to reduce the consequences related to poverty in the Long Beach by raising awareness of the needs of people living in poverty in the community, increasing access to and utilization of existing resources, decreasing short and long term homelessness on the Peninsula, and increasing employment opportunities and job skills.

  — <u>Local Fatherhood Engagement Committee</u> – The goal of local fatherhood engagement committees is improving dependency outcomes for children and families through actively engaging fathers in the process. Local offices with committees include: Bremerton, Kelso, Centralia, Tumwater, and Shelton.

—  Region 6 Homeless and Housing Advisory Committee (Stevenson) – Assist homeless in Skamania County through the collaborative work of DCYF, local food banks and public health organizations.

—  Columbia Gorge Action Board (Stevenson) – Improve availability of social services in the Columbia River Gorge area of Washington. The board includes representatives from DCYF, local food bank, and public health organization.

—  Skamania County Family Network (Stevenson) – This network includes DCYF, community mental health providers, community education, and community public health representatives. The purpose of the Skamania County Family Network is to develop programs for families, provide classes, and address training needs for families and children.

- Local Foster Parent and Kinship Care Groups

    —  Region 1 Foster Parent Stakeholder Groups – The purpose of these meetings is to improve communication between the agency and the foster parent community and collaboratively resolve issues. It also serves as a forum where foster parents come together to present concerns on issues not being resolved through other means and identify trends or ongoing issues.

    —  Regional Foster Parent Consultation Meeting (1624 Meetings) – Legislatively mandated quarterly regional meetings began in 2007. The meeting covers issues identified from foster parent's region wide that cannot be resolved at the local level during foster parent stakeholder group meetings. Agenda items are submitted by Foster Parent representatives and two regional issues move forward to the Statewide 1624 meeting.

    —  Regional Recruitment, Development, and Support (RDS) Teams and Foster Parent Support Groups – The purpose of these meetings is to provide support to foster parents, increase resource and retain availability of existing resources for local foster parents. Local RDS teams and support groups are available in the following offices and counties: Centralized Services, Bellingham, Everett, King South, King West, Mt Vernon, Oak Harbor, Office of Indian Child Welfare, and Sky Valley, Vancouver , and Clallam, Jefferson, Pierce, and Thurston Counties.

    —  Mockingbird Family Model (MFM) – MFM is available in King East (Bellevue), King South, King West, and Sky Valley offices. This group reviews procedures and recruitment efforts for the Mockingbird hubs in order to maintain a constellation of Seattle homes.

    —  Communities Helping Children – Goal is to help recruit short term emergency placement options at Olympic Hills School which serves the King West and Martin Luther King Jr. offices. The group

    —  Helping Hands Foster Parent Support Alliance (King East [Bellevue]) – This is a community networking group focused on enhancing support services and assistance to caregivers and children in their communities, as well as, increase retention of caregivers. In addition to DCYF child welfare staff, the group includes representatives from the Union Gossip Mission and multiple representatives from local eastside churches.

— <u>Regions 3 and 4 Office Moms/Dads</u> – Community and local foster parents providing support to children in foster care while at the local office awaiting placement. Offices include: Lynnwood and Office of Indian Child Welfare.

— <u>Region 3 Native American Foster Parent Support Group (Office of Indian Child Welfare)</u> – Group provides support non-native families caring for Native children in their home. Representatives include DCYF child welfare, LD, Olive Crest and United Indians of All Tribes Foundation.

— <u>Region 5 Office Moms/Dads (Bremerton)</u> – Local volunteers who provide support to children in foster care while at the local office awaiting placement.

— <u>Region 6 Contracted Provider's Monthly Meeting</u> – Focus of these meetings are to improve the working relationship between DCYF and contracted providers serving Clallam County and Jefferson County. Discussions include sharing of information, coordination of services and how to improve and develop available services.

— <u>Adoptive Parent Support Group in Lewis County</u> – Support group for region 6 adoptive parents residing in Lewis County.

- Local Court Improvement Groups
   — <u>Regions 1 and 2 Table of Ten (Grant County, Spokane County, and Yakima County)</u> – Table of Ten is a focused effort to review the local dependency system as a whole and provides an opportunity for those involved to make meaning of what they see and intentionally design a process to change it for the better. It is an effort aimed at continuous quality improvement on a local level.

   — <u>Region 1 Family Treatment Court (Okanogan County, Walla Walla County, and Yakima County)</u> – A family dependency treatment court is a juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.

   — <u>Regions 3 and 4 Family Treatment Court (Island County, King County, Skagit County, Snohomish County, and Whatcom County)</u> – A family dependency treatment court is a juvenile or family court docket where selected abuse, neglect, and dependency cases are identified when parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.

   — <u>Whatcom County Prosecutor's Meeting</u> – Purpose of meetings is to improve victims access to services and perpetrator accountability. Participants include

DCYF, Whatcom County Prosecutor, Whatcom County Sheriff's office, Bellingham Police Department, and Domestic Violence and Sexual Assault Services of Whatcom County

— <u>Region 3 Table of Ten and Court Improvement Teams (Skagit County and San Juan County)</u> – Table of Ten is a focused effort to review the local dependency system as a whole and provides an opportunity for those involved to make meaning of what they see and intentionally design a process to change it for the better. It is an effort at continuous quality improvement on a local level.

— <u>Snohomish County Table of Ten (Region 3)</u> – In 2017, Snohomish County continues to experience an increase in filings for children under one year of age which continues to be a priority. In an effort to decrease the number of children under one year of age entering dependency, the following efforts are being conducted:

  o Prioritization in scheduling by judicial officers has included more frequent review hearings for select cases; expedited fact findings and/or settlement conferences; and earlier referral to Unified Family Court (UFC) when a return home to a safe parent can occur.

  o Dependency calendars and teaming are under review to assess if caseload, case flow, team function, and time use can be better managed.

  o Re-implementation of the "Establishing Biological Paternity Early Project," but with testing at Denney Juvenile Justice Center rather than at a LabCorp location in order to enhance the likelihood of completion.

  o Cases that are set in UFC and for which the dependency is in Family Drug Treatment Court (FDTC) will hear the family law action in FDTC in order to enhance the value of one judge/one family and to realize greater efficiencies in case processing.

  o Implementation of the United Way grant for Homeward House, which will provide a location for visitation and wrap-around services. Eventually this will include transitional housing for parent-infant pairs while the parent is in treatment for drug addiction.

— <u>King County Early Childhood Table of Ten (Region 4)</u> – The mission of the King County Early Childhood Table of Ten is to partner and refer dependency-involved young children and their families for easier access to birth-to-three services. A workgroup that includes court partners, community providers, county staff, and the Child Health and Education Tracking (CHET) program, delivered a cross-system training for professionals to help them engage parents and caregivers in early intervention assessments and services. King County's early intervention system has partnered with parent allies and local providers to improve how they work with parents when their children are placed out-of-home. The court has also approved development of a pilot project to assess whether reviewing CHET reports with parents at mediation will help to connect them to early intervention assessments and services.

— <u>Regions 5 and 6 Table of Ten and Court Improvement Teams (Clallam County, Jefferson County, Grays Harbor County, Clark County, Skamania County, Klickitat County and Kitsap County)</u> – Table of Ten is a focused effort to review

the local dependency system as a whole and provides an opportunity for those involved to understand what they see/experience and intentionally design a process to change it for the better. It is an effort at continuous quality improvement on a local level.

— Regions 5 and 6 Family Treatment Court (Clallam County, Clark County, Jefferson County, Cowlitz County, Lewis County, Kitsap County, Mason County, Pierce County, Skagit County, and Thurston County) – A family dependency treatment court is a juvenile or family court docket of which selected abuse, neglect, and dependency cases are identified where parental substance abuse is a primary factor. Judges, attorneys, child protection services, and treatment personnel unite with the goal of providing safe, nurturing, and permanent homes for children while simultaneously providing parents the necessary support and services to become drug and alcohol abstinent. Family dependency treatment courts aid parents in regaining control of their lives and promote long-term stabilized recovery to enhance the possibility of family reunification within mandatory legal timeframes.

- Local Domestic Violence Committees
    — Region 1 Domestic Violence Task Force – Address areas of improvement between the Department and local agencies that work collaboratively with families that have history of domestic violence.

    — King County Special Assault Network (King Southeast, King West, and Martin Luther King Jr.) – Agencies part of the core team include law enforcement, Department of Children, Youth, and Families, Attorney General's Office, Harborview Center for Sexual Assault and Traumatic Stress, King County Sexual Assault Resource Center, Seattle Children's Hospital, and Swedish Medical Center. The purpose of the network is to accomplish more effective and efficient responses by agencies and to ensure that the actions of one agency do not compromise the goals of another. Furthermore, agencies should coordinate their responses to minimize possible negative outcomes to the victim and to ensure that all victims have access to appropriate services.

    — King County Domestic Violence Best Practice Group – The Department attended the King County Special Assault Network and the King County Domestic Violence Best Practice Group to discuss strengths, promising practices and areas needing improvement related to timeliness of investigations.

    — Whatcom County Domestic Violence and Sexual Assault Commission – Supports individuals affected by domestic violence, sexual assault, and commercial sexual exploitation and leads the community towards ending these abuses of power.

    — Domestic Violence Oversight Committee (King West and Island County) – Collaboration between law enforcement, court judges and commissions, and community domestic violence programs to discuss and improve issues related to domestic violence.

    — Regions 5 and 6 Domestic Violence Task Force (Kitsap County, Skamania County, Clark County) – Collaboration between DCYF, law enforcement, mental health providers, and community domestic violence programs to assist victims of

domestic violence, coordinate services, and improve issues related to domestic violence.

- Local Education and Youth Collaboration
    - Region 4 Early Learning Teams (King East [Bellevue], King West, Martin Luther King Jr., and Office of Indian Child Welfare) – Team conducts case staffings which involve children ages 0 to 5-years old to assess and provide early learning resources.
    - East Whatcom Regional Resource Center – Purpose is to serve homeless and low-income families and individuals. The mission is to help people improve their lives through education, support, and direct assistance while advocating for just and equitable communities.
    - King County Passport Consortium – Work includes providing assistance to youth in foster care around the process for getting support and information on higher education. Partners includes Seattle University, University of Washington, Seattle Central Community College, YMCA of Greater Seattle, College Success Foundation and Treehouse.
    - Snohomish County Regional Education Partnership – Professional partnerships with community partners and children welfare agencies to coordinate services for Snohomish County students, homeless, at risk youth, special education and foster youth.
    - Whatcom County Consortium – Professional partnerships with community partners and children welfare agencies for coordinated services for Whatcom County students, homeless, at risk youth, special education, and foster youth.
    - King County Foster Care Regional Network – Professional partnerships with community partners and children welfare agencies for coordinated services for King County students, homeless, at risk youth, special education and foster youth.
    - Region 6 Teen Advocacy Coalition (TAC) (Long Beach and South Bend) – TAC is a coalition of teens and adults who are dedicated to making Willapa Harbor a healthier and safer environment for kids and teens to grow. Coalition partners include youth, parents, schools, businesses, medical professionals, law enforcement, local government, civic/volunteer groups, faith based organizations, and community based organizations substance abuse prevention organizations.
    - North Pacific County Know and Grow Early Learning Coalition (Long Beach and South Bend) – Parents and children learn skills and gain knowledge and to support their child's learning and development, and they will become acquainted with their local school district and Timberland Regional Library branches located in South Bend and Raymond. Target populations includes low-income, English language learner families and teen parents. create connections, promote pro-social activities and avenues for teen involvement that will strengthen mental health and reduce substance abuse. Coalition includes foster parents, medical staff, law enforcement, probation counselors, CASA's, guardian ad litem's, and court personnel.

— <u>Headstart Advisory Board (Stevenson)</u> – Board consists of mental health staff, education personnel, public health personnel and DCYF who are responsible for recruiting families and confirming qualification for Headstart.

- Department of Children, Youth, and Families Employee Workgroups

  — <u>Region 2 Child Protection Teams</u> – Teams ensure the safety of children involved with the Department by helping with case planning and staffing cases for closure. Participants include community stakeholders such as medical providers, mental health professionals, school representatives, nurses and other as needed.

  — <u>Regional Child Protection Teams</u> – Teams at the King East (Bellevue), King South, Lynnwood, Martin Luther King Jr., Mount Vernon and Sky Valley offices ensure the safety of children involved with the Department by helping with case planning and staffing cases for closure. Participants include community stakeholders such as medical providers, mental health professionals, school representatives, nurses and other as needed.

  Teams at the Puyallup, Vancouver, Tacoma, Lakewood, Clallam County, and Jefferson County offices ensure the safety of children involved with the Department by helping review cases pending prosecution or forensic interviews, assisting with case planning, and staffing cases for closure. Teams include law enforcement, medical providers, AAG's, and local prosecutors.

  — <u>Harborview Case Staffings (King West and Martin Luther King Jr.)</u> – Purpose is to staff cases where the child has experienced trauma.

  — <u>Region 6 Children's Advocacy Center of Grays Harbor</u> – Promotes and facilitates a multi-disciplinary, child-focused, culturally sensitive approach to the prevention, investigation, intervention, prosecution and treatment of child abuse and neglect.

  — <u>Regional Medical Consultants (RMC) Meeting</u> – DSHS employs six part-time, practicing physicians who provide consultations to DCYF child welfare caseworkers by phone and in-person meetings in the DCYF regional offices. The DCYF health program manager participates in quarterly meetings with the RMCs to discuss issues and topics relevant to foster care and access to appropriate health care services. In 2017, quarterly meetings focused on continued implementation of AHCC and addressing impacts to the healthcare provider community to reduce barriers experienced by caseworkers and caregivers. The RMCs also provide consultation and clinical oversight in the development of health care policies for the DCYF.

  — <u>Statewide CPS and Intake Leads</u> meeting is held monthly and facilitated by the HQ safety program manager. The group includes representatives from each region and the primary focus is on improving safety outcomes for children and families. Regional leads share information with caseworkers regarding best practices and areas for improvement via e-mail, all-staff meetings, regional leadership meetings, individual consultations with staff, and office training. This group has provided insight and assistance related to safety outcomes 1 and 2.

  — <u>CFWS/Permanency Leads</u> monthly meetings that include representatives from all regions, headquarters, and quality assurance. In 2017, this group reviewed statewide data from the case review and identified statewide strategies to impact permanency outcomes. One example of an identified strategy is a statewide

family engagement campaign designed at teaching and providing tips to better engagement with parents involved in the dependency process.

## Targeted Engagement Initiatives

At times, DCYF will identify targeted, time-limited engagement strategies aimed at achieving a specific purpose. As specific topics and initiatives arise, the Department may require input from a specific group of subject matter experts within the Department and community to participate in focus groups, workgroups, Lean improvement events, and other activities. Examples include:

- The Supporting Early Connections (SEC) program which continues to support healthy relationships for babies, toddlers, and their biological parents involved in dependency court. Child-Parent psychotherapy is provided by Navos Mental Health Solutions and paid for by Medicaid. A Navos therapist works closely with parents to help them develop the confidence and skills to care for and bond with their children and to connect with resources such as housing, food, and diapers. Navos provides reports about family goals and progress to parties in the family's dependency case.

- DCYF collaborated with the OSPI, Treehouse, and Texas Education Agency to develop a resource guide for teachers and caseworkers. The purpose of the *Educator's Guide To Supporting Students in Foster Care*[27] is to empower education professionals with information, resources, and tools to positively impact the educational experience for students in foster care. While the guide is primarily designed for education professionals, it will also benefit caregivers, child welfare workers, child advocates, and others who work with students to help them achieve success in school and in life.

- DCYF staff met with regional law enforcement jurisdictions to discuss Memorandums of Understanding and the Departments response timeframes for allegations of abuse and neglect.

- Multidisciplinary Team Meetings were held in each office catchment area to discuss strengths, promising practices and areas needing improvement related to timeliness of investigations. These meetings were included representatives from the prosecutor's office, area law enforcement agencies, victim advocates, mental and medical health providers.

- DCYF FVS workgroup reviewed and updated the FVS policy and CPS investigation policy to clarify practices and procedures for service delivery to cases determined to be moderately high and high risk of maltreatment.

- Development and distribution of a Permanency Leads monthly newsletter distributed throughout the regions by regional permanency and CFWS leads. The newsletter focuses on practice tips and strategies, including placement stability.

- DCYF is updating the permanency planning training to improve the focus on identification of permanency plans, concurrent planning, timelines, and strengthening the use of best interest considerations in case planning.

- A core group of staff from CCW, HCA, FWB, and DCYF meet monthly to strategize and address issues with implementation of the AHCC managed care plan.

- Statewide CHET Supervisors meet monthly throughout the year by conference call, video conference, and in-person. While these meetings are specific to the operation of

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[27] http://www.treehouseforkids.org/wp-content/uploads/2016/06/Educators-Guide-Final_Digital-Version.pdf

the CHET program, the CHET screen is key to the development of an initial case plan that addresses the well-being of the child when he or she first enters foster care. The CHET supervisor meetings were an important arena to gather feedback on the impact to staff and caregivers regarding the implementation of AHCC.

- DCYF collaborates with medical providers and other public health experts to develop and implement services and supports that meet the needs of individual children. CCW is the contractor for the single managed care health organization to service children in the Washington foster care system; this health plan is called AHCC. The goal of the AHCC is to improve coordination, access, availability, and oversight of the physical and behavioral health care services and treatment provided to children and youth in out-of-home care. AHCC assigns all children to a primary care provider upon enrollment in the plan. AHCC also provides care coordination for children with ongoing medical needs.

- DCYF convenes and participates in a variety of workgroups that focus on identifying and addressing barriers to accessing behavioral health services for children and families. Some of the workgroups include: Children's Mental Health Workgroup, Washington State Behavioral Health Advisory Council, Washington System of Care: Statewide Family Youth and System Partner Round Tables, DCYF Psychological Services Advisory Team, Children's Multi-System Acute Resource Solutions Team, ACF Creating Connections Core Team and Behavioral Health Full Integration workgroup.

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

- DCYF has supported legislation to help address systemic issues regarding the child welfare system and provision of health and behavioral health services for children in foster care. Legislation includes the Washington Blue Ribbon Commission on the Delivery of Services to Children and Families (Executive Order 16-03), Children's Mental Health Workgroup (E2SHB 2439), and Integrated managed health and behavioral health services for foster children (SHB 1879).

- DCYF supported Washington state legislation, SB 5241, which was signed by the Governor on April 17, 2017. This bill requires school districts to consolidate credits or grant partial credit for unresolved or incomplete coursework due to transfers while in foster care placement. Legislation will be coupled with funding support for educational advocacy and expansion of a program aimed at improving graduation rates for youth in out-of-home care.

- In January 2017, the Assistant Secretary met with the new OSPI Superintendent to clarify goals toward a bi-directional education data share agreement. Throughout 2017, OSPI leadership, their Foster Care Program Supervisor and their student data management team met with DCYF leadership, staff and data team to clarify authority to exchange data, determine business reason for data, discuss contract requirements, and develop and implement a work plan. In October 2017, the bi-directional education data share agreements were signed and educationdata is now available in DCYFs case management system for individual children and youth in the care and custody of the

state. The signed data share agreements also allow OSPI to share lists of foster care students with school districts for coordination and development of educational supports, allow OSPI to complete state and federal reporting mandates and to provide lists of eligible youth to their contractor, Treehouse, to provide Graduation Success Services.

- At the beginning of the 2016-17 school year, Treehouse, a subcontractor of OSPI, expanded their Graduation Success Program. The program serves middle and high school youth in foster care in all King County school districts and Spokane and Tacoma School District. DCYF has a data share agreement with OSPI to help facilitate Treehouse's direct outreach to engage eligible youth.

- As required by the federal Every Student Succeeds Act (ESSA), OSPI has identified Foster Care Liaisons, in each school district. DCYF is working collaboratively with OSPI regarding training and communication strategies to strengthen work at the office/regional level between the district liaisons and caseworkers.

- The Alliance offers coaching sessions to individual caseworkers that focus a child's safety, permanency, and well-being.

- DCYF facilitated several workshops at the Statewide CASA Conference in 2017 and 2018. Workshop topics included ETV services, Permanency Consideration, and an overview of CFSR outcomes related to safety, permanency, and well-being.

- Washington State has reached out to the Capacity Building Center for States in regard to technical assistance around CFSR preparation. The Center for States Library was also used as a resource to gather information regarding other states work with children who run from out-of-home care.

- Casey Family Programs provided financial assistance, consultation and professional guidance regarding strategies to DCYF to improve permanency outcomes for youth in out-of-home care.

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

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

The Departments statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs is functioning well. The title IV-E program is coordinated with other programs available to children in the state of Washington funded under titles IV-A (TANF), IV-B (Child Welfare Services), XVI (Supplemental Security Income), XIX (Medicaid) and title II (SSA) of the Social Security Act in accordance with all appropriate provisions of federal law. Examples of this coordination include:

- Title IV-E eligibility and TANF child-only eligibility for children placed with kinship caregivers is coordinated with DSHS Economic Services Administration (ESA). When a child is removed from a parent receiving TANF benefits, DCYF coordinates concurrent benefits with ESA to continue the parent's eligibility for 180 days of ongoing TANF benefits when the permanency plan is reunification. The concurrent benefits form must be completed within 7 days of placement in out-of-home care by the caseworker and is emailed to ESA for processing. If it appears the child will remain in care for more than 180 days, the DCYF child welfare caseworker can request an extension of these

benefits. When a child is placed with a kinship caregiver, he or she can apply for a child-only TANF grant directly from ESA.

- The Division of Child Support (DCS) assists the Department in locating missing parents and is sometimes able to provide documentation of paternity. Also, if child support payments are being made for a child in out-of-home care, an electronic alert is sent to DCS with notification of the placement. Child support payments are then routed to the DCYF until the child returns home.

- The state supports tribes in their delivery of child welfare services through IV-E agreements. Three tribes Quinault, Makah (not active) and Lummi currently have pass through IV-E agreements with DCYF. Washington State was the first in the nation to have a federally recognized tribe (Port Gamble S'Klallam) apply and receive approval for direct Title IV-E funds for foster care, adoption assistance and guardianship assistance. Other tribes who have expressed a strong interest and are known to be working with the federal government on direct IV-E agreements are Colville Confederated Tribes, Muckleshoot Tribe and Lummi Nation.

- DCYF has an approved inter-governmental agreement with the Administrative Office of the Courts (AOC) that allows for collaboration and sharing of data. An interface between the AOC's SCOMIS are matched with FamLink to allow for data to be gathered on juvenile dependency and termination cases filed in Washington's courts.

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

- The Parents for Parents (P4P) program is a peer outreach and education program provided by parents who have successfully navigated the child welfare system to parents who have recently become engaged with the dependency system. The program supports safe and timely reunification of children with their parents, or an alternative permanency outcome when reunification is not a viable goal. Beginning in 2005, Court Improvement Program (CIP) funds have supported the start-up of eight of the ten programs operating today. These programs serve thirteen counties in Washington State. The program is designated a promising practice.

  Through court outreach at dependency hearings, a Dependency 101 class designed to educate parents about the dependency system, and ongoing peer mentoring, helps diffuse negative attitudes, gives parents someone they can relate to, and offers them hope that reunification is possible. In addition to the Dependency 101 class, Grays Harbor, King, Pierce, Snohomish, Spokane, and Thurston P4P programs sponsor Dependency 201 classes. These classes offer an additional support group, which are designed to provide tools and resources that help empower parents to be successful throughout their dependency cases and in life. The King and Spokane programs also offer parent mentoring programs in the local jails.

During the 2015 legislative session, legislation was passed which provided funding to existing P4P programs, funding to expand three of the programs, and funding for an evaluation to determine if the program can be considered research-based. The legislation placed the P4P program under the direction of the Office of Public Defense, who contracts with the Children's Home Society of Washington to provide oversight and coordination for the statewide programs.

The Phase I Evaluation Report for Washington State's P4P was completed by Chapin Hall Center for Children in 2016. Chapin Hall evaluated P4P programs in King, Spokane and Thurston Counties. The evidence is strong about changes in attitude that result from attending the Dependency 101 class. What is less clear is whether these changes persist over time as the dependency process unfolds. The Phase II Evaluation will take a deeper look at outcome data and reunification rates of parents who participate in P4P. This evaluation is scheduled to begin in 2018 with a final report due to the Legislature by December 2019.

During the 2017 legislative session, additional funding was allocated to support four additional P4P programs in the state and to allow for expansion of additional county sites. The additional funding is supporting programs in Benton/Franklin, Clallam, Clark and Whatcom Counties.

- The Department is continuing to implement, in coordination with the HCA Behavioral Health and Recovery, a statewide service for youth with complex mental and behavioral health needs. Wraparound with Intensive Services (WISe) is designed to provide comprehensive and intensive behavioral health services and support, provided in home and community settings, for Medicaid eligible individuals up to 21 years of age with complex behavioral health needs and their families through the publically funded mental health system. The goal of the program is for eligible youth to live and thrive in their homes, schools, and communities reducing the need for out-of-home placement. WISe uses an array of intensive mental health services that can include care coordination which develop shared goals and coordinate services and supports from multiple systems including DCYF. Roll-out of the program has been staged by DSHS and HCA and services are currently in all counties throughout the state.

- DCYF obtains information from federal and state databases through approved data-sharing agreements. The Department uses data from ACES (determines eligibility, issuing of benefits, management support, and sharing of data between agencies), SEMS (DSHS Division of Child Support), UTAB (Unemployment Tax and Benefit system), Department of Health Vital Statistics, eJAS (Basic Food and Employment System), Client Registry (facilitate client care and case coordination across all DSHS client services and programs), VIPS (vehicle registration database), and Federal Bureau of Prisons Inmate Locator for dependency, placement, adoption and case management purposes.

- An Intra Agency Agreement between DCYF and JR was revised and jointly signed which is designed to enhance discharge planning for youth. The agreement provides clarification of roles and responsibilities, including:
    — Clearly identify who has lead responsibility;
    — Begin discharge planning at entry to JR facilities and county detention facilities; and

— Create opportunities for joint involvement in shared planning meetings and family contact efforts.

- In 2015, The Washington State Homeless Youth Act (HYPP Act, SSB 5404) created the new Office of Homeless Youth Prevention Programs (OHYPP) within the Department of Commerce. The contracts for management, oversight, guidance and direction of the CRC, Street Youth and HOPE Centers were transferred from DCYF to OHYPP as of July 1, 2016. In 2016, new legislation increased the amount of program funding for beds and services that are linked to homeless students, further expanding the resources available for all homeless youth. Youth are referred to community providers for housing needs. Many of Washington State's IL providers are also recipients of federal grants for transitional housing. DCYF works closely and with the new Office in making sure all runaway and homeless youth in the child welfare system are receiving the necessary support and services they need, and providing the Office with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington State.

- DCYF collaborates through a MOU with ESA and statewide Housing Authorities to promote housing stability among families and young adults served by both of the DSHS agencies. This collaboration continues to combine resources for families and young adults aging out of foster care who meet the criteria for the Family Unification Program as specified by the US Housing and Urban Development Administration. The MOU commits the agencies to combine efforts in providing housing assistance through a variety of programs including: Housing Choice Vouchers (Section 8), Family Unification Program (FUP) vouchers, Moving to Work Program participation and transitional housing assistance.

- In April 2016, use of FUP vouchers through the Seattle Housing Authority in King County (the most populated urban area in Washington State) was the first to reach 100% utilization. Of the 21 counties involved in the MOU, all utilization is above 90%. Some of the smaller rural counties such as Walla Walla, Franklin, and Benton, do not have more vouchers available and have not received additional vouchers from the federal government. Utilization of the vouchers is highly dependent on housing, and there is limited housing available in King, Pierce and Clark counties. Therefore, although we have a high rate of voucher delivery, there continues to be a lack of affordable housing for youth and families

- DCYF collaborates with ESA, the Department of Commerce, and contracted providers by participating in task forces, and committees that promote ending youth homelessness including: The Youth Advocates Ending Homelessness program, YMCA Young Adult Services King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness, The Foster Teens to College Program, The Statewide Advisory Council on Homelessness and the Interagency Council on Homelessness

- The Fathers Matter Outreach Program provides tools and resources to help engage fathers in the lives of their children involved with the child welfare system. In 2010 Washington State was chosen as one of four pilot sites around the country to participate in a time-limited grant from the federal Children's Bureau. The pilot project was operated in King County and because of the success, it has expanded into other regions throughout the state. The pilot project revealed the earlier a father is engaged in a dependency case, the more likely he will become involved in the child's life.

Caseworkers now are required to contact both parents as soon as possible in a dependency case. Each region has leads who assist with referrals to resources to increase father engagement, including classes that are facilitated by professionals and/or peer mentor fathers who have successfully navigated the child welfare system. Social workers and peer mentors are a critical link between fathers and their children. By providing support and resources, fathers can understand the impact they have on the lives of their children and learn how to improve their relationships.

- Establishing Biological Paternity Early Project - The purpose of the Establishing Biological Paternity Early Pilot (EBPEP) Project is to significantly reduce the time to determine paternity in dependency and termination cases. The pilot project provided five juvenile courts in Washington State with an opportunity to secure paternity testing early in the process and monitor the progress for each case. During the project, the testing was performed on the alleged father(s) and the children, with the costs funded through the Court Improvement Program. The juvenile courts in Clark, Cowlitz, Pierce, Thurston, and Snohomish Counties participated in this project which started in August of 2014 and ended on July 31, 2016.

  The project succeeded in showing a significant reduction in the waiting time from filing the dependency petition to entering the DNA results. The project also succeeded in showing a significant cost-savings in the price of the tests and reduced costs for publication in cases when the biological father was identified more quickly.

  After the successful pilot project for the EBPEP, several Family and Juvenile Court Improvement Program counties have implemented the program in their courts. Chelan, Kitsap, Pierce, and Thurston Counties have fully implemented this program. King and Snohomish Counties are in the process of implementation. Pierce County has realized median time from testing ordered to results received—14 days. Long-term funding for this service needs to be addressed. Presently Pierce County has pieced together funding from DCYF and the Office of Public Defense to pay for the testing, yet the funds received will not cover the costs of the program. Pierce County Juvenile Court is paying for the amount not covered by contracts.

# Foster and Adoptive Parent Licensing, Recruitment, and Retention

## Item 33: Standards are Applied Equally

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

DCYF Licensing Division (LD) ensures state standards are applied equally to all foster family homes and child care institutions through the use of standardized materials, standardized processes, consensus-building within LD, as well as CQI activities.

Only fully licensed foster homes and child care institutions are claimed by the State for federal funding reimbursement. Standards are applied equally to all licensed homes and facilities. Placements in approved, unlicensed kinship caregiver homes are important to maintain family connections but 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 requires the assigned caseworker to make a home study referral to the LD within 30 days of placement. It has been known that there are a significant number of children placed in unlicensed homes without approved home studies, however the seriousness of the issue and its impact on permanency was not fully understood until recently. In October 2018, a FamLink report was developed that identifies all children placed in unlicensed homes that do not have a complete home study or a home study in process. As of March 2019, there are 403 unlicensed caregivers that are in need of a home study referral to the Licensing Division. This is down from 624 in November 2018.

Additionally, there is an effort to license more kinship caregivers. LD has identified which items in the Washington Administrative Code (WAC) do not pertain to safety and "non-safety" waivers can be used to license relatives who otherwise might not be able to become licensed.

The last Child and Family Services Review was conducted between April 1, 2018 and September 30, 2018. According to the final CFSR report, "The foster and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds". Additionally, interviews with stakeholders indicated that the state has standards that are applied equally to all foster family homes and child care institutions. The state has monitoring processes in place to ensure standards are met. CQI reviews ensure standards are applied equally and data indicates that the majority of homes and institutions are in compliance with standards.

## Foster Parent Licensing

Washington State general licensing standards for families submitting an initial application requires the following for each individual 18-years of age and older residing in the home: background check conducted by DSHS Background Check Central Unit, which includes a FamLink check for child abuse and neglect history, an FBI fingerprint-based background check from the national crime identification database, and a Washington State Patrol criminal background check. For persons who have lived outside of Washington State in the preceding five years, an out-of-state child abuse and neglect history check from all other states where the individual lived during that time is also required. For household members age 16 through 17, a Washington State Patrol criminal background check is required. Additional general licensing requirements include: an approved home study/family home inspection, CPR training, First Aid training, HIV/AIDS training, and completion of orientation and caregiver core training.

Table 59.

| DCYF LD LICENSED FOSTER HOMES | | | | |
|---|---|---|---|---|
| 2014 | 2015 | 2016 | 2017 | 2018 |
| 4,705 | 4,660 | 4,883 | 5,015 | 5,052 |

*Data Source: DCYF infoFamLink; Data as of December 31 of identified year*

LD completes all licensing and relicensing of families for children placed in out-of-home care. For private agency foster homes, the private agency licensor assesses the family and submits documentation, certifying that the family meets all licensing requirements. Applicant families seeking licensure directly by the Department submit an application and are assigned a social service specialist in the LD Assessment section. This Assessment worker provides support to the family throughout the licensing process as well as post-licensure. The Assessment section has 40.5 FTEs primarily assigned foster home licensures, and 56.1 FTEs primarily assigned

unlicensed kinship caregivers and adoption home studies. These staff are supervised by 20 supervisors.

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

Table 60.

| NUMBER OF DCYF AND PRIVATE AGENCY LICENSED FOSTER HOMES | | | | | |
|---|---|---|---|---|---|
| Calendar Year | 2014 | 2015 | 2016 | 2017 | 2018 |
| Number of first new licenses issued (in calendar year) | 1,214 | 1,266 | 1,229 | 1,187 | 1,175 |
| Number of renewal licenses issued (in calendar year) | 594 | 594 | 515 | 533 | 605 |

*Data Source: Count of DCYF Licensed Providers by Location and Type and Licensing Timeliness Report; infoFamLink*

Application and assessment materials maintained and utilized by LD are consistent statewide. A file checklist is used by 100% of all home study licensors to ensure that licensing standards are applied equally to all family foster homes, including 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 100% of all files prior to the foster family's approval for licensure. This approval must be completed, with a signature on the license itself, and an approval in FamLink before a family can receive placement and payment. The FamLink system will not allow a family to have a license finalized, or payment made to a family prior to receiving supervisory approval in the FamLink system. This review ensures standards are being applied equally across the region. Homes that do not meet standards are denied a license (new applications) or their license is revoked (existing licenses). In 2018, 40 families were denied, and 25 families were revoked.

The LD implemented strategies to improve timeliness of licensure. With an increased number of applications received, timeliness of application to licensure in 2015 was 149.33 days. These strategies appeared to be successful in moving the needle; in 2016, the average number of days decreased to 131.95. The Department seeks to complete 70% of licensures in 120 days or less. In 2017, the average number of days decreased to 130.78. The average number of days increased to 140.3. Some potential causes of this increase are:

- 12.3% increase in the number of applications received;
- New background check system has created delays;

- Transition from the Department of Social and Health Services to the Department of Children, Youth, and Families which results in staff adjusting to new leadership;

- Effort to license more kinship caregivers, (kinship caregivers are unexpectedly caring for children and often require additional guidance and support through the licensing process).

## 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 four 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 Behavior Rehabilitation Services (BRS) receive a biannual health and safety monitoring visit from the regional licensor, as well as a comprehensive program review midway through their three-year licensing period. The comprehensive review includes a standard review tool used statewide. The review team consists of, at a minimum, representatives from LD, DCYF field operations, contracts, and BRS. The team may also include other agencies as appropriate (Developmental Disabilities Administration, FWB nursing staff, etc.). In 2018, 23 comprehensive reviews were completed. Of those 23 licensed providers, 15 were completed at group care facilities. The remaining eight comprehensive reviews were completed at Child Placing Agencies (CPA).

## 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.

## Renewal of Child Care Institutions

Group care facilities also have a three-year licensing period. At time of renewal, the facility must submit a completed application with all required supplemental materials. The application and materials are again reviewed by the regional licensor to verify compliance with licensing requirements. In addition, a regional licensor visits the facility to review a random sample of personnel and client files. The number and types of files reviewed are based on the size of the agency, the number of children being served, and information from prior reviews. In order to ensure consistency of adherence to all licensing requirements, agency and file reviews are conducted with checklists created by LD based on the requirements in Administrative Code. In addition to the file reviews, the licensor visits all licensed group care facilities to conduct a full inspection of the physical facility and various required logs and records. Compliance agreements are developed for any deficiencies, and these agreements are monitored by the

licensor and required to be completed prior to the approval of the renewed license. To complete the licensing renewal, the licensor compiles all checklists and required information, and provides this to the regional licensing supervisor for review and approval before a renewed license will be issued. The licensing supervisor reviews 100% of renewal applications for accuracy and compliance with all requirements by the applicant, thereby ensuring compliance with licensing standards.

## Quality Assurance

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

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

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

Each question is rated individually and performance is reported on all 15 questions. The provider home study review occurred during the summer months of 2018 and the period under review was October 1, 2017 through March 31, 2018. The provider home study review evaluated 80 approved home studies, which accounted for 6% of home studies approved during the period under review.

Table 61.

| LD PROVIDER HOME STUDY REVIEW OCTOBER 1, 2017 THROUGH MARCH 31, 2018 | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide |
| Approved Home Studies Completed | 214 | 159 | 200 | 143 | 163 | 240 | 1,119 |
| Approved Home Studies Reviewed | 15 | 11 | 14 | 11 | 12 | 17 | 80 |
| Percentage of Home Studies Reviewed | 19% | 14% | 18% | 13% | 15% | 21% | 6% |
| *Data Source: DCYF LD Provider Home Study Review Results; March 2018* | | | | | | | |

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

Table 62.

| WERE BACKGROUND CHECKS COMPLETED FOR ALL PERSONS' AGE 16 AND OLDER LISTED AS HOUSEHOLD MEMBERS ON THE FAMILY HOME STUDY APPLICATION AND REFERENCED IN THE HOME STUDY? | | | | | | | |
|---|---|---|---|---|---|---|---|
| Calendar Year | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide |
| 2017 | 88% | 100% | 90% | 92% | 70% | 94% | 90% |
| 2018 | 100% | 100% | 100% | 91% | 92% | 82% | 94% |
| Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results; 2017 data covers October 1, 2016 through March 31, 2017 and 2018 data covers October 1, 2017 through March 31, 2018. | | | | | | | |

Home studies were rated as non-compliant when:

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

Nearly all regions improved or remained the same for this measure and there was a statewide improvement from 90% to 94%. All regions scored above 80% so they didn't require an action plan.

Table 63.

| WERE ADMINISTRATIVE APPROVALS OR WAIVERS OBTAINED FOR BACKGROUND CHECKS AS REQUIRED PER THE OVERVIEW OF APPROVAL PROCESS FOR CRIMES AND NEGATIVE ACTIONS? | | | | | | | |
|---|---|---|---|---|---|---|---|
| Calendar Year | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide |
| 2017 | 50% | 100% | NA | NA | 100% | 100% | 91% |
| 2018 | 100% | 100% | 100% | NA | 100% | 100% | 100% |
| Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results | | | | | | | |

The centralized administrative approval process includes the background authorization form being sent to the centralized DCYF Background Check unit. This unit follows the criteria set by the DSHS Secretary's list of Disqualifying Crimes and Negative Actions and the Overview of Approval Process for Crimes and Negative Actions. If the results from the background check require an administrative review, this information is sent to the centralized ARU that works with the LD management to approve or deny the administrative reviews.

Table 64.

| DCYF ADMINISTRATIVE REVIEW DATA | | | | | |
|---|---|---|---|---|---|
| Calendar Year | Referrals from CABC to ARU | Completed | Approved | Withdrawn | Not Approved |
| 2017 | 1,884 | 2,225 | 30% | 57% | 13% |
| 2018 | 1,828 | 2,121 | 31% | 61% | 8% |
| Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results | | | | | |

Table 65.

| WHEN THE APPLICANT(S) IDENTIFIED ADULT CHILDREN, DID ALL ADULT CHILDREN OF THE APPLICANT(S) PROVIDE A REFERENCE? IF NOT, WERE DILIGENT EFFORTS (AT LEAST TWO ATTEMPTS) TO CONTACT THOSE CHILDREN DOCUMENTED? | | | | | | | |
|---|---|---|---|---|---|---|---|
| Calendar Year | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide |
| 2017 | 88% | 88% | 100% | 100% | 83% | 100% | 93% |
| 2018 | 83% | 20% | 83% | 100% | 100% | 100% | 84% |
| Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results | | | | | | | |

The statewide average decreased by 9%, primarily due to the extremely low compliance rate in region two. Region 2 completed a required action plan to address this item as they were severely out of compliance, only 20%.

Table 66.

| WERE EACH OF THE REQUIREMENTS MET ON EITHER THE FOSTER HOME INSPECTION CHECKLIST OR THE HOUSEHOLD SAFETY INSPECTION FOR UNLICENSED PLACEMENTS? | | | | | | | |
|---|---|---|---|---|---|---|---|
| Calendar Year | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide |
| 2017 | 94% | 91% | 100% | 85% | 90% | 83% | 90% |
| 2018 | 93% | 100% | 86% | 100% | 72% | 76% | 88% |
| Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results | | | | | | | |

The 2018 statewide results showed a slight decrease (2%) in compliance rate from 2017. Regions five and six completed action plans to address this item.

## Item 34: Requirements for Criminal Background Checks

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

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

- Permanent disqualifying crime
- Five year disqualifying crime and it has been less than five years from date of conviction
- Crime or negative action that may relate directly to child safety, permanence or well-being

Background checks are required for all caregivers, child-care institution staff, and household members over the age of 16-years old. Effective October 19, 2017, DCYF may require a background check for persons who are younger than 16 in situations where it may be warranted to ensure the safety of a child in out-of-home care (RCW 43.43.832(2)(a)).

Table 67.

| NUMBER OF COMPLETED BACKGROUND CHECKS | | |
|---|---|---|
| | 2017 | 2018 |
| In-state Background Checks | 24,963 | 21,677 |
| National Background Checks | 18,547 | 18,902 |
| Total Background Checks | 43,510 | 40,579 |
| Data Source: DCYF Background Check Unit | | |

An in-state background check is a background check through the Washington State Patrol (WSP) and a national background check is a fingerprint-based background check through the WSP and the Federal Bureau of Investigation (FBI). Both include:

- Founded findings of child abuse or neglect made by DCYF
- Current and previous self-disclosed crimes or negative actions
- Conviction information from the WSP, AOC, Department of Corrections and new or prior Federal Bureau of Investigation results received by the Department
- Negative actions issued by DCYF, DOH and DSHS Aging, and Long-Term Support Administration
- Sex offender registry check
- Out-of-state child abuse or neglect, when applicable (required for prospective adoptive and foster parents and child-care institution staff)
- Western Identification Network (WIN) conviction information shared by nine western states

A national background check is required for all child-care institution staff and individuals over 18 years of age prior to a child being placed in their care. DCYF staff are able to access the National Crime Information Center (NCIC) database in emergent situations when there is not sufficient time to complete the national fingerprint-based background check prior to placement with kinship caregivers or suitable others. State law requires NCIC fingerprint submission to the Washington State Patrol within 15 calendar days of the background check request or the child must be removed. DCYF NCIC background check staff work directly with each NCIC applicant and schedules their fingerprint appointments and monitors compliance for these background checks. All other non-emergent fingerprint-based background checks require the applicant to schedule their own fingerprint appointment. The average turnaround time for fingerprint results (emergent or non-emergent) is approximately five to seven calendar days after fingerprint submission.

The FBI Criminal Justice Information Services (CJIS) policy prohibits the dissemination of criminal history record information (CHRI) to anyone outside of DCYF and to anyone within DCYF who is not certified to access CHRI. In July 2016, DCYF consolidated its background checks processes to a centralized unit to comply with CJIS requirements. This unit processes all

background checks for the purposes of adoption, contracting, licensure, placement and unsupervised access to a child.

DCYF also conducts internal administrative reviews of crimes or negative actions that are not disqualifying, but may relate directly to child safety, permanency or well-being. The Department consolidated its administrative review process to a centralized unit in November 2016. Prior to November 2016, these administrative reviews were completed by local offices and were not tracked. In calendar year 2018, DCYF completed 2,121 administrative reviews. Centralized, CJIS certified background check and administrative review units make a determination of fitness of the individual for which the purpose of the background check was requested by assessing an individual's criminal history, child abuse and neglect history from Washington and other states, and negative actions. Information regarding background check reviews and decisions are documented in FamLink under each applicant's person management page. The background check unit tracks all background check requests, administrative reviews, and outcomes.

Background checks are necessary for gathering an individual's history of criminal and negative actions which are vital to assessing an individual's character, competence and suitability, but are not the only assessment utilized to determine child safety. There are federal categories of crimes that are automatically disqualifying, but DCYF has more discretion than most programs in how it reviews all other crimes. After comparing the individual's history to the federal and state criteria and the individual is determined to have passed the background check, the assigned caseworker or licensor must continue to assess the individual along with the submitted information as it relates to the child's safety and best interest. DCYF must not authorize unsupervised access or place a child with any individual who has not passed a background check. State law allows a court to place a child prior to the completion of a background check, but the background check is still required. In July 2017, the Department included administrative reviews when the court orders placement with a relative or suitable other. Administrative reviews determine if the history relates to child safety, permanency or well-being. An individual with an ASFA crime that is permanently disqualifying or five-year disqualifying and it's been less than five years since the date of conviction is not eligible for an administrative review and will not pass the background check. DCYF staff must notify the court of any issues that relate directly to child safety, permanency or well-being revealed in a criminal, child welfare history check, or through a character, competence and suitability assessment, so the court can review its initial decision to place a child prior to the completion of a background check. For example, if the identified individual has a history of multiple DUIs, they would not be automatically disqualified as a placement option based on state or federal law. However, if this individual was to provide transportation for the child, the caseworker must complete an assessment or implement an appropriate safety plan that aligns with the purpose and results of the background check and is in the best interest of the child.

DCYF updated its background check policy on October 1, 2018, to provide clarification and outline a more streamlined process for completing background checks. Non-emergent Background checks completed for unlicensed caregivers can be used by DCYFs Licensing Division (LD) in the licensing or adoption process if the child remains in the home and the caregiver chooses to become licensed or adopt the child.

In 2018, DCYF provided training to the office of the Assistant Attorney General, Washington State Office of Public Defense, private child placing agencies (CPAs), and various court commissioners, judges and officials regarding background check processes and requirements. The outcome of this information sharing has increased awareness of safety issues when a

background check is not completed or an individual does not pass a background check and the court orders the placement or unsupervised access regardless.

After the implementation of the Unified Home Study, LD initiated a QA review process. The provider home study review occurred in July 2018 and the period under review was October 1, 2017 through March 31, 2018. The provider home study review evaluated 80 approved home studies. The sample is randomized and stratified as to geographic regions.

One of the questions used in the QA review is the following: "Were background checks completed for all persons' age 16 and older listed as a household member on the Family Home Study Application and referenced in the home study?". The teams are all provided technical guidance that background checks for youth age 16 and 17 years of age must include a FamLink records check and a background check conducted by the Department. Adults age 18 and older must have these checks, as well as an FBI fingerprint check and an out-of-state child abuse registry check if the person has lived outside the state in the preceding five years. During the 2018 review, this item was rated at 94% (75 out of 80) statewide.

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

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

DCYF has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children who need a foster or adoptive home. In addition, Washington's statewide diligent recruitment plan is fully operational. The Department utilizes two foster parent recruitment and retention providers; Eastern Washington University's (EWU) Fostering Washington program who serves Region 1 and 2 and Olive Crest's Fostering Together program serving Regions 3,4,5 & 6. The current contracts end June 30, 2020.

Recruitment activities completed by the current contractors are coordinated with local Recruitment Development and Support (RDS) teams. Recruitment efforts include general recruitment, targeted recruitment, child-specific recruitment and collaboration with community, Tribal, youth alumni, child placing agencies, faith-based organizations and local business. The recruitment and retention contractors are regionally located to better align with local communities and to establish recruitment strategies based on the needs and goals identified by each RDS team. 33 RDS teams are established across Washington's 6 regions.

DCYFs recruitment efforts focus on foster and adoptive families who:

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

Olive Crest and EWU are in the second and final year of their existing contracts. Each agency is continuing recruitment efforts targeting diverse families to meet the unique needs of children who enter the foster care system in Washington. Priority populations in our recruitment efforts to address the needs of racially and ethnically diverse children are: Native American, Black and Hispanic families. Other specific populations identified for recruitment efforts are:

- Sibling groups
- Youth ages 13 and older
- Young adults in extended foster care
- Children ages 0 to 3 years
- Children with more intensive supervision needs
- Medically fragile children
- LGBTQ children and youth

DCYF, Olive Crest, and EWU provide ongoing recruitment efforts supported by the State Recruitment Information Center (SRIC). The SRIC has been operational for nearly 14 years. SRIC provides DCYFs recruitment contractors with an effective tracking of prospective foster and adoptive families from the point of inquiry through completion of the foster care licensing process as well as information regarding foster parent support group utilization. The recruitment and retention contractors utilize current or former foster parents as recruiters. Olive Crest Liaisons and EWU Resource Peer Mentors (RPM) work with potential foster families and provide support for caregivers to complete the required pre-service training, licensure requirements, and assistance understanding and navigating the child welfare system.

Prospective foster families who respond to recruitment messages are allowed to choose the licensing agency that best fits the needs of their family. Families can be licensed through LD, a private CPA or a Tribal agency. During 2018, the CPAs continue recruitment efforts to license more foster homes to support the needs of all children entering out-of-home care. Each CPA that licenses a new foster home, receives a small incentive. 33 CPAs continue participation in this effort, with 433 new foster homes licensed in 2018. Of those 433 foster homes, 25% (108 out of 433) are reported with a racial or ethnic background other than White.

The new contract increases the focus on recruitment of African American, Hispanic and Native American homes. Data reporting is now geared toward capturing the minority backgrounds for each adult in the home rather than to capture if the home is a minority home. With more than one adult caregiver in the home, DCYF may be under-reporting our foster parent minority backgrounds, due to the FamLink business rules related to minority reports.

The table gives a picture of the increasing number of newly licensed and total numbers of licensed foster parents over the last four years. The number of licensed foster home has increased since last year. In addition, DCYF is striving to license more kinship care providers in order for them to receive additional supports that come with being licensed.

Table 68.

| NUMBER OF DEPARTMENT AND PRIVATE AGENCY HOMES LICENSED BY YEAR | | | | | |
|---|---|---|---|---|---|
| | 2014 | 2015 | 2016 | 2017 | 2018 |
| Number of licensed homes (end of calendar year) | 4,705 | 4,660 | 4,883 | 5,015 | 5,051 |
| Number of first new licenses issued (in calendar year) | 1,214 | 1,266 | 1,229 | 1,187 | 1,175 |
| Number of renewal licenses issued (in calendar year) | 594 | 594 | 515 | 533 | 605 |

*Data Source: Count of DCYF Licensing Dvision Licensed Providers by Location and Type and Licensing Timeliness Report; infoFamLink*

DCYF continues to contract with Northwest Resource Associates to operate the Department's SRIC. The SRIC allows prospective foster and adoptive families to submit an inquiry online or

call the state's toll-free recruitment line at 1-888-KIDS-414. Prospective foster and adoptive families contact information is automatically entered into the SRIC, with no additional work required by the contractor. Inquiries from prospective foster and adoptive families remain strong with increases in some regional areas. SRIC works well to track families through the inquiry and application process when properly entered.

Recruitment and retention contracted staff are assigned prospective foster and adoptive parents within the SRIC database. Assignment dates, points of contact, and recruitment events are captured when the liaison/RPM enters within the SRIC database. 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 made directly to a DCYF staff member or liaison/RPM. The inquiries, also referred to as prospective foster parents (PFP), can be broken down by geographical location to include regions and counties. The database provides vital information as to the amount of interest in fostering, as well as further areas to develop that are not having as much activity. The SRIC database assists liaison/RPMs in directing their recruitment efforts. In addition, the SRIC database capture the PFPs disclosed race and ethnicity.

Table 69.

| SRIC REGIONAL INTAKE BREAKDOWN CALENDAR YEAR 2018 | | | | | | |
|---|---|---|---|---|---|---|
| Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Statewide |
| 1,281 | 585 | 1,147 | 1,161 | 1,160 | 1,471 | 6,805 |
| Data Source: Statewide Recruitment Information Center (SRIC) | | | | | | |

The SRIC data tracker continues to gather information on racial and ethnic backgrounds of families who submit an inquiry about becoming a foster parent. In 2018, the system completed improvements to capture stronger data about the racial and ethnic backgrounds of individuals who accessed the system.

During 2018, the SRIC reflected similar results as compared to the previous year with some minor variances. There was a decrease in the amount of PFPs who identified as African American going from 6.5% in 2017 to 5.2% in 2018. Inquiries from Asian/Pacific Islander communities remained consistent at 3.1%. There was a small increase in the amount of those identifying as Latino/Hispanic going from 8% (572) in 2017 to 44.8% 8.1% (594) in 2018. There was a decrease in the amount of Caucasian inquiries, going from 49% in 2017 to 44.8% in 2018. There was a significant increase in the use of category "Prefer Not to Disclose" which in 2017 was 30.2% of PFP, and in 2018 increased to 36%. Previously, concerns were noted with the increase use of prefer not to disclose. To remedy this category in order to capture essential information on the race and ethnicity of those inquiring, the option of "Prefer Not to Disclose" was eliminated from the online portal in July 2018. However, this category use has continued to increase. In connecting with the SRIC contractor, the option of "Prefer Not to Disclose/Unable to Determine" remains an option when inquiries are entered into the database by a liaison/RPM.

Table 70.

| | Calendar Year | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | Spanish Speakers | Race/ Ethnicity Total |
|---|---|---|---|---|---|---|---|---|---|
| PROSPECTIVE FOSTER PARENT RACE AND ETHNICITY | | | | | | | | | |
| African American | 2017 | 32 | 19 | 56 | 130 | 120 | 106 | 0 | 463 (6.5%) |
| | 2018 | 29 | 10 | 44 | 119 | 117 | 63 | 0 | 382 (5.2%) |
| Asian/Pacific Islander | 2017 | 17 | 11 | 33 | 65 | 55 | 41 | 0 | 222 (3.1%) |
| | 2018 | 19 | 9 | 39 | 75 | 40 | 44 | 0 | 226 (3.1%) |
| Caucasian | 2017 | 553 | 316 | 512 | 572 | 621 | 919 | 0 | 3,497 (49%) |
| | 2018 | 632 | 298 | 498 | 497 | 600 | 777 | 0 | 3,302 (44.8%) |
| Latino/Hispanic | 2017 | 75 | 147 | 71 | 98 | 78 | 82 | 21 | 572 (8.0%) |
| | 2018 | 105 | 155 | 90 | 82 | 66 | 74 | 22 | 594 (8.1%) |
| Middle Eastern | 2017 | 6 | 2 | 8 | 9 | 7 | 5 | 0 | 37 (.6%) |
| | 2018 | 3 | 2 | 9 | 15 | 3 | 3 | 0 | 35 (0.5%) |
| Native American | 2017 | 32 | 17 | 30 | 29 | 29 | 48 | 0 | 185 (2.6%) |
| | 2018 | 33 | 11 | 31 | 21 | 35 | 42 | 0 | 173 (2.3%) |
| Prefer Not to Disclose | 2017 | 631 | 193 | 362 | 389 | 256 | 350 | 0 | 2,181 (30.2%) |
| | 2018 | 530 | 148 | 539 | 458 | 407 | 573 | | 2,655 (36.0%) |
| Statewide Grand Total | 2017 | 1,346 | 705 | 1,072 | 1,292 | 1,166 | 1,551 | 21 | 7,157 |
| | 2018 | 1,351 | 633 | 1,250 | 1,267 | 1,268 | 1,576 | 22 | 7,367 |

*Data Source: Northwest Resource Associates, State Recruitment Information Center (SRIC) data system; Inquiries by prospective foster parents.*

For calendar year 2019, five months of data is available. The data percentages have remained relatively consistent with the 2018 report. Of note, The "Prefer Not to Disclose" category continues to present a challenge in gathering data on families possibly with minority backgrounds, with 1,484 (42%) of individuals choosing this category in 2018. In order to obtain the most accurate data available related to race and ethnicity, DCYFs foster parent recruitment program manager will work with the contractors on gathering information of an individual's race and ethnicity and ensuring this is accurately reflected in the database. In addition, DCYF will look at providing additional options to the race and ethnicity selections utilized by the SRIC to include multi-racial choices.

DCYFs goal is to have at least one home available for each child or sibling group entering out-of-home care that would reflect their racial and ethnic background, and be able to being able to meet the child's other needs. The duplicated count of children placed and minority foster home report charts provides some information about how DCYF has performed towards this goal during calendar year 2018. Due to challenges in data collection, including duplication of child counts and the manner in which race/ethnicity is captured for foster homes, the data can only be used to provide general information. Ongoing efforts are being made to improve the detail available for planning purposes.

DCYF has demonstrated a strong and ongoing commitment to placing children with relatives. 2019 data continues to reflect approximately 44% of children in out-of-home care are placed

with kinship caregivers. These kinship caregiver placements impact the number and distribution of foster homes needed.

Table 71.

| DUPLICATED COUNT OF CHILDREN PLACED INITIAL PLACEMENT FOSTER HOME | | |
|---|---|---|
| | Foster Home/ Receiving Home | |
| Race/Ethnicity | Calendar Year 2017 | Calendar Year 2018 |
| White/Caucasian | 953 | 896 |
| Black | 145 | 114 |
| Multiracial - Black | 126 | 124 |
| Hispanic | 338 | 296 |
| Native American | 53 | 65 |
| Multiracial - Native American | 177 | 166 |
| Asian/Pacific Islander | 49 | 35 |
| Multiracial - Other | 32 | 29 |
| Unknown | 42 | 11 |
| Total | 1,915 | 1,736 |

*Data Source: DCYF FamLink Data Warehouse; DCFS Youth <18 Removed during calendar years 2017 and 2018 by Race/Ethnicity*

Table 72.

| RACE/ETHNICITY OF CHILDREN PLACED BY RELATIVE/NON-RELATIVE PLACEMENTS | | | | | | |
|---|---|---|---|---|---|---|
| | Non-Relative | | Relative | | Total | |
| Race/Ethnicity | 2018 | 2019 | 2018 | 2019 | 2018 | 2019 |
| White/Caucasian | 2,489 | 2,466 | 2,095 | 1,952 | 4,584 | 4,418 |
| Native American | 198 | 184 | 132 | 152 | 330 | 336 |
| Native American- Multiracial | 513 | 538 | 389 | 421 | 902 | 959 |
| Black | 429 | 453 | 305 | 329 | 734 | 782 |
| Black- Multiracial | 454 | 458 | 314 | 337 | 768 | 795 |
| Asian/Pacific Islander | 94 | 104 | 101 | 93 | 195 | 197 |
| Hispanic | 750 | 737 | 616 | 590 | 1,366 | 1327 |
| Other-Multiracial | 102 | 111 | 119 | 124 | 221 | 235 |
| Unknown | 18 | 6 | 13 | 9 | 31 | 15 |
| Total | 5,047 | 5,057 | 4,084 | 4,007 | 9,131 | 9,064 |

*Data Source: DCYF FamLink Data Warehouse; Relative versus Non-relative Placements; As of January 1st of identified year.*

Identifying DCYFs minority foster homes through multiple processes has been challenging. The SRIC reports gather inquiries of prospective caregivers, however 42% decline to share information on their racial/ethnic background or the information is unable to determine as entered by the contractor. SRIC is an outside data base and does not connect with FamLink.

This lack of early data on prospective families can impede recruitment and retention contractors in providing culturally relevant and supportive services to the prospective family. FamLink is not always updated with a foster parent's race or ethnicity when the information is gathered during the home study process. Also, in the past FamLink data has only reflected minority homes where the primary and secondary caregivers both reflect the race/ethnicity of the stated provider race category. DCYF is currently working with OIAA to develop a dashboard that will provide data to both internal and external stakeholders specific to caregiver characteristics. This would include race/ethnicity, age, geographical location, license capacity. The report below provides information on the Department's minority foster homes. This includes only licensed foster homes where at least one primary or secondary contact has a documented race that is: American Indian/Alaskan Native (AI/AN), Asian, Black/African American, Native Hawaiian/Other Pacific Islander or, Hispanic. Duplicate counts are present if a primary or secondary contact has identified more than one race category. However, this illustration provides an overview of minority homes available as of January 2019.

Table 73.

| LICENSED FOSTER HOMES | | | | |
|---|---|---|---|---|
| Number of Providers | Foster Home | Private Agency Foster Home | Tribal Licensed Foster Home | Total |
| January 2018 | 3,235 | 1,731 | 8 | 4,974 |
| January 2019 | 3,202 | 1,834 | 14 | 5,050 |

*Data Source: DCYF FamLink Data Warehouse; Licensed Foster Homes by Minority and Licensed Provider Report Summary; As of January 1st of identified year. This report does not provide a sub-group for 143 mixed-race minority families contained within the population of 1163 Any Minority Families.*

Table 74.

| RACE/ETHNICITY OF LICENSED FOSTER HOMES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Foster Home | | Private Agency Foster Home | | Tribal Licensed Foster Home | | Total | |
| | 2018 | 2019 | 2018 | 2019 | 2018 | 2019 | 2018 | 2019 |
| Any Minority Homes | 20.3% (658) | 20.7% (663) | 28.8% (499) | 27.9% (513) | 75.0% (6) | 100% (14) | 23.4% (1,163) | 23.5% (1,187) |
| ANY Native American Providers | 95 | 108 | 101 | 116 | 6 | 13 | 202 | 237 |
| ANY Black/African American Providers | 183 | 237 | 148 | 189 | 0 | 1 | 331 | 427 |
| ANY Hispanic Providers | 309 | 421 | 184 | 264 | 0 | 1 | 493 | 686 |
| ANY Asian Providers | 82 | 97 | 91 | 114 | 0 | 0 | 173 | 211 |
| ANY Hawaiian/Pacific Islander Providers | 42 | 44 | 23 | 28 | 0 | 0 | 65 | 72 |

*Data Source: DCYF FamLink Data Warehouse; Licensed Foster Homes by Minority and Licensed Provider Report Summary; As of January 1st of identified year. This report does not provide a sub-group for 143 mixed-race minority families contained within the population of 1163 Any Minority Families*

DCYF continues to utilize targeted recruitment strategies in order to license caregivers from diverse racial/ethnic backgrounds. As of January 1, 2019, 23.5% of licensed foster homes (state, child placing agency, tribal agency) were identified as a minority home. In 2019, 2,591

children with a race/ethnicity outside of Caucasian were placed with a non-relative caregiver. At the same time, there were 1,187 identified foster homes with a primary or secondary caregiver having a race/ethnicity outside of Caucasian. Due to DCYFs limitations in tracking, data is not readily available to determine the number of children with a race/ethnicity outside of Caucasian who are placed with a caregiver with a race/ethnicity outside of Caucasian. Furthermore, it would be beneficial to know in those situations, how many placement matches were made based on the child and caregiver sharing the same identified race/ethnicity. DCYF will continue to work toward developing greater information and data tracking to further breakdown the need for culturally diverse placement options for children placed in out-of-home care.

Table 75.

| LICENSED MINORITY HOMES | | |
|---|---|---|
| Calendar Year/ Licensing Agency | 2017 | 2018 |
| DCYF Licensing Division | 658 | 663 |
| Child Placing Agency | 499 | 513 |
| Tribal Agencies | 6 | 14 |
| Total | 1,163 | 1,187 |

DCYF will continue to focus recruitment efforts on increasing the numbers of minority families to meet the diverse needs of the children who enter out-of-home care, while simultaneously reviewing the accuracy of our data to achieve clear and comprehensive data reporting in this area.

DCYF continues to maintain approximately 33 RDS teams statewide. These teams continue to broaden their membership to include representatives from community partners such as CPAs, faith based groups, foster alumni, different racial/ethnic groups, tribes, LGBTQ+ populations, business leaders, foster and adoptive parents, placement staff, recruitment and retention contractors, and Quality Assurance – Continuous Quality Improvement staff. Licensing Division identified co-leads to participate in each of the RDS meetings happening throughout the regions. Developments are being made to the current structure of RDS in order to create consistency and effective data sharing state-wide. This includes the use of a standing agenda and data template. Each team is making strides to address the diverse needs of the children from their communities.

Building diversified and inclusive recruitment teams has improved recruitment opportunities within local areas. Recruitment and retention contractors have active participation in these teams. The teams receive monthly and quarterly data at monthly team meetings. The teams use child removal and placement data from the local office in concert with LD foster home data, SRIC inquiry data, and Alliance data on CCT and FamLink Foster Home Application data. This allows individual teams to identify:

- local demographics on child removal and placement trends;
- existing and available placement resources for children entering care;
- new prospective foster parent inquiries from their local areas;
- families who have completed CCT, along with those who missed sessions or may have dropped out;
- activity of prospective foster families who have submitted licensing applications through both LD or the CPAs;

- the need for additional foster homes that can meet the ethnic and racial diversity of children placed in out-of-home care.

Data from these resources allows each team to develop their priority recruitment efforts in concert with their recruitment and retention contractor. RDS teams brainstorm possible recruitment efforts and activities that may bring positive outcomes aimed at the recruitment priorities, based on local demographics of age, racial/ethnic background, gender, sibling status, and special needs. Teams request monthly follow-up on the contractor's recruitment efforts. Successes are celebrated; strategies are developed when challenges and barriers are encountered. Data is updated and reviewed either monthly or quarterly to allow for adjustments to recruitment, as needed.

## Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

DCYF utilizes a statewide process outlined in policy for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. As of December 31, 2018, 2,109 children and youth were legally free in Washington state. Beginning June 2016, the statewide adoption program manager initiated a monthly review of children who have been legally free over one year without achieving permanency. The data is reported monthly to the adoption management team and used to ensure recruitment efforts are being followed to track barriers to permanency and work with the adoption management team to strategize solutions. DCYF is unable to identify the number of children who are legally free and not in their permanent placement due to inconsistent data entry in FamLink. Changes to FamLink are required in order to utilize an electronic report for accurate tracking and identification of legally free children placed in their permanent placement.

DCYF is unable to identify the percentage of legally free children in permanent placements through FamLink, however, periodic reviews completed in 2018 for this population indicates that approximately 30% of children legally free over one year are not in permanent placements. This supports the conclusion that approximately 70% of legally free children are in their permanent home of choice and do not require recruitment or cross-jurisdictional resources. The other barriers to adoption are court appeals, home studies, ICPC variances state to state and concerns with the placement resource.

Recruitment efforts for a permanent placement begin prior to the child becoming legally free. Washington's statewide policy requires if a child is not in a potential permanent placement, he or she must be registered with the Washington Adoption Resource Exchange (WARE), within 30 days after a termination of parental rights petition has been filed. The WARE resource is only available to families residing in Washington State. Between January and December 2018, there were 144 children registered on WARE and a total of 278 children served; of those children served, 62.91% were aged 12 or older and 46.18% were minority youth. In addition, 61.09% were males, 37.09% were females and 1.82% identified as transgender. NWAE has seen a slight increase in the number of children and youth served by their agency, as well as an increase in the number of youth served ages 12 and older, and minority children and youth.

FamLink is unable to calculate the number of children eligible to be registered on WARE. As stated above, NWAE has seen a slight increase in the overall number of children/youth for whom they serve. However, barriers to registrations remain consistent with past challenges.

These include: worker unfamiliarity with WARE and NWAE, delays in the process of terminating parental rights of children/youth in care with a plan of adoption, and caseworker turnover. NWAE staff conduct outreach and trainings with DCYF caseworkers and work closely with regional program managers to encourage registrations.

Children and youth registered on WARE can also be presented at monthly statewide adoption consortiums. Consortiums provide an opportunity for adoption caseworkers, CFWS caseworkers, LD staff, guardian ad litems, CASAs, private agency staff (caseworkers, supervisors, or directors), and families to meet and present information on children who are in need of permanent homes. The families presented or in attendance have an approved home study and are awaiting a child or youth placement. Video conference sites are located across the state in specific DCYF offices and a conference call line is available for those private agencies and families who reside out-of-state. DCYF hosted consortium events where in-person attendance was encouraged to allow caseworkers to meet private agency workers and families face-to-face. In addition, DCYF used these events as an opportunity to provide cross-training. Training topics included permanency considerations, team building, and best practice ideas when assessing families for placement.

As a result of consortiums, Region 1 reported an increase in home studies of families interested in the placement of legally free children and youth and have reported successful placements. Region 1 has fewer local adoption agencies than Regions 2 and 3, so the ability to connect with agencies across the state has contributed to the placement increase. Both Regions 2 and 3 also report placement matches as a result of consortium presentations. DCYF is not able to measure placement outcomes from consortiums as reporting relies on caseworker response. The hope is to build a mechanism for reporting in the future; until then, DCYF is tracking anecdotal data.

When a child or youth becomes legally free, recruitment efforts also include registration with Northwest Adoption Exchange (NWAE), AdoptUSKids, WACAP Waiting Child, and other exchanges; in addition to WARE registration and monthly consortiums. DCYF contracts with Northwest Resources to manage NWAE, as well as, all exchange registrations for a legally free child and youth. Northwest Resources has recently initiated youth engagement work and youth led In-Depth profiles. The youth led In-Depth profiles allows youth to make the decisions 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.

Northwest Resources also provides photographers from across the state to take professional photos of the child for recruitment profiles. Child recruitment efforts also include the Wednesday's Child program (available in Western Washington), Saturday's Child program (available in Eastern Washington), and assignment of a worker from Wendy's Wonderful Kids (WWK) (available statewide).

For children and youth placed out-of-state who require contracted services and his or her 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 is in need of 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.

During calendar year 2018, caseworkers requested a total of 29 POS contracts. As of May 29, 2019, 10 of the POS contracts remain active with a child or youth placed in their identified out-of-state adoptive home. There are numerous reasons as to why not all 29 children and youth remain in or were placed in an out-of-state adoptive home to include placement disruptions (10); denial of adoptive home study (3); decision not to place made by caseworker or family withdrew (3); and other reasons such as lack of response from the private agency and private agency not having appropriate insurance (3).

### Interstate Compact Placement of Children (ICPC) for Adoptive Placements

In calendar year 2018, DCYF made 194 (out of 1,069) referrals to Interstate Compact on the Placement of Children (ICPC) for adoptive placements out-of-state. There were 124 Washington children placed in out-of-state permanent adoptive placements. During this same time period, 105 Washington children placed in out-of-state adoptive homes achieved permanency. Table 76 identifies the number of DCYF iniatiated ICPC referrals for out-of-state adoptive placements during calendar years 2017 and 2018.

The ICPC program works with the statewide adoption and permanency program managers. The ICPC unit provides guidance and support to field staff and other states in all matters related to interstate placements. When Washington is the receiving state, the ICPC unit works with LD staff to complete the unified home study process. The LD completes ICPC relative, foster licensing, and adoptive home studies, DCYF field operations completes the ICPC parent home studies and provide courtesy supervision. Washington uses the Unified Home Study to assess kinship,

Table 76.

| DCYF REFERRALS TO INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) FOR ADOPTIVE PLACEMENTS OUT-OF-STATE | | |
|---|---|---|
| | CY 2017 | CY 2018 |
| Total WA Out-of-State ICPC Referrals | 851 | 1,069 |
| ICPC Permanent Adoptive Placements | 172 | 194 |
| WA Children Placed in ICPC Permanent Adoptive Placement | 92 | 124 |
| WA Children Achieved Permanency in ICPC Permanent Adoptive Placement | 100 | 105 |
| COUNT OF ICPC PLACEMENT REFERRALS BY RACE AND ETHNICITY | | |
| | CY 2017 | CY 2018 |
| Asian/Pacific Islander | 12 | 9 |
| Black | 85 | 87 |
| Hispanic | 108 | 126 |
| Multiracial-Black | 78 | 86 |
| American Indian/Alaska Native | 37 | 27 |
| Multiracial- American Indian/ Alaska Native | 0 | 109 |
| Multiracial-Native American | 59 | 0 |
| Multiracial-Other | 16 | 17 |
| White/Caucasian | 391 | 455 |
| Unknown | 3 | 13 |
| Data Source: DCYF FamLink; PQR 1438; Calendar years 2017 and 2018 | | |

foster parents, and adoptive homes. The unified home study is completed on caregivers to assess the potential for permanency from the initial home study process so permanency can be achieved without delay.

ICPC is a specialized topic and to meet the needs of staff, an ICPC e-learning was developed in 2015. This learning format is accessible to staff at all times. The e-learning provides a general overview of the ICPC process for both incoming and outgoing requests and placement process. ICPC staff are available to train in-person as needed and to problem solve with staff and stakeholders (court, caregivers, and other states). The e-learning will be updated in 2019 to include additional information related to home studies and permanency.

## Barriers to the use of cross-jurisdictional resources

One barrier to the use of cross-jurisdictional resources is lack of knowledge by staff about resource availability. Training on the use of cross-jurisdictional resources for children in need of permanent placements is provided to DCYF staff during RCT, ICPC e-Learning, and twice yearly at adoption specialized track training which is required training for statewide adoption staff. At adoption specialized track training, the HQ ICPC Supervisor provides a one-hour session on the ICPC process and rules. Information is also provided to staff regarding those states requiring a private contract with agencies for placement, monthly supervision and adoption finalization.

Another barrier is CFWS caseworker's inconsistent knowledge about recruitment strategies and policy. Some CFWS caseworkers are not informed about the policy related to WARE registration for children who are not in permanent placement or the ability to present a child at consortium after the termination of parental rights petition has been filed. In some regions, CFWS caseworkers retain the cases after the child becomes legally free and have not taken the specialized adoption training offered by DCYF. This training is required for adoption staff but attendance is voluntary for CFWS staff. The specialized adoption training ensures that caseworkers have the necessary information, resources and skills to meet the children's permanency needs for children in need of permanent placements who are not returning home. Strategies to increase knowledge of available resources include having adoption staff attend all permanency planning meetings and including some generalized information in RCT. Adoption staff are specifically trained on permanency options and recruitment strategies. They are also asked to attend shared planning meetings as the permanency experts to help educate staff and community members. Permanency leads in each region are notified when a child is identified as not in a permanent placement. The permanency leads follow-up with the caseworker and supervisor to ensure DCYFs recruitment policy is followed and will assist with the consortium presentation.

Table 77.

| | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 | HQ | Grand Total |
|---|---|---|---|---|---|---|---|---|
| | TIMELY ICPC HOME STUDY DECISIONS PROVIDED BY WASHINGTON TO SENDING STATE IN 60 DAYS OR LESS | | | | | | | |
| Calendar Year 2016 | 48% (60) | 45% (39) | 45% (49) | 40% (30) | 60% (63) | 44% (102) | 52% (130) | 47% (473) |
| Calendar Year 2017 | 47% (78) | 37% (59) | 49% (65) | 32% (81) | 25% (91) | 46% (153) | | 39% (527) |
| Calendar Year 2018 | 51% (69) | 14% (25) | 27% (76) | 19% (52) | 22% (88) | 26% (122) | 33% (1) | 27% (433) |

*Data Source: DCYF, HQ ICPC Unit Hand Count and PQR 1448; Calendar Years 2016, 2017, and 2018*

Timely completion of home studies through ICPC is another identified barrier. Washington is required to have a home study and placement approval from another state prior to placement. The Safe and Timely Interstate Placement of Foster Care Act of 2006 requires states to complete home studies within 60 days. If the home study is not complete in 60 days, the Act requires the receiving state to provide a preliminary report to the sending state indicating the reasons for delay. January through December 2018, 28% (305 out of 1075) of home studies from another state were completed, or a preliminary report received within 60 days. Washington has limited control over how quickly another state provides a home study.

Table 78 identifies the number interstate requests to place a child from another state in Washington. The statewide ICPC program manager will continue to strategize with LD and the DCYF data team regarding the reasons for delays, identify issues, and create a plan to increase the completion rate of timely placement decisions. There are many factors which impact the timeliness of permanency across state lines. Several of the challenges are the data can span multiple years and differences in policy between sending and receive states affects when adoption home studies can be requested or completed by a receiving state.

Table 78.

| ICPC REFERRALS TO WASHINGTON FOR PLACEMENT | | |
|---|---|---|
| Calendar Year | 2017 | 2018 |
| Total ICPC Referrals Received by WA | 896 | 890 |
| Potential Permanent Placement Identified | 136 | 159 |
| WA ICPC Adoptions | 123 | 87 |
| *Data Source: DCYF* | | |

Overall, cross-jurisdictional placement across the state is a practice strength because it allows DCYF to place children in potential permanent homes much sooner than the typical ICPC transition times. While Washington State is experiencing a placement crisis for children in out-of-home care, the use of cross-jurisdictional resources is limited by DCYF policy and best practice for children and families. First out-of-home placement priority for children is within their locale, then county, then within Washington before caseworkers would consider out-of-state placement, unless the placement was with a kinship caregiver and continued contact with biological parents was not in the child's best interests. Use of out-of-state resources is limited because of the DCYF goal of keeping family members within close proximity and connected. Placement out-of-state does not align with that practice unless it is in the child's best interest to do so. Cross-jurisdictional resources in general are used for kinship placements, legally free youth, and/or those youths not requiring reunification services with their biological parents.

Foster and Adoptive Parent Licensing, Recruitment and Retention Implemented Practice Improvements

- In 2014, an ICPC parent home study was developed by the Washington ICPC unit with input and feedback from a statewide workgroup. The home study was piloted in several offices prior to statewide implementation and guidebook in February 2015. Field staff and supervisors that complete ICPC parent home studies received training. The parent home study includes the six gathering questions used in the safety assessment to align with current practice.

- Licensed caregivers are required to complete 36 hours of in-service training during the first three-year licensing period, 30 hours during the second three-year licensing period,

and 24 hours in all subsequent three-year licensing periods. Beginning in January 2015, caregivers are required to choose one cultural course from a list of competencies to be completed during their first two licensing periods. Foster parents caring for infants must discuss safe sleeping arrangements with their home study caseworker. Safe sleep and the period of PURPLE crying is also trained as part of the foster parent Caregiver Core (pre-service) training.

- ICPC is a specialized topic and to meet the needs of staff, an ICPC E-learning was developed in 2015. This learning format is accessible to staff at all times. The e-learning provides a general overview of the ICPC process for both incoming and outgoing requests and placement process. ICPC staff is available to train in-person as needed and to problem solve with staff and stakeholders (court, caregivers and other states).

- In 2015, DCYF improved the vetting process for children placed out-of-state so that agency's ability to support placement and the appropriateness of the match between child and family are closely assessed. This has dramatically decreased the number of out-of-state adoptive placement disruptions.

- In 2015, improvements to the vetting process for children placed out-of-state were adopted that allows for evaluation of the agency's ability to support placement and the appropriateness of the match between child and family are closely assessed. This has dramatically decreased the number of out-of-state adoptive placement disruptions.

- In July 2016, the background check process was consolidated to a centralized unit to consistently and efficiently complete all the department's background checks for the purposes of adoption, contracting, licensure, placement, and unsupervised access to a child. This unit tracks all background check requests, makes a determination of fitness of the individual for which the purpose of the background check was requested, and documents the background check results in FamLink per policy.

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

- DCYF LD proposed amendments to 34 WACs in 2016 and to 32 WACs in 2017. Every WAC change is an opportunity to respond to feedback from the provider community related to potential inconsistency or confusion as to interpretation of standards.

- In November 2016, DCYF created a standardized process for reviewing and tracking administrative approvals. A centralized, CJIS certified administrative review unit completes these administrative reviews. Reviews for character, competence and suitability may include criminal history, child abuse and neglect history from Washington and other states and negative actions. The background checks and administrative review units make a determination of fitness of the individual for which the purpose of the background check was requested.

- In 2016, DCYF LD licensing requirements regarding medication management was the number one issue identified in group care facilities. In April 2017, the LD licensing requirement for medication management training was required and completed for all regional licensors and group care facilities staff. The regional licensing policy was also

revised to require a complete review of storage, administration, and documentation related to medication during the comprehensive reviews and bi-annual health and safety reviews. In 2017, the comprehensive review results showed a decrease in agency related medication issues. DCYF LD staff and agencies are focused on keeping medication issues to a minimum.

- In February 2017, a lean problem solving event was convened to identify barriers and develop action steps to assist with foster parent recruitment and supporting prospective foster and adoptive parents through the training and licensing process. Participants included DCYF child welfare staff, LD licensing staff, RDS leads, the Alliance, and representatives from Fostering Washington and Fostering Together. During this event, an action plan was developed that identified barriers and action steps to improve the process.

- Beginning July 2017, when the court orders placement, the department conducts an administrative review on all persons who are not a parent and the individual has a history of criminal or negative action. The review will determine if the history relates to child safety, permanency, or well-being and will not pass an individual with an ASFA crime. Caseworkers must notify the court of any issues that relate directly to child safety, permanency, or well-being revealed in a criminal, child welfare history check, or through a character, suitability, and competence assessment.

- In 2017, up to date management of private agency personnel files was identified as a statewide issue due to files missing several required documents and not reflecting completed required staff training hours. While improvements were noted since 2016 in the number of staff who completed required training hours, the completion of specific required trainings, such as first aid and CPR and mandated reporting training, continue to not be documented. In 2017 there was a policy change that requires regional licensors to review personnel files during all bi-annual health and safety reviews to verify the required documents and trainings are noted in the file. During 2017, regional licensing staff sent out, at minimum, a quarterly email with new or updated training information or training requirement reminders to all licensed agencies. All agencies have also been provided the checklists on the requirements for the personnel files.

- In order to establish greater practice consistency statewide, LD has restructured regional licensing. There is now one statewide administrator who oversees the regional licensing program. The regional licensing administrator hold quarterly all staff meetings (including regional licensors and supervisors), the administrator also attends all unit meetings that are also held quarterly. Weekly one-hour conference calls are held as well, to address statewide inconsistencies by making shared decisions involving practice. Additionally, two staff have been hired to assist with background checks, specifically those that do have a criminal history, but don't rise to the level of needing an administrative approval. These staff will do a character and suitability assessment. This practice change that will help improve consistency across the state.

- The background check policy was updated on October 19, 2017, to provide clarification and outline a more streamlined process for completing background checks. Background checks completed for unlicensed caregivers can be used by LD in the licensing or adoption process if the child remains in the home and the caregiver chooses to become licensed or adopt the child.

- In 2017, DCYF provided training to the AGO, Washington State Office of Public Defense, private CPAs, and various court commissioners, judges and officials regarding background check processes and requirements. The outcome of this information sharing has increased awareness of safety issues when a background check is not completed or an individual does not pass a background check and the court orders the placement or unsupervised access regardless.

- In 2017, the Statewide Adoption Program Manger met with LD to establish a process to identify these homes. DCYF LD supervisors now notify the statewide adoption program manager who contacts these families and offers several recruitment strategies to assist with placement. One strategy is to establish profiles for these families on NWAE website. Caseworkers are able to search family profiles on the NWAE website for ones that meet the characteristics of the child they are hoping to place. The numbers of families on NWAE is slowly increasing. Another strategy is to distribute the family's home study to the statewide Adoption Management Team. The family's information is also added to a SharePoint containing home studies of adoptive families that workers can access when seeking permanent placements. These families are also invited to attend monthly consortium meetings to introduce themselves to statewide workers as well as learn of children in need of permanent homes.

# Update on Service Descriptions

## The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

### Department of Children, Youth, and Families Child Welfare Workforce

The child welfare caseworker services detailed below are supported in part by title IV-B, subpart 1 funding.

- Child Protective Services (CPS) and Child Protective Services Family Assessment Response (CPS FAR)
  - CPS caseworkers provide family services throughout Washington to reduce risk to children and to maintain them in their own homes. Ongoing CPS includes direct treatment, coordination and development of community services, legal intervention and case monitoring. CPS includes both investigations and FAR.
- Child and Family Welfare Services (CFWS)
  - When children have been placed into the custody of DCYF through a court order, CFWS caseworkers work with the families and children to reunify the children or to find other permanent families for them.
- Family Voluntary Services (FVS)
  - Supports families on a voluntary basis following a CPS investigation. Services with families are designed to help prevent chronic or serious problems which interfere with their ability to protect or parent their children. This program serves families where the children can safely remain home while the family engages in services through a Voluntary Service Agreement or for children who are temporarily placed in an out-of-home care through a Voluntary Placement Agreement (VPA).
- Family Reconciliation Services (FRS)
  - Supports families on a voluntary basis to address issues of family conflict. Time-limited services are provided to families with adolescents where there are no allegations of abuse or neglect.
- Caseworker Supervisor
  - Supervisors provide supervision, consultation, planning, accountability, and tracking processes to ensure caseworkers meet all casework management directives as required by law, policy, or other mandates. Ideal supervisors are highly organized, self-motivated, and able to work independently.

### Contracted Services

The contracted services detailed below are supported by title IV-B, subpart 1 funding.

- Crisis Family Intervention (CFI) – CFI is a brief, voluntary service directed to preserve, strengthen and reconcile families or caregivers in conflict.
  - CFI is available to families and youth ages 12 to 18-years old involved with DCYF when:
    - There is conflict between youth and caregiver, or
    - The caregiver requests support with an at-risk youth.

— CFI is available statewide.

- Early Intervention Program (EIP) – EIP is a home visiting nurse program. Nurses provide assessments, education/counseling, care management and linkage into community programs for identified concerns.
    - EIP is available to families and children (birth to six-years old) involved with DCYF where there are child health concerns.
    - EIP was available in following counties: Jefferson, King, Mason, Okanogan, Pacific, Pierce, Spokane, Snohomish, and Whatcom.
    - Program was discontinued as of January 1, 2019, due to the contract ending.

- Foster Care Support Goods/Services – Concrete goods or services needed to support safe, stable placement or help maintain placement in foster care. Examples include bedding/furniture, car seats, safety locks.
    - This resource is available to all licensed and unlicensed caregivers throughout the state who are providing care to children placed by 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 needs to support improved safety, stability and permanency.
    - Evaluation and Treatment is provided to:
        o Evaluate and support child well-being towards permanency
        o Improve parental capacity for parents to provide safe care for their children.
    - Evaluation and Treatment is available statewide.
    - DCYF has transitioned to a single managed care organization for the health care of children in foster care, AHCC whom provides care coordination for foster children. Every child in out-of-home placement is eligible for care coordination through AHCC. We anticipate that care coordination will increase access to counseling services provided through Medicaid and reduce counseling purchased directly by DCYF. The size of this shift is not possible to estimate.

## Services provided in the four areas under the Promoting Safe and Stable Families Program (title IV-B, subpart 2)

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

- Family Preservation Services – 30 percent of title IV-B Subpart 2 funding
    - PCIT is offered in the family home or outpatient setting and consists of live coaching in which parents are coached by the therapist through an earpiece while the therapist observes their interactions.
    - FPS is offered in the family home and is designed to reinforce the strengths of the family to safely maintain children in their own homes and prevent the out-of-home placement of a child.

- Family Reunification Services/Family Support – 20 percent of title IV-B Subpart 2 funding

— Counseling Services provides counseling, therapy or treatment services, using Evidence Based, Promising Practice, or recognized therapeutic techniques, to assist in amelioration or adjustment of mental, emotional, or behavior problems that impact child safety and stability.

- Adoption Promotion Support and Services – 20 percent of title IV-B Subpart 2 funding
    — Medical and dental coverage is provided to every adopted child in Washington.
    — Non-recurring costs up to $1,500 are available to families to offset adoption related expenses.
    — Pre-authorized counseling services are available and follow the program requirements.
    — A monthly cash payment may be provided for those who qualify.
    — In addition to the services listed above, post adoption families have equal access to services provided by DCYF.
- Community-Based Family Support – 20 percent of title IV-B Subpart 2 funding
    — Contracted providers in communities throughout Washington State provide Parent Education and Support.
- Administrative – 10 percent of title IV-B Subpart 2 Funding
    — 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), the Assistant Secretary's Office, DCYFs Technology Services (does not include staff working on FamLink) and leases.

## Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

See 2020-2024 Child and Family Services Plan for standards for and frequency of caseworker visits with children and youth.

Table 79.

| MONTHLY CASEWORKER VISITS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| FFY2016 | 95.1% | 93.6% | 96.2% | 98.0% | 91.8% | 94.9% | 95.0% |
| FFY2017 | 95.2% | 93.7% | 96.1% | 98.1% | 92.5% | 95.7% | 94.7% |
| FFY2018 | 95.4% | 93.1% | 96.6% | 94.9% | 97.9% | 94.9% | 96.1% |
| MONTHLY CASEWORKER VISITS THAT OCCURRED IN CHILD OR YOUTH'S HOME | | | | | | | |
| | State | Region 1 | Region 2 | Region 3 | Region 4 | Region 5 | Region 6 |
| FFY2016 | 88.2% | 89.6% | 89.4% | 90.7% | 87.3% | 88.2% | 83.5% |
| FFY2017 | 88.4% | 89.2% | 89.3% | 91.0% | 88.0% | 87.9% | 84.7% |
| FFY2018 | 88.1% | 89.4% | 89.4% | 90.5% | 87.6% | 88.4% | 84.3% |
| *Data Source: FamLink data. Numbers reported are actual visits documented in FamLink.* | | | | | | | |

# John H. Chafee Foster Care Program for Successful Transition to Adulthood (CFCIP)

## State Agency Overseeing the Chafee Programs

The Washington state Department of Children, Youth, and Families, 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 Educational and Training Vouchers (ETV) are part of an array of services available to youth transitioning from state foster care.

## IL Program

Washington State is divided into six regions for purposes of the IL Program. Six regional IL coordinators support and monitor eligibility, financial records and program compliance at the regional level. Coordinators are responsible for establishing and monitoring IL program contracts with local providers. DCYF currently serves approximately 2,040 youth and young adults (not including Tribal youth) in contracted IL programs.

## Serving Youth Across the State

DCYF contracts with 12 IL providers and 17 of the 29 tribes within the state to provide support and IL services to eligible youth. IL services are available in most areas with limited services in some remote areas. The caseworker collaborates with service providers in areas where IL services are limited.

DCYF caseworkers refer youth age 15-years old or older to the IL program and the IL provider must make at least three attempts to engage the youth in this voluntary program. If the provider is unable to engage the youth, the caseworker and caregiver are contacted and a letter is sent to the youth informing them that they may contact the program in the future if they wish to participate.

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

## Extended Foster Care (EFC) Program

Washington State has implemented all five (5) eligibility categories for extended foster care. To be eligible for EFC, a youth on 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.

Non-minor dependents can transition between categories throughout their time in EFC. Placement settings vary and can include supervised independent living (SIL) settings such as apartments, shared housing, living in a dorm; foster care; and living with relatives. Non-minor

dependents are able to enter and exit the program as needed 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, and 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.

## Casey Life Skills Assessment (CLSA)

Washington State uses the nationally recognized web-based CLSA tool provided by Casey Family Programs. The tool assesses various life domains and calculates a score based on the youth's answer to the assessment questions. CLSA reports are developed from the score, identifying the youth's greatest strengths and challenges. The assessment is administered annually to youth participating in the program and is used to develop a learning plan to address their individual needs.

- Youth ages 15 to 21-years old receive training on a variety of skills including life skills and educational services.
- Young adults ages 18 to 21-years old receive training on a variety of skills including life skills, education supports and services, housing assistance and employment supports and services.

## Calendar Year 2018 Activities

In the past year, Washington had three dedicated opportunities for stakeholder feedback regarding the IL program. Participation in The Mockingbird Society's Youth Leadership Summit, Passion to Action (P2A) input and feedback session, and a facilitated meeting with IL providers and regional coordinators. Feedback was extensive and some of the feedback from each session is included below.

In August 2018 DCYF participated in The Mockingbird Society's Youth Leadership Summit where the youth advocates presented policy and legislative asks related to building independent living skills for foster youth to the Supreme Court Commission on Children in Foster Care and the community. They specifically recommended:

1. Increase IL funding to expand access to services in rural areas.
2. Provide mandatory training to foster parents who serve in rural areas.
3. Create adolescent units within DCYF.

P2A youth advisory board participated in a session in March 2019. They were asked what services are needed to ensure that youth do not experience housing instability once they leave care. Feedback was extensive. Some of the recommendations identified were:

- A variety of life skills such as meal prep and shopping and financial literacy and budgeting
- Assistance with housing including decreasing barriers, locating affordable housing, accessing housing vouchers

- Support with accessing resources such as mental health services, technology resources, vital records, sealing legal records
- Career and education support; value on employment, not just college
- Support for developing interpersonal skills such as conflict resolution and communication skills
- Programming that is trauma informed
- Incentives
- Community connections
- Have a holistic approach to well-being

Some recommendations were specific to caseworkers, caregivers, and providers including:

- Hiring the "ideal" worker
- Have reasonable policy expectations
- Weed out caregivers who are only it for the money
- Stop enabling youth through IL services
- Have caseworkers dedicated to teaching parenting skills to foster parents and adoptive parents
- Caseworkers who have specialties by age, by program; dedicated adolescent units
- Stop telling me how to live – let me practice
- Awareness of failed adoptions – need for post adoption services
- More face-to-face caregiver trainings

# Education and Training Vouchers (ETV) Program

The ETV program supports eligible current and former foster youth in pursuing their post-secondary education. ETV provides support and funding to help youth successfully navigate the college system and graduate. Supports may include referrals to designated support staff on college campuses to help youth who are struggling with mental health, academic or financial challenges. Funds are available for any accredited college, university, vocational, or technical college.

## ETV Eligibility

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

1. Youth is age 16 up to their 23rd birthday, currently involved in dependency action in Washington State or tribal court, in the care and custody of CA or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care.
2. 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.
3. Youth who were adopted or entered guardianship with a relative on or after his or her 16th birthday.
4. Youth who participated and received ETV funds prior to age 21-years old, may be eligible up to their 26th birthday.

Once youth are qualified to receive an ETV award, they may receive funds each year as long as they are enrolled in school at least half time, maintain a 2.0 cumulative grade point average, are eligible for financial aid, are less than 23-years old, have unmet need as determined by the educational institution.

Beginning July 1, 2019, the agency will implement the extended age eligibility to the student's 26th birthday. DCYF has chosen to interpret the 5-year limitation as no more than 15 semesters or 20 quarters (whether consecutive or not). This interpretation has been provided to Region 10 and DCYF is awaiting a response. The agency will not be not lowering the minimum eligibility age to 14 and is opting to maintain the minimum eligibility age of 16.

Foster Youth who are at least juniors in High School can participate in ETV through the Running Start or Dual Credit Program. This allows students to enroll in an eligible program earning a high school diploma and taking college credits toward a degree at an accredited college or university. Youth receive $2,000.00 per academic year to cover educational expenses such as books and supplies, school fees and transportation costs under this program.

ETV program staff regularly coordinate with college financial aid administrators and staff to ensure awards given to eligible youth do not exceed the total cost of attendance as set by their institution. If a revision is found to be necessary, this is communicated to the student and an award adjustment is made.

To ensure unduplicated awards, ETV has an access database for tracking students. This allows staff to differentiate between academic years and whether a student is a new or renewal student. ETV staff can also track important information such as number of credits taken and GPA to ensure students are in compliance with ETV requirements.

On July 1, 2018, Washington State made a major program change to how students received their ETV funds. We went from being a reimbursement model to a disbursement model. Students receive their funds at the beginning of a quarter or semester, only after they submit their previous grades and new schedule with credits. The students are required to provide, validate and sign a spending plan for these ETV funds. These plans must adhere to the ETV approved expenditures. ETV staff had to change all the forms and develop student letters, create a spending plan to monitor student expenditures and the database needed modification of additional fields to track the new program changes. The previous model was a barrier for students accessing their funds. Students clearly stated to us that it was frustrating and problematic to keep track of their receipts. It was time consuming for students, ETV staff and the fiscal staff who processed the payments. Students also needed to be trained to the new process and forms.

In informal conversation with students, they report being grateful for the change. It allows them to receive all their funds as long as they are meeting ETV requirements, funds are received faster and the stress of keeping receipts is eliminated. Many ETV students are assisted by IL providers who have also stated their approval of the program change. The Dual Credit ETV program has not changed. These students still receive their funds through the reimbursement model.

### 2018-2019 School Year

The maximum ETV award amount in the 2018-2019 academic year is $5,000.00. The actual amount awarded is based on the student's unmet need. The maximum yearly award for the Dual Credit ETV Program is $2,000.00.

As shown in the ETV Service Provision table, housing, groceries, and tuition are currently the top three (3) spending categories in the 2018-2019 academic year. Students show that they need support in covering their basic needs while attending school. In this academic year, 53 of the students awarded an ETV were new participants (no prior award) and 84 students have previously participated in the ETV program. Although the number of students awarded funds decreased from the previous year, the number of students who remained in school increased by 32 students. Also, the amount of funds utilized increased over $45,000.00. The average award amount for new and renewal students is $3,900.73.

Table 80.

| ETV SERVICE PROVISION (ONLY THE TOP THREE PERCENTAGES ARE SHOWN) | | | | |
|---|---|---|---|---|
| Primary expense category | 2015-2016 | 2016-2017 | 2017-2018 | 2018-2019 |
| Housing/Rent | 34% | 28% | 29% | 24% |
| Groceries | 17% | 18% | 14% | 14% |
| Tuition | 20% | - | 16% | 12% |
| Room & Board | - | 9% | - | - |
| *Data Source: ETV Information System; DSHS Research and Data Analysis; May 31, 2018* | | | | |

## Services for Children Adopted from Other Countries

Washington State was chosen as a pilot for the National Adoption Competency Mental Health Training Initiative for mental health providers and child welfare providers. During 2018, 136 mental health providers throughout the state of Washington began the training and 51 completed the training within the six-month timeframe. This training provided participants with information on issues around adoption, grief and loss, identity, transracial adoptions, and evidence based practices. Having an adoption competent provider community will assist families who are seeking out providers knowledgeable with the issues of mental health and transracial adoption and inter-country

DCYF tracks the disruption of international adoptions based on entry into foster care. According to that criteria, the following international adoptions disrupted in Washington state during the 2015-2019 reporting period.

Table 81.

| YEAR | COUNTRY | AGENCY | REASON FOR DISRUPTION/DISSOLUTION | PLAN |
|------|---------|--------|-----------------------------------|------|
| 2015 | Russia | Unknown | Child was removed due to allegations that he was sexually abusive to sibling and another family member. | Long-term foster care agreement |
| 2015 | Ethiopia | Unknown | Child was removed due to allegations of physical abuse by parent. | Return Home |
| 2015 | Guatemala | Unknown | Child was removed due to allegations of neglect and physical abuse by parents. | Adoption |
| 2016 | Haiti | Unknown | Child was removed due to child behavior issues. | Return Home |
| 2016 | Haiti | Unknown | Child was removed due to sexual abuse by another child in the home. Child was re-homed prior to foster care entry. | Adoption |
| 2016 | China | Unknown | Child was removed due to child's behavior issues. | Adoption |
| 2016 | China | Unknown | Child was removed due to child's behavior issues and physical abuse | Adoption |
| 2017 | Haiti | Unknown | Child was removed due to sexual abuse by another child in the home. | Return Home |
| 2017 | Haiti | Unknown | Child was removed due neglect by adoptive parents (starvation). Child was re-homed prior to foster care entry. | Adoption |
| 2017 | Russia | Unknown | Child was removed due to relative placement's impending death; adoptive parent died two years ago. | Adoption |
| 2017 | Russia | Unknown | Child was removed due to relative placement's impending death; adoptive parent died two years ago. | Adoption |
| 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 |

See 2020-2024 CFSP for additional details regarding services for children adopted from other countries.

## Services for Children Under Age 5

DCYF child welfare caseworkers are required to assess safety, overall well-being, and distinct individual developmental needs on an ongoing basis while children are placed in out-of-home

care. Ongoing assessment is one of the tools used to match children to a permanent family with the skills and abilities to meet their short and long-term needs as well as create individualized plans to ensure referrals to appropriate services.

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. DCYFs Ongoing Behavioral Health Screening program 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 DCYF child welfare caseworkers to develop an effective case plan and help identify an appropriate placement for the child.

DCYF Child Welfare caseworkers use the following services for children birth to 5-years old to address developmental needs, including placement stability, early permanency support and planning, and well-being needs.

- Early Support for Infants and Toddlers (ESIT) – Washington State's IDEA Part C Program that serves children birth to three when developmental concerns are identified.

- ChildFind – Referrals are made for children age three to five when developmental concerns are identified.

- Early Childhood Education Assistance Programs (ECEAP) – State funded pre-school program for children three to five years of age. Provides a comprehensive family and individual child assessments, support and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.

- Medicaid Treatment Child Care (Title XIX)/ ECLIPSE – Provides assessment and therapeutic interventions for developmental and mental health needs in a daycare environment. This service is no longer federally funded and has been renamed ECLIPSE. Health Care Authority is working with Department of Early Learning to reestablish the program's ability to draw down Medicaid dollars.

- Fostering Well-Being Care Coordination Program – Provides care coordination services to children with complex health, mental health and developmental needs

- Foster Care Assessment Program – Provides a comprehensive assessment for children experiencing challenges to permanency.

- Home Visiting – State and federally funded programs that provide home-based child and family assessment, support and community resource referrals.

- Comprehensive Family Evaluation/Court Plan – The child's assigned caseworker completes a Comprehensive Family Evaluation/Court Plan to update the court on the child's well-being, development and progress towards permanency.

- Best for Babies Court Docket – Modeled on the national Zero to Three Infant-Toddler Court Team structure, the court focuses on front-loading services to infants (0-3 years) and their parents to preserve the infant-parent bond, promote child well-being, and reduce time to permanence.

- Evidence Based Practices (EBP) – EBPs that support permanency and reunification of the family
    — Parent Child Interaction Therapy (PCIT)

- — Incredible Years
- — Nurse Family Partnerships
- — Promoting First Relationships
- — Triple P (Positive Parenting Program)
- — Homebuilders
- — SafeCare

DCYF child welfare has six regional education leads responsible for early learning and K-12 education. Duties include, but are not limited to:

- Act as policy and practice consultants to caseworkers, foster parents and community partners.
- Participate in caseworker, caregiver and community meetings.
- Provide general and specialized trainings on educational engagement.

The caseworker regional core training stresses the importance of assessing birth to 5 safety and developmental needs and appropriately addressing identified needs in case planning and case management activities.

In 2015, the legislature passed the Early Start Act and it was signed into law. Department of Early Learning is responsible for implementation. Increasing the quality of early care using a quality rating system scale ranging from birth to 5-years old, called Early Achievers is one main focus of the bill. It requires providers who are receiving childcare subsidy payments to rate at a level 3 or higher by 2020 to continue to receive payments. ECEAP providers will need to be rated at a level 4 to 6 by 2016, provide full and school day options and move to entitlement by the 2020-2021 school year. Young children in DCYFs care access the two programs talked about and these changes would impact the quality of early care received.

## Infant Mental Health for Children Aged Birth to 5-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.

## Home Visiting Service Programs

- <u>Early Head Start</u> – Comprehensive preschool program serving children birth to two and a half and their families and pregnant women. It is delivered through home visits or in center-based care. EHS includes: early childhood education; parent-child attachment support; nutrition services; health screenings and follow-up; family support; and family involvement and leadership opportunities.
- <u>Nurse Family Partnerships</u> – Works with low-income mothers pregnant with their first child. The goal is to improve pregnancy outcomes, child health and development, and increase family economic self-sufficiency. Women have to be enrolled by the time they are 28-weeks pregnant.

- Parents as Teachers (PAT) – Serves families with young children by increasing parent knowledge of early childhood development, providing early detection of developmental delays and health issues, preventing child abuse and neglect; and increasing children's school readiness and school success.

- Steps Toward Effective, Enjoyable Parenting (STEEP) – Promotes positive parent-child verbal interaction, early language and literacy skills, and social and emotional development to strengthen the parent-child bond, increase positive parenting, and prepare children for school readiness. Home visitors match the culture and language of families served. Available in King County and in the West Valley School District in Yakima.

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

- Partnering with Families for Earlier Learning (PFEL) – An extension and enhancement of First Steps. The new model is a relationship-based home visiting program similar in intensity and duration to NFP. A two-year, visit-by-visit schedule for PFEL by incorporating two key curricula-Promoting First Relationships (PFR) and Partners In Parenting Education (PIPE). Available in King and Yakima counties.

- Parent Child Assistance Program (PCAP) – An evidenced based home visitation case-management model that provides advocacy services to high-risk, substance-abusing pregnant and parenting women and their young children. They offer assistance in accessing and using local resources such as family planning, safe housing, healthcare domestic violence services, parent-skills training, child welfare, childcare, transportation, and legal services. This program is available in King, Pierce, Spokane, Grant, Cowlitz, Skagit, Kitsap, Clallam and Yakima Counties as well as Spokane Reservation.

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

- Home Visiting - State and federally funded programs that provide home-based child and family assessment, support, and community resource referrals.

## Center-Based Service Programs

- Head Start – Federally funded program available to children age three to five. The program addresses the child's social-emotional and developmental needs and also provides family support and community resource referrals.

- American-Indian/Alaskan Native Head Start – Federally funded program available to children age three to five. The program addresses the child's social-emotional and

developmental needs and also provides culturally appropriate family support and community resource referrals.

- Early Childhood Education and Assistance Preschool (ECAP) - State funded pre-school program for children three to five years of age. ECAP provides a comprehensive family and individual child assessments, support and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.

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

## Psychotropic Medication Review for Children Birth to 5-Years-Olds

DCYF partners with the Washington State HCA and AHCC to provide oversight of prescription medications for children and youth in out-of-home care.

HCAs ProviderOne Medicaid payment system has built in alerts to automatically trigger a second opinion by a child psychiatrist contracted through Seattle Children's Hospital for children:

- Children birth to 5-years old, who are prescribed any medication to treat ADHD
- Of any age with more than one atypical antipsychotic prescribed
- Of any age with more than four mental health medications prescribed
- Of any age who have been prescribed sedative-hypnotics
- Who have been prescribed antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by HCAs Pediatric Mental Health Stakeholder Workgroup

In addition, a secondary review of children who are prescribed psychotropic medications is completed through the AHCC Psychotropic Medication Utilization Review (PMUR) process. Children are referred to PMUR when they are prescribed a psychotropic medication and information suggests[28] the need for an additional review of the child or youth's clinical status. The PMUR is a retrospective review of medications prescribed to the child or youth to ensure the appropriate dosage is administered and evaluate whether the child is connected to appropriate therapeutic non-medication mental/behavioral health interventions. The AHCC PMUR process uses specific criteria to indicate where there is a need for further review of a child's clinical status.

For a child who is prescribed a psychotropic medication, any of the following suggests the need for additional review of a patient's clinical status:

- Absence of a thorough assessment for a DSM-5 diagnosis(es).
- Four (4) or more psychotropic medications prescribed concomitantly.
- Prescribing of:
  — Two (2) or more concomitant stimulants
  — Two (2) or more concomitant alpha agonists
  — Two (2) or more concomitant antidepressants
  — Two (2) or more concomitant antipsychotics

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[28] Specific details on when an additional review is suggested can be found in DCYFs Health Care Oversight and Coordination Plan.

— Three (3) or more concomitant mood stabilizers

- The prescribed psychotropic medication is not consistent with appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.

- Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.

- The psychotropic medication dose exceeds usual recommended doses.
  - Stimulants: Under age 3-years old
  - Alpha Agonists Under age 4-years old
  - Antidepressants: Under age 4-years old
  - Mood Stabilizers: Under age 4-years old
  - Antipsychotics: Under age 5-years old

- Prescribing by a primary care provider who has not documented previous specialty training for a diagnosis other than the following (unless recommended by a psychiatrist consultant):
  - Attention Deficit Hyperactive Disorder (ADHD)
  - Uncomplicated anxiety disorders
  - Uncomplicated depression

- Antipsychotic medication(s) prescribed continuously without appropriate monitoring of glucose- and lipids at least every 5 months.

## Legally Free Children Birth to 5-Years-Old

DCYF is not able to collect data on whether legally free children are in their permanent adoption home. DCYF analyzes legally free cases by assessing length of time from termination of parental rights to adoption finalization to determine strategies that will improve permanency for children. Over 90% of children aged birth to 5-years old and legally free for over one year are placed in permanent homes without adoption finalizations. Causes for delays in finalization include:

- Court appeals: adoption finalizations were delayed because the biological parents had appealed their termination of parental rights hearing and the appellate process was not completed.

- Home study issues: adoption home studies were delayed because a home study was not referred or completed, significant changes in family circumstances warranted a new or updated home study, denied adoption home studies with court ordered placements or delays with ICPC placement/home study of child.

- Other reasons for delays in adoption finalization included adoption support subsidy negotiations, case transfer issues, and issues with the caregivers.

DCYF continues to work to address barriers to adoption finalization. A workgroup was established in 2014 to identify barriers to timely home study referrals. Solutions were identified to streamline and simplify the referral process. Implementation of some of those recommendations began in calendar year 2015. In a separate analysis of home study update requests from adoption workers by the statewide adoption program manager, it was found that several home study update requests were unnecessary. Training was provided in calendar year

2015 and 2016 to adoption management teams that addressed when an adoption home study update was warranted. LD also updated its policy on home studies which included a section on the specific circumstances that would warrant a home study update.

Regional management continues to work with AAGs and the court to address the increase in appeals for termination orders. Policy discourages an adoption finalization during the appellate process. Appeals can take up to 18-months in some cases.

Training was completed in fiscal year 2015 with adoption and adoption support workers to streamline the adoption support subsidy packet process. Adoption support and adoption program managers statewide have facilitated communication within both programs so that issues can be identified and resolved. In 2016, Adoption Support implemented an impasse process for cases where disagreements between families and adoption support staff could be presented and resolved.

In June 2016 DCYF began monthly statewide Adoption Consortiums. The Consortium brings together DCYF workers and private agency partners to discuss children who need an adoptive family, and to present licensed, waiting families from private agencies and LD. The goal of these meetings is to identify prospective adoptive families for each youth or sibling group presented, and to utilize licensed, adoption-ready families.

DCYF also developed training in 2016 specific to caregivers entering the foster care system to adopt. The training is utilized statewide to establish consistent, standardized statewide caregiver training. A second, advance training is being developed that focuses on potential child behaviors and the caregiver's ability to adjust his or her parenting styles to fit what is needed for the child. The goal is to educate caregivers about the issues children in foster care may experience and resources to assist with parenting.

## Populations at Greatest Risk of Maltreatment

Children aged 0 to 3-years old continue to be at greatest risk of maltreatment as reflected in the data provided in the Safety section. In the fall of 2014, Infant safety education and intervention policy was developed and implemented in response to the 0 to 3-years old safety workgroup's findings. The policy has three components:

- Newborn: Plan of Safe Care. This plan must be developed and documented for infants born to dependent youth and on screened-in intakes where a newborn is affected by substance abuse.

- Birth to 6 months: Period of Purple Crying. DCYF child welfare and LD staff will inquire if a parent or caregiver has received information on period of purple crying and when and if the materials were received. Provide materials to the parent or caregiver and document receipt and review if they report never having received the information.

- Birth to One year: Infant Safe Sleep. DCYF child welfare and LD staff will conduct a safe sleep assessment when placing a child in a new placement setting or when completing a CPS intervention when the identified child or any other child in the home is birth to one year of age. Evaluation of the sleeping environment is an expectation of the monthly health and safety visit with the child.

DCYF continues to emphasize the importance of the Infant Safety and Education policy and procedures to staff across the state and caseworkers continue to participate in trainings that enhance their knowledge of the three components listed above. In June 2015, DCYF enacted new intake policy regarding children ages birth to 3-years old. The policy requires intakes with

allegations of physical abuse of children ages birth to 3-years old that meet the sufficiency screen-in criteria will be assigned to the CPS investigation pathway for a 24-hour response. In May 2016, Safety Bootcamp training rolled out across the state with a focus on the fundamentals of assessing child safety, dynamics of child abuse and neglect from a medical perspective and lessons learned curriculum. The training reinforces the need to assess the safety of children of all ages and also focuses on the Infant safety and education policy. The regions continue to offer the training when requested by offices or units. In 2017, DCYF and the Alliance for Child Welfare Excellence began work on updating Infant Safety and Education for both in-service and new employee training to include simulation training around Infant Safe Sleep and how to correctly set up a portable crib and what a crib looks like when it is safe for an infant.

In October 2016, the FVS policy was amended to require two visits a month for children five and under. The policy increases oversight for the most vulnerable population. DCYF has continued to be part of the Frontiers of Innovation statewide initiative focusing on children birth to five in partnership with the Center on the Developing Child at Harvard. The DOH, Early Learning, OSPI, HCA and the DSHS are all partners in this work. Frontiers of Innovation has afforded all the partners engaged in the work to focus on collaboration and alignment of services for young children and their families. Enrollment prioritization in early learning programs administered or overseen by DCYF Early Learning has been one of the results of the Frontiers of Innovation initiative.

Evidenced based programs including Homebuilders, Incredible Years (ages 2 to 7-years old), PCIT (ages 2 to 7-years old), SafeCare (ages birth to 5-years old), Promoting First Relationships (ages birth to 3-years old) and Triple P (ages 2 to 16-years old) are interventions for families with children within the age range birth to 3-years old.

DCYF child welfare has six regional education leads who are responsible for early learning and K-12 education. Duties include, but are not limited to:

- Act as policy and practice consultants to caseworkers, foster parents and community partners.
- Participate in caseworker, caregiver and community meetings.
- Provide general and specialized trainings on educational engagement.

The caseworker regional core training stresses the importance of assessing birth to 5-years old safety and developmental needs and appropriately addressing identified needs in case planning and case management activities.

In 2015, the legislature passed the Early Start Act and it was signed into law. DCYF early learning is responsible for implementation. Increasing the quality of early care using a quality rating system from 0 to 5 called Early Achievers is one main focus of the bill. It requires providers who are receiving childcare subsidy payments to rate at a level 3 or higher by 2020 to continue to receive payments. ECEAP providers will need to be rated at a level 4-6 by 2016, provide full and school day options and move to entitlement by the 2020-2021 school year. Young children in DCYFs care access the two programs talked about and these changes would impact the quality of early care received.

## FY 2018 Kinship Navigator Funding

In Washington State, 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 the Kinship Navigator services in conjunction with community partners. Washington State has a Kinship Navigator program serving 30 counties and seven tribes. FY 2018 funding is being used to build program infrastructure and consistency and begin an evaluation of the current program in order to develop a promising practice program with sustainable funding.

Utilizing the Kinship Navigator funding, DCYF, in partnership with DSHS-ALTSA and 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. The evaluation includes two types of evaluation: process and outcome, along with the development of a needs assessment tool. Initial efforts have focused on the process evaluation portion of the evaluation plan; the outcome evaluation data will begin to be collected in the last quarter of the grant.

Components of the process evaluation that have been completed or are in process include:

- An assessment to identify the essential components of Washington's kinship navigator model was finalized in April 2019.

- A review of program advertising including county websites and kinship navigator promotional materials was completed in February 2019.

- Three focus groups with kinship navigators including one focus group with kinship navigators who support tribal communities and two focus groups with kinship navigators who provide services to nontribal clients. These focus groups were completed in February 2019

- Three focus groups with kinship caregivers including two groups that were conducted exclusively in Spanish and completed in February 2019.

- Interviews with representatives of service agencies frequently utilized by kinship navigators including tribal and nontribal agencies was completed in March 2019.

- Survey of child welfare workers who provide services to formal kinship caregivers is in process and will be completed by July 2019.

- Focus groups with formal kinship caregivers will be completed by August 2019.

- Development and implementation of a needs assessment tool that includes caregiver and child demographics and queries about a range of services intended to maximize caregiver and child health, well-being, and permanency. The needs assessment tool was finalized in March 2019.

As the evaluation proceeds, Washington State is continuing to build program infrastructure and consistency in order to develop a promising practice program that will qualify for sustainable funding via the Family First Prevention Services Act.

Washington State has utilized funding to support infrastructure development and consistency through:

- Hiring a dedicated one-year project staff person (1 FTE) to provide implementation, consultation and fidelity support. Completed January 2019.

- Completing an initial update to the Kinship Navigator replication manual developed through the initial Washington State Kinship Navigator Pilot Program of 2004-2005 (funded by Casey Family Program and produced by TriWest Group) for consistent statewide use by current Navigators. Completed April 2019.

- Updating the online kinship navigator statewide intake and reporting system to include alignment with data collected by the child welfare system where possible to establish a structure for future program analysis. Completed May 2019.

- In partnership with tribes, beginning the development of a culturally relevant program manual & Needs Assessment for tribal communities. In process.

- Implementing a statewide kinship caregiver survey that will provide current information regarding the experiences and needs of kin statewide involved with both the formal and informal systems. Survey will be developed by July 2019.

- Funding additional analysis of data from Washington State's Healthy Youth survey completed by the Washington State's Department of Health. This analysis will provide insight into the unique needs of youth being cared for by kin and will support additional resource and program development.

- Update kinship print materials including the DSHS publication "Grandparents and Relatives; Do You Know?", posters advertising Kinship Navigator supports, DCYF "A Relative's Guide to Child Welfare Services," and updates to "Kinship Care: Relative and Suitable Other Placement" and "Understanding the Dependency Court Process for Caregivers." These updates will be complete by August 2019.

Across all of these activities, we have utilized a subcommittee of the state's legislatively mandated Kinship Care Oversight Committee (KCOC) as an advisory group. The subcommittee includes kinship caregivers, young adults who were raised in kinship care, tribal representatives, kinship navigators, and Area Agency on Aging program coordinators. This group completed two in-person meetings (October 2018 and January 2019) and has participated in multiple conference calls and electronic review of documents.

## Child Welfare Waiver Demonstration Activities

Reinvestment funds for Washington's title IV-E waiver demonstration project have been utilized to support families in the CPS Family Assessment Response (CPS FAR) pathway. Some families need an investigation to keep children safe while other families need to reconnect with their community, family, and friends. CPS FAR allows us to use a different approach to some families with allegations of child abuse or neglect through increased services and concrete goods. These services will help more families keep their children safely at home.

The goals of CPS FAR are as follows:

- Provide early intervention to respond to low to moderate risk allegations with the possibility of preventing future high risk or unsafe situations.

- Increase scope of service delivery to provide services and resources for low to moderate risk families. Opportunity to provide services not based on abuse or neglect, but on family need for sustained and supportive parenting of their children.

- Improve family-centered practice by increasing the involvement of the family in assessment and identification of their strengths and needs, and the development of service plan to address issues relating to risk of abuse or neglect.

- Increase resource identification by reviewing service needs and resource availability for immediate and long term support outside the scope of abuse and neglect.

- Improve engagement and assessment by moving away from incident-based assessments to a comprehensive assessment of the family dynamics, strengths, issues and needs.

DCYF began providing CPS FAR as an alternative response to a CPS investigation on January 1, 2014. Statewide implementation of CPS FAR was completed June 1, 2017 and is available in all offices statewide.

## CPS FAR Intake Data

In calendar year 2018, 50% (22,352 intakes) of screened-in intakes were assigned to CPS FAR and 50% (22,315 intakes) were assigned to CPS Investigations.

Table 82.

| INTAKES ASSIGNED TO FAR | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| YEAR | JAN | FEB | MAR | APRIL | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC | TOTAL |
| CY 15 | 910 | 980 | 1,004 | 1,297 | 1,253 | 1,234 | 1,041 | 929 | 1,137 | 1,383 | 1,213 | 1,165 | 13,546 |
| | 7% | 7% | 7% | 10% | 9% | 9% | 8% | 7% | 8% | 10% | 9% | 9% | 100% |
| CY 16 | 1,314 | 1,316 | 1,479 | 1,230 | 1,509 | 1,214 | 944 | 1,090 | 1,329 | 1,450 | 1,367 | 1,196 | 15,438 |
| | 9% | 9% | 10% | 8% | 10% | 8% | 6% | 7% | 9% | 9% | 9% | 8% | 100% |
| CY 17 | 1,446 | 1,400 | 1,929 | 1,551 | 1,886 | 1,710 | 1,303 | 1,443 | 1,756 | 1,982 | 1,895 | 1,671 | 19,972 |
| | 7% | 7% | 10% | 8% | 9% | 9% | 7% | 7% | 9% | 10% | 9% | 8% | 100% |
| CY 18 | 1,987 | 1,861 | 2,373 | 1,984 | 2,397 | 1,703 | 1,296 | 1,417 | 1,660 | 2,148 | 1,865 | 1,661 | 22,352 |
| | 9% | 8% | 11% | 9% | 11% | 8% | 6% | 6% | 7% | 10% | 8% | 7% | 100% |

*Data Source: DCYF FamLink; FAR & Investigation Intake Detail; Calendar Year 2017 & 2018*

Intakes are reviewed at the point the screening decision is made by the intake worker. Intake supervisors review and make changes in 5-10% of all intake worker screening decisions across programs, not only for CPS FAR. Supervisors change intake screening decisions for a number of reasons, including: family history of child abuse and neglect, additional information from collateral contacts and disagreement with the intake worker's screening decision.

The statewide intake program manager conducts monthly intake consultation calls with intake supervisors from across the state to achieve consistency in screening and reach consensus in decision-making. The intake consultation calls assist in developing statewide consistency in screening intakes for CPS investigation and the CPS FAR pathways. These call also allow for discussion about the screening tool, screening decisions, policy and practice. Monthly CPS intake reports with region and office level data are shared and reviewed with regional CPS, Safety, Intake, and CQI program managers for identification of trends. A statewide intake review is conducted biannually and includes specific review of CPS pathway decision making.

## Addressing Challenges to Implementation and Changes to CPS FAR Practice and Policy

During the implementation of CPS FAR there have been four policy changes impacting CPS screening decisions. These changes result in a default screening decision to investigation under the allegations listed below. DCYF, with input from child welfare stakeholders and review by DCYF leadership, determined that these circumstances are high risk and not appropriate for a CPS FAR intervention.

- July 2016: A child or household with a dependency case (placement of child) dismissed within the prior 12 months
- July 2016: A third accepted CPS FAR or CPS Investigation intake in a 12-month period
- November 2017: When an allegation is related to child-on-child sexual contact or sexualized behaviors

A data review suggests the changes had a minor impact on the percentage of cases screened to CPS FAR versus CPS-investigations.

A small pilot of an engagement tool began October 1, 2016 in three CPS FAR offices. The pilot is called "The Difference Game." This tool was developed by the University of Washington and used by staff in their Parent-Child Assistance Program (PCAP) with mothers whose substance use was negatively impacting the parenting and possibly the safety of their children. The Difference Game is a card-sorting tool which allows the client to identify what would make the most difference in their life. The choices include a broad array of services and concrete supports with one "wild" card. The goal of the pilot was to strengthen engagement between the worker and the client with use of a client-driven tool. While some staff found the tool to be useful in their work with families, many staff found it awkward and/or unnecessary. The pilot ended December 31, 2016.

Problematic for a voluntary program, Washington law required families to sign an agreement in order to participate in CPS FAR. If the family refused to sign the agreement, they were transferred to the investigative pathway. A review of data on the impact of the not signing the agreement showed a disproportionate number of Native American families being transferred from CPS FAR to investigation. Anecdotal reports from caseworkers and families indicated parent concerns that signing the agreement meant they were "admitting" to the alleged abuse or neglect. DCYF also acknowledged the historical experience of Native families with the United States government as a possible factor in reluctance to sign the agreement. DCYF requested that the legislature eliminate the requirement for families to sign the agreement. In October 2017, legislation was passed and implemented in October 2017 eliminating the need for families to sign an agreement to participate in CPS FAR.

CPS FAR legislation allows a CPS FAR case to be open 45 days for assessment with an extension up to 90 days for service provision with parental consent. CPS FAR staff have consistently provided feedback that more time is needed for both assessment and service provision. The CPS FAR statute also includes language about the use of evidence based services. By the time most parents engage in services after the assessment period, there is not enough time for parents to complete the service. This is counter-intuitive to the intention of addressing issues in order to reduce risk of abuse or neglect and possibly prevent a family's return to the agency. DCYF submitted request legislation for the 2017 session seeking to increase the amount of time a CPS- FAR case can remain open for services. The legislation did not pass; as a result, DCYF continues to struggle with decisions about case closure v. letting a family complete a service even though past the statutory timeframe. In January of 2018 members of the House and Senate have proposed legislation to extend the timeframe for CPS FAR cases from 90 to 120 days, allowing families greater opportunity to request and complete services. This passed legislation passed began July 1, 2018.

Washington state statute governing the CPS FAR pathway currently prohibits allegations of child abuse or neglect that could constitute a criminal offense from being screened-into the CPS FAR pathway even if the potential offense has no bearing on child safety, law enforcement has

declined to investigate, or the county prosecutor expresses no intention of prosecuting. The language appears overly broad and at odds with the intent of the CPS FAR program which is a collaborative family assessment, intervention, and services with no finding of abuse or neglect. In discussions with county prosecutors, there was agreement that while many allegations could be construed as a possible crime, it is not necessary or realistic for law enforcement and prosecutors to vet every allegation received by DCYF. DCYF continues to forward intake reports containing allegations to local law enforcement jurisdictions. DCYF requested an amendment to the statute during the 2017 legislative session. The legislation did not pass and there have been no bills regarding this matter introduced in subsequent legislative session.

## Provision of Concrete Goods

DCYF contracted with agencies in each of the six regions to purchase, store, and distribute concrete goods to families and DCYF offices across the state. This approach has proven to be a successful endeavor. Staff appreciate having necessary items on hand or easily accessible and families are getting items that they need in a timely and efficient manner. Initially only available to CPS FAR, access to concrete goods has been expanded to include CPS investigations, parent-child visitation, reunification, and kinship care placement and licensing. Caseworkers are able to request items for families, such as diapers, cribs, housekeeping supplies, lice kits, and beds that are needed to address safety or risk concerns, support visitation, ease placement of children into safe kinship care, and assist kinship caregivers in becoming licensed. The contracted providers deliver the items to the local DCYF offices and directly to a family's home. Many of the families served in child welfare have unmet basic needs impacting the parent's ability to safely parent and reduce risk of abuse and neglect to their children. The intent of these contracts is to reduce barriers to obtaining these goods for families and streamline the process for distribution.

## Targeted Case Review

The sixth and final targeted case review of CPS FAR occurred March 1 through 3, 2017. This review of intakes, from August 1, 2016 to February 17, 2017, was specifically for offices that launched FAR in 2016 and had not previously had a review. Eight reviewers electronically reviewed a total of 91 cases or approximately two cases per worker. The reviewers included area administrators, headquarter CPS FAR and regional leads, CPS FAR supervisors, regional safety administrators, quality practice specialists, and a Central Case Review team member. Four reviewers performed second reviews on approximately 40% of the cases, for quality assurance and consistency. The results of the case review were shared with all the offices and regional FAR Leads and Supervisors developed plans at the local office to address non-compliance.

Additional completed activities include:

- The CPS FAR Project Team conducted site visits to observe CPS FAR operations at the local level, assessing unmet training needs, and providing case consultation, with the goal of supporting caseworkers and striving for fidelity to the CPS FAR model. Offices visited during this period included Yakima, Omak and Kent.

- Monthly meetings with TriWest Group, the contracted evaluator of CPS FAR. The meetings cover activities and work accomplished over the previous month, allow opportunities for information sharing and more recently the review of preliminary data.

- CPS In-Service and Regional Core Training (RCT) curriculum development meetings with the Alliance to incorporate the implementation of FAR training into both training curriculums.

## CPS FAR Evaluation

DCYF has partnered with Tri-West Group to complete an evaluation of the implementation of Washington's title IV-E waiver demonstration project. Evaluation reports are provided semi-annually covering the periods of January-June and July-December. The most recent evaluation report was released in July 2018 and is available on the DCYF internet page, along with previous evaluation reports.

# Adoption and Legal Guardianship Incentive Payments

To strengthen knowledge about adoption and guardianship supports, presentations were made at the statewide CASA Conference, Children's Justice Conference, local offices, and external and internal community stakeholders upon request in calendar year 2018.

See the 2020-2024 CFSP for additional details regarding adoption and legal guardianship incentive payments.

## Adoption Savings

See the 2020-2024 CFSP for additional details regarding adoption savings.

# Program Support

## Research, Evaluation, Management Information System, and Quality Assurance Systems

Washington's SACWIS system, FamLink, records administrative data that is used in the creation of reports which are used to identify practice strengths, capture key required data elements that ensure practice requirements are being met, and support ongoing practice improvements. Reports are made available through the infoFamLink reporting portal, and staff at all levels of the agency have access to nearly all of the reports on the portal. Reports include both summary and case-level detail format and are routinely used by staff at all levels of the agency, including social workers, field managers, supervisors, program staff and QA leads to support good practice related to child safety, permanency and well-being.

Examples of information available through reports accessible in infoFamLink include:

- Timeliness of face-to-face contact for screened-in CPS reports – a list of children needing to be seen is e-mailed to individual workers twice a week, and summary reports are emailed to supervisors and managers.

- Monthly health and safety visits – a list of children to be seen is e-mailed to individual workers once per week, and summary reports are emailed to supervisors and managers.

- Legal status and length of stay

- Relative versus non relative placements

- Youth turning 17 years of age; transition staffing requirements

The DCYF Data Management and Reporting Section (DMRS) is focused on developing and providing comprehensive, accessible reports to support practice and practice improvements. In addition to standard reports, item specific data reports are available on request to support specific quality assurance, practice improvement and CQI activities at the state, region and office levels. DMRS 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.

Examples of reports developed or modified in calendar year 2018 by the DMRS include:

Table 83.

| REPORT NAME | REPORT TYPE | NEW OR MODIFIED | REASON WORK COMPLETED | IMPLEMENTED |
|---|---|---|---|---|
| FAR & Investigation Intake detail | InfoFamLink | Modified | Added additional parameters to target the Investigations and FARFAs that are in need of attention. Investigation or FARFA has been approved – allows user to limit to only those that still need approval. Category of days open – allows user to limit the data to only those that are overdue. | February 2018 |
| Priority Performance Measures | InfoFamLink | New | Outcomes for children and families that child welfare is focusing on achieving, along with the measures that affect | March 2018 |

| REPORT NAME | REPORT TYPE | NEW OR MODIFIED | REASON WORK COMPLETED | IMPLEMENTED |
|---|---|---|---|---|
| | | | these outcomes. Included in the first release:<br><br>Recurrence of Maltreatment (% of families on Screen-In CPS intakes with Chronic CPS involvement, % of children entering placement with behavioral, mental health or substance problem, Ave number of family problems for all intakes, % CPS intakes resulting in out-of-home placement, Ave days from CPS intake to first provision of in-home services)<br><br>Permanency within 12 months of placement entry (all recurrence associated measures plus, % children placed with relative at least 75% of time in care,)<br><br>Permanency with 12 months for children in care 12-23 months (all permanency within 12 months of placement associated measures.)<br><br>Permanency within 12 months for children in care 24+ months (all permanency within 12 months of placement associated measures.) | |
| In Home FVS Health & Safety visits | InfoFamLink | Modified | Health & Safety Visits completed by phone or text message are no longer counting toward the 30-day Health & Safety visit requirement. | May 2018 |
| Legally Free Children | InfoFamLink | New | Provides counts of children who have become Legally Free during the period requested by Region and County of Jurisdiction, with drill through to client level details for those children. | May 2018 |
| Finalized Adoptions | InfoFamLink | New | Provides counts of Adoptions finalized during the period requested by Region and County of Jurisdiction, with drill through to client level details for those Adoptions. | May 2018 |
| Payment Report | InfoFamLink | Modified | Payments associated with over payments duplicated in the report are no longer duplicated. | May 2018 |

| REPORT NAME | REPORT TYPE | NEW OR MODIFIED | REASON WORK COMPLETED | IMPLEMENTED |
|---|---|---|---|---|
| Child Welfare Metrics | InfoFamLink | Modified | Added the following metrics that can be exposed in the Child Welfare Metrics report:<br><br>CPS-Investigation worker case ratio<br><br>CPS-FAR worker case ratio<br><br>CPS-Investigation cases<br><br>CPS-FAR cases<br><br>CPS-Investigation worker FTE count<br><br>CPS-FAR worker FTE count | June 2018 |
| Safety Assessment QA report | InfoFamLink | New | This report provides regional and program staff with the ability to see how many of their open cases have at least one Safety Assessment completed for them counted by program type with drill through to the detail. | June 2018 |
| Intakes by time and location | infoFamLink | Modified | Added the ability to run the report for any period, and added a State Fiscal Year value to the report. | July 2018 |
| Priority Performance Reporting | infoFamLink | Modified | PPM Navigation was modified to include new Regions and Offices added with the merger to DCYF | July 2018 |
| FAR & Investigation Intake report | infoFamLink | Modified | Added the ability to report by Intakes that have closed. Allowing the regions understand the CPS work coming in during the month versus CPS work completing during the month. Added whether or not the Intake was being screened-out in the Investigation or FARFA. | August 2018 |
| Shared Planning Permanency Compliance | infoFamLink | New | This report provide a look forward and back at Shared Planning Meetings (SPM) for Permanency. Have all of the SPM timeframes been met as well as when the next SPM needs to occur. | September 2018 |
| Paid Placement | infoFamLink | New | Report to provide fiscal staff with the details they need for children in open out-of-home paid placements. | November 2018 |
| Legally Free (LF) Children | infoFamLink | Modified | Added ability to report on all children who are LF, not just those who became LF during the requested reporting period. Added parameter to allow choice of all LF or just those made LF. | November 2018 |
| Unlicensed Provider Home Study | infoFamLink | New | Provides counts and details for unlicensed caregivers who have not yet had their home study completed to give workers a way to know what home study referrals still need submitted. | November 2018 |

| REPORT NAME | REPORT TYPE | NEW OR MODIFIED | REASON WORK COMPLETED | IMPLEMENTED |
|---|---|---|---|---|
| Licensed Foster Home Detail | infoFamLink | Modified | Added the reason for License closure to allow licensing division to see in aggregate the reason providers were not remaining licensed giving insight into retention needs. | November 2018 |
| Payments made though Provider not Client | infoFamLink report | Modified | Removed all payments expected to be made through the provider to remove payments that do not need to be looked at. | December 2018 |
| *Data Source: Children's Administration Data Unit; List of Developed Reports-Calendar Year 2018; May 2019* | | | | |

DCYF has an established process to support the development of new reports and modification of existing reports as new data needs are identified.

DCYF headquarters program managers continue to be a resource to regions and field offices on specific program and practice areas. They use data and feedback to assess performance, training and support needs. With the integration of the OSRI, program managers are being trained on accessing data generated by the tool for analysis regarding the efficacy of implemented initiatives or policies and to identify any specific statewide, regional, or office trainings that are needed.

Washington's Central Case Review Team began using the OSRI for case reviews in January 2016. As part of the implementation strategy, case review team members work with regional case review program consultants to provided training to the field in regard to the use of the tool, tool content, metrics, inter-rater reliability, and action planning.

## Technical Assistance

Washington has received technical assistance from various sources during the 2015-2019 child and family services plan review period.

- Casey Family Programs continues to provide technical assistance to address several program areas including:
  - DCYF-Court Data Link – Support Administrator of the Courts (AOC) and Children's Administration data to link child welfare data to court data. Support AOC and DCYF data sharing agreement. Support AOC and DCYF collaboration and development of Annual Dependent Children Report.
  - DCYF Transition – Direct support to Ross Hunter, DCYF Secretary regarding the transition to DCYF.
  - Front-End Strategies –Support the state's efforts to reduce entries through FAR, front-end assessments, voluntary placements services, reducing short stayers, and other strategies.
  - State Racial Disproportionality Advisory Committee – Continue support of the Washington State Racial Disproportionality Advisory Committee, which promotes statewide awareness and cross-systems change that works toward reduction of disproportionate representation and disparity among children/youth and families of color in the child welfare system. Advisory Committee focuses support on DCYF federal and state Indian child welfare Acts application, implementation of

      the statewide remediation plan, and supporting systemic change for the agency in its efforts to impact racial disproportionality in the child welfare system.

-   — <u>Targeted Permanency Reviews</u> – Use data to identify, track and drive safe speedy permanency for children in care who have as a plan reunification, adoption, guardianship, or kinship care. Explore Kin-GAP and R-GAP. Provide supports to complete trial in-home visits and achieve parenting plans for children so that dependencies can be closed.

- Deloitte Consulting provided technical assistance in the development and transition to DCYF. The contract is to obtain professional consultation in the areas of change management, organization development, executive coaching, and best practices related to a major organizational consolidation and transformation in order to help DCYF leadership successfully support the organization through the transition.

- The Quality Improvement Center for Workforce Development (QIC-WD) at the University of Nebraska-Lincoln will lead a team of experts in child welfare, workforce, implementation, evaluation, and dissemination from University of Colorado, Denver; University of Louisville; University of Tennessee, Knoxville; C.F. Parry Associates; CLH Strategies & Solutions; and Great Eastern Consulting to test innovative workforce interventions that seek to address staff turnover and retention.

The Department continues to receive technical assistance from the Capacity Building Center for States and the Children's Bureau regarding preparation and review process for the Round III CFSR, PIP planning, and Strengthening Child Welfare Systems, Permanency from Day One grant. Throughout calendar year 2018, the Department received assistance including research, onsite consultation, and program support calls and technical assistance.


# Consultation and Coordination Between States and Tribes

See 2020-2024 CFSP

# CAPTA State Plan Requirements and Update

## 2020 Annual Child Abuse Prevention and Treatment Act (CAPTA) Report

### Use of State Grant Funds

DCYF provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), request voluntary services or family reconciliation services to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- One regional CPS Program manager from January 2018 till July 2018 and two regional CPS Quality Practice Specialists to help coordinate CPS services and program design. Includes salary, benefits and travel costs.

- Three Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. Includes salary and benefits.

- The Child Abuse and Neglect Consultation Network.

### CAPTA Services

Regional CPS Program Managers and Safety Administrators

The Regional CPS Program Managers and Safety Administrators continue to support intake, assessment, screening, and investigation of reports of abuse and neglect through:

- Training their regional staff and community partners.

- Representation on statewide project teams regarding CPS and intake time frames, functions, and screening and assessment tools.

- Consultation and consensus building at the regional and statewide level.

- Coordination of regional community-based child protection teams.

- Participation in local child fatality reviews.

- Coordination of regional services for low risk families.

Critical Incident Case Review Specialists

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

Child Abuse and Neglect Consultation Network

The Child Abuse and Neglect Consultation Network, funded by the CAPTA Basic State Grant, is available for use by CPS staff, law enforcement, physicians and prosecuting attorneys to obtain a physician's opinion about abuse and neglect cases. The Network is made up of pediatricians throughout the state who are recognized experts in diagnosing child maltreatment. The physicians are affiliated with major hospitals and child advocacy centers serving children in Washington, including:

- Children's Hospital and Medical Center in Seattle

- Harborview Medical Center in Seattle

- Mary Bridge Children's Hospital in Tacoma

- Providence St. Peter Hospital in Olympia

- Deaconess Medical Center in Spokane

- Partners for our Children in Spokane

The Child Abuse and Neglect Consultation Network has 12 medical experts available to provide consultation to caseworkers across the state.

## Other CAPTA Activities

Parent Trust for Washington Children

Parent Trust for Washington Children is a contracted CA service with the mission of creating lasting change and hope for the future by promoting safe, healthy families, and communities.

Parent Trust reduces risk factors associated with child abuse and neglect by:

- Improving parent and child attachment.

- Increasing positive family and life management skills.

- Increasing knowledge of normal child development and appropriate parent and caregiver expectations.

- Decreasing isolation through developing positive support networks.

- Increasing knowledge and use of community resources.

Parent Trust Programs include:

- Family Help Line and Support Services

- Parent Education and Support Services

- Community Based Programs

  — Circle of Parents Parent Education and Support Groups

- Home Based Programs

- Child and Teen Services

- Expectant and New Parent Services

- Conscious Fathering Program

## CAPTA Goals

DCYFs Child Abuse Prevention and Treatment Act (CAPTA) goals are to continue developing and implementing improvements to our Child Safety Framework and Structured Decision Making Risk Assessment (SDMRA) tools, and evaluate the differential response system Family Assessment Response (FAR) for program maintenance and make adjustments as needed.

Goals for calendar year 2019 are:

1. Increase consistent and effective support statewide through cross-systems engagement to enhance supports for plans of safe care for substance-exposed infants and their families. Erect community partnerships who actively support families that will transcend the Child Welfare involvement.

2. Continue to enhance the general child protective system by evaluation, developing, improving, and implementing risk and safety assessment tools and protocols.

3. Continue to improve case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families to increase safety and

stability.

4. Decrease out-of-home care and additional interventions by increasing preventative services and natural and formal supports.

5. Update Safety throughout the Life of a Case to integrate Safety Boot Camp, which is co-facilitated by Medical Consultants and QPSs/Program Managers. Ongoing assessment and tracking to assure current and new workers and supervisors attend.

## Calendar Year 2018 Summary of Accomplishments

In July 2018, Children's Administration merged with Department of Early Learning becoming Department of Children, Youth and Families, separate from Department of Social Health Services. During this process we have expanded from three regions to six regions. Each of Washington's six regions has a CPS Program Manager or Safety Administrator assigned to help coordinate CPS services and program design. To assist field staff in skill development regarding assessing and planning for child safety, there are 12 Quality Practice Specialists (QPS) equaling two per region hired statewide.

Outlined below are DCYFs accomplishments for calendar year 2018 for designated goals.

- DCYF updated the intake Screening and Response assessment tool to reflect current policy related to child on child sexual behaviors or contact, physical abuse allegations of children four, Commercially Sexually Exploited Children (CSEC) and imminent risk of serious harm cases related to drug exposed and affected newborns born to mother's using prescribed or non-prescribed substances.

- Enhanced supports for plans of safe care for substance-exposed infants and their families and added feature to our data computer system increasing the ability to document when plans were put into place.

- Updates the intake Screening and Response assessment tool to reflect current policy related to child on child sexual behaviors or contact, physical abuse allegations of children four and under, Commercially Sexually Exploited Children (CSEC).

- Became more efficient in accurately identifying Commercially Sexually Exploited Children (CSEC) and responding and created interventions with exploited Children (CSEC) and imminent risk of serious harm cases related to drug exposed and affected newborns born to mother's using prescribed or non-prescribed substances.

- Enhanced Regional Core Training extending it from 6 weeks to 8 weeks. Offered simulations in the trainings around interviewing parents and child.

- Created a new CPS and FVS in-service increasing training in assessing risk and safety through our tools.

- Enhanced the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols. Evaluating the tools.

- Clarified areas of improvement in case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

- Developed and implemented agency response to Public Law 114-22: Impacts/Justice for Victims of Trafficking Act of 2015 for youth under the age of 18-years old. Washington State is not electing to apply the sex trafficking portion of the definition of "child abuse and neglect" and "sexual abuse" to persons who are over age 18 but have not yet attained age 24.

- Increased accuracy in safety assessments throughout the life of a case by changing the copy over feature in our computer data collecting system.
- Completed Statewide Intake Review in December 2018 from the data pulled it appears there is a high level of accuracy in meeting practice and policy guidelines.

## Calendar Year 2018 Review Period Progress and Updates

Table 84.

| ACTIVITY | STATUS |
|---|---|
| Ensure consistent use of the Child Safety Framework and Intake Screening Tool for CA CPS Leads, Quality Practice Specialists, and Intake Leads through monthly statewide in-person meetings and monthly intake conference calls by providing ongoing support and development. | Ongoing |
| Regular review of intake data by Headquarters and Regional Intake Program Managers. Managers bring any variations of screened-out intakes to the attention of the Area Administrators for action. | 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 |
| A Statewide CPS Intake Review will be completed to identify practice trends and review intake decision making. | Conducted December 2018 |
| Request legislation to amend FAR requirement to sign an agreement to participate in FAR because in response to disproportionality for Native American families | Completed October 2017 |
| Request legislation to amend FAR requirement for case closure timeframes to 120 calendar days instead of 90 days. | Completed in policy July 2018 |
| Explore existing RCW/WAC regarding definitions of child abuse and neglect as it relates to CSEC and whether request legislation will be required. | Completed 5/29/2017 |

## Update on Services to Substance-Exposed Newborns

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

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

a. Medical care for the newborn.
b. Safe housing
c. A plan of child care if the parent is employed or in school.
d. A list of phone numbers and contacts for the parent to call, including:
   i. Emergency care for the newborn.
   ii. Help with parenting issues.
   iii. Help during a crisis.

e.  A referral for the parent to necessary services, e.g., local chemical dependency professional, substance abuse assessment/treatment, or mental health assessment/treatment.

f.  A referral to other resources that may be of support, e.g. First Steps, Safe Babies Safe Moms (CPS clients are a priority population), Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.

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

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

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

The fiscal year 2018 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 plan of safe care. The following work plan includes activities the department will engage in over the next year utilizing the increased funding.

After considering and staffing many options to expand Plan of Safe Care, Washington State 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 Plan of Safe Care between child welfare and Department of Health and our many providers and agencies share our families. We are on the precipice of creating a long term consistent statewide multi-systemic approach.

"Mission and Values: Even though partners come to this collaborative work with mission and values respective of the systems they represent, partners will reach consensus on the mission that binds their collaborative efforts, while recognizing and respecting the values each system brings to this work."

Table 85.

| DCYF PLAN OF SAFE CARE WORK PLAN | |
|---|---|
| Task | Due Date/ Progress |
| DCYF Intake and Safety Program Manager will determine core group with providers and co-facilitators who will attend monthly meetings via phone conferences facilitated by National Center of Substance Abuse and Child Welfare with identified Oversight Committee: Public Health, Substance use Treatment, DCYF, Courts etc. | Initial meeting started in November, attended by a large amount of providers from relevant agencies. Core members are attending monthly calls. |
| Weekly phone calls between DCYF Program Manager and IDTA | Every Monday/2nd call 6/11/19 |
| Co-facilitators are in the process of being identified. | Inquiry sent out by DCYF Program Manager and awaiting to hear back. |
| Leaders of Interest by Leadership in core agency partners | Send out to agency representative by 6/11/19 |
| Create Goals and Mission | Next Phone Conference 6/18/19 |
| Complete Application | Due by the end of June |
| Create Policy Creation | Beginning August of 2019 |

## CAPTA Review Hearings

Table 86.

| CAPTA REVIEW HEARINGS CALENDAR YEAR 2018 | |
|---|---|
| Outcomes from all referrals appealed to Office of Administration Hearings in 2018 | 486 |
| Decisions issued by Administrative Law Judge | 225 |
| Founded/Affirmed: | *216* |
| Unfounded/Reversed | *6* |
| Attempt to appeal Unfounded Dismissed: | *3* |
| Findings changed to Unfounded by AA based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge | 102 |
| Findings changed to Invalid Subject / Victim by Area Administrator | 1 |
| Findings changed to Inconclusive by Area Administrator | 0 |
| Transferred to AGO for licensing or conflict cases | 42 |
| Scheduled for a pending administrative hearing | 105 |
| Hearing completed and decision pending from Office of Administration Hearings | 11 |
| Petitions for Review to Board of Appeals | 12 |
| Founded/Affirmed: | 15 |
| Unfounded/Reversed: | 0 |
| Pending: | 0 |
| *Data source: Mareen Bartlett, Special Assistant Attorney General for CAPTA Program; Calendar Year 2018; June 2018* | |

## Washington State Citizen Review Panel (CRP) Reports

Washington State has three Citizen Review Panels that meet at least quarterly throughout the year. Each Citizen Review Panel prepares an annual report summarizing the activities of the

panel and recommendations to improve the child protective services system at the state and local levels.

Attached are the completed 2018 reports for the three Washington State Citizen Review Panels and DCYFs response to recommendations made by the Citizen Review Panels in 2018.

# Department of Children, Youth, and Families

# Indian Policy Advisory Subcommittee CAPTA Citizen Review Panel

## Purpose

Over the last year with during the transition of CA becoming DCYF the Indian Policy Advisory Committee (DCYF IPAC) that also serves as a CRP has been in transition.

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 IPAC Subcommittee meets monthly in Olympia and uses video conferencing for statewide participation. The function of DCYF IPAC is to assure quality and comprehensive service delivery from DCYF to all American Indians and Alaska Natives in Washington State.

## Area of Focus

Drafting tribal Consultation Policy for the new DCYF Tribal leader recommendations from the November 16, 2017 meeting began with a tribal caucus, a customary process with some tribal state meetings that provides an opportunity for tribal leaders to discuss issues and concerns they want to bring forward to the state. Below are the eight recommendations tribal leaders raised during caucus and brought forward in the meeting for DCYF to consider for inclusion in either a tribal-state consultation and protocol policy, DCYF operational procedures, or agency organization structure:

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

    — 2018 Update: DCYF continues to invite tribal representatives to participate in our hiring process and we have included this as a goal in many of our 10.03 tribal plans. The Consultation Policy was agreed upon and completed in 2018. It is policy 10.03 you can find it on the DCYF home page. We are still developing our lager Advisory Group that is called TPAC, needed by laws and a vote for committee leadership.

2. Have good disaggregated data and strong data collection in general to show what is and is not working.

3. Inclusion in internal and external DCYF workgroups and regular updates on DCYF activities to become fully operational by July 1, 2018.

    Secretary Hunter committed to have regular monthly meetings to review the progress of the tribal-state workgroup in developing a consultation and protocol policy. This will include a review of opportunities in workgroups for more tribal involvement as DCYF scales up to become fully operational.

    — 2018 Update: These meetings have been moved to quarterly, however, DCYF does continue to meet with the Tribes monthly through our ICW and Early Learning subcommittees.

4. Do not change what is working and confirm what is believed to be a mutual understanding of the areas that work well.

5. Continue to equitably maintain funding among all tribes.
   — 2018 Update: Funding has remained equitable

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 Memorandums of Understanding and DSHS Administrative Policy 7.01 plans.
   — 2018 Update: Government to Government Training will be available to DCYF staff

7. 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.
   — 2018 Update: Tim Kelly has attended ICW subcommittee and provided information on our Service Array and received feedback from the Tribes.

8. DCYF regional structure and planning must include the perspective and voice of tribal relationships and communication structures. The structure intersects with the DCYF tribal liaison structure.

## Recommendations for Calendar Year 2018

- 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.
  — 2018 Update: Government to Government Training is being arranged for DCYF Staff.

- 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.
  — 2018 Update: The Alliance attends our ICW subcommittee meetings to hear feedback from tribes on our trainings. These trainings are made available for tribal staff to attend and some of the trainings are hosted by tribes.

- 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.

Continue to work on the following:

- MOU reviews and completing updated agreements - there are currently 13 MOUs completed, and DCYF continues to work with tribes that don't have an MOU in place.
  — 2018 Update: DCYF continues to invite all tribes to enter into a MOU and we continue to update our MOUs we have as needed.

- Service availability to rural tribes and local offices.
  - 2018 Update: Service Array discussions continue with the tribes on how to improve service providers to the rural areas of our state.
- Workforce stabilization - what can DCYF do to impact retention and provide consistency to families.
- Outreach to all Tribes to increase participation at DCYF Tribal Policy Advisory Committee.
  - 2018 Update: DCYF continues to invite all of the tribes in Washington State to our ICW subcommittee monthly meetings.

## Citizen Review Panel Members

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

Table 87.

| 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 Recommendations

Table 88.

| 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 | DCYF is committed to a full partnership with the tribes of Washington State. ICW training is offered to all DCYF staff and if space is available, to any tribal caseworkers who would like to attend. DCYF will be providing resources to the field for ongoing education about the government to government relationship between DCYF and the federally recognized tribes of Washington State. |
| 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 | DCYF acknowledges and affirms that historically, state courts and child welfare agencies have made a disproportionate number of removals of Native American children from their families and Tribes, with placement of those children outside of their families, Tribes, and culture. DCYF is committed to ongoing efforts to insure that Native American families and culture are preserved while still addressing safety and risk to Native American children. DCYF affirms the sovereignty of the federally recognized tribes of Washington and commits to an ongoing partnership. A cornerstone of this effort will be the Government and Tribal Relations group. The director of this team will report directly to the Secretary of DCYF. |
| 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 | DCYF is in complete agreement that regional structures and planning must include the voice and perspective of the tribes. DCYF has instituted a Government and Tribal Relations group which will include support in the field for continued tribal communication and cooperation. Each regional office will have a tribal liaison to support regular collaboration. |
| RECOMMENDATION #4 | |
| Continue to work on the following:<br><br>a. MOU reviews and completing updated agreements - there are currently 13 MOUs completed, and DCYF continues to work with tribes that don't have an MOU in place.<br>b. Service availability to rural tribes and local offices.<br>c. Workforce stabilization - what can DCYF do to impact retention and provide consistency to families.<br>d. Outreach to all Tribes to increase participation at DCYF Tribal Policy Advisory Committee | |
| DCYF Response | a. DCYF will continue efforts to establish MOUs with tribes that do not have an MOU in place and update existing MOU as needed.<br>b. DCYF will continue efforts to provide services for families and children to rural tribes and local offices.<br>c. DCYF continues efforts for recruitment and retention of caseworkers in order to provide consistent service for families. DCYF is currently partnering with the Quality Improvement Center for Workforce Development (QIC-WD) which is dedicated to understanding how to improve child welfare workforce outcomes. The results of this research will assist DCYF in developing effective strategies to improve workforce outcomes.<br>d. DCYF will continue outreach to all tribes to increase participation in CA IPAC. |

## Department of Children, Youth, and Families
## Children, Youth, and Family Services CAPTA Citizen Review Panel

### Purpose

The Children, Youth, and Family Services Advisory Committee meet with the CA Acting Assistant Secretary through June 2018. In July 2018, CA merged into DCYF and this committee was disbanded and the purpose of the group transitioned to a statewide Citizen Review Panel.

The purpose of the Citizen Review Panel (CRP or Panel) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act. This is done through examining policies, procedures, and practices of the state child welfare agency and reviewing employee training, recruitment and retention, specific cases where appropriate, and other criteria that are important to ensure the protection of children.

### Area of Focus

During calendar year 2018, the Panel continued their review of the Family Assessment Response (FAR) implementation. The panel members participated in a survey designed to identify a primary focus for 2018. The options were:

1. Continue monitoring of FAR implementation;
2. Improvements to the parent/child visitation process;
3. Transition of child welfare from the DSHS CA to DCYF; and
4. Caseworker recruitment and retention.

As a result of this survey, the group decided to continue monitoring FAR implementation data as it is made available, continue monitoring the parent/child visitation workgroup outcomes, and to make caseworker recruitment and retention the panel's primary focus.

Due to the change in July 2018, it created a depletion of members who left the group and the focus of the group changed. The group has reset their focus on analyzing the Departments involvement with families of infants throughout the life of the case to gain an understanding of disproportionality. This will include how infants come to the attention of the Department. They want to look at how and who are reporting and what brings them into care. They will focus on how the Department can make positive impacts on decreasing disproportionality during the Departments involvement with families. Even though the focus of the group has changed, they will be offered to review the final findings from the FAR TriWest evaluation report.

### Process

The Children, Youth, and Family Services CAPTA Citizen Review Panel is scheduled to meet at least six times a year. Prior to July 2018, this was a joint meeting between Children, Youth, and Family Services Advisory Committee and the CRP with the intent to have a shared agenda designed to meet the goals of both groups. With the advisory committee being disbanded, the group is continuing efforts to establish an ongoing meeting structure that will allow for them to regenerate their focus and membership as a CRP. They are dedicated to providing focused feedback on Washington State's delivery of child welfare services.

### Action by the Citizen Review Panel

The Citizen Review Panel met six times in calendar year 2017. During 2017, the CA Assistant Secretary and CA Acting Assistant Secretary participated in meetings by providing advice and engaging the advisory group on numerous child welfare topics. Meetings also

included presentations by TriWest Evaluation and Consulting, where results from the Washington State Title IV-E Waiver (CPS FAR) evaluation were presented.

The following actions were completed by the Children, Youth, and Family Services CRP during calendar year 2018.

- Continued participation in a workgroup assembled to make improvements to the policies and processes for parent/child visitation. This work will continue into calendar year 2019.
- Completed another survey to help identify and prioritize the interests of the group.
- Members reviewed proposed legislation and provided feedback as to benefits and consequences of the legislation.
- Panel members brought concerns regarding individual case examples and patterns of case management to discuss as a group.
- In preparation for the panel's future plans, members researched and reviewed other states CRP actions and efforts to address child welfare employee recruitment and retention.
- Panel members continued support of DCYF request legislation to amend CPS FAR requirements:
  — Eliminating the need for families to sign an agreement to participate in CPS FAR.
  — Extending the amount of time, a CPS FAR case can remain open in order for families to participate in the full array of evidence based services offered.

## Recommendations for Calendar Year 2018

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

5. 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.

6. 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.

7. Explore funding options for DCYF to fully staff and support all of the CRP so the panels can be successful in their role's requirement to submit an annual report detailing the panel's work for the year and make meaningful and actionable recommendations for improvement or changes in child protective service.

## Future Plans

The panel plans to finalize their charter revision to include membership requirements that will meet the expectation of broadly representing their community and includes stakeholders who are knowledgeable and experienced with the child protection system. The CRP is also refocusing their efforts to identifying projects that will provide feedback regarding DCYF child welfare programs policies, procedures and practices, reviewing specific cases where appropriate and other facts considered important to ensuring the protection of children.

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

Jacob D'Annunzio, Office of Public Defense – Co-Chair

Byron Manering, Director of Brigid Collins, Family Support Center, Bellingham – Co-Chair

Alise Hegle, Children's Home Society of Washington

Ryan Kiely, Excelsior Youth Center, Spokane

Annie Blackledge, The Mockingbird Society, Seattle

Esther Patrick, Foster Parent

Janis Avery, Treehouse, Seattle

Jason Bragg, Parent Mentor/Ally

Peggy Carlson, Office of Superintendent of Public Instruction

Jim Sherrill, Indian Policy Advisory Committee, Longview

Jorene Reiber, King County Superior Court Family Court

Laurie Lippold, Partners for Our Children, Seattle

Michelle Ressa, Spokane County Superior Court

Rea Culwell, Washington Association of Prosecuting Attorneys

Ron Murphy, Casey Family Programs, Seattle

Ryan Kiely, Excelsior Youth Center, Spokane

Ryan Murrey, Washington Court Appointed Special Advocates for Children

Tess Thomas, Thomas House, Seattle

## DCYF Response to Recommendations

Table 89.

| RECOMMENDATION #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 | The recommendation to establish the Washington State Racial Disproportionality Advisory Committee (WSRDAC) into a fourth Citizen Review Panel will be considered as ongoing decisions are being made about how to coalesce, maximize and strengthen advisory groups and ensure that communities effected by disproportionality and racial inequity have a voice at the table with DCYF that is reflected in the membership of the CRPs. |
| RECOMMENDATION #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 recognizes and honors the benefit that community collaboration, outreach, and oversight provides to assist the agency in meeting its mandates to children and families. As such, DCYF is committed to helping the CRP meet its full potential by providing access to resources and staying up to date with the national conversation on consistent CRP improvement. DCYF will send the three DCYF liaisons to the National Citizen Review Panel conference. CAPTA funding does not provide payment for members of outside organizations to attend the conference. |

| RECOMMENDATION #3 | |
|---|---|
| Explore funding options for DCYF to fully staff and support all of the CRP so the panels can be successful in their role's requirement to submit an annual report detailing the panel's work for the year and make meaningful and actionable recommendations for improvement or changes in child protective service. | |
| DCYF Response | DCYF is making a real commitment to partnerships with the community. DCYF intends on the CRP being robust, influencing decision making and being an opportunity to effect change. DCYF is committed to provide the CRP with the staff necessary to assist with the meeting, logistics such as note taking and planning, to providing funding for members to travel to the meetings, providing meals, and daycare for those who need it. DCYF will be making budget requests for this level of support and implementation will dependent on acquiring the necessary financial support. |

# Department of Children, Youth, and Families
# 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.

## 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 diving the exiting 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, the CRP has met quarterly and discussed topics that include child welfare data both region and statewide, disproportionality in child welfare, federal and statewide outcome measure for children and families, staff recruitment and retention, child safety (framework and practice), DCYF Intake, In-home services, and team goals for the upcoming year.

## Committee Findings

The Region 2 CRP is newly established as it relates to membership and is in the process of analyzing agency data to determine appropriate goals and areas of focus.

## Region 2 Citizen Review Panel Members

Leo Lopez – Director of Yakima Casey Family Programs

Joel Chavez – Community Health Plan of Washington Regional Manager

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

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

## CAPTA Program Manager

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# Statistical and Supporting Information

## CAPTA Annual State Data Report

### Information on Child Protective Service Workforce

1. Number of families that received differential response as a preventative service during the year.

Table 90.

| NUMBER OF CPS INTAKES SCREENED-IN FOR FAMILY ASSESSMENT RESPONSE | | | |
|---|---|---|---|
| CY 15 | CY 16 | CY 17 | CY 18 |
| 13,549 | 17,834 | 19,922 | 22,297 |

*Data Source: FamLink Report; CPS_FAR_INTAKE_FARFA.*

2. Average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B)).

- Intake/Screening – average caseload

Table 91.

| CHILD PROTECTIVE SERVICES WORKER RESPONSIBILITY | FFY 2018 (OCT 1, 2017-SEPT 30, 2018) | AVERAGE NUMBER OF INTAKES PER MONTH | AVERAGE NUMBER OF NEW INTAKES PER MONTH PER WORKER |
|---|---|---|---|
| Screening and Intake Workers | 97.17 | 101,472 | *1,044.3* |
| CPS-Investigation Workers | 22.87 | 1,897 | *8.5* |
| CPS-FAR Workers | 204.96 | 1,852 | *9.0* |

*Data source: Intake Workers – Agency Financial Reporting System (AFRS) September 2018 Payroll; CPS Workers – Children's Administration Workload FTE Report, monthly average assigned worker percent for FFY 2018. Average number of Intakes per month data source is infoFamLink report: rpt Intakes; run date May 23, 2019*

- Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. DCYF uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

Table 92.

| | CPS INVESTIGATION STANDARD: 12-15 FAMILIES | | | CPS FAR STANDARD: 12-15 FAMILIES | | |
|---|---|---|---|---|---|---|
| | CPS CASES | CPS WORKERS | CPS RATIO | CPS CASES | CPS WORKERS | CPS RATIO |
| January | 3,876.7 | 214.2 | 18.1 | 3,852.1 | 215.5 | 17.9 |
| February | 3,946.2 | 220.0 | 17.9 | 3,776.1 | 216.9 | 17.4 |
| March | 4,044.6 | 222.2 | 18.2 | 4,040.5 | 216.4 | 18.7 |
| April | 3,914.7 | 208.9 | 18.7 | 4,268.6 | 221.8 | 19.2 |
| May | 4,000.1 | 204.8 | 19.5 | 4,313.8 | 215.9 | 20.0 |
| June | 4,279.4 | 206.8 | 20.7 | 4,528.6 | 213.7 | 21.2 |
| July | 4,024.3 | 194.1 | 20.7 | 4,291.6 | 208.4 | 20.6 |
| August | 3,632.1 | 207.2 | 17.5 | 3,511.7 | 201.6 | 17.4 |

| | September | 3,412.3 | 203.5 | 16.8 | 3,176.5 | 199.8 | 15.9 |
| | October | 3,426.3 | 203.2 | 16.9 | 3,329.0 | 206.5 | 16.1 |
| | November | 3,495.2 | 206.1 | 17.0 | 3,890.9 | 214.6 | 18.1 |
| | December | 3,678.0 | 201.8 | 18.2 | 4,090.9 | 218.9 | 18.7 |

*Data source: infoFamLink Workload FTE Summary Report; Calendar Year 2018*

3. Information on the education, qualifications, and training requirements established by the State for child protective service personnel, data on the education, qualifications, and training of personnel, and demographic information of personnel (sections 106(d)(10)(A-C))

- Data for education, qualifications, and demographic information of personnel.

Table 93.

| DCYF CHILD WELFARE CPS WORKFORCE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Calendar Year 2015 | | Calendar Year 2016 | | Calendar Year 2017 | | Calendar Year 2018 | |
| | Personnel | | Personnel | | Personnel | | Personnel | |
| Race/Ethnicity | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| American Indian/Alaskan | 6 | 1% | 5 | 1% | 9 | 2% | 4 | 1% |
| Asian or Pacific Islander | 20 | 4% | 24 | 5% | 24 | 6% | 22 | 6% |
| Black/Not Hispanic Origin | 33 | 7% | 40 | 9% | 29 | 7% | 16 | 4% |
| Hispanic | 41 | 9% | 42 | 9% | 33 | 8% | 27 | 7% |
| White/Not Hispanic Origin | 64 | 14% | 283 | 61% | 254 | 58% | 111 | 29% |
| Unknown | 303 | 65% | 72 | 15% | 87 | 20% | 198 | 53% |
| **Total** | **467** | **100%** | **466** | **100%** | **436** | **100%** | **378** | **100%** |
| Gender | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Female | 369 | 79% | 370 | 79% | 339 | 78% | 291 | 77% |
| Male | 98 | 21% | 96 | 21% | 97 | 22% | 87 | 23% |
| **Total** | **467** | **100%** | **466** | **100%** | **436** | **100%** | **378** | **100%** |
| Age | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Under 35 Years Old | 153 | 33% | 132 | 28% | 138 | 32% | 109 | 29% |
| 35 - 45 Years Old | 142 | 30% | 149 | 32% | 140 | 32% | 118 | 31% |
| 46 - 60 Years Old | 143 | 31% | 143 | 31% | 120 | 28% | 111 | 29% |
| Over 60 Years Old | 29 | 6% | 42 | 9% | 38 | 9% | 40 | 11% |
| **Total** | **467** | **100%** | **466** | **100%** | **436** | **100%** | **378** | **100%** |
| Education | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Less Than HS Grad | 0 | 0% | 0 | 0% | 1 | 0% | 2 | 1% |
| High School or GED | 0 | 0% | 1 | 0% | 1 | 0% | 103 | 27% |
| Some College-2Qtrs+ | 4 | 0.86% | 9 | 1% | 9 | 2% | 1 | 0% |

| DCYF CHILD WELFARE CPS WORKFORCE | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Calendar Year 2015 | | Calendar Year 2016 | | Calendar Year 2017 | | Calendar Year 2018 | |
| | Personnel | | Personnel | | Personnel | | Personnel | |
| AA Degree | 2 | 0.43% | 1 | 0% | 4 | 1% | 171 | 45% |
| College Grad 4-Yr Degree | 116 | 24.84% | 115 | 25% | 136 | 31% | 0 | 0% |
| Some Grad Work | 9 | 1.93% | 12 | 2% | 7 | 2% | 7 | 2% |
| MA/MS/MSW Degree | 274 | 58.67% | 244 | 59% | 237 | 54% | 11 | 3% |
| Other Master Degree | | | 28 | 0% | 9 | 2% | 83 | 22% |
| PHD, LLD, MD, JD | 4 | 0.86% | 2 | 1% | 2 | 0% | 0 | 0% |
| Unknown | 58 | 12.42% | 54 | 12% | 30 | 7% | 2 | 1% |

*Data source: DCYF Human Resources Division; Calendar Year 2015 as of 4/4/2016; Calendar Year 2016 as of 6/1/2017; Calendar Year 2017 as of 12/31/2017; Calendar Year 2018 as of 12/31/2018*

- Information on the education, qualifications, and training requirements established by the state for child protective service personnel.

Table 94.

| SOCIAL SERVICE SPECIALIST SERIES REQUIRED EDUCATION, EXPERIENCE, SKILLS AND ABILITIES | | | |
|---|---|---|---|
| Social Service Specialist 1 | Social Service Specialist 2 | Social Service Specialist 3 | Social Service Specialist 4 |
| A Master's degree in social services, human services, behavioral sciences, or an allied field. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field and one year of social service experience. Note: Employees must successfully complete the formal training course sponsored by their division within eighteen months of their appointment. Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education. | A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and eighteen months as a Social Service Specialist 1. OR A Master's degree in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and two years of paid social service experience performing functions equivalent to a Social Service Specialist 1. 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. | A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, or an allied field and two years of paid social service experience equivalent to a Social Service Specialist 2. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years of paid social service experience performing functions equivalent to a Social Service Specialist 2. Above experience must include one year paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units | A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and two years of experience as a Social Service Specialist 3. OR A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and four years of experience as a Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2. |

| SOCIAL SERVICE SPECIALIST SERIES REQUIRED EDUCATION, EXPERIENCE, SKILLS AND ABILITIES | | | |
|---|---|---|---|
| Social Service Specialist 1 | Social Service Specialist 2 | Social Service Specialist 3 | Social Service Specialist 4 |
| | NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.<br><br>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education. | 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.<br><br>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.<br><br>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education. | Above experience must include two years paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units<br><br>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.<br><br>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.<br><br>Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education. |

4.  The number of children referred to CPS under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d)(15)).

Table 95.

| NUMBER OF CHILDREN REFERRED TO CPS WITH SUBSTANCE EXPOSURE EVIDENT AT BIRTH | | | |
|---|---|---|---|
| CY 15 | CY 16 | CY 17 | CY 18 |
| 308 | 529 | 779 | 782 |

*Data Source: FamLink Production Query Request 1145*

5.  The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16)).

Table 96.

| CHILDREN 3 AND UNDER WITH A FOUNDED ABUSE/NEGLECT FINDING WITH DOCUMENTED REFERRAL TO THE ESIT PROGRAM | | | |
|---|---|---|---|
| FFY 15 | FFY 16 | FFY 17 | FFY 18 |
| 303 | 529 | 211 | 199 |

*Data Source: FamLink-pulled data reported in NCANDS IDEAREF Field in Agency file*

### Juvenile Justice Transfers

Children sentenced by the courts and required to serve those sentences within a Juvenile Rehabilitation setting remain under a dependency with the DCYF, while in the care and custody of JR. Most of these youth complete their sentences and return to DCYF care and custody. Those youth serving their sentence in a JR Institution on their 18th birthday would have their dependencies dismissed and case closed. Those serving their sentence in JR community facility had the option of enrolling in Extended Foster Care (EFC) when meeting the eligibility criteria. Starting in July 2018, new state legislation allowed all dependent youth on their 18th birthday incarcerated with JR the ability to enroll in EFCif they meet eligibility criteria.

DCYF gathers data from the FamLink SACWIS System on children who are incarcerated in JR during the year. Table 98 reflects the number of children in the custody of DCYF who experienced a JR placement during calendar years 2015, 2016, 2017, and 2018.

Table 97.

| JUVENILE JUSTICE TRANSFERS | | | | | |
|---|---|---|---|---|---|
| Calendar Year 2015 | | | | | |
| | Female | | Male | | |
| Race | 12 to 15-Years-Old | 16 to 18-Years-Old | 10 to 12-Years-Old | 13 to 15-Years-Old | 16 to 18-Years-Old | Total Number |
| American Indian/Alaskan Native | 3 | 7 | 0 | 7 | 7 | 24 |
| Asian | 0 | 2 | 0 | 0 | 1 | 3 |
| Black/African American | 8 | 8 | 0 | 7 | 12 | 35 |
| Multi | 0 | 0 | 0 | 0 | 0 | 0 |
| Native Hawaiian/Other Pacific Islander | 1 | 1 | 0 | 1 | 3 | 6 |
| Unable to determine | 0 | 0 | 0 | 0 | 0 | 0 |
| White/Caucasian | 9 | 27 | 0 | 11 | 29 | 76 |
| TOTAL | 21 | 45 | 0 | 26 | 52 | 144 |
| Calendar Year 2016 | | | | | |
| | Female | | Male | | |
| Race | 12 to 15-Years-Old | 16 to 18-Years-Old | 10 to 12-Years-Old | 13 to 15-Years-Old | 16 to 18-Years-Old | Total Number |
| American Indian/Alaskan Native | 3 | 8 | 0 | 5 | 9 | 25 |
| Asian | 0 | 1 | 0 | 0 | 0 | 1 |
| Black/African American | 3 | 7 | 0 | 10 | 9 | 29 |
| Multi | 0 | 0 | 0 | 0 | 0 | 0 |
| Native Hawaiian/Other Pacific Islander | 0 | 1 | 0 | 2 | 1 | 4 |
| Unable to determine | 0 | 0 | 0 | 0 | 0 | 0 |
| White/Caucasian | 7 | 15 | 0 | 10 | 25 | 57 |
| TOTAL | 13 | 32 | 0 | 27 | 44 | 116 |

| JUVENILE JUSTICE TRANSFERS | | | | | |
|---|---|---|---|---|---|
| Calendar Year 2017 | | | | | |
| | Female | | Male | | |
| Race | 12 to 15-Years-Old | 16 to 18-Years-Old | 10 to 12-Years-Old | 13 to 15-Years-Old | 16 to 18-Years-Old | Total Number |
| American Indian/Alaskan Native | 5 | 5 | 0 | 2 | 11 | 23 |
| Asian | 0 | 0 | 0 | 0 | 1 | 1 |
| Black/African American | 5 | 8 | 0 | 6 | 14 | 33 |
| Multi | 0 | 0 | 0 | 0 | 0 | 0 |
| Native Hawaiian/Other Pacific Islander | 0 | 1 | 0 | 1 | 1 | 3 |
| Unable to determine | 0 | 0 | 0 | 0 | 0 | 0 |
| White/Caucasian | 4 | 12 | 0 | 8 | 19 | 43 |
| TOTAL | 14 | 26 | 0 | 17 | 46 | 103 |
| Calendar Year 2018 | | | | | |
| | Female | | Male | | |
| Race | 12 to 15-Years-Old | 16 to 18-Years-Old | 10 to 12-Years-Old | 13 to 15-Years-Old | 16 to 18-Years-Old | Total Number |
| American Indian/Alaskan Native | 2 | 7 | 0 | 2 | 6 | 17 |
| Asian | 0 | 1 | 0 | 0 | 0 | 1 |
| Black/African American | 6 | 6 | 0 | 4 | 11 | 27 |
| 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 | 5 | 10 | 2 | 7 | 22 | 46 |
| TOTAL | 13 | 24 | 2 | 13 | 41 | 93 |

*Data Source: Children's Administration FamLink; Includes any youth in an open episode for any length of stay during identified calendar year, who were also placed into a state regulated JJRA facility sometime during identified calendar year. Includes only the following facilities: Green Hill School Dshs, Echo Glen, Naselle Youth Camp, Woodinville Treatment Center*