



2019

# Capacity Assessment and Integration Support for the Washington State Department of Children, Youth, and Families

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Final Report  
Chapin Hall at the University of Chicago  
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*The views expressed in this publication do not necessarily reflect the views of the Washington State Department of Children, Youth, and Families or the Juvenile Rehabilitation Administration in the Washington State Department of Social and Health Services.*

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# Table of Contents

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Glossary of Key Terms .....	vi
Acronyms .....	vii
Abstract.....	viii
Executive Summary .....	2
1. Introduction.....	12
1.1 Background.....	12
1.2 Improving Agency Performance & Population Well-Being.....	15
1.3 Theoretical Framework for Performance Improvement.....	16
1.3.1 What is Performance Improvement?.....	16
1.3.2 Why Continuous Quality Improvement? .....	17
1.3.3 What are the Critical Components of PI Systems? .....	17
1.4 Baseline Performance Assessment.....	25
2. Method.....	26
2.1 Method: Preliminary Activities.....	28
2.2 Method: Evidence and Practice Review.....	29
2.3 Method: Policy Review.....	31
2.4 Method: Process Mapping .....	32
2.5 Method: Case Studies .....	35
2.6 Method: Data Appraisal and Performance Analysis .....	37
3. Findings.....	40
3.1 Findings: Performance .....	41
3.1.1 Child Welfare.....	43
3.1.2 Early Learning.....	60
3.1.3 Juvenile Justice .....	76
3.2 Findings: Process.....	87
3.2.1 Child Welfare.....	88
3.2.2 Early Learning.....	91
3.2.3 Juvenile Justice .....	95
3.3 Findings: Infrastructure.....	98
3.3.1 Child Welfare.....	99
3.3.2 Early Learning.....	105
3.3.3 Juvenile Justice .....	110
3.4 Findings: Priorities for an Integrated DCYF Performance Improvement System.....	115
4. Recommendations .....	119
5. Conclusion.....	136
6. References.....	137
7. Appendices .....	153
A. Foundational Agency Questions.....	153
B. Synthesized Performance Improvement Policies.....	156

Child Welfare .....	156
Early Learning .....	178
Juvenile Justice .....	202
Cross-Cutting.....	211
C. Process Maps.....	215
Child Welfare: CFSR to PIP.....	215
Early Learning: Mobility Mentoring.....	216
Juvenile Justice: Community Re-entry.....	217
D. Implementation Driver Case Studies.....	218
Overview.....	218
Case Study 1. Family Assessment Response (CA).....	219
Case Study 2. Quality Rating Improvement System: Early Achievers (DEL) .....	230
Case Study 3. Diagnostic Redesign (JR).....	238
Conclusion .....	245
References.....	246
E. Service Area and Program-Level Theories of Change .....	251
F. Quality Assurance and Quality Improvement Activities Across DCYF .....	259
G. Recommended Program-level Performance Measures .....	260

# List of Tables

---

Table 1. Use of Evidence in the PDSA Cycle..... 20

Table 2. Overview of Foundational Questions ..... 25

Table 3. Methodological Approaches to PI Gap Analysis ..... 28

Table 4. Number of Interviews Conducted by Service Area and Professional Affiliation ..... 30

Table 5. Processes and Relevant PI Component by Service Area ..... 33

Table 6. Guiding Questions for Understanding the CFSR to PIP Process ..... 34

Table 7. Guiding Questions for Understanding the Mobility Mentoring Process ..... 34

Table 8. Guiding Questions for Understanding the Community Re-entry Process ..... 35

Table 9. Expanded Implementation Drivers ..... 36

Table 10. Sources of Measurement Guidance..... 42

Table 11. High Priority Measures by Service Area ..... 42

Table 12. Child Welfare Outcomes in the Child and Family Services Review..... 43

Table 13. Different Approaches to Measuring Child Welfare Outcomes..... 44

Table 14. Gaps in CW Outcomes Data Capture..... 49

Table 15. Gaps in CW Drivers Data Capture, by Service Area and Domain ..... 55

Table 16. Gaps in CW System Dynamics Data Collection ..... 59

Table 17. Gaps in EL Outcomes Data Collection ..... 67

Table 18. Recommended National Education Indicators for Birth to Age 5..... 68

Table 19. Gaps in EL Drivers Data Capture ..... 73

Table 20. Gaps in EL System Dynamics Data Collection..... 76

Table 21. Measuring Balanced and Restorative Justice: Goals, Activities, and Outcomes ..... 79

Table 22. Gaps in JJ Outcomes Data Capture..... 79

Table 23. Gaps in the JJ Drivers Data Capture ..... 84

Table 24. Gaps in JJ System Dynamics Data Collection..... 87

Table 25. Elements of Performance Improvement Infrastructure..... 98

Table 26. Agency-level Performance Measures..... 122

## List of Figures

---

Figure 1. Crosswalk of Developmental Continuum and DCYF Service Continuum.....	14
Figure 2. Performance Improvement Theory of Change.....	16
Figure 3. Connecting Performance, Process & Infrastructure, and Priorities to Performance Improvement .....	18
Figure 4. Plan-Do-Study-Act Cycle.....	19
Figure 5. Process of Evidence Use .....	21
Figure 6. Measurement Along the System Continuum .....	41
Figure 7. Child Victim Rate (Rate per 1,000 Children), by State, 2017 .....	45
Figure 8. Foster Care Entry Rate (Rate per 1,000 Children), by State, 2017 .....	46
Figure 9. Percentage of CFSR Safety Outcome 2 Substantially Achieved, by State, 2017.....	46
Figure 10. Percentage of CFSR Permanency Outcome 1 Substantially Achieved, by State, 2017.	47
Figure 11. Percentage of CFSR Well-Being Outcome 1 Substantially Achieved, by State, 2017 ...	48
Figure 12. WA's Performance on the National Standards, 2010.....	48
Figure 13. Percentage of Child Victims who Received Post-response Services, by State, 2017 ....	52
Figure 14. Percentage of Non-victims who Received Post-response Services, by State, 2017 .....	52
Figure 15. Percentage of Required Caseworker Visits to Children in Foster Care Made on a Monthly Basis, by State, 2017.....	53
Figure 16. Child Protective Services Response Rate per 1,000 Children, by State, 2017 .....	56
Figure 17. Count of States by Median CPS Response Time in Hours, 2017 .....	57
Figure 18. Median Length of Stay (in Months), by State, 2017 .....	58
Figure 19. Percentage of Children in Foster Care Placed with a Relative, by State, 2017 .....	58
Figure 20. Percentage of Children in Foster Care in Congregate Care Placements, by State, 2017 .....	59
Figure 21. Domains of Early Childhood Functioning.....	61
Figure 22. Percentage of Children Born at Healthy Birthweight among Families Participating in NFP, by State, 2018 .....	63
Figure 23. Percentage of Mothers in NFP who Initiated Breastfeeding, by State, 2018 .....	64
Figure 24. Percentage of Mothers in NFP Employed at 24 Months, by State, 2018.....	64
Figure 25. Percentage of Children Participating in in Early Intervention Who Met the Age Expectation in the Domain of Social Relationships, by State, 2016.....	65
Figure 26. Percentage of Children Participating in in Early Intervention Who Met the Age Expectation in the Domain of Knowledge and Skills, by State, 2016.....	65
Figure 27. Percent of Children Participating in in Early Intervention Who Met the Age Expectation in the Domain of Actions to Meet Needs, by State, 2016.....	66
Figure 28. Percentage of Families Participating in Early Intervention Services Who Reported that the Program Helped Them Help Their Child Grow and Learn, by State, 2016.....	66
Figure 29. Percentage of Children Enrolled in IDEA Part C Early Intervention Services Who Receive Timely Services, by State, 2016 .....	71

Figure 30. National Institute for Early Education Research State Preschool Quality Standards, by State, 2018 .....	71
Figure 31. Average Head Start CLASS Instructional Support Scores, by State, 2018 .....	72
Figure 32. Average Head Start CLASS Emotional Support Scores, by State, 2018.....	72
Figure 33. Percentage of Eligible Families Enrolled in Home Visiting Programs, by State, 2015 ..	74
Figure 34. Percentage of Children Ages 0-2 Who Received Early Intervention, by State, 2016 ....	75
Figure 35. Percent of 3- and 4-year-old Children in State Funded Preschool Programs, by State, 2018.....	75
Figure 36. Type of Juvenile Justice Risk Assessment, by State, 2017 .....	83
Figure 37. Placement Status by State (Rate per 100,000 Youth), 2015.....	84
Figure 38. Racial/Ethnic Distribution of Youth in Juvenile Justice Systems, 2015 .....	85
Figure 39. Disproportionate Representation Index: Black vs. White, by State, 2011.....	86
Figure 40. Disproportionate Representation Index: Hispanic vs. White, by State, 2011 .....	86
Figure 41. Disproportionate Representation Index: Native American/Alaskan Native vs. White, by State, 2011 .....	86
Figure 42. Key Features of the Blueprint for QI Initiatives .....	92
Figure 43. DCYF's Agency Priorities .....	116
Figure 44. ACYF Protective Factors Framework .....	125
Figure 45. DCYF Staff Roles in the Evidence Use Process.....	132

# Glossary of Key Terms

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Infrastructure: The resources, structures, and capacities needed to implement and sustain a performance improvement function.

Outcomes: Measurable of child, youth and family well-being that pertain to program results.

Performance: The observable, measurable, and quantifiable aspects of process and the targets and benchmarks associated with identified goals and outcomes.

Performance improvement: A system that supports an “agency’s values, vision and mission through ongoing data and information collection and analysis and the regular use of quality improvement results to make decisions, improve practice and achieve better outcomes for children and families.”

Performance measures: Quantifiable aspects of agency programming and practice that influence performance. Much of this information is already collected on a routine basis and is influenced by policy, processes, supervision, and the daily practices within agencies and providers.

Population outcomes for children, youth, and families: The measures that DCYF has selected to guide agency priorities and directions regarding the “population’s dynamic state of physical, mental, and social well-being” (Parrish, 2010). These include resilience, education, and health.

Priorities: A limited set of performance, process, and infrastructure activities of elevated importance based on existing evidence, anticipated impacts, and role in driving change and improvement.

Process: The routines and feedback mechanisms involved in quality assurance and improvement, involving the meaningful use of evidence needed to implement and sustain a performance improvement function.

Quality Assurance: “The planned and systematic activities implemented in a quality system so that quality requirements for a product or service will be fulfilled.”<sup>[1]</sup>

Quality Improvement: “A systematic and formal approach to the analysis of practice performance and efforts to improve performance.”<sup>[2]</sup>



## Acronyms

*Note. Acronyms in bold are specific to Washington State.*

AECF = Annie E. Casey Foundation

AFCARS = Adoption and Foster Care Analysis and Reporting System

**ACT = Automated Client Tracking**

**CA = Children’s Administration**

CCDF = Child Care Development Fund

CFSR = Child and Family Services Review

COA = Council on Accreditation

CQI = continuous quality improvement

CW = child welfare

**DCYF = Department of Children, Youth, and Families**

**DEL = Department of Early Learning**

EBP = evidence-based program

ECE = early childhood education (i.e., preschool)

**ECEAP = Early Childhood Education Assistance Program**

ECTA = Early Childhood Technical Assistance

EL = early learning

**ELMS = Early Learning Management System**

**ESIT = Early Support for Infants and Toddlers**

FAR = Family Assessment Response

FCDA = Foster Care Data Archive

**HB1661 = House Bill 1661**

JJ = juvenile justice

**JR = Juvenile Rehabilitation Administration**

**MERIT = Managed Education and Registry Information Tool**

MIECHV = Maternal, Infant, and Early Childhood Home Visiting

NCANDS = National Child Abuse and Neglect Data System

NIRN = National Implementation Research Network’s

**OIAA = Office of Innovation, Alignment, and Accountability**

OJJDP = Office of Juvenile Justice and Delinquency Prevention

PbS = Performance-based Standards

PI = performance improvement

PIP = Performance Improvement Plan

QA = quality assurance

QI = quality improvement

QRIS = Quality Rating Improvement System

TTA = training and technical assistance

**WA = Washington**

**WELS = Washington Early Learning System**

# Abstract

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In Washington, people of color and economically disadvantaged communities are disproportionately engaged with the child welfare and juvenile justice systems, and racial/ethnic and socioeconomic disparities are evident in measures of population well-being from birth through early adulthood. Hence, the integration of Washington’s legacy agencies providing services for children, youth, and families across the developmental continuum—Children’s Administration, the Department of Early Learning, and Juvenile Rehabilitation Administration, respectively—into the Department of Children, Youth, and Families (DCYF) presented a unique opportunity for the state: it was afforded the chance to take stock of its performance measures, processes, and infrastructure on how child- and family-serving human services agencies evaluate the quality of their service delivery, identify areas for improvement, and invest in opportunities to not only enhance service delivery but also to promote well-being among the population.

Chapin Hall at the University of Chicago was contracted to assess the strengths and areas for growth in DCYF’s current performance improvement system. Using a *gap analysis* approach, Chapin Hall drew on five mixed-methods tasks—a policy review, an evidence and practice review, process mapping, system reform case studies, and data appraisal and performance analyses—to detail how the service areas, specifically, and DCYF, broadly, are executing a performance improvement system relative to existing state and federal policy, scientific and grey literature, and best practices from exemplar jurisdictions. Findings point to notable strengths across the service areas in how DCYF executes performance improvement activities, as well as areas for growth, particularly around the processes and infrastructure for evidence generation, dissemination, and application in the performance improvement cycle. In response to these areas for growth, Chapin Hall highlighted how DCYF can increase its capacity for performance improvement related to performance measurement, staff capacity, and agency buy-in.

In short, this report captures the myriad performance improvement activities ongoing across DCYF, articulates the gold standards in performance improvement, and makes recommendations to drive Washington to better understand and continuously improve its performance in pursuit of improving the lives of the state’s children, youth, and families.

# Executive Summary

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## Motivation

In 2017, the Washington State legislature passed House Bill 1661, which mandated the creation of the Department of Children, Youth, and Families (DCYF), a single agency, to assume and integrate the collective functions of the Children’s Administration, the Department of Early Learning, and Juvenile Rehabilitation Administration—the state’s child welfare (CW), early learning (EL), and juvenile justice (JJ) agencies, respectively. This integration provided a unique opportunity for Washington to take stock of its performance measures, processes, and infrastructure underlying critical human services intended to improve quality of life and outcomes for children, youth, and families.

At the behest of the State, Chapin Hall at the University of Chicago conducted the baseline performance assessment; this involved investigating the policy mandates that drive services, the character and quality of service delivery, and the existing indicators of service delivery and outcomes, with a focus on illuminating areas for investment that will enrich the state’s improvement opportunities. These improvement opportunities are intended to enhance service delivery while also promoting well-being across the population. The aim of this work was to provide recommendations on how to knit together an integrated performance improvement (PI) system, building on the strengths of the legacy agencies that DCYF inherited.

In Washington, communities with people of color and economically disadvantaged communities are disproportionately engaged with the child welfare and juvenile justice systems. Racial/ethnic and socioeconomic disparities in measures of population well-being and access to high-quality services and supports are evident from birth through early adulthood. Thus, this work involved the application of an equity lens and our report includes information about how DCYF might address disparities and disproportionalities through agency improvement.

This report details the methods, findings, and recommendations that emerged from a year-long study conducted in close partnership with the Office of Innovation, Alignment, and Accountability. Chapin Hall’s baseline performance assessment centered on a *gap analysis* to illuminate DCYF’s baseline performance and its existing PI processes and infrastructure, comparing and contrasting it with an improved future state. The assessment was intended to 1) take stock of the *current state* of agency performance in child welfare, early learning, juvenile justice, and overall at DCYF ; and to 2) review scientific and grey literature, best practices from exemplar jurisdictions, and policy guidance to inform recommendations to drive agency performance towards an *ideal future state*.

## Guiding Framework

Performance improvement (PI), also known as continuous quality improvement (CQI), involves a cyclical, systematic approach to monitoring and strengthening program implementation using evidence-based decision making and a focus on program accountability and problem solving. PI functions are those routines and activities that provide an opportunity for agencies to design, test, and scale program- and system-level improvements in response to evidence. When an agency can develop, test, and refine potential improvements, it is better equipped to deliver services and supports that are responsive to population needs.

We designed the framework to anchor this assessment to synthesize our findings into an action plan for DCYF based on three essential components of performance improvement—*performance, process, and infrastructure*—from which agency *priorities* can emerge.

- **Performance:** The observable, measurable, and quantifiable aspects of process and the targets and benchmarks associated with identified goals and outcomes.
- **Process:** The routines and feedback mechanisms involved in quality assurance and improvement, involving the meaningful use of evidence needed to implement and sustain a performance improvement function.
- **Infrastructure:** The resources, structures, and capacities needed to implement and sustain a performance improvement function.
- **Priorities:** A limited set of performance, process, and infrastructure activities of elevated importance based on existing evidence, anticipated impacts, and role in driving change and improvement.



## Approach

The following questions guided our work:

1. What should child welfare, early learning and juvenile justice agencies measure in terms of outcomes and drivers of performance measures (i.e., outcomes)? What processes and infrastructure should child welfare, early learning and juvenile justice agencies have in place to support performance improvement?

2. What does DCYF measure in terms of performance measures (i.e., outcomes) and drivers of these measures? What does DCYF have in place in terms of processes and infrastructure to support performance improvement?

To address these questions, we composed five teams organized functionally to complete requisite tasks designed to address the questions above.

- **Policy review:** Analyze guiding federal and state policy, practice, and regulation to determine the extent of alignment with federal and state mandates, and to identify common and distinct cross-departmental obligations as they relate to PI.
- **Evidence and practice review:** Identify service area outcomes and best practices in PI through grey and academic literature searches, along with interviews with system experts and practitioners from exemplar agencies, to guide recommendations around the establishment of a robust PI system and priority measures.
- **Process mapping:** Review three specific performance improvement processes (CW: translate Child Family Service Review to Performance Improvement Plan; EL: share Mobility Mentoring information; JJ: inform community re-entry) and map how evidence is generated, disseminated, and applied to guide performance monitoring and support improvement efforts.
- **Case studies:** Apply a framework drawn from implementation science drivers associated with sustainable implementation to three examples of deep system reform efforts (CW: Family Assessment Response; EL: Early Achievers; JJ: Diagnostic Redesign) to identify recommendations for opportunities to build the necessary infrastructure to implement and sustain reform initiatives.
- **Data appraisal and performance analysis:** Map and characterize existing administrative data holdings relative to measures identified in policy guidance, the evidence base, and best practice. Collaborate with DCYF to complete data tables about current performance. Draw on publicly available sources of data to present state-by-state comparisons on key performance measures. Provide recommendations on gaps in existing data collection, analysis and application to improve performance within and across the agency.

To understand how DCYF executes PI functions across the three service areas, we focused on the following areas of service provision:

- For **child welfare**, we focused on services for children with child welfare involvement and for youth in extended foster care. We also examined the foster caregiver workforce and the DCYF child welfare staff.
- In **early learning**, we examined three specific programs: home visiting (i.e., the suite of programs funded by the Home Visiting Services Account), Early Support for Infants and Toddlers (i.e., early intervention), and the Early Childhood Education Assistance Program (i.e., preschool).
- We focused on the entire continuum of **juvenile justice** services from adjudication through release into the community.

# Key Findings

## Performance

We investigated the CW, EL, and JJ performance measures that agencies should capture, and we took stock of DCYF’s current data holdings, highlighting discrepancies between what was available and what policy, the evidence base, and best practice recommend agencies capture. In order to categorize necessary performance measures, we focused on four segments of the system continuum that require thoughtful and deliberate measurement:

**System dynamics:** At the agency level, understanding who comes into contact with each service area/program and when is important because interventions are specific to the needs, assets, challenges, and supports of the service population.

- ❖ *Equity implication:* An agency needs to understand which subpopulations have access to services, particularly preventive early learning services, to understand who can benefit from interaction with the system. It is also critical to know which subpopulations disproportionately engage with the system, particularly for child welfare and juvenile justice.

**Key drivers.** These measures include the system of care and the workforce. Below, we present a set of high priority drivers from policy and evidence that are empirically linked with measures of child, youth, and family well-being.

- The *system of care* measures reflect what the agency does or provides to families it serves. For example, in early learning, an essential system of care measure would be exposure environments that promote healthy development.
- Assessing the skills and capacity of the *workforce* are areas of measurement that are, to some extent, within the sphere of influence of an agency to change.
- ❖ *Equity implication:* Key drivers of outcomes point to variability across demographic subgroups in interactions with the system of care and the workforce can explain disparities in outcomes.

Child Welfare	Early Learning	Juvenile Justice
<ul style="list-style-type: none"><li>• High quality foster caregiver network</li><li>• Services to meet child and family needs</li><li>• Training for staff, stakeholders</li><li>• Workforce stability</li></ul>	<ul style="list-style-type: none"><li>• Use and availability of early learning programs</li><li>• Program quality</li><li>• Family engagement in services and supports</li><li>• Staff capacity</li></ul>	<ul style="list-style-type: none"><li>• Re-entry planning</li><li>• Assessment of youth’s risk and needs</li><li>• Evidence-based, rehabilitative programming</li><li>• Facility quality and safety</li><li>• Staff capacity</li></ul>

**Child, youth, and family outcomes:** An agency must have a set of child and family outcomes that are specific to the population it serves and linked to available programs and a theory of change. These measures reveal whether the services an agency provides achieve their aims.

- ❖ *Equity implication:* These measures can also serve as leading indicators for progress toward population outcome goals and can illuminate disparities in outcomes associated with system engagement.

Where possible, we also present state-by-state comparisons for WA to understand its performance in the national context. These findings point to areas of strength and opportunities for improvement across the service areas, but there is evidently greater opportunity for WA to improve its performance by enhancing the drivers of child, youth, and family outcomes, rather than investing in efforts to benchmark the agency's progress against other states.

## Process

We focus on two overarching elements of PI processes: the relationship between quality assurance and quality improvement and a process for evidence use.

We highlight what policy guidance and best practices indicate about **quality assurance** (QA) and **quality improvement** (QI) in human services agencies and describe these processes across the service areas. The findings showed that child welfare has the most robust QA and QI processes, which are dictated by federal and state policies. In early learning, a quality rating improvement system to rate early childhood programs was only recently adopted, but it reflects a commitment to QI. In juvenile justice, there is broad attention to quality assurance around the implementation fidelity for evidence-based programs.

- ❖ *Equity implication:* Together, QA and QI processes ensure that human services agencies do their work well and continue to improve, which permits agencies to identify the programs and services that work best for specific subpopulations and to scale them appropriately.

Additionally, we describe the **process of meaningful evidence use**, meaning how departments convert administrative data into evidence that are disseminated for interpretation and used to inform decision making. Our findings highlight agency-wide challenges around generating evidence in line with best practice. Across the service areas, execution of these processes varies considerably, with more routine and codified processes existing in child welfare than in early learning or juvenile justice.

- ❖ *Equity implication:* Evidence generation processes can attend to differences across population subgroups that highlight disproportionalities and disparities. Disseminating evidence can provide opportunities to engage diverse voices in the interpretation of findings. Evidence for program improvement should be applied to reduce disparities.

## Infrastructure

We highlighted the broad domains of infrastructure needed for PI—**workforce human capital** (e.g., capacity, stability, etc.), **technical resources**, and **agency culture**. Using interviews with DCYF staff and findings from process mapping and the case studies, we presented snapshots of the existing infrastructure for PI across the service areas. Across all of the service areas, we heard about commitments to improving the workforce through training and professional development. The existing technical resources, or data systems, were most comprehensive and useful to analysts in child welfare, but existing systems were difficult to access in juvenile justice and did not permit linking children across the array of programs in early learning. In recent years, all of the service areas have made valuable investments that reflected the emerging adoption of a learning culture across the legacy agencies.

- ❖ *Equity implication:* Having well-trained staff with low turnover, as well as an agency culture sensitive to the needs of the population, promotes supportive engagement, enhances the continuity of care, and reduces the re-traumatization of children, youth, and families when interacting with agency services.

## Priorities

We draw attention to agency-level priorities that reflected potential areas of investment for DCYF to strengthen its performance improvement system and elements of service delivery. At the agency level, priorities have coalesced around aligning the measurement to broader child outcome goals, an important indicator of a performance improvement culture. Agency priorities are also evident in DCYF's stated interest in aligning programs and services to the developmental continuum and providing critical prevention and early intervention programs to young children and families.

- ❖ *Equity implication:* The implementation of prevention programs and the broad attention to the specific developmental needs of each child, youth, and family an agency serves can permit it to better serve the population and potentially reduce the need for other services in the long-term.

We also provided a set of priority measures, drawing on the findings related to performance measurement that are relevant to the service areas and programs. From this set of measures, we elevate a select number of measures that are common across the service areas and that the agency could use to monitor system-level performance.

- ❖ *Equity implication:* It is not possible to reduce disproportionalities and disparities without first being able to produce evidence of these conditions at program and system levels.



## Children in Washington

“grow up safe and healthy – thriving physically, emotionally, and academically.”

### Resilience

Ability to adapt and thrive despite adversity

### Education

Attainment, proficiency, and growth

### Health

Physical and mental health and well-being

### Protect children and strengthen families so they flourish by:

- Laying a strong foundation for healthy development by prioritizing early learning and prevention and early intervention from birth through adolescence
- Addressing trauma, inequity, and barriers to health and well-being in the population
- Supporting children, youth, and families through key transitions to adulthood

### Child Welfare

Safety, permanency, and well-being of children, youth, and families

### Early Learning

Quality care, education, and developmental supports for young children and their

### Juvenile Justice

Prepare clients for productive lives and families and communities to support re-entry

## Recommendations

In light of our findings, we highlight three broad recommendations in areas in which DCYF can make investments in capacity. Each recommendation has corresponding action items that DCYF can immediately catalyze to strengthen its PI system. The tables below describe each of these recommendations in more detail and contextualize each of the action items by discussing their importance at the program and agency levels.

**Recommendation 1 is to increase capacity for measurement aligned with policy and best practice.** We make this recommendation because measurement will allow the agency to generate the evidence it needs to support key decision making. Understanding who an agency serves (and does not serve), what services it delivers, how it delivers them, and what occurs as a results is essential.

- ❖ *Equity implication:* Flexible measurement can help identify and monitor existing and emerging disproportionalities and disparities. The ability to disaggregate data by sub-population can also reveal whether particular subpopulations lack access to quality services. Staff should validate new and existing measures and instruments to ensure their cultural relevance and appropriate characterizations of race, gender identity, sexual orientation, and tribal affiliation.

**Action Item 1. Validate a core set of performance indicators** that capture both agency performance and specific outcomes, by program or service areas and for agency globally that are standardized across service areas where possible, aligned with the evidence base, and adhere to policy guidance. We proposed a reduced set of priority measures that evidence and policy empirically support as drivers of program performance and that DCYF can standardize across service areas. We also elevate a set of agency-level performance measures.

**Action Item 2. Improve analytic capacity among program analysts and enhance capacity for data capture to support analysis of performance data at various levels,** both “drilling down” and aggregating up, to identify disparities by sociodemographic characteristics of children, youth, and families and to understand trends across different units of analysis. Analysts should be able to represent variation in children and youth’s experiences interacting with the agency because this variability may determine clients’ outcomes. For these reasons, being able to analyze information at various levels is essential to understanding that variation, particularly since children across the service areas are nested in families, in programs, and in regions, which are chief sources of variation.

**Action Item 3. Incorporate measures on protective factors** that are developmentally-appropriate and standardized across the agency. We present a framework developed for the Administration for Children, Youth, and Families that draws on protective factors at the individual, relationship, and community levels to elevate traits and skills that the literature shows promote well-being and resilience among vulnerable children and youth.

**Recommendation 2 is to increase the capacity to generate and meaningfully use evidence.** This is important because agencies need to transform the large volumes of data they collect into evidence that staff can effectively use for decision making. Evidence is required at all stages of the plan-do-study-act cycle, which is at the heart of performance improvement. To that extent, performance improvement activities are only as strong as the available evidence.

- ❖ *Equity implication:* The ability to communicate and co-interpret evidence at the program level with a broad array of stakeholders can amplify client, community, and workforce voices in agency practice and policy.

**Action Item 4. Construct an integrated administrative data system** that facilitates linkages across service areas and permits tracking child, youth, and families over time and across systems to produce a holistic picture of well-being and system engagement. This asset would mean that DCYF would be able to track children, youth, and families from their first exposure to the agency over time. Plotting the pathways they take following participation in prevention or intervention programming would arm the agency with actionable evidence about impact of prevention and intervention efforts, key developmental transitions for children and families, and opportunities for improvement.

**Action Item 5. Train analysts to follow measurement best practices** for generating evidence from available data and set agency-wide standards around the type of evidence leadership needs to inform decision making. DCYF collects a tremendous amount of information about its clients and system, but the extent to which programs transform these data into evidence to inform a rigorous performance improvement cycle is limited. By exploring longitudinal analyses and focusing on entry cohorts, meaning the group of children or youth who enter a system at the same time, DCYF can produce more valuable information about child, youth, and family trajectories of involvement with the agency.

**Action Item 6. Require a “validation sub routine,”** including routine meetings to interpret and engage with evidence. We found that, in some programs, having routine processes for data dissemination and information sharing promoted performance improvement processes and contributed to strengthened staff morale through enhanced communication and collaboration.

**Action Item 7. Engage diverse perspectives in the interpretation of evidence** by 1) establishing cross-service area workgroups for evidence reviews, 2) requiring all programs to involve external stakeholders in regular reviews of agency performance, and 3) ensuring that evidence is presented to leadership. Our findings highlighted the value of bringing diverse external perspectives to the table for co-interpretation. One way to do this work is to leverage interdepartmental workgroups and ensure that any documentation from these groups is available to wider feedback and comment. Agencies can leverage such workgroups by rallying members around shared goals, clearly articulated motivations, and support from leadership.

**Recommendation 3 is to increase capacity to affect system change in agency structure and culture.** Ultimately, performance improvement practices thrive in an agency culture that invests in the technological and human capital needed to change how they work. Agency leadership can help to set expectations, model thoughtful and sensitive approaches to the work, and establish a culture of improvement.

- ❖ *Equity implication:* Attention to an agency’s capacity to change relies on a diverse and competent workforce with sufficient skills and resources. Agency culture can facilitate staff commitment to these goals by emphasizing the value of learning, self-improvement, and equity in all facets of agency operations, especially with regard to cultural sensitivity and awareness of system-inflicted traumas.

**Action Item 8. Codify how the department conducts performance improvement to align with federal and state mandates** and to standardize and institutionalize agency expectations for performance improvement beyond these mandates. Policies help to systematize and organize practices in human services agencies, and in DCYF, each service area has its own set of federal and state policies that reference performance improvement. As such, there are opportunities for DCYF to establish departmental guidance on how to operationalize PI mandates in federal and state policies governing the service areas.

**Action Item 9. Train staff to participate in performance improvement activities**, such as monitoring and program fidelity, and use the results to improve the quality and effectiveness of their services. Across the programs and service areas, there is much variability in the exposure that staff have to well-embedded, rigorous performance improvement structures. DCYF has an opportunity to establish a common threshold for staff understanding of and their role in improved agency functioning.

**Action Item 10. Train all staff to consider the impact of trauma and culture** when making meaning of data and to engage families and youth in the performance improvement process. It would be valuable for DCYF to ensure that all staff are equipped with the resources to address child, youth, and family needs in ways that are trauma-informed and culturally sensitive. There are also opportunities for leadership to be strategic about the type of culture it institutes across the agency to ensure that staff at all levels approach their work with these considerations in mind.

## Conclusion

In short, the findings from the baseline performance assessment highlight a wealth of strengths related to performance improvement that exist across DCYF as vestiges of the legacy agencies. Assessing the performance measures, processes, infrastructures, and priorities side-by-side across the service areas has permitted Chapin Hall to highlight valuable areas of investment that will drive DCYF towards becoming a best in class human services agency that attends to the needs of children, youth, and families from the prenatal stage through early adulthood.

This assessment represents Chapin Hall's view of DCYF's baseline performance in the year between when CA and DEL merged and prior to the integration of JR, which is scheduled for July 2019. Upon receipt of this report in May 2019, DCYF will receive its first glimpse into our assessment of the existing performance improvement measures, processes, and infrastructure components. Based on what we learned, we outlined a set of recommendations to guide investments that will drive the agency towards an ideal future state of performance. We do not intend for these recommendations to be definitive next steps; indeed, some of these recommendations may not be immediately practical given the agency's existing resources. In light of our findings, our recommendations will advance DCYF's progression from its current state of performance to an advanced state, in which the agency is perpetually improving in service of enhanced population well-being across the state.

# 1. Introduction

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## 1.1 Background

In 2016, with support across the state, Governor Jay Inslee convened the Blue Ribbon Commission on the Delivery of Services to Children and Families to make recommendations on how a new state-level department could improve outcomes and address persistent disparities in child, youth, and family well-being. The Commission highlighted findings from the Annie E. Casey Foundation's 2012 KIDS COUNT data project that ranked Washington State (WA) 18th out of 50 states and the District of Columbia for child well-being<sup>[3]</sup>. This composite ranking was drawn from WA's rankings in the domains of economic well-being (27th), education (20th), health (9th), and family and community risk (17th). Since the mid-2000's in WA, measures of economic well-being have worsened while measures of education and health have improved. Some family and community risk indicators have increased while others have decreased. WA's trends in these domains mirrored trends nationwide and showed that WA was not underperforming relative to most other states on measures of population well-being.

*Disparity* refers to the state of being unequal and is typically used to characterize group differences in health and well-being outcomes.

*Disproportionality* refers to the over-representation of people representing subgroups who experience an event.

At first glance, the findings from the KIDS COUNT Data Center revealed a straightforward story: WA was doing fairly well and had room for improvement. A closer look at the KIDS COUNT findings revealed a more complicated story. Across WA, there were widespread disparities in both access to high quality services and indicators of population well-being along income and racial/ethnic lines. Young children in low-income families were less likely to attend preschool, and as a result, were less prepared for kindergarten<sup>[3]</sup>. Children and families of color were overrepresented in both the child welfare and juvenile justice systems, reflecting disproportionate engagement related to child and community safety subpopulations across the state. Evidently, targeted strategies and innovative

### Washington Population Demographics

Between 2009 and 2013, more than 275,000 children and youth under the age of 18 in WA (18%) were living in poverty.<sup>a</sup> Less than 12% of these children and youth were White, 34% were Black, 34% were Hispanic/Latinx, 25% were Native Hawaiian or Pacific Islanders, and 32% were Native American. These proportions reflect an unequal distribution of poverty across WA's population, which in 2013, was 59% White, 4% Black, 20% Hispanic/Latinx, 1% Native American, and 1% Native Hawaiian or Pacific Islander. Poverty is also geographically unequally distributed across WA's counties, with more than 25% of children under age 18 in southern counties like Yakima and Cowlitz living in poverty, compared to 14% in King County, in 2014.<sup>b</sup> Rising incomes coupled with greater poverty have contributed to growing levels of income inequality across WA over the past decade.

Notes. a<sup>[4]</sup> ; b<sup>[4]</sup>

approaches were needed to improve the quality and alignment of public services to address these challenges and improve outcomes across the state.

In recognition of the opportunity to realign services to better meet the population's needs, WA's state legislature set an ambitious agenda for change, codified in the Blue Ribbon Commission's report.<sup>[5]</sup> This evidence-informed report drew on research on brain development, public health, and public policy to make sweeping recommendations on how WA could leverage its strengths to better serve families across the state, starting with the consolidation of several human service agencies into a single department.

In 2017, the Department of Children, Youth and Families (DCYF) was established by the WA state legislature through House Bill (HB) 1661, which merged the Children's Administration (CA), the Department of Early Learning (DEL), and the Juvenile Rehabilitation Administration (JR).<sup>i</sup> Prior to the merger, each service area had its own policy mandates, priorities, and service delivery models. As the state's child welfare agency, CA was responsible for protecting WA's children and youth and supporting their safety, permanency, and well-being. DEL provided services for families with young children, including early childhood education and care, home visiting, and early intervention, and was responsible for promoting early development and readiness for school. JR, which had been part of the Rehabilitation Administration in the Department of Social and Health Services, provided rehabilitation services to adjudicated youth in residential facilities and prepared youth for a successful return to the community. Each of these agencies served different populations of children, youth, and families at different but overlapping points along the developmental continuum, and each had its own resources and strengths. Bringing them under a single umbrella provides an opportunity to establish a strong foundation to promote well-being among children, youth, and families across the state.

### **Disparities in Population Well-Being in Washington**

In 2016, 5% of White women, 9% of Black women, 7% of Hispanic/Latinx and Asian/Pacific Islander women, and 12% of Native Americans in WA had received late or no prenatal care. In 2017, among children in the state's public preschool program, only 29% of Hispanic/Latinx children and 32% of Native American children demonstrated readiness for kindergarten, compared to 48% of White children.<sup>c</sup> In 2016, nearly 41,000 children in WA were suspected victims of abuse (i.e., subject to a maltreatment report), and Black (8%) and Native American children (6%) were overrepresented relative to WA's population.<sup>d</sup> Between 2015 and 2016, 82% of Whites, 71% African Americans, 63% of Native Americans, and 87% Asians/Pacific Islanders graduated on time from public high schools.<sup>e</sup> In 2017, 17% of youth between the ages of 16 and 19 who were neither in school nor working were Native American, compared with 6% who were White.<sup>f</sup>

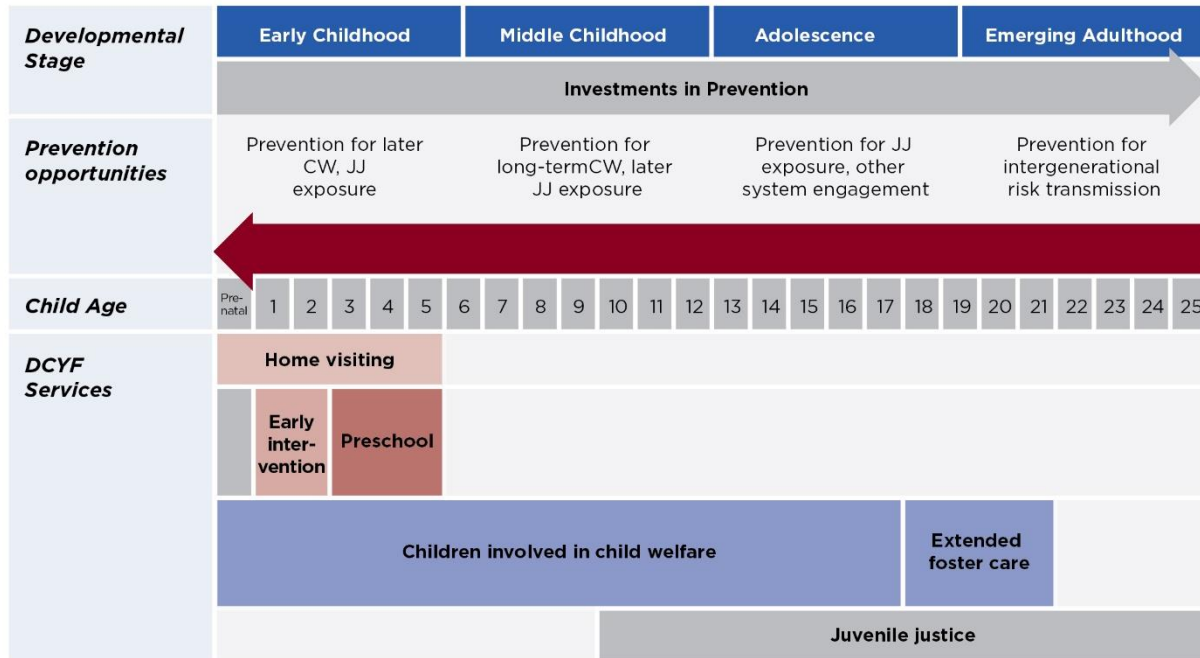
Notes. c <sup>[6]</sup>; d <sup>[7]</sup>; e <sup>[8]</sup>; f <sup>[9]</sup>

As a single department, DCYF has the potential to prioritize a comprehensive and unified continuum of care that focuses on prevention and attends to the developmental and service needs of the population. DCYF may also be able to identify and address inequities in access to essential early learning (EL) prevention programs and disproportionalities in child welfare (CW)

<sup>i</sup> Juvenile Rehabilitation Administration is not scheduled to be integrated into DCYF until July 1, 2019.

and juvenile justice (JJ) systems involvement. Similarly, integrating agencies and aligning performance measures will highlight variability in experiences and disparities in outcomes among the population interacting with DCYF. Figure 1 illustrates the intersections between developmental stages and the services DCYF provides.

Figure 1. Crosswalk of Developmental Continuum and DCYF Service Continuum



To better serve families and meet the population’s needs, DCYF will need to coordinate and integrate services, share data and resources, set common goals, realign its internally facing policies and procedures, develop new processes and infrastructure, coalesce around performance goals, and establish the collective capacity to create a seamless and equitable experience for families. The agency will also need to develop an overarching organizational culture dedicated to learning that dictates how evidence is used to improve system functioning and population well-being. The Blue Ribbon Commission Report recommended that the new agency embrace a system of *performance improvement (PI)*,<sup>[5]</sup> arguing that DCYF should:

*... Focus on continuous improvement, including advancements in research; alignment and measuring of outcomes, including the use of evidence-based and research-based practices; [and] data sharing across state agencies and key statewide private partners . . . [and publish] progress towards meeting stated performance measures and desired performance outcomes.*

In order to develop an integrated PI system, DCYF needs to understand its baseline for PI activities and indicators of performance by considering the PI systems in each of the legacy agencies. Chapin Hall at the University of Chicago was contracted to conduct a comprehensive study of the PI systems across the CW, EL, and JJ service areas. The aim of this work was to

produce recommendations on how to knit together an integrated PI system, building on the strengths of the legacy agencies. This work is in support of HB1661’s objectives that DCYF monitor and refine programs, processes, and policies with the end goal of preventing disproportionalities in system engagement and reducing disparities in population well-being.

## 1.2 Improving Agency Performance & Population Well-Being

Identifying agency-level priorities and improving functioning will help DCYF make evidence-informed decisions about the way it performs routine tasks and sustains new initiatives. To implement the mandates of HB1661 and to continue to drive towards thriving children, youth, and families in WA, DCYF created the Office of Innovation, Alignment and Accountability (OIAA), which is responsible for “directing and implementing innovation, alignment, integration, collaboration, systemic reform work, and building external partnerships” across policy, research and analysis, and data and reporting. Critical components of OIAA’s work include identifying population outcome goals for children, youth, and families; understanding the new agency’s service array; developing a performance-based contracting system, and constructing a new management information system. Part of this new portfolio of initiatives includes establishing, sustaining, and measuring PI efforts to enhance child, youth and family outcomes.

When an agency can develop, test, and refine potential improvements, it is better equipped to deliver services and supports to children, youth, and families that are directly responsive to and measured across each of the three service areas (i.e., CW, EL, JJ) and DCYF as a whole. Figure 2 illustrates the connection between PI and WA’s goals of improving population well-being.

### **DCYF’s Population Outcomes for Children, Youth, and Families**

There are nine newly established outcome goal measures under three outcome goal areas.

Resilience: the resilience and ability to adapt and thrive, despite adversity, at the child, family, and community levels.

- Children and youth are supported by healthy relationships with adults
- Parents and caregivers are supported to meet the needs of children and youth
- Family economic security

Education: the educational attainment, proficiency, and growth of children, youth, and families.

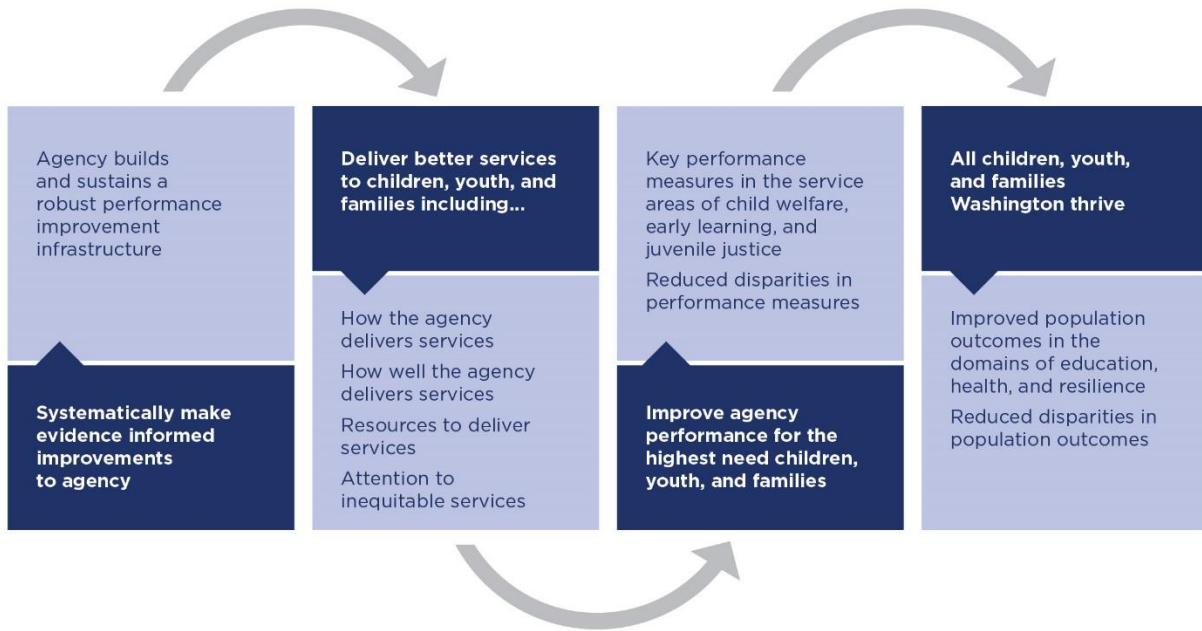
- Kindergarten readiness
- Youth school engagement
- High school graduation

Health: the physical and mental health and well-being of children, youth, and families.

- Healthy birth weight
- Child/youth development
- Youth mental/behavioral health



Figure 2. Performance Improvement Theory of Change



To address the question of what should guide the agency’s work, OIAA established an initiative to delineate key performance goals for the population of children, youth, and families in WA. In line with legislative mandates,<sup>[10]</sup> DCYF selected three outcome areas—*resilience*, *education*, and *health*—to track population well-being across the state. Progress in these three outcome areas, which will be operationalized with population-based measures, will demonstrate how WA is faring toward the overall goal of providing opportunities and supports for all children across the state to grow up safe and healthy—thriving emotionally, academically, and physically.

## 1.3 Theoretical Framework for Performance Improvement

### 1.3.1 What is Performance Improvement?

Performance improvement in public agencies involves an ongoing, systematic approach to improving how programs are monitored and strengthened using evidence-based decision making and a focus on program accountability. PI functions are those routines and activities that provide an opportunity for agencies to design, test, and scale system level improvements in response to evidence generated by research and practice. The approach to PI presented here is based in the paradigm of continuous quality improvement (CQI). CQI is a cyclical process of problem-solving activities that requires the deliberate use of evidence.<sup>[2]</sup> CQI provides a rigorous and highly adaptable structure for agency staff in all positions and at all levels to build on quality assurance (QA) practices by systematically assessing their work relative to outcomes and performance expectations, as well as planning and executing measureable tests of change that inform decisions to adjust, abandon, and scale. When embedded in an agency and appropriately

supported by systems of measurement and evidence, routines and data products, and agency leadership and culture, PI provides a means for developing and implementing innovative and high impact practices in human service delivery.

### 1.3.2 Why Continuous Quality Improvement?

*CQI is time-tested and widely successful.* CQI and the plan-do-study-act cycle (PDSA; described in more detail below), as applied here, were a direct response to the increasing organizational complexity in manufacturing and distribution during the early 20<sup>th</sup> century. CQI became popular in healthcare and human services as these systems grew in complexity and warranted strategic coordination across a single client or case. Most notably, CQI has been driving policy and practice in the field of child welfare for over a decade. Federal child welfare standards require jurisdictions to implement and sustain quality improvement systems as a means of building on and innovating systems of care to improve outcomes.<sup>[11]</sup>

*CQI is designed for complex systems with ambitious goals.* Human service agencies are responsible for delivering critical supports to vulnerable children, youth, and families. Every day, agencies make decisions that have the potential to move the needle on key outcomes. When these decisions are made on the basis of expediency, habit, or intuition, they may address small scale challenges or tasks but prove ineffective for, and potentially counterproductive to, large and ambitious goals. At the agency level, the roles, structures, routines, and resources used to execute PI tasks comprise a PI system. A PI system allows agencies to assess internal processes, including fiscal and administrative choices, management decisions about the process of service delivery, and individual worker choice about how to execute tasks and align activities so that a large and complex structure can move towards shared goals and outcomes.

*CQI fosters transparency, accountability, and equity.* Public agencies have mandates to comply with policy and be accountable and transparent in their decision making. An evidence-driven system allows for clear communication of intent and practice that meets not just the letter but also the spirit of these mandates. W. Edward Deming, one of the early pioneers of CQI said, "Put everybody in the company to work to accomplish the transformation. The transformation is everybody's job."<sup>[12]</sup> This quote underscores the importance of making all staff accountable for performance. Thus, an evidence-informed and open process based in a shared language of PI invites more voices into the conversation of how to deliver improved services and outcomes for children, youth, and families.

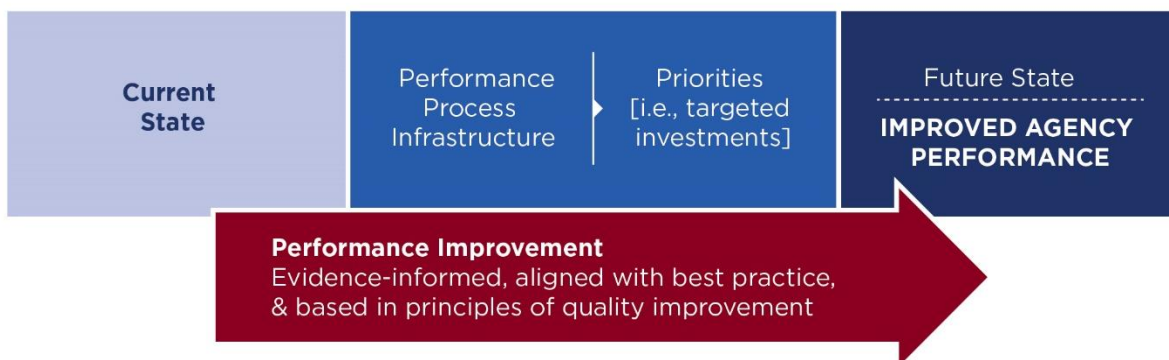
### 1.3.3 What are the Critical Components of PI Systems?

A framework containing the mechanisms for WA to drive toward this ultimate goal is depicted in Figure 3. The literature on PI points to three components—*performance, process, and infrastructure*—essential to substantially transform activities into an evidence-informed, and scientifically-defensible PI system. These components will iteratively inform agency *priorities* and investments in each the three PI components. As such, we draw on this framework to help DCYF

identify the critical first steps in the transition from individual agencies to a best-in-class human services agency. The essential components of a robust PI system include:

- *Performance*: the observable, measurable, and quantifiable aspects of process and the targets and benchmarks associated with identified goals and outcomes;
- *Process*: the routines, and feedback mechanisms, as well as the cycle of evidence generation, dissemination, and application that are needed to implement and sustain performance improvement;
- *Infrastructure*: the resources, structures, and capacities needed to implement and sustain a performance improvement system; and
- *Priorities*: a limited set of performance, process, and infrastructure activities of elevated importance based on existing evidence, anticipated impacts, and role in driving change and improvement.

Figure 3. Connecting Performance, Process & Infrastructure, and Priorities to Performance Improvement



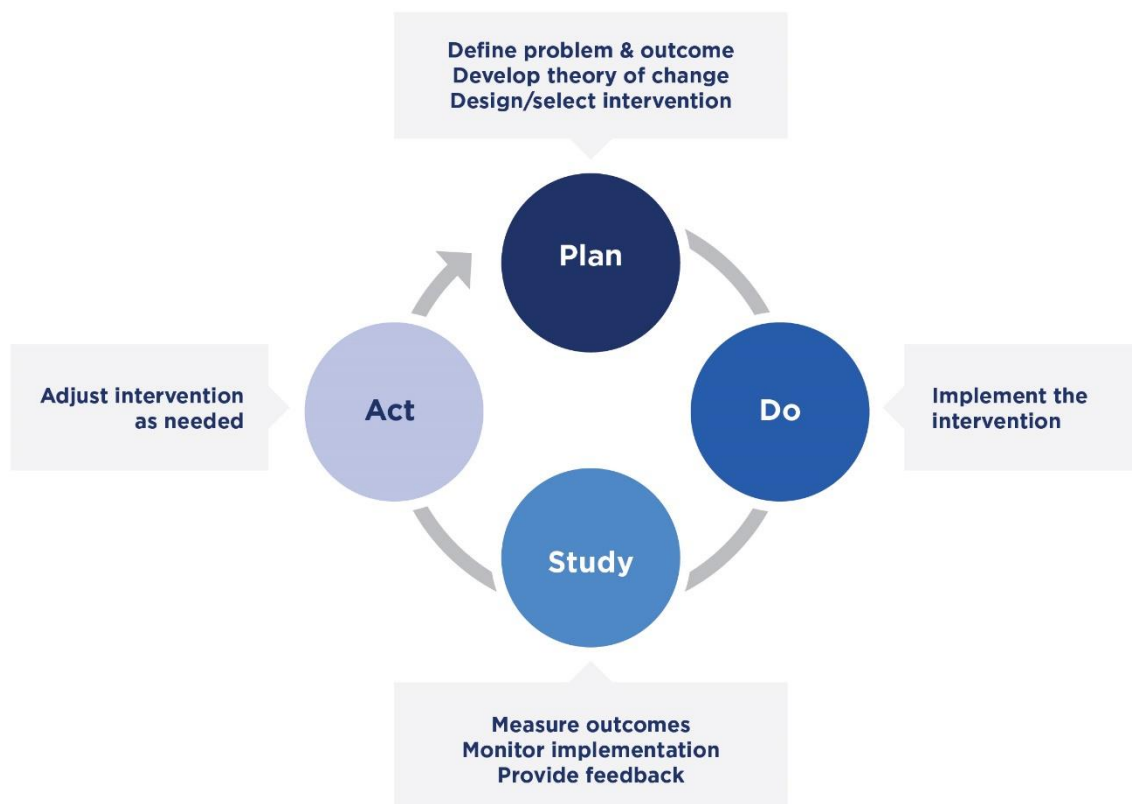
As described above, *performance* captures indicators of both agency functioning and population well-being. Measuring and tracking performance requires processes and infrastructure that can generate, disseminate, and apply evidence in a strategic and scientifically defensible way. *Processes* are the sequential sets of steps that allow an agency to implement, assess, and modify targeted investments in how the work is done, how well it's done, and the resources the agency devotes to doing its work.<sup>[2]</sup> Such processes are most successful when embedded in an *infrastructure* that can promote reflective and evidence-based decision making that focuses on practices and outcomes, uses data to inform changes in policy and practice, and engages a broad range of stakeholders.<sup>[13]</sup>

In essence, performance, processes, and infrastructure are necessary ingredients for agencies to successfully shift their internal culture from one focused on compliance to one focused on learning and improvement. In the sections below, we describe these components of PI in more detail, first highlighting the importance of process and infrastructure and attending to their unique elements, and then linking these components to performance.

### 1.3.3.1 Processes

Though there are various CQI models used across human services agencies (e.g., Lean, 4DX;<sup>[14,15]</sup> processes within these models are grounded in the PDSA cycle that include a core set of ongoing activities that contribute to improvement. These activities include establishing outcomes and practice standards; observing a problem and hypothesizing why it exists; developing and implementing a potential solution; studying the effects of that solution; and making the next decision about future investments based on the results.<sup>[13-17]</sup> The PDSA cycle, shown in Figure 4, involves the following processes, described in Table 1.

Figure 4. Plan-Do-Study-Act Cycle



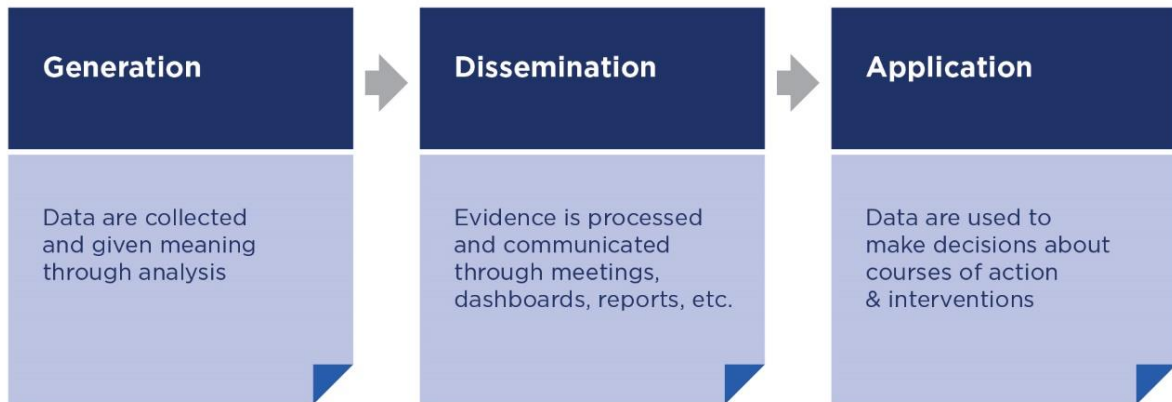
These steps are framed in plain language, but executing them with fidelity requires the use of evidence. In this context, evidence is information used to support an observation, claim, hypothesis, or decision.<sup>[2]</sup> For instance, in the early phase of an agency’s plan to develop a new program, program developers may ask: “what evidence supports the observation that some problem exists?” and “what evidence supports the hypothesis that this program will reduce the prevalence of the observed problem?”

Table 1. Use of Evidence in the PDSA Cycle

Phase	Task	Use of Evidence
<b>Plan:</b> Define the problem to solve and measure initial performance on a particular outcome; develop a theory of change for how to affect the outcome; and then choose or design an intervention/strategy to impact the outcome, along with proposed targets for the outcome	Define problem and outcome	Systematic observation of baseline performance is used to identify a problem.
	Hypothesize as to the cause of the problem	Understand the connections between inputs, actions, outputs, and outcomes; Theorize how and why the expected outcomes do or do not occur.
	Identify a solution	Identify an action that is grounded in the theory of change and is theorized to affect the desired outcome.
	Set a performance target	Identify relevant data and analytical methods that will help evaluate the effectiveness of the intervention and the extent to which it was conducted with fidelity.
<b>Do:</b> Implement the strategy, attending to the quality, processes, and the agency’s capacity to apply the evidence to improve outcomes.	Implement the intervention	Identify a test case for the intervention; design a test; identify and monitor the implementation as well as contextual factors that might affect the outcome.
<b>Study.</b> Monitor the fidelity of the implementation of the strategy – the extent to which it was implemented as designed; this step also involves providing feedback and measuring outcomes for individuals, as well as process indicators.	Measure progress towards the target outcome	Determine whether the intervention was effective.
	Monitor implementation	Determine whether the intervention was implemented with fidelity, in other words, did the agency do what it intended to do, regardless of results? Can we replicate these results?
	Provide feedback to relevant stakeholders and decision makers	Create data products to disseminate evidence to decision-makers.
<b>Act.</b> Compile the evidence generated through this process and adjust the intervention, as needed. Implementation “concludes” with an assessment of whether the desired outcomes have been achieved—holding up actual performance to the baseline and target benchmarks and whether to adopt, adapt, or abandon the theory of change articulated in the PDSA cycle.	Determine the extent to which the problem still exists	Examine the prevalence of the challenge.
	Confirm or refute the theory of change	Use more evidence to support or modify the theory of change.
	Adjust the intervention as needed	Justify modifications to the intervention.

Evidence can be qualitative or quantitative. It may come from a variety of sources including research, from other practitioners and jurisdictions, among others. It may also be generated by an agency through analysis of its own data. To drive a PDSA cycle, evidence must be high quality. Specifically, the data must be consistent and reliable, the measures must be valid for the populations with which they are used, and the choice of analytic methods used to convert data to evidence must be sensible.<sup>[18]</sup> If these criteria are not met, the PDSA cycle will not yield robust evidence to support decision making. A PDSA cycle can only be executed successfully if an agency has the protocols in place to generate, process, disseminate, and apply evidence to improve agency performance and enhance outcomes for children, youth, and families.

Figure 5. Process of Evidence Use



A strong PI system is able to apply the principles and practices of PI in different areas of agency work. Many of the current mandates related to performance standards are centered on quality assurance. Having a strong sense of the distinction between quality assurance and quality improvement and understanding the complementary nature of these two sets of activities will help staff engage fully in both sets of activities.

**Performance Improvement Example: Child Welfare**

In the course of routine observations of evidence, a child welfare agency notices that children placed in foster care are experiencing longer stays in care. With their curiosity piqued, analysts begin to examine related trends, and they find that the time to permanency is also increasing across the state. Additionally, they see that not only is time to permanency increasing, but trends in stability are also decreasing over the same time period. The analysts recognize that placement stability and time to permanency are related, and they begin to ask “What could be the reason for these trends?” Analysts ultimately identify the explanation at the root of all three trends: cuts to contracts for local providers who provide services to families of origin to address parenting challenges and trauma, which has resulted in families not obtaining the resources they need to achieve reunification. As a result, families are destabilizing while children are in care. To remedy this situation, the agency subsequently increases resources to families and provides greater access to evidence-based programs to build the skills and capacities of families to care for children. With these new resources, the child welfare agency monitors key performance indicators in the short-term, and more distal outcomes in the long-term, to determine appropriate next steps.

The American Society for Quality (ASQ) describes quality assurance as the “planned and systematic activities implemented in a quality system.”<sup>[1]</sup> QA functions are critical to human service agencies, particularly those dealing with vulnerable populations or issues of health and safety. QA metrics typically have benchmarks or compliance targets, frequently set by policy or performance standards and are designed to help system leadership identify, assess, and remediate risks and problems within the system.

By contrast, quality improvement is defined as “a cyclical process of problem solving activities that requires the deliberate use of evidence.”<sup>[2]</sup> QI efforts are less focused on what the agency is

doing and more focused on how it is approaching what it is doing. For that reason, developing and working within a theory of change is an essential component of QI processes, as is the use of evidence to identify and examine the root causes of system-level challenges. While QA efforts function best when they are standardized and broad based, QI starts with small tests of change and thrives in spaces that allow for targeted shifts in practice. Most critically, quality improvement is experimental in nature and may require several rounds of testing and adaptation to achieve its desired result. Because PDSA cycles are grounded in hypothesis testing, the interventions tested might not achieve the desired result. In the space of PI, this is not considered failure, but rather, another opportunity for system improvement and learning.

Agency performance improvement systems need to encompass quality assurance and quality improvement and provide the appropriate resources and structures for both. Having a strong sense of the distinction between them and understanding the complementary nature of these two sets of activities will help staff engage fully in both quality assurance and quality improvement.

### *1.3.3.2 Infrastructure*

The infrastructure components of a performance improvement system can be categorized in many ways. We focus on three dimensions that characterize much of the existing knowledge base on infrastructure: 1) workforce capacity, 2) technical resources, and 3) agency culture.

#### **Workforce Capacity**

To build a PI system that relies on evidence-informed decision making, agencies need to ensure that they have sufficient resources and capacity to make use of available evidence. This requires frontline workers, supervisors and managers to know how to use evidence to inform practice, have ongoing opportunities to apply their skills, and feel confident in their use of evidence to design, implement, and evaluate improvement efforts.<sup>[19]</sup> Other important elements of workforce standards include minimum levels of education, credentialing, coaching supports, and expectations for warm and supportive interactions with young children, among others.<sup>[20]</sup> Together, these essential elements produce an informed workforce that has the skills and resources to use of data to improve services and measure outcomes.<sup>[21]</sup>

#### **Technical Resources**

In 2012, the U.S. Department of Health and Human Services issued guidelines on the essential elements of an effective performance improvement system in CW. One of these elements was the collection of quality data (quantitative and qualitative) from various sources. Wulczyn and colleagues further stipulated that data collection and analytic capacity fundamentally reflect an agency's capacity to engage in PI.<sup>[2]</sup> In essence, agencies need high quality data systems to store data and access it in a timely fashion.

## Agency Culture

PI motivates agencies to embrace a culture that has a common vision, shared values, and a commitment to improved practices and outcomes. This represents a shift in practice within child and youth serving agencies from a narrow focus on monitoring compliance with state and federal requirements to a broader focus that also includes continuous improvement in both agency performance and child, youth, and family outcomes through investments at both the program and system levels. In child welfare, this has most recently been highlighted in the adoption of safety culture that emphasizes accountability, open communication, and continuous learning.<sup>[22]</sup>

At the system level, leadership can endorse PI, build a culture that supports engagement with measurement, data, and evidence, and invite more staff from across the agency to participate in improvement activities. Supporting a culture of testing and improvement is one way to impact internal transparency within the agency and ensure that new initiatives are vetted before being rolled out, thereby avoiding drastic changes to practice and the resulting initiative fatigue.

Leadership can also work to adopt best practices for evidence informed decision making and ensure that the agency is generating sufficient evidence about its own performance to drive PDSA cycles. The former includes best practices for data collection and measurement, staff capacity to execute these practices with quality and fidelity, technical resources to store and process data, and analytic capacity to convert data into evidence. All of this requires targeted investments in processes, technology and human capital.

### *1.3.3.3 Performance*

The use of performance data, or evidence, in a PI system that is designed to produce on-going program improvements is most effective when it is connected to two key principles:

1. Improvement strategies implemented at any level require a deliberate approach to inquiry that is connected to both scientifically defensible evidence and its appropriate application to the cycle of improvement. Thus, a healthy improvement process starts with curiosity about an aspect of a system that is addressed with evidence of performance in that area of interest. Subsequently, an agency must ask and answer questions about what drives performance and what barriers prevent its improvement. This process should produce a credible theory or hypothesis that characterizes the problem, its root cause(s), and a potential solution that will produce improvement. The hypothesis development process is followed by testing, implementation, feedback, and adjustment as necessary. These activities, embedded in the PDSA cycle, unfold systematically as part of the approach to effective performance monitoring.
2. Evidence, whether qualitative or quantitative, to demonstrate a problem, its cause and potential remedies, as well as outputs and outcomes, should be developed in accordance



with best practices in performance measurements: that is, evidence should be reliable and valid. This involves agencies correctly identifying the affected population (numerator) and population of interest (the denominator). Additionally, agencies should aim to stratify the population so that measurement adjusts for meaningful variation in the population and to follow clients prospectively whenever possible to ensure that the full experience is measured.

Adhering to these core principles produces an accurate picture of a system in the diagnosis, implementation, or evaluation phase of an improvement effort. However, it is crucial that agencies routinely monitor trends associated with their function and purpose by 1) observing the extent to which programs are able to collect and generate the data associated with a desired result and 2) supporting hypothesis driven PI initiatives focused on the core outcomes for which they are held accountable. It is important for agencies to be certain that their data holdings can be used to answer foundational questions how their system is supposed to function.

The utility of the agency metrics are related to their ability to answer foundational questions about agency functioning across the system continuum (see Table 2 below; full list of foundational questions presented in Appendix A). By attending to these four segments of the system continuum, agencies are better positioned to hypothesize why certain trends exist, investigate the specific mechanisms that might drive those trends, and make the investments in agency processes and infrastructure that might ultimately drive improvement.

In short, creating and sustaining a PI system entails development and implementation of processes aligned with PI, creation of roles and infrastructure committed to PI, and identification, measurement, and systematic observation of high-quality performance measures. Taken together, an agency can build and sustain a PI system that can generate, process, and apply evidence in support of QA and QI and to build on the improvements generated by each successive iteration of PI activities.

Table 2. Overview of Foundational Questions

System Continuum	Description	Example (service area)
System dynamics	The inflow, meaning the basic descriptions about the children, youth, and families enrolled in programs or interacting with agency services in some capacity	<ul style="list-style-type: none"> <li>• “To what extent do we place children in foster care with kin?” (CW)</li> <li>• “To what extent can we describe the children and families home visiting programs serve?” (EL)</li> <li>• “To what extent can we describe youth’s sentences and obligations?” (JJ)</li> </ul>
Child, youth, and family outcomes	The measures of agency functioning and child, youth, and family well-being	<ul style="list-style-type: none"> <li>• “To what extent are children who come to the attention of CA kept safe from future harm?” (CW)</li> <li>• “To what extent are children served by ECEAP programs prepared for kindergarten?” (EL)</li> <li>• “To what extent are youth supported in their re-entry into the community?” (JJ)</li> </ul>
System of care	The drivers of outcomes, including processes and exposures involved in service delivery, within each domain that the agency hypothesizes would produce desired outcomes	<ul style="list-style-type: none"> <li>• “To what extent are investigations into reports of maltreatment handled in as timely a manner as possible?” (CW)</li> <li>• “To what extent are programs using evidence-based models/approaches to deliver and monitor services to students?” (EL)</li> <li>• “To what extent are youth provided resources for rehabilitation?” (JJ)</li> </ul>
Workforce capacity	The skills and resources of the agency and program staff to execute the processes associated with positive outcomes	<ul style="list-style-type: none"> <li>• “To what extent can we describe staff capacity to deliver high quality services?” (CW, EL, JJ)</li> </ul>

## 1.4 Baseline Performance Assessment

The well-being of children, youth, and families living in WA varies considerably depending on their race/ethnicity, their tribal status, and their socioeconomic status. Disparities are evident across the domains of resilience, education, and health, and certain subpopulations of children, youth and families are overrepresented in the CW and JJ systems. The Blue Ribbon Commission recognized that the state must drive improvements internally to advance the well-being of the population externally. The Commission’s sweeping recommendations to re-align public services to include a unified service provision, prevention of future trauma, and support significant developmental transitions were ultimately codified in HB1661, which mandated the consolidation of CA, DEL, and JR into DCYF. In short, DCYF was given an opportunity to assess and strengthen its PI system to reduce disproportionalities in system engagement and disparities in child, youth, and family well-being.

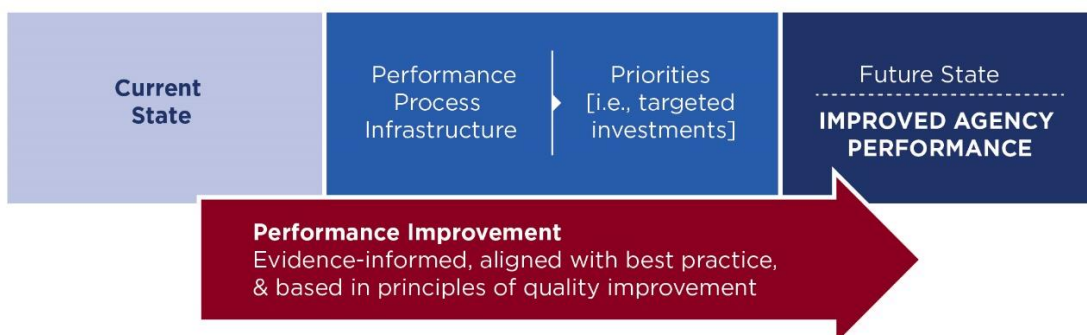
## 2. Method

Chapin Hall conducted a **gap analysis** to assess DCYF's performance improvement system at baseline (prior to the agency merger), relative to evidence-informed standards for high quality performance. Chapin Hall drew on **evidence from research, policy, opinions of experts in the field**, and **the state of practice in other high-functioning jurisdictions** to establish a vision for DCYF's future performance improvement system. Chapin Hall used **interviews, process mapping, case studies**, and a **data appraisal process** to assess DCYF's current use and existing capacity to use evidence to drive improvements. By identifying gaps in the performance improvement system and providing targeted recommendations to address them, DCYF can accelerate its progress towards a robust performance improvement system that helps the agency achieve its goals and target outcomes.

Chapin Hall applied a *gap analysis* approach to understand DCYF's baseline performance and its existing performance improvement infrastructure. A gap analysis uses multiple methodologies to highlight differences between *current* and *future* states of performance, to identify key areas for investment and to make recommendations for an overarching performance improvement infrastructure. Thus, the baseline performance analysis intended to 1) collect evidence of the *current state* of agency performance and to 2) review evidence to inform recommendations to drive agency performance towards a *future state*.

As shown below, PI activities transform a system from its current state to its future state. In the PI paradigm, evidence and a structured process of inquiry are used to identify key challenges and corresponding changes to practice that will help a system achieve its goals. These changes in practice can range from adjustments to the process of service delivery, to innovations in technology, to shifts in administrative practices. The common factor is that they require targeted investments of agency resources including funding, staff time, and focus among competing priorities. All agencies distribute resources and deliver services; a robust PI system allows an agency to do so in an intentional and aligned way that facilitates improved performance.

Figure 3. Connecting Performance, Process & Infrastructure, and Priorities to Performance Improvement



We explored the following areas related to current practice:

- Alignment of relevant state and federal policies to inform the collection of data and the use of evidence
- Processes and infrastructure to generate, disseminate, and apply evidence for PI
- Barriers to and facilitators of both routine PI practices and systems reform initiatives
- Data and evidence available to measure agency performance and progress toward child/family outcome goals

We investigated the following areas to inform the future state of an integrated performance improvement system across DCYF:

- Alignment of WA's existing state and federal policies to promote the collection of data, the use of evidence, and the implementation or application of policy guidance
- Existing national standards and benchmarks across the CW, EL, and JJ service areas (where possible) regarding where the field is moving beyond the traditional outcomes that may be necessary but not sufficient
- Opportunities to improve measurement to address the gap between "current" and "ideal" performance in EL and JR where national benchmarks do not exist
- Lessons learned from previous reform initiatives related to sustainable implementation to inform future reform initiatives

To address these areas of inquiry, we designed a mixed-methods study that included five distinct but interrelated sets of activities: 1) a policy review, 2) an evidence and practice review, 3) process mapping, 4) case studies, and 5) data appraisal/performance analysis. Table 3 summarizes each task team's work, and below, we detail each of the task's methods and the research questions those tasks addressed.

Each of these tasks teams were composed of a mix of staff with expertise in research, evaluation, and implementation and with deep knowledge of child welfare, early learning, and juvenile justice systems. The collection and analysis of data within each of these tasks produced evidence on the nature of performance, processes, and infrastructure for PI that are evident in the current state and necessary in the ideal state. Preliminary activities to inform this work and the detailed methods of the task teams are described below.

Table 3. Methodological Approaches to PI Gap Analysis

Task	Methodological Approach
<b>Policy Review</b>	Analyze guiding federal and state policy, practice, and regulation to determine the extent of alignment with federal and state mandates, and to identify common and distinct cross-departmental obligations as they relate to PI.
<b>Evidence and Practice Review</b>	Identify service area outcomes and best practices in PI through grey and academic literature searches, along with interviews with experts and practitioners from exemplar agencies, to guide recommendations around the establishment of a robust PI system and priority measures.
<b>Process Mapping</b>	Review three specific performance improvement processes (CW: translate Child Family Service Review to Performance Improvement Plan; EL: share Mobility Mentoring information; JJ: inform community re-entry) and map how evidence is generated, disseminated, and applied to guide performance monitoring and support improvement efforts.
<b>Case Studies</b>	Apply a framework drawn from implementation science drivers associated with sustainable implementation to three system reform efforts (CW: Family Assessment Response; EL: Early Achievers; JJ: Diagnostic Redesign) to identify recommendations for opportunities to build the necessary infrastructure to implement and sustain reform initiatives.
<b>Data Appraisal and Performance Analysis</b>	Map and characterize existing administrative data holdings relative to measures identified in policy guidance, the evidence base, and best practice. Collaborate with DCYF to complete data tables about current performance. Draw on publicly available sources of data to present state-by-state comparisons on key performance measures. Provide recommendations on gaps in existing data collection, analysis and application to improve performance within and across the agency.

## 2.1 Method: Preliminary Activities

In advance of these tasks, we undertook a number of activities to establish a baseline understanding of agency performance. First, we developed an annotated bibliography of published reports, grey literature, internal agency documents, and presentations describing activities and outcomes associated with service areas of CW, EL, and JJ. Second, we used the annotated bibliography and public websites to develop data collection tools (e.g., interview protocols, lists of relevant policies, data elements) and inform our understanding of how the state engages in PI across the three service areas.

Third, to ground our understanding of existing PI activities across DCYF, we conducted interviews with 27 staff members in July and August, 2018. Each interview lasted approximately 45 minutes and was conducted either in-person or over the phone. We identified these key informants through conversations with OIAA leadership and staff, reviews of agency documents and organizational charts for program titles, and peer nominations. The interviews focused on PI within each staff member’s sphere of influence; the PI activities in which staff members engaged; gaps in PI; alignment and opportunities for integration within and across DCYF; and the connection between PI activities at the program-level with system-level goals.

We recorded, transcribed, and summarized the interviews to extract key themes around PI goals and activities, as well as the generation, processing and disseminating, and application of data

evidence in support of performance improvement activities. We also analyzed data across participants to describe the current PI processes and infrastructure supports and document priorities for PI to drive outcomes for children, youth, and families. The findings, summarized in a memo shared with OIAA leadership in September 2018, established the foundation for the baseline performance assessment.

## 2.2 Method: Evidence and Practice Review

The evidence and practice review was designed to address the following questions:

- What outcomes should DCYF be focusing on according to national experts, the literature, and high-performing child welfare, early learning, and juvenile justice agencies?
- What are the drivers of those outcomes according to the literature and national experts?
- What are best practices for performance improvement?

We used a two-pronged approach to address these research questions. First, we reviewed both the academic and grey literature on measuring child, youth, and family functioning and performance improvement in child welfare, early childhood, and juvenile justice. Second, we interviewed two groups of key informants. The first group of key informants included nationally recognized CW, EC, and JJ experts. We identified these experts through the literature review and snowball sampling (i.e., one expert identified another).

The second group of key informants included administrators from state (and in a few cases county) CW, EL, and JJ agencies that have been identified in the literature or by our national experts, DCYF or Chapin Hall fellows as leaders in performance improvement. We conducted a total of 44 interviews: 22 with national experts and 22 with state or county agency administrators (see Table 4). The interviews were audio-recorded and transcribed.<sup>ii</sup>

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<sup>ii</sup> We were unable to transcribe two of the interviews due to problems with the quality of the audio-recordings.

*Table 4. Number of Interviews Conducted by Service Area and Professional Affiliation*

Service Area & Professional Affiliation	Number of Interviews
<b>Child Welfare</b>	
University affiliated	8
National research and policy centers	0
Jurisdictions (state or county): NH, PA (Allegheny)	2
<b>Early Learning</b>	
University affiliated	1
National research and policy centers	5
Jurisdictions (state or county): FL, MI, IL, LA, NC, OK, RI	9
<b>Juvenile Justice</b>	
University affiliated	1
National research and policy centers	7
Jurisdictions (state or county): FL, MA, OR, PA, UT	11

Our interviews with nationally recognized experts addressed a set of questions related to outcomes and performance improvement including:

- What outcomes should child welfare, early childhood, and juvenile justice agencies be prioritizing?
- How should those outcomes be measured?
- What should agencies be focusing on to achieve those outcomes?
- What are the challenges to improving performance faced by agencies?
- What role do agency culture and leadership play in performance improvement?

Our interviews with state and county agency administrators addressed a different but related set of questions including:

- What performance measures (i.e., process, outcomes) do agencies prioritize and why?
- What data do agencies use to measure their performance?
- What are the challenges to measuring and improving performance that agencies face and how do they deal with those challenges?
- How do agencies use their performance measurement data to improve, child, youth, or family outcomes?
- What structures of systems do agencies have in place to support performance improvement?
- What role does leadership play in performance improvement?

**Analysis.** Our analysis of the interview transcripts involved four steps. First, we summarized our key informants' responses to the interview questions. Second, we reviewed the summaries looking for similarities and differences in the responses given by key informants within each

service area (e.g., child welfare experts; juvenile justice agency administrators). Third, we reviewed the summaries looking for similarities and differences in the responses given by key informants across service areas. Finally, we compared the information we had gathered from our key informants to the information we had gathered through our literature review.

## 2.3 Method: Policy Review

We conducted a state and federal policy review to catalogue existing federal and state PI mandates to address the following questions:

- What performance improvement actions is DCYF required to do?
- Is there alignment between policy that operationalizes PI and the mandates for PI?
- What common PI obligations exist across the program areas that DCYF could leverage to create a cohesive PI system?

Our policy review began by identifying the federal statutes, federal regulations, and WA state laws that mandate the implementation of performance improvement activities in child welfare, early learning, and juvenile justice.<sup>iii</sup> We created an initial list of relevant policies by reviewing DCYF-provided policies and citations, conducting keyword searches on sites that compile federal and state law, and reviewing department and agency websites. Then we developed a review tool to capture content relevant to PI and summarize the overall policy. To avoid redundancy, we did not include a summary of a federal statute if a corresponding federal regulation more clearly articulated the policy and its PI mandates. We expanded on our initial list of policies as we learned of additional PI policies through cross-references and refined it as we determined the most current information.

We jointly reviewed a subset of policies to establish reliability in coding, discussed differences between coders, and provided further training to resolve discrepancies and ensure consistency in coding across the team. Two team members reviewed each of the remaining policies to maintain consistent and reliable ratings.

**Analysis.** For each policy, reviewers summarized content on four elements in the review tool:

- Outcome/performance measures, process measures, and associated benchmarks
- Explicit or implied methods of data collection and analysis
- Ongoing reporting of evidence related to agency performance
- Stakeholder and partner engagement in understanding the evidence

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<sup>iii</sup> Given the limited duration and scope of the project, we did not include policies solely related to compliance and audit activities—including those related to provider contracts or licensing—nor did we include budget documents. We also did not include in the policy review performance improvement processes that may be required by state or departmental strategic plans or in internal policy documents, such as for human resources or personnel.



Reviewers also rated the policy's relevance to PI as *high, moderate, low, or no*, depending on the presence of the above elements. Typically, policies rated as highly relevant had most or all of these elements. Policies rated as moderately relevant had one or two elements with clear mandates. Policies rated as low relevance had one element or vague PI requirements related to the purview of DCYF. Policies rated as not relevant were obsolete, related to optional or time-limited funding streams (e.g., competitive grants) or outlined a CW, EL, or JJ requirement unrelated or tangential to PI. The ratings were subject to additional team review to determine if a different rating was warranted. For example, we might downgrade a rating if a policy had abstract references to multiple PI elements that did not convey a clear mandate.

In all, we reviewed 177 federal laws and regulations and state laws. Only policies rated as highly or moderately relevant to performance improvement were included in the synthesis ( $N = 99$ ; see Appendix B for a complete list of the policies synthesized).

## 2.4 Method: Process Mapping

Process mapping is a means of identifying and depicting the series of activities that comprise an agency or individual's approach to executing a task. Activities include the flow of data, key decision points, and meetings or touchpoints between different actors or workgroups. The end product is a set of maps, which are a dynamic analytic tool used to inventory and assess performance improvement activities. These maps visually represent 1) the roles and functions of staff leading and engaging in performance improvement, and 2) the activities that support or inhibit PI efforts (e.g., performance monitoring, application of evidence in decision making and program implementation). We created a set of process maps to answer two questions related to how DCYF conducts everyday routine performance improvement activities (Appendix C) to address the following questions:

- How does DCYF implement PI?
- What roles, routines, and practices support PI?

Through the development of the maps, we identified key activities and inputs that can be used to examine 1) what departments or units do, 2) why they do what they do, 3) what the standards for success are, 4) who is responsible, and 5) when and where different steps occur. Understanding the maps will help DCYF leadership think through workflows to optimize performance that directly impacts children, youth and family outcomes.

**Selection of PI Processes.** To identify the PI processes to investigate, we reviewed the existing PI systems within each service area using internal agency documentation, grey literature, and Chapin Hall's interviews with key stakeholders conducted during the summer of 2018. We engaged leadership in discussions to review potential processes, to refine our understanding of what would be of greatest benefit to each service area, and to determine potential opportunities to leverage the findings of the process mapping activities to inform existing efforts. The selection criteria for identifying high priority areas of PI included:

- Focused on generation, processing/dissemination, and/or application of evidence
- Used evidence for decision making or program implementation
- Included performance assessments and/or other data collection tools
- Was a system-level performance process with direct connections to child, youth, and family outcomes
- Represented a challenge for DCYF and JR with implications for developing, implementing and sustaining an integrated performance improvement infrastructure and improvement actions
- Addressed an area for reflection for the staff involved

In partnership with DCYF and JR leadership, we decided to focus on one PI process from each service area: CW, EL, and JJ (Table 5). Each process pertains to a core component of how DCYF generates, disseminates, and applies evidence to support improvement efforts. We selected these processes to provide leadership to data that would allow them to leverage the learnings to inform the larger PI culture. Diving deep into the selected processes will allow leadership and staff to see the process the same way, decrease error of procedure, build a consistent understanding between areas that are cross functional, enable the development of metrics that connect to DCYF outcomes, and decrease redundancy by identifying gaps and excess.

*Table 5. Processes and Relevant PI Component by Service Area*

Service Area	Process	PI Component
Child welfare	CFSR Performance Improvement Plan	Applying evidence
Early learning	Mobility Mentoring	Disseminating evidence
Juvenile justice	Community re-entry	Generating evidence

For CW, we mapped the process DCYF uses to develop the Performance Improvement Plan (PIP) as part of the Child and Family Services Review (CFSR) process (Table 6). CW is home to both a plethora of data as well as a refined internal CQI infrastructure. Understanding both how CW leverages this infrastructure to use their data and develop processes to improve practice and their system’s response to their clients can be a model for DCYF. Untangling the nuances of this process will help inform the development of DCYF’s PI processes and infrastructure and enhance its approach to using data to better serve children, youth and families. This process identifies how policy mandates and PI structures serve as barriers to and facilitators of PI activities.

*Table 6. Guiding Questions for Understanding the CFSR to PIP Process*

**What are key considerations for applying evidence in performance improvement?**

- How are decisions made?
- How are priorities set? Who is involved in setting priorities?
- What are the guiding performance measures?
- How are stakeholders engaged in the decision-making process?
- How do decision makers track and measure their success?

**How does policy inform performance improvement processes?**

- How do child welfare staff translate federal mandates into action steps?
- How are data collected for federal reporting used to support performance improvement?

**What does performance improvement look like in a domain with a performance improvement culture that includes a dedicated team for CQI and performance improvement, a widely agreed upon set of outcomes, and robust data collection and reporting on process measures?**

For EL, we mapped the Mobility Mentoring process undergoing statewide implementation throughout the Early Childhood Education and Assistance Programs (ECEAP), the state-funded means-tested preschool program (Table 7). This process mapping exercise identified when and how staff develop reports and related products for dissemination as part of ongoing program evaluation and program implementation, training, and support. EL collects data from all of its programs and providers and uses these data to improve its practices in many ways. Digging into how the Mobility Mentoring program takes all of its collected and available data, and effectively deploys those data for decision making to improve its program each year will help move DCYF to a more routine practice of PI. Looking at this example of how thoughtfully the Mobility Mentoring team analyzes and uses its data will inform system-level efforts to enhance PI approaches.

*Table 7. Guiding Questions for Understanding the Mobility Mentoring Process*

**What are key considerations for processing and disseminating evidence to inform performance improvement related to child, youth, and family outcomes?**

**How are program data analyzed and reported to inform program outcomes?**

- What data are collected?
  - When and by whom are they collected?
- How are data from this pilot program analyzed to inform the statewide implementation?
- What data are aggregated to understand program effectiveness?
  - Are aggregate data broken down by subgroups?
  - Which subgroups?
  - For what purpose?
- What meetings/routines exist for understanding existing PI activities and needs?

**How are process measures around implementation analyzed and reported?**

For JJ, we mapped how JR staff use data generated throughout the reentry process to inform outcomes for youth involved in the JJ system (Table 8). Mapping this process will help leadership define opportunities for additional data collection with the goal of better understanding the longer-term outcomes of youth leaving the JJ system.

Table 8. Guiding Questions for Understanding the Community Re-entry Process

**What are key considerations for collecting data to support downstream outcomes reporting?**

**How could DCYF measure outcomes?**

- Could DCYF measure outcomes after youth have left the juvenile justice system?
- Could DCYF measure outcomes using data from other systems?

**How can systems improve their ability to integrate their data with data from other systems by improving data collection processes?**

Our process mapping efforts involved five steps. First, we reviewed the notes from the initial mapping focus groups that took place onsite in December 2018 to lay out the critical steps, sources, decisions, tasks and players in each process. Second, we composed initial draft maps of each process, using notes from focus groups, interviews and conversations with DCYF, as well as background research. Third, through an iterative process, we continued to internally refine the process maps to reach a final draft. Fourth, we validated the maps, and analyzed the potential to generalize the PI process to other DCYF programs, with the DCYF staff involved in the December meetings. Finally, we finalized the maps using the feedback from DCYF staff and analyzed for gaps in data availability and use within each process.

## 2.5 Method: Case Studies

To complement our examination of routine PI activities, we developed a framework drawn from the implementation science literature and the National Implementation Research Network's (NIRN's) drivers of effective implementation. We applied that framework to three large-scale system reform efforts (i.e., case studies) selected by OIAA leadership using existing documents and key informant interviews. The three system reforms, one in each service area, included 1) implementation of the Family Assessment Review (FAR) in CW; 2) development and implementation of the Quality Rating and Improvement System (QRIS) in EL, and 3) the pilot of the Diagnostic Redesign in JJ. These case studies were used to address the following questions:

- How did the implementation of these system reform efforts align with best practices in implementation science?
- Where are opportunities to learn from the successes and challenges of those three implementations to ensure that DCYF effectively implements and sustains future initiatives?

**Analytical Framework: Expanded Implementation Drivers.** The framework we used to organize information and guide analysis for each case centered drew on the key implementation drivers that NIRN considers to be the core building blocks of any systems change.<sup>[23]</sup> NIRN identified the foundational implementation drivers, which fall into three categories: *competency drivers*, *organization drivers*, and *leadership drivers*.<sup>[24]</sup> *Competency drivers* focus on staffing, training, and other mechanisms that improve one's ability to implement an intervention with fidelity. *Organization drivers* include components such as having supportive technology (e.g., decision support data system) and ability to influence external structures for the good of the

project (e.g., systems intervention). *Leadership drivers* focus on leadership strategies used to champion projects.

Although NIRN’s framework for analyzing implementation is the most recognizable, other work in this realm has highlighted additional factors to consider in implementation evaluation such as the importance of including frontline stakeholders in implementation (*stakeholder involvement*) and the engagement of system-involved families (*family engagement*).<sup>[25,26]</sup> Thus, we added *inclusionary drivers* as an additional category.

Given that the framework developed for these case studies draws on additional literature to extend the original NIRN framework, we designated it as the *Expanded Implementation Drivers Framework*. In our evaluation of these complementary literatures, we determined that 16 drivers stood out as core components of implementation infrastructure (Table 9; see Appendix D for definitions). These became the dimensions around which we structured the case studies.

Table 9. Expanded Implementation Drivers

Competency Drivers	Organization Drivers	Leadership Drivers	Inclusionary Drivers
Fidelity Assessment Selection Training Coaching	Decision support data system Facilitative administration System intervention Cross-functional project team Culture and climate Communication	Leadership Resources Ongoing commitment	Stakeholder involvement Family engagement Cultural responsiveness

**Document Collection and Coding.** After devising the analytical framework, we compiled relevant agency documentation, grey literature, academic literature, presentations, transcripts from Chapin Hall-conducted interview, and public websites associated with each system reform effort. We organized the documents by date to capture the narrative arc from exploration phase to later stages of implementation, uploaded the organized documents into Atlas.ti 8, a qualitative analysis software package, and coded them based on the analytic framework described above. We created a pre-defined coding scheme including each of the drivers in the framework, along with codes to flag important challenges, facilitators, gaps, and points of clarification. Using this codebook, we reviewed each document and attributed appropriate codes, allowing codes to overlap.

**Document Synthesis and Analysis.** After we coded the documents, we used the Atlas.ti 8 query function to retrieve quotations coded for a specific driver. After compiling relevant driver-related quotes side by side, we identified emerging themes, reconstructed the implementation narratives, and wrote memos summarizing key points and challenges that emerged around the driver. In this sense, despite using a pre-defined coding scheme, we took a more “grounded theory” approach, allowing stories, details, themes, and, most importantly, lessons learned to emerge from the data. Then we summarized the distilled driver findings section and offered higher-level commentary on the lessons learned for future implementation projects based on the findings for the driver, distilling these into three to five bullet points for each case driver.

We repeated these four steps for each driver of each case, resulting in 16 findings, or lessons learned, for each case study. The application of this framework permitted us to map the drivers of effective implementation that were present or absent within each of these reform efforts.

**Supplementary Interviewing.** After analyzing and synthesizing all readily available sources of information, we conducted brief key informant interviews with agency representatives to refine our understanding of the processes and infrastructure needed to support sustainable implementation of reform initiatives. Information gleaned from these interviews supplemented the case studies where appropriate. We present the case studies in full in Appendix D.

## 2.6 Method: Data Appraisal and Performance Analysis

We appraised the capacity and ability of DCYF to generate high-quality evidence to assess agency performance on core performance indicators and explore comparisons across states. The purpose of this task was to address the following questions:

- To what extent do those who are responsible for conducting the DCYF's performance monitoring function have access to useable data evidence in existing data holdings?
- Where are there gaps in these existing data assets that limit the ability of performance monitors to understand and characterize agency performance?
- How does WA compare to other states on nationally comparable indicators of agency performance?

We first catalogued existing administrative data holdings and reports of agency PI indicators into a *relational database* that can point DCYF to the appropriate data sources, metrics, and units of analysis for monitoring PI within specific programs, service areas, or populations.

**Analysis.** In the relational database, we documented the *foundational questions* that each service area must address. We developed these foundational questions, which correspond to the mission and priorities of each service area, based on a review of existing DCYF documentation and findings from the Evidence and Practice Review. For the CW and EL service areas, we focused on programs/service models within each agency. For the JR service area, we focused on JR's overall function rather than on a particular model. The answers to the foundational questions permit the agency to observe the extent to which its programs are able to collect and generate data associated with desired results. We used the relational database to produce a compendium of the following:

- Questions related to system dynamics
- Questions related to the system of care (i.e., drivers of outcomes; key performance indicators)
- Questions related to workforce capacity (i.e., drivers of outcomes; key performance indicators)

- Questions related to child, youth, and family outcomes

We linked the foundational questions to specific programs (where possible) within each service area as well as to the units of analysis to which each question pertained, the specific metrics meant to answer each question, and the databases that hold these sources of information. Appendix A contains a sample of the information we extracted to address each service area's foundational questions. The production and analysis of pivot tables from the relational database permitted us to address the research question on data access.

We then drew on the foundational questions and existing models of best practice (where available) within each of service area to map out a broad theory of change that depicts the inflow of clients into DCYF programs or service areas, the primary components of each program or service area, the role of the workforce in providing such services, and the proposed indicators or outcomes associated with DCYF involvement. The figures we created for each service area were used to organize the information into a coherent representation of each program or service area's overarching theory of change (see Appendix E). These figures visually summarize the responsibilities of each agency of origin and depict what and for whom each program or service area is responsible, how it discharges those responsibilities, and what outcomes or performance indicators should result from service provision. Also included in the graphic are a suggestion of what is measurable for each element of the program or service area and the sources for those metrics, as well as an indication of the availability of data within each program or service area. We closely examined the theories of change, focusing on the boxes highlighting gaps in data capture to answer the research question on gaps in existing data collection.

Next, we used the answers to the first two questions to understand how DCYF can use its existing data holdings to strategically and systematically assess its performance. To address the third question, we drew on the Foster Care Data Archive (FCDA), which is developed and housed at Chapin Hall, and conversations with DCYF analysts. The FCDA web tool is an online portal to states' longitudinal databases built from each member state's own administrative child welfare records. The web tool is a high-powered, user-friendly, decision-support instrument that enables a wide variety of users to answer critical questions about systemic trends and outcomes and permits analyses of admission, discharge, and caseload trends, as well as permanency outcomes such as length of stay in foster care, placement stability, and re-entry.

From the FCDA, we were able to access individual-level data from 2014-2018 on child placements for children previously and currently in foster care in WA. In our conversations with analysts representing EL (i.e., home visiting, ESIT, ECEAP), and JR, we shared an example of a workbook that we created using CW data from the FCDA. We also shared data request tables that described our understanding of the data each analyst was responsible for as it corresponded to the *system dynamics* and the *child and family outcomes* within their programs or service areas. In these conversations, we made a request to analysts to either populate tables or share reports and other sources of information where these data elements were presented. We requested data be presented from 2014 through 2018. An analysis of these documents

revealed the extent to which DCYF is currently able to assess disproportionalities in system engagement and disparities in child and family outcomes.

Finally, we extracted publicly available information from the Children's Bureau, the 2018 Annie E. Casey Foundation KIDS Count Data Center, the National Institute for Early Education, among other sources, to compare WA to other states on a range of outcomes, drivers of outcomes, and characteristics of individuals and families interacting with DCYF's programs and services.



## 3. Findings

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To assess DCYF's **performance** we synthesized several evidence bases to **identify broadly endorsed outcome measures** and the key metrics that capture the **high priority drivers** that are empirically linked with those outcomes for each service area and program. Where available, national comparisons are presented to contextualize Washington's performance. This section calls out the **gaps** in measurement that need to be addressed for Washington to be able to accurately track **progress** and **impact**.

To assess DCYF's **processes** we examined the **routines, reports, and data products** used to generate, disseminate, and apply evidence in each of the three service areas. We looked for examples of alignment with best practices in **quality assurance** and **CQI**. We also examined the capacity of the existing systems to **observe the system, identify and scale strong practice**, and make **evidence-informed decisions** about practice and investments.

To assess DCYF's **infrastructure** we identified key resources in the areas of **human capital, technology**, and **agency culture** that research indicates the department needs to **develop and sustain agency-level performance improvement activities**. We noted where these vary by service area, program, and workforce structure, and highlighted opportunities for cross-cutting reforms in the new agency.

Finally, to identify the **quantifiable, high impact levers** to improve agency **performance** improvement we looked to DCYF's mission, vision, and goals. Here, we recognized opportunities for **alignment** across service areas so that the emerging PI system would reflect the priorities and goals of the programs and stakeholders that comprise the integrated agency.

The opportunity to understand where and how DCYF should improve as an agency requires first understanding the ideal future state to which the agency is driving, relative to their current performance. This approach—comparing the ideal and current states of performance—will illuminate the gaps that targeted investments and interventions can address.

We present our findings within each domain of performance improvement (i.e., performance, process, and infrastructure), call out where specific priorities emerge in each of these domains of PI, and identify priority drivers of performance improvement for each service area and DCYF as a whole. Within each domain, we weave together findings from our interviews, process mapping, and data appraisals to describe the current state of agency functioning. This approach allows us to acknowledge the distinct policy mandates, cultures and capacities, and learning communities that are inherent to each. Subsequently, we describe the emerging state of performance improvement in DCYF as a whole.

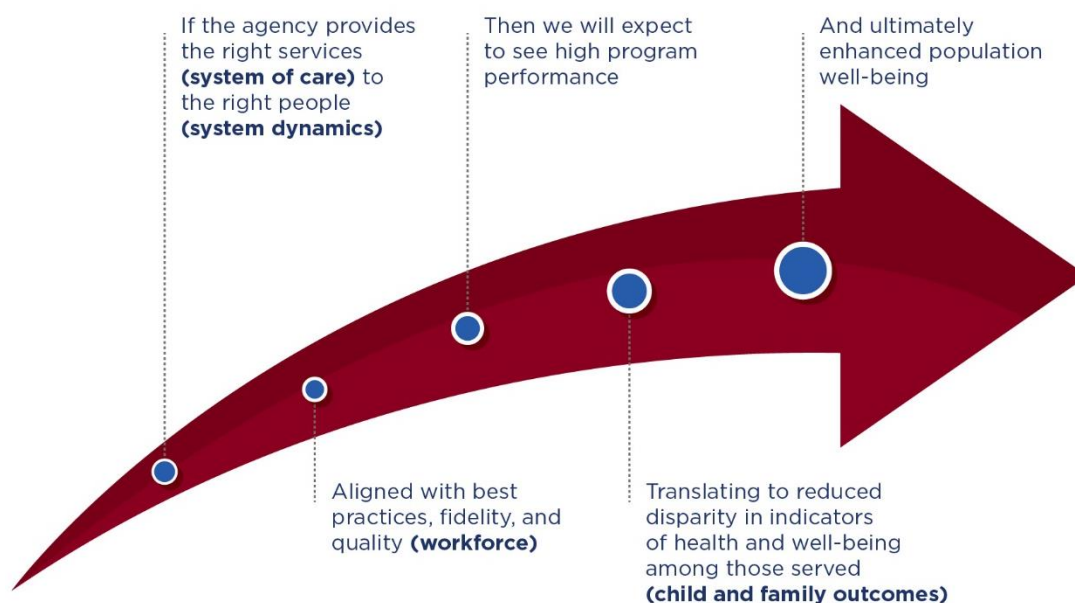
### 3.1 Findings: Performance

In this section, we describe the **performance** measures that agencies need to successfully execute performance improvement functions. Drawing on policy, research evidence, and best practice, we highlight the outcomes and drivers of outcomes that each of the service areas should prioritize. We then describe DCYF's data holdings, indicating which measures may be missing, and where possible, present state-by-state comparisons to contextualize WA's performance in the national landscape.

We define **performance** as the observable, measurable, and quantifiable aspects of processes and practices and the targets and benchmarks associated with identified goals and outcomes. Measuring performance is critical to identifying challenges and opportunities for improvement, monitoring agency functioning, and supporting critical decision making.

As previously noted, agencies do not simply measure performance by focusing on outcomes. Indeed, it is necessary to capture metrics about the entire system to understand disproportionality in system engagement, disparities in outcomes, and variability in clientele's experiences with the system that may lead to disparities (see Figure 6). In order to assess the extent to which DCYF can measure performance, we examined the agency's data holdings within these segments of the system continuum.

Figure 6. Measurement Along the System Continuum



To document the ideal state in the realm of performance measurement, we addressed the question: *What outcomes and drivers of outcomes should child welfare, early learning and juvenile justice agencies measure?* To document the current state of performance measurement in DCYF, we addressed the question: *What outcomes and drivers of outcomes does DCYF measure?* Throughout this section, we draw attention to the gaps between the ideal and current states. As

shown in Table 10 below, we sought guidance on performance measurement within and across the service areas from sources:

*Table 10. Sources of Measurement Guidance*

Type of Measures	Rationale for Measurement
<b>Policy aligned measures</b>	Required for program compliance and tied to performance standards
<b>National standards</b>	Expectations established (often by policy) for a particular set of measures and broadly agreed to be the minimum level of performance
<b>Measures from the literature</b>	Aligned with the body of science on how programs and policies impact children, youth, and families
<b>Common measures across jurisdictions</b>	Facilitates comparisons with other states that are similar in geographic makeup and policy landscape

Across these sources two categories of high priority measures emerged (Table 11):

- *Key child and family outcomes:* These lag indicators or key performance measures represent the quantifiable and measurable success, impact, or challenges in the high priority areas of focus for the programs or the department.
- *Drivers:* These lead indicators are potential areas for agency investment that are strongly associated with the desired outcomes of programs and agencies. These factors can help an agency track whether it is moving in its desired direction.

*Table 11. High Priority Measures by Service Area*

Service Area	Key outcomes	Drivers
<b>Child Welfare</b>	Safety Permanency Well-being	High quality foster caregiver network Services to meet child and family needs Training for staff and stakeholders Workforce turnover
<b>Early Learning</b>	Child development Family functioning	Use and availability of EL programs Program quality Family engagement
<b>Juvenile Justice</b>	Recidivism	Re-entry planning and supervision Staff capacity Assessment of youth’s risk and needs Evidence-based rehabilitative programming Facility quality and safety

### 3.1.1 Child Welfare

#### Child Welfare Outcomes for Children, Youth, and Families

The field of child welfare unites around three major goals for children, youth, and families: **safety, permanency, and well-being** (see Table 12). These goals are aligned with the goals of DCYF. Ensuring the continued safety and permanency of children leads to better physical and mental health outcomes. Measures of well-being connect to children and youth exhibiting resilience, experiencing good health, pursuing educational attainment, and having economic mobility opportunities through early adulthood.

Table 12. Child Welfare Outcomes in the Child and Family Services Review

Domain	Outcomes
<b>Safety</b>	Children are, first and foremost, protected from abuse and neglect
	Children are safely maintained in their homes whenever possible and appropriate
<b>Permanency</b>	Children have permanency and stability in their living situations
	Continuity of family relationships and connections is preserved for families
<b>Well-Being</b>	Families have enhanced capacity to provide for their children's needs
	Children receive appropriate services to meet their educational needs
	Children receive adequate services to meet their physical and mental health needs

The 1994 Amendments to the Social Security Act granted authority to the U.S. Department of Health and Human Services to ensure that programs serving children and families across the nation were in compliance with titles VI-B and VI-E.<sup>[27]</sup> To meet this goal, the Children's Bureau began implementing the two-part CFSR to determine whether states are in "substantial conformity" with federal requirements.<sup>[28]</sup> One part of the CFSR is a statewide assessment on seven indicators: two related to safety and five related to permanency—that are calculated using data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). There are currently no indicators related to child well-being in the statewide assessment. The other part of the CFSR is an onsite review, also known as a case review, of seven child outcomes related to safety, permanency, and well-being and seven systemic factors,<sup>iv</sup> or drivers, which may affect those outcomes, assessed using interviews and focus groups with stakeholders relative to the state's performance on the systemic factors. These outcome measures are designed to create measurable standards for how well an agency's program and service activities are moving children and families towards better outcomes. Because laws and child welfare populations vary across states, state performance is

<sup>iv</sup> The seven system indicators are: statewide child welfare information system, case review system, quality assurance system, staff and provider training, service array and resource development, responsiveness to the community, foster and adoptive parent licensing, recruitment, and retention.

risk adjusted for factors such as the age of children in care and the foster care entry rate, and this risk-standardized performance is compared to a national standard that is defined for each round of the CFSR (Administration for Children and Families, 2014).<sup>v[27]</sup>

Perhaps because the CFSR indicators represent the outcomes for which states are held accountable, there is very little in the child welfare literature on what outcomes should be measured or prioritized. The lack of concrete guidance here is partly the reflection of differing approaches within child welfare. An emerging school of thought suggests that the initial prevention of maltreatment should be the ultimate outcome for child welfare, rather than the repeat maltreatment and outcomes for children in the care of the system. This poses its own challenges with accurate and consistent measurement; however Washington’s Early Childhood Intervention and Prevention Services program is generating qualitative evidence around prevention efforts.<sup>[29]</sup>

One source of specific measurement guidance is the “desk guide” for child welfare leaders published by the Annie E. Casey Foundation (AECF) in 2018. According to the guide, high performing child welfare agencies are, first and foremost, outcomes-focused. Their focus is on tracking child and family outcomes and on improving these outcomes through policy and practice. The guide contains 10 outcomes and 15 measures related to those outcomes identified by AECF as being “at the heart of most child welfare improvement efforts.” Table 13 presents the areas of measurement, benefits, and challenges that each of these data sources present.

*Table 13. Different Approaches to Measuring Child Welfare Outcomes*

Source	Domains	Benefits	Challenges/ Considerations
<b>CFSR Part One</b>	Safety, Permanency, Well-being	Federally aligned quantifiable measures	Different sources
<b>CFSR Part Two</b>	Safety & Permanency	Federally aligned quantifiable measures; national benchmarks and comparisons available	Concerns about point in time measures and entry cohorts
<b>AECF</b>	Safety & Permanency	Policy and practice aligned	Draws on entry cohort data; discusses group care

Both federal policy and the child welfare experts agree that agencies should measure other outcomes in addition to safety, permanency and child wellbeing. These include social supports, child and family strengths, caregiving capacities and parenting practices, family financial self-sufficiency, and transition-age youth functioning in the domains of financial self-sufficiency, educational attainment, access to healthcare, and residential stability. There is no consensus on what measures should be used and how the information should be gathered, although some experts and practitioners discussed the importance of being able to link child welfare

<sup>v</sup> Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews Executive Summary Retrieved from [https://www.acf.hhs.gov/sites/default/files/cb/round3\\_cfsr\\_executive\\_summary\\_0.pdf](https://www.acf.hhs.gov/sites/default/files/cb/round3_cfsr_executive_summary_0.pdf)

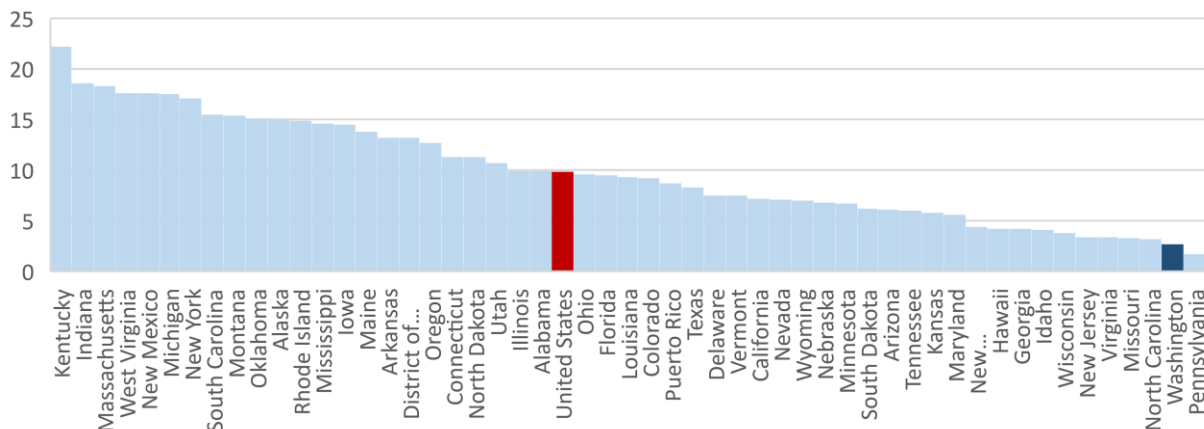
administrative data to administrative data from other state systems to measure health, education, and labor force participation.

### National Comparisons on Child Welfare Outcomes

The primary outcomes we present are the child victim rate, the foster care entry rate, and three outcomes from the CFSR. For each outcome, we compare WA’s performance to the national average.

We present state-level child victim rates for FY 2017 in Figure 7. In NCANDS, a victim is defined as a child for whom the state determined at least one maltreatment allegation is substantiated or indicated. WA’s child victim rate of 2.7 per 1,000 children under the age of 18 is far below the national average of 9.85. However, it is important to be cautious about comparing child victim rate across states due to variation in state laws defining maltreatment, differences in the standards of evidence that are used to determine whether a child has been maltreated, and variation in the child population, such as the number of very young children who are at a higher risk of maltreatment than older children.

Figure 7. Child Victim Rate (Rate per 1,000 Children), by State, 2017

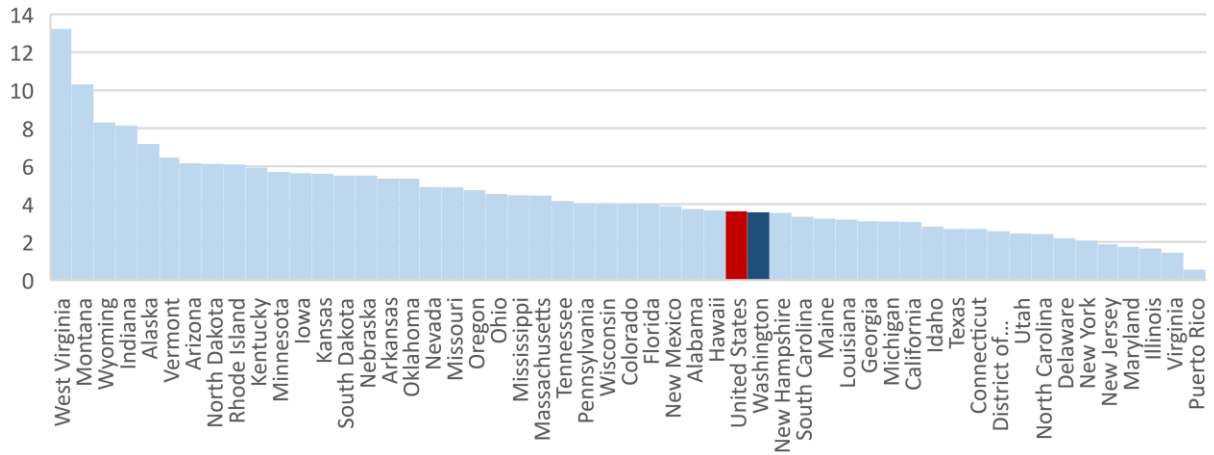


Note. A child maltreatment victim is defined as a child who is the subject of a substantiated, indicated, or 'alternative response' maltreatment report. A child is counted only once as a victim.

Source. Children’s Bureau <sup>[30]</sup>

We present state-level foster care entry rates for FY 2017 in Figure 8. The foster care entry rate is number of children who entered into foster care for at least one day during that fiscal year per 1,000 children in the population. WA’s foster care entry rate of 3.58 per 1,000 children was nearly equivalent to the national average of 3.62.

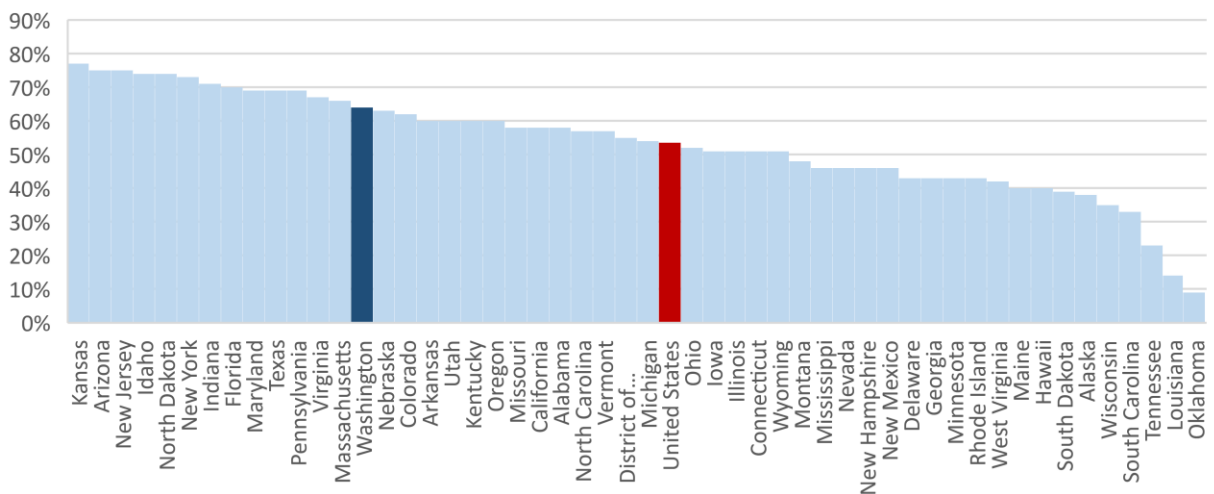
Figure 8. Foster Care Entry Rate (Rate per 1,000 Children), by State, 2017



Note. Includes children and youth under the age of 18.  
 Source. Children’s Bureau <sup>[30]</sup>

Figure 9 shows the performance of states on the CFSR Safety Outcome 2, which captures whether children are safely maintained in their homes whenever possible and appropriate. The Children’s Bureau calculates a state’s performance on this outcome based on its performance on Item 2 (i.e., whether concerted efforts were made to provide services to the family to prevent children’s entry into foster care or re-entry after a reunification) and 3 (i.e., whether concerted efforts were made to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care). WA substantially achieved this outcome in 64% of the cases reviewed. Although this was above the national average of 53%, WA was not in substantial conformity with Safety Outcome 2 because less than 90% of the cases were rated as a Strength for Item 2 (68%) and Item 3 (65%).

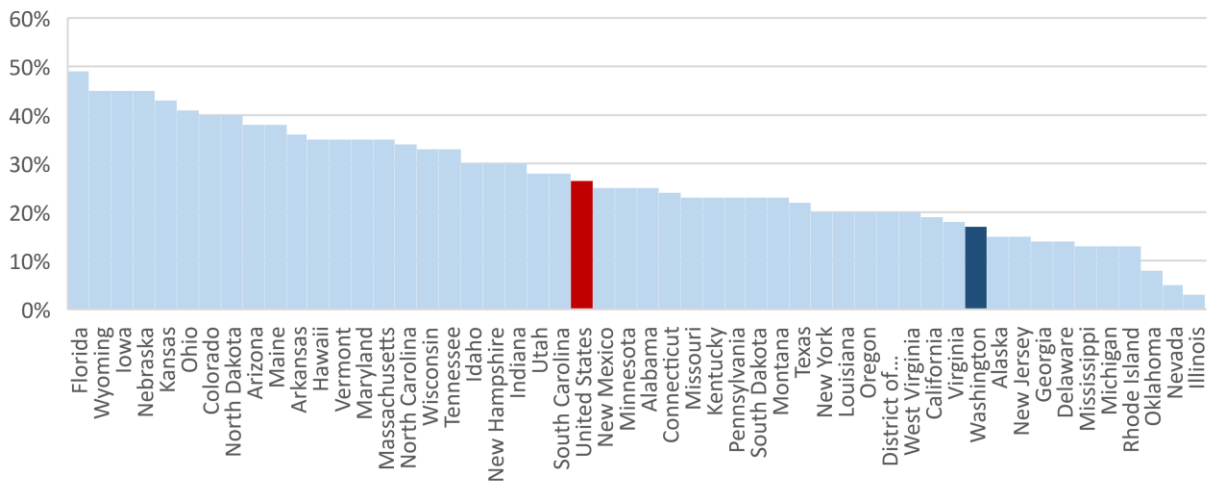
Figure 9. Percentage of CFSR Safety Outcome 2 Substantially Achieved, by State, 2017



Source. Children’s Bureau <sup>[30]</sup>

Figure 10 shows the performance of states on the CFSR Permanency Outcome 1, which captures whether children have permanency and stability in their living situations. The Children’s Bureau calculates a state’s performance on this outcome based on its performance on Item 4 (i.e., whether the child in foster care is in a stable placement and whether any changes in placement that occurred were in the best interests of the child and consistent with achieving the child’s permanency goals), Item 5 (i.e., whether appropriate permanency goals were established for the child in a timely manner) and Item 6 (i.e., whether concerted efforts were made to achieve reunification, guardianship, adoption, or other planned permanent living arrangement). WA substantially achieved this outcome in only 17% of the cases reviewed compared to a national average of 26%. WA was not in substantial conformity with Permanency Outcome 1 because less than 90% of the cases were rated as a Strength for Item 4 (68%), Item 5 (60%) and Item 6 (23%).

Figure 10. Percentage of CFSR Permanency Outcome 1 Substantially Achieved, by State, 2017



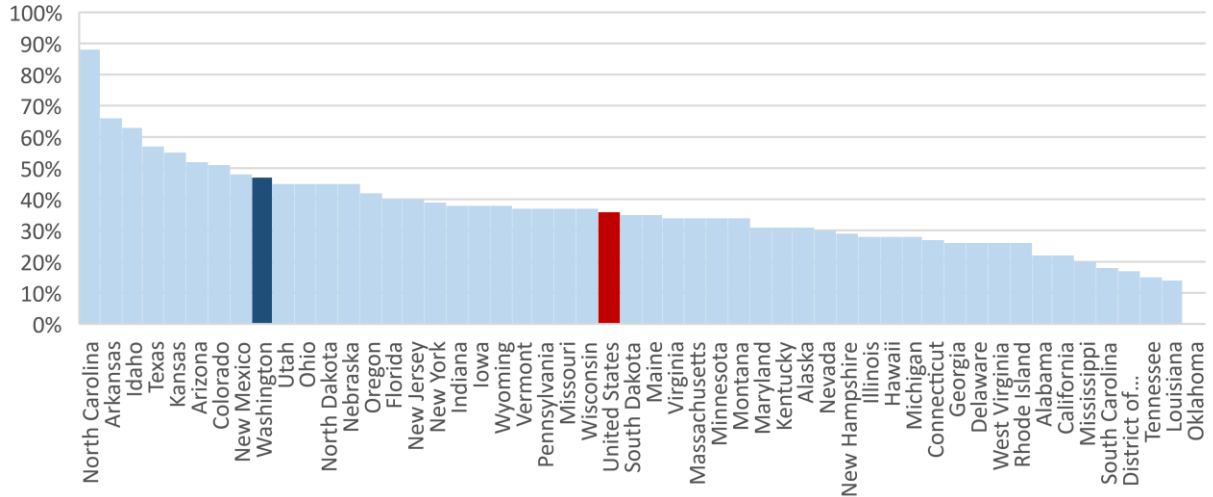
Source. Children’s Bureau [30]

Figure 11 shows the performance of states on the CFSR Well-Being Outcome 1, which captures whether families have enhanced capacity to provide for their children’s needs. The Children’s Bureau calculates a state’s performance on this outcome based on its performance on Item 12 (i.e., whether concerted efforts were made to assess the needs of children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address issues relevant to the agency’s involvement with the family, and whether appropriate services were provided), Item 13 (i.e., whether concerted efforts were made to involve parents and children in the case planning process on an ongoing basis), Item 14 (i.e., whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals), and Item 15 (i.e., whether the frequency and quality of visits between caseworkers and the mothers and fathers of children are sufficient to ensure the safety, permanency, and well-being of children and promote achievement of case goals). WA substantially achieved this outcome in 47% of the cases reviewed compared to a national average of 36%. WA was not in substantial conformity



with Well-Being Outcome 1 because less than 90% of the cases were rated as a Strength for Item 12 (50%), Item 13 (62%), Item 14 (80%), and Item 15 (53%).

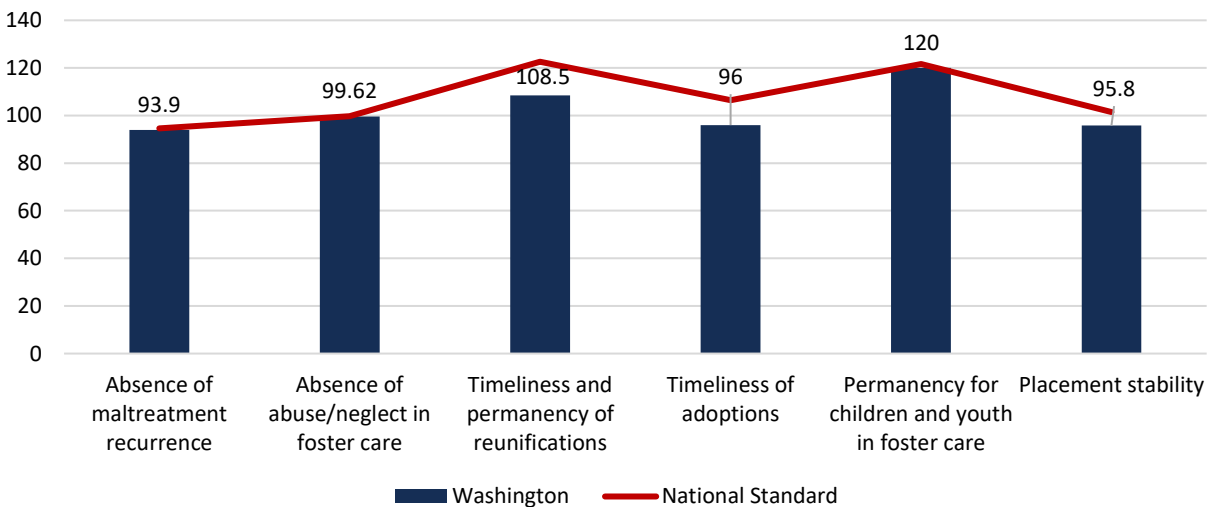
Figure 11. Percentage of CFSR Well-Being Outcome 1 Substantially Achieved, by State, 2017



Source. Children’s Bureau, State CFSR Final Reports [31]

In CFSR Round 3, the Children’s Bureau suspended the use of the state’s performance on the national standards for the 7 statewide data indicators in conformity decisions. Key findings from CFSR Round 2, which was conducted in 2010, are presented in Figure 12 below. WA was not in conformance with any of the six national standards.

Figure 12. WA's Performance on the National Standards, 2010



Source. Children’s Bureau, Washington CFSR Final Report [31]

## Child Welfare Outcomes Data Capture

We examined the current child welfare data holdings related to the following program areas: children with CW involvement, youth in extended foster care, the foster caregiver network, and DCYF staff. We found that all of the primary outcomes related to safety, permanency, and well-being were captured by DCYF. Findings were similar for children in extended foster care, but gaps in the data capture existed (see Table 14). The other two areas of CW we explored—the foster caregiver network and DCYF staff—were less aligned.

Table 14. Gaps in CW Outcomes Data Capture

Service Area	Outcomes Captured	Outcomes Missing
<b>Children with child welfare involvement</b>	<ul style="list-style-type: none"> <li>• Exit type</li> <li>• Entry into care</li> <li>• Re-entry</li> <li>• Time to permanency</li> <li>• Maltreatment</li> <li>• Maltreatment recurrence</li> </ul>	None
<b>Youth in extended foster care</b>	<ul style="list-style-type: none"> <li>• Age of youth</li> <li>• Enrollment in/completion of secondary/ postsecondary academic or vocational program</li> <li>• Participation in employment-promoting activity</li> <li>• Stability of living arrangement</li> <li>• Future JR involvement</li> </ul>	<ul style="list-style-type: none"> <li>• Health indicators</li> <li>• Interpersonal connections</li> <li>• Independent living plan</li> <li>• Financial self-sufficiency,</li> <li>• Healthcare access</li> </ul>
<b>Foster care network</b>	<ul style="list-style-type: none"> <li>• Exit type</li> <li>• Placement type</li> <li>• Reason for closure</li> <li>• Licensed beds vs. children in foster care</li> </ul>	<ul style="list-style-type: none"> <li>• Review of goals</li> <li>• Summary of recruitment &amp; retention efforts</li> <li>• Number homes retained</li> <li>• Retention length</li> <li>• List of developed partnerships</li> <li>• Data summary on <u>first</u> service delivery</li> <li>• Disruptions</li> <li>• Substantiations</li> <li>• Removals</li> <li>• Number children in the home</li> <li>• Maltreatment in care</li> <li>• Reason for closure</li> <li>• Length of time home is open</li> <li>• Homes with/out placements substantiations removals</li> </ul>
<b>DCYF staff</b>	None	<ul style="list-style-type: none"> <li>• Worker turnover (new vs. 2+ years)</li> <li>• Exit reason</li> <li>• Job satisfaction</li> <li>• Entry cohort analysis of worker retention</li> </ul>

## Priority Drivers of Child Welfare Outcomes

Policy, literature, and the experts in the field also highlight the drivers of child, youth, and family outcomes that agencies should consider prioritizing. As articulated below, the drivers capture elements of programs, services, and the workforce, which are within DCYF's scope to leverage in pursuit of improved child, youth, and family well-being. We describe these drivers in more detail in this chapter's "Process" and "Infrastructure" sections.

What are the **high priority drivers** from the **child welfare** policy and evidence base that influence child, youth, and family outcomes?

- High quality foster caregiver network
- Services to meet child and family needs
- Training for staff, stakeholders
- Workforce turnover

**High quality foster caregiver network.** Recently, there has been renewed attention given to the foster home network, or network of caregivers. Not only should there be a network of high quality foster homes available for youth, but those homes should be opened in a timely manner and should see placement activity.<sup>[32]</sup> Furthermore, licensed and available homes should be positioned to serve the needs of the children and youth in their system. A system with an in-care population primarily made up of young children would not be well served by a caregiver network primarily licensed to care for older youth.

Agencies monitor the quality and availability of the foster care network at multiple levels and through various review processes. Under the CFSR, states are evaluated on their recruitment and retention of foster and adoptive parents.<sup>[27]</sup> Providers must also complete home studies and/or licensing in a timely fashion. Locally, WA conducts caregiver assessments both through reviews, and through its licensing practices and procedures.

**Services to meet child and family needs.** Across policy, literature, and statements from experts, there is agreement that child welfare systems need to include an effective array of services that meet the needs of children and families with which it comes into contact.<sup>[27,32,33]</sup> These services—aimed at assisting children and families with safety, permanency, and well-being—can be prevention-based, or they may occur after a child and their family is involved with the child welfare system. Evaluation or monitoring of appropriate service provision can include tracking and reporting on the frequency of caseworker visits with children in foster care and the provision of services to children who are at home but receiving child welfare services.<sup>[27,34]</sup>

**Training for staff.** The quality of the workforce is another identified driver of child welfare outcomes. Training is essential to ensuring that child welfare workers have the knowledge and skills needed to engage with children and families and improve outcomes through service provision.<sup>[35]</sup> The Children’s Defense Fund/Children’s Rights identifies 14 key components of a knowledgeable and skilled workforce, which include, for example: authentic cultural competence, effective quality assurance and accountability, safe and stable working conditions, useful technological resources, timely and accurate data and information, among others.<sup>[32]</sup>

Staff should not only be trained to perform their duties in a high quality way, but they should be supported in doing so with effective supervision. Supervisors play three critical roles in child welfare agencies: education and training (i.e., addressing the knowledge, attitudes and skills needed to do the job effectively), support (i.e., improving morale and job satisfaction and giving staff a sense of worth, belonging, and security); and administration (i.e., providing oversight to ensure adherence to agency policy and procedures, accountability and effectiveness).<sup>[36]</sup> High

quality supervision goes beyond mere compliance tracking to include coaching and mentoring.<sup>[37,38]</sup>

The child welfare workforce should also be trained to work with multidisciplinary stakeholders and service providers – not only as it pertains to individual cases, but also as child welfare plans are developed and improvement strategies are designed and implemented.<sup>[27]</sup> Additionally, evaluations of capacity-building activities might include: whether the system observes improved CPS response times and timely investigations; whether the workforce has been trained with regard to legal duties pertaining to their work with children (CAPTA).<sup>[27,33]</sup>

### **National Comparisons on Drivers of Outcomes**

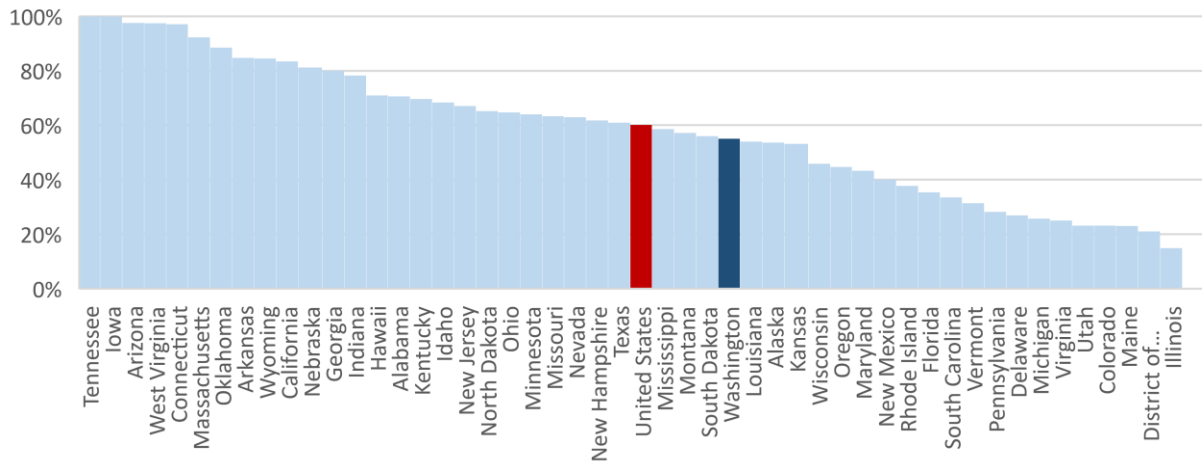
The CFSR assesses seven systemic factors that are considered drivers of child and family outcomes. Figures 14 through 16 show how WA performed relative to other states on several of these systemic factors during CFSR Round 3.

The focus of CFSR systemic factor 5 is on the service array and resource development. Item 29 captures whether the service array and resource development system is functioning to ensure that a broad array of services is accessible while Item 30 captures whether those services can be individualized to meet the unique needs of children and families. WA, along with 41 other states, was not in substantial conformity on systemic factor; neither item was rated as a strength.

Post-response services are services provided as a result of a child maltreatment investigation or alternative response to address child safety. They are usually based on an assessment of the family's service needs and strengths. Figures 13 and 14 show the percentage of children in each state who received post-response services. Because children who received post-response services are counted per response, they may be counted more than once.

Figure 13 shows the percentage of child victims who received post-response services. Fifty-five percent of WA child victims received post-response services. This was below the national average of 60 percent.

Figure 13. Percentage of Child Victims who Received Post-response Services, by State, 2017

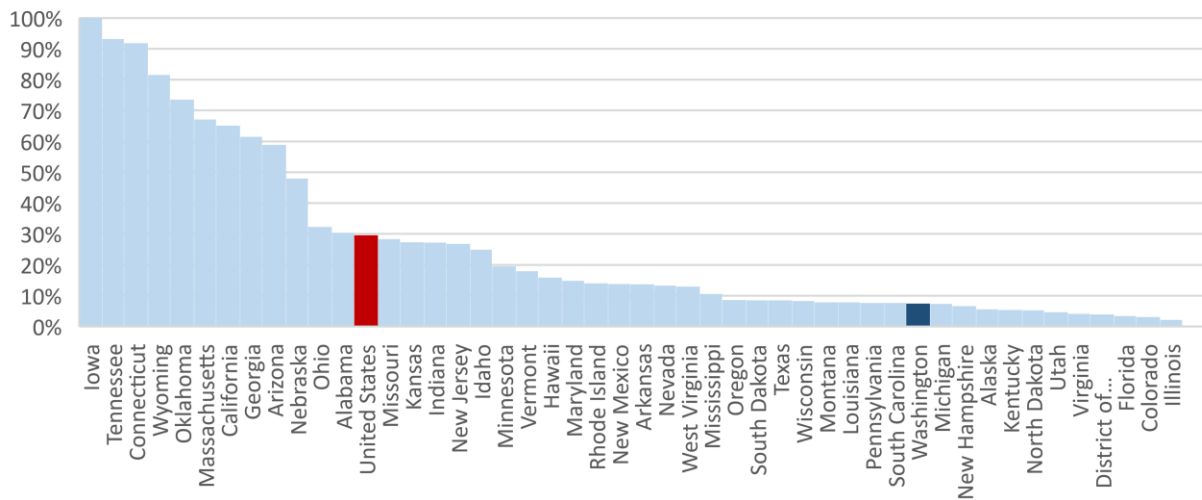


Note. Because a child is counted each time a CPS response is completed and services are provided, the number of child victims is a duplicate count. Only services that continue past or are initiated after the completion of the CPS response are included. Forty-nine states and the District of Columbia reported data.

Source. Children’s Bureau, NCANDS, 2017 Child Maltreatment Report

Figure 14 shows the percentage of child non-victims who received post-response services. Only 8 percent of WA non-victims received post-response services. This is far below the national average of 30%.

Figure 14. Percentage of Non-victims who Received Post-response Services, by State, 2017

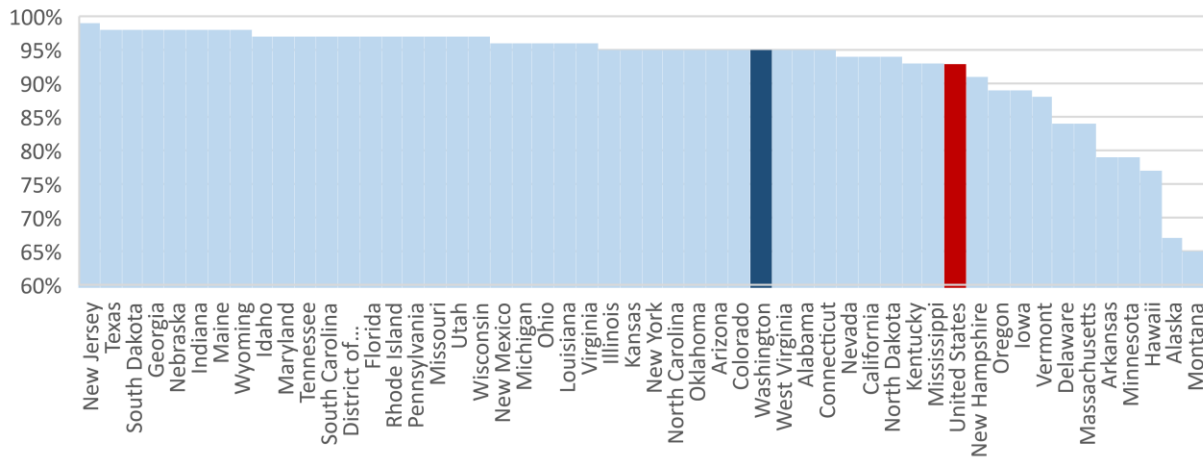


Note. Because a child is counted each time a CPS response is completed and services are provided, the number of child non-victims is a duplicate count. Only services that continue past or are initiated after the completion of the CPS response. Forty-seven states and the District of Columbia reported data.

Source. Children’s Bureau, NCANDS 2017 Child Maltreatment Report

One of the most essential drivers of child welfare outcomes are caseworker visits. Figure 15 shows the percentage of required caseworker visits to children in foster care that were made on a monthly basis. WA's percentage was slightly above the national average (95% vs. 93%).

Figure 15. Percentage of Required Caseworker Visits to Children in Foster Care Made on a Monthly Basis, by State, 2017



Source. Children's Bureau [30]

Staff capacity and training are essential for CW caseworkers to do their jobs well. The focus of CFSR systemic factor 4 is on staff and provider training. Item 26 captures whether initial training is provided to all staff who deliver services, Item 27 captures whether ongoing training is provided to all staff who deliver services, and Item 28 captures whether training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities. WA was one of 47 states that was not in substantial conformity with this systemic factor. Although WA received an overall rating of Strength for Item 28, it received an overall rating of Needs Improvement for Items 26 and 27.

The focus of CFSR systemic factor 7 is on foster and adoptive parent licensing, recruitment, and retention. Item 33 captures whether state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds, Item 34 captures whether 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, Item 35 captures whether 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, and Item 36 captures whether the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide. WA was one of 38 states that was in substantial conformity with this systemic factor.

How an agency conducts outreach to stakeholders around the state is also an important driver of child and family outcomes. The focus of CFSR systemic factor 6 is on agency responsiveness to the community. Item 31 captures whether the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family serving agencies and includes the major concerns of these representatives in its goals, objectives, and annual updates. Item 32 captures whether the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population. WA, along with 35 states and the District of Columbia, was in substantial conformity with this systemic factor. It received an overall rating of Strength for Items 31 and 32.

### **Drivers of Outcomes Data Capture**

As shown in Table 15, in terms of the priority drivers of CW outcomes, there was strong alignment between the literature and policy on the priority drivers for children with CW involvement and, for the most part, for youth in extended foster care; most of the gaps in these drivers were driven by the literature, not policy, suggesting that WA is compliant with policy mandates.

Table 15. Gaps in CW Drivers Data Capture, by Service Area and Domain

Service Area	Drivers Captured	Drivers Missing
Children with child welfare involvement	<ul style="list-style-type: none"> <li>• Timeliness of in-home services</li> <li>• Visits from social worker</li> <li>• Families receiving in-home services</li> <li>• Placement stability</li> <li>• Placement type</li> <li>• Permanency planning</li> <li>• Running away</li> <li>• Length of stay</li> <li>• Out-of-home placement</li> <li>• Exit type</li> <li>• Placement with siblings</li> <li>• Visits with parents</li> <li>• Health and Safety visits</li> <li>• Behavioral health treatment need and reception x child abuse/neglect history</li> <li>• Maltreatment in out-of-home care</li> </ul>	<ul style="list-style-type: none"> <li>• Time to case closure</li> <li>• Re-referral after case closure</li> <li>• Identified needs are met (educational, behavioral health, physical health)</li> <li>• Trial home visit occurred</li> <li>• Number and type of services received by youth</li> <li>• Services received by youth in care vs. not in care</li> <li>• Eligible youth receiving services</li> <li>• Caseworker visits</li> </ul>
Extended foster care	<ul style="list-style-type: none"> <li>• Medical care (including mental health)</li> <li>• Dental care</li> <li>• Transitional living services</li> <li>• Case management</li> <li>• Referrals to community resource</li> <li>• Placement stability (FC or IL)</li> <li>• Services received</li> <li>• Housing education received</li> <li>• Court reviews</li> <li>• Plan created based on life-skills assessment (IL or TL)</li> <li>• Completion of IL services module</li> <li>• Enrollment in/ completion of secondary/ postsecondary academic or vocational program</li> <li>• Participation in employment-promoting activity</li> <li>• Mentoring services received</li> <li>• Financial assistance received</li> <li>• Case planning occurred</li> </ul>	<ul style="list-style-type: none"> <li>• Transitional living plan</li> </ul>
Foster care network	<ul style="list-style-type: none"> <li>• Inquiries</li> <li>• First inquiries</li> <li>• Applications</li> <li>• Materials distributed</li> <li>• Scheduled events</li> <li>• Home studies</li> <li>• Completion of Caregiver Core Training</li> <li>• Completion of background check</li> <li>• Completion of child abuse and neglect check</li> <li>• References returned to agency</li> <li>• Licensed parents</li> <li>• Log of support and retention activity (support group, training, first placement support, resource support, etc.)</li> <li>• Execution of transition plan</li> <li>• Log of contractor's attendance at meetings &amp; orientations</li> <li>• Licensed foster homes retained</li> <li>• Closed foster homes</li> </ul>	<ul style="list-style-type: none"> <li>• Details of caseworker visits</li> </ul>
DCYF staff	<ul style="list-style-type: none"> <li>• Annual mandatory training offered</li> <li>• First year of employment training offered</li> <li>• Second year of employment training offered</li> <li>• Contracted trainings</li> <li>• Classroom &amp; e-learning trainings offered</li> <li>• Training evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Annual mandatory training completed</li> <li>• First year of employment training completed</li> <li>• Second year of employment training completed</li> <li>• Quality of training offered/accessed</li> <li>• Registration/completion of contract/classroom/ e-learning training</li> <li>• Retention rate</li> <li>• Employee tenure (existing staff)</li> <li>• Employee tenure (former staff)</li> <li>• Vacancy rate</li> <li>• Job satisfaction (new vs. existing staff)</li> <li>• Worker caseloads by program area</li> <li>• Supervisor caseloads</li> <li>• Staff capacity to provide high quality services</li> <li>• Staff capacity to complete the process of care</li> <li>• Caseload size (children, families)</li> <li>• Supervisees</li> </ul>



DCYF currently collects data for a set of priority performance measures (PPMs), which emerged through a data mining process that identified a set of indicators found to influence child and family outcomes. Staff described the PPMs as a way to:

*... provide something that allows the field to actually manage using data in a way that isn't so confusing or so hard, or [field staff] put lots of energy into [one activity] and then we do our analysis and find out actually that can make things worse, not better.*

The PPMs contain a set of “early warning predictors” comprising family risk factors outside the scope of DCYF (e.g., child and family problems) and “processes” that influence outcomes, which are within DCYF’s scope (e.g., timely investigations, parent-child visits). The PPM logic model shows which early warning predictors and which processes have been empirically linked to the safety and permanency measures on the CFSR. A review of the PPM, many of which overlap with the AECF measures, shows that they are somewhat aligned with the literature and policy.

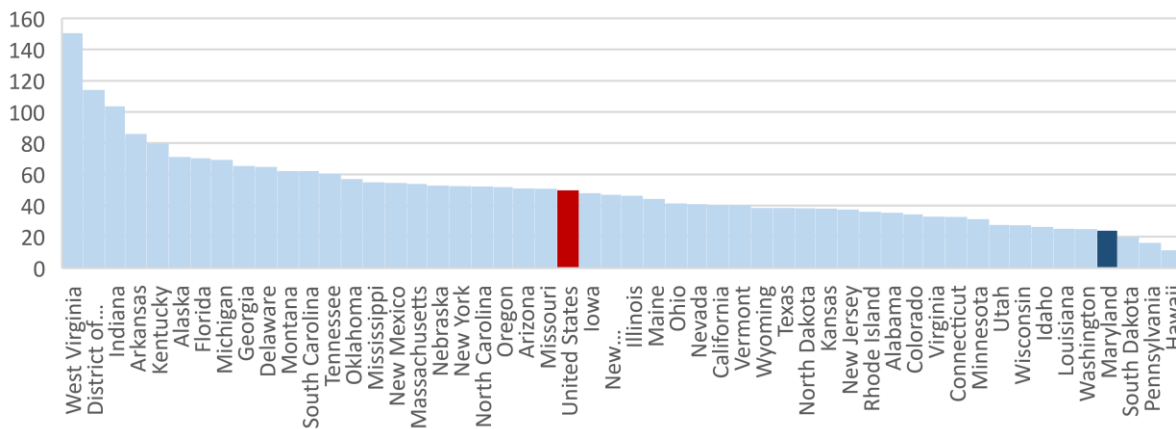
### System Dynamics for Child Welfare

Understanding an agency’s performance in a systematic way requires a comprehensive assessment of the system’s dynamics. Although there is no clear guidance from policy or the literature as to what to measure, the CFSR sets forth useful expectations about what agencies should know about children, youth, and families in the CW system.

### National Comparisons on Child Welfare System Dynamics

Figure 16 shows the Child Protective Services response rate per 1,000 children. This is the rate per 1,000 children who received an investigation or alternative response. WA’s response rate of 25.1 is far below the national average of 42.8.

Figure 16. Child Protective Services Response Rate per 1,000 Children, by State, 2017

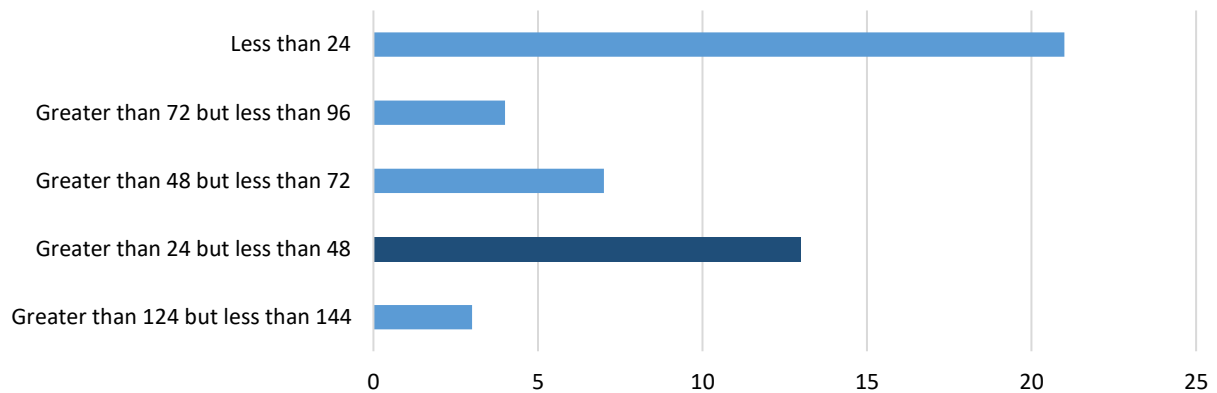


Note. The CPS response rate is the rate per 1,000 children in the state who received an investigation or alternative response. 50 states and the District of Columbia reported data.

Source. Children’s Bureau [30]

Figure 17 shows the distribution of the average CPS response time in hours. WA’s average response time was 39 hours compared to a national average of 76 hours and a national median of 65 hours. Seven states, including WA, and the District of Columbia had average response times greater than 24 but less than 48 hours while five states had an *average* response time of 24 hours or less.<sup>vi</sup> Thirteen states, including WA, and the District of Columbia had a *median* response time greater than 24 but less than 48 hours while thirteen states had median response time of 24 hours or less.<sup>vii</sup>

Figure 17. Count of States by Median CPS Response Time in Hours, 2017



Note. 46 states and the District of Columbia reporting.

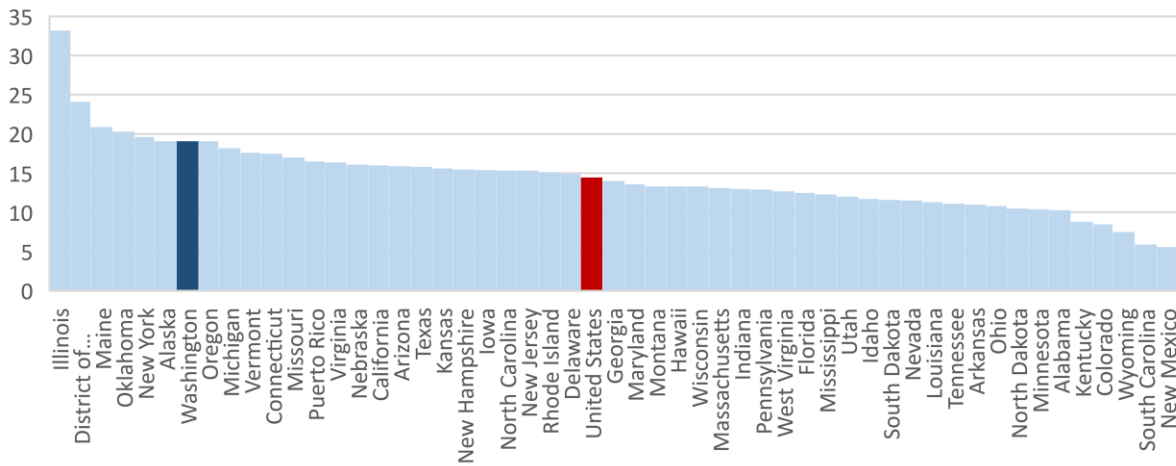
Source. Children’s Bureau <sup>[30]</sup>

Figure 18 shows the median length of stay in foster care for children who left foster care in 2017. The median length of stay for WA children exiting foster in 2017 was 19.1 months which was longer than the national average of 14.5 months. Although the Children’s Bureau’s length of stay measure is based on exit cohorts, we encourage WA to explore using entry cohorts to measure length of stay.

<sup>vi</sup> States with an average response times of 24 hours or less include: CO, FL, ID, NY, and WY.

<sup>vii</sup> States with response times under 24 hours include: AL, AZ, CO, CT, FL, GA, ID, IN, IA, KY, MD, MI, MS, MO, NV, NJ, NY, OH, SC, WY, and the District of Columbia.

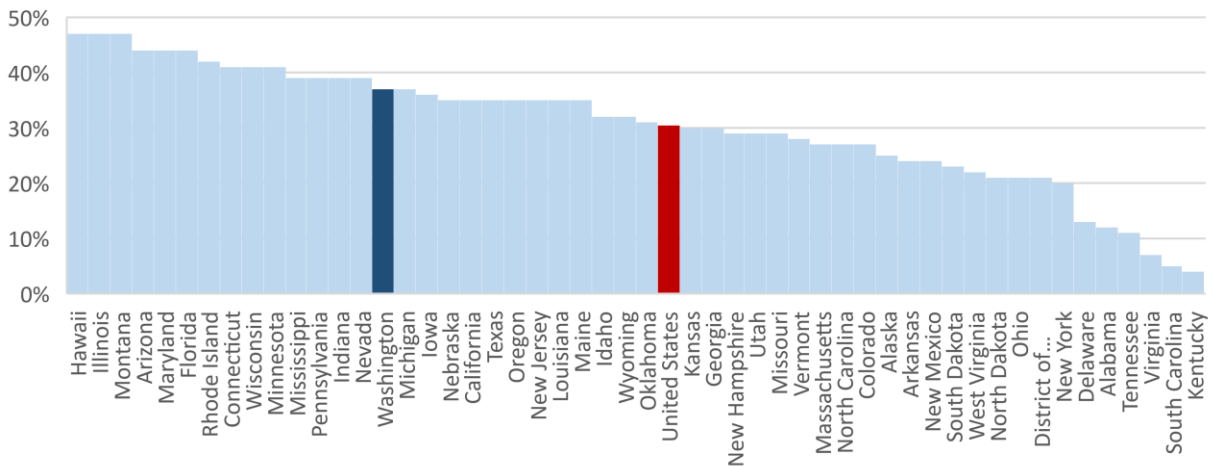
Figure 18. Median Length of Stay (in Months), by State, 2017



Source: Children’s Bureau [30]

Figure 19 shows the percentage of children in foster care who were placed with relatives at the end of FY 2017. Thirty-seven percent of WA children in foster care were placed with relatives compared with 30% nationwide.

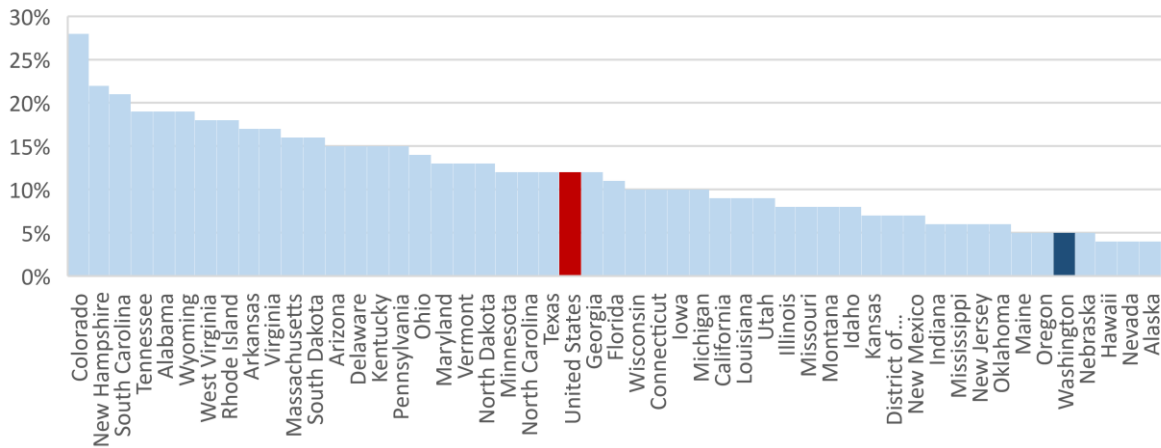
Figure 19. Percentage of Children in Foster Care Placed with a Relative, by State, 2017



Source: Child Trends analysis of AFCARS [39]

Figure 20 shows the percentage of children in foster care in a congregate care placement. Congregate care includes institutions and group homes. Five percent of WA children in foster care were in congregate care placements compared to 12% nationwide.

Figure 20. Percentage of Children in Foster Care in Congregate Care Placements, by State, 2017



Source. ChildTrends analysis of AFCARS data<sup>[40]</sup>

### System Dynamics for Child Welfare Data Capture

As with the outcomes and drivers, DCYF captures sufficient data about children and youth entering the system, but the agency needs more information about the foster care network and DCYF staff in the realm of system dynamics (see Table 16).

Table 16. Gaps in CW System Dynamics Data Collection

Service Area	System Dynamics Captured	System Dynamics Missing
Children with CW involvement	<ul style="list-style-type: none"> <li>• Requests for intervention</li> <li>• Reports of abuse/neglect</li> <li>• Screened-in reports</li> <li>• Investigations</li> <li>• Removals</li> <li>• Child &amp; family demographics</li> <li>• Meeting responses times</li> <li>• Investigation completion</li> <li>• Children placed</li> <li>• Timeliness of family team decision-making</li> </ul>	None
Youth in extended foster care	<ul style="list-style-type: none"> <li>• Number of youth entering</li> <li>• Geographic distribution and demographics of youth</li> <li>• % eligible youth in IL</li> </ul>	<ul style="list-style-type: none"> <li>• Reason for getting into EFC</li> </ul>
Foster care network	<ul style="list-style-type: none"> <li>• Number new homes (annually)</li> <li>• Number closed homes (annually)</li> </ul>	<ul style="list-style-type: none"> <li>• Geographic distribution of new and existing homes</li> <li>• Number children licensed to house</li> <li>• Demographics of homes</li> <li>• Demographics of children homes are licensed to serve</li> </ul>
DCYF staff	None	<ul style="list-style-type: none"> <li>• Level of education (new hires and existing staff)</li> <li>• Experience level (new hires and existing staff)</li> <li>• Retention rates</li> <li>• Number case-carrying new hires annually, by program and region</li> </ul>

## Summary

In summary, DCYF clearly has sufficient data to highlight disproportionalities in system dynamics and disparities in outcomes. It also has sufficient data to assess the key drivers of agency performance related to child and youth outcomes. However, an expanded data capture on the foster care network and DCYF staff will help DCYF better understand the variability in the experiences of children and youth in care that may impact their outcomes.

### *Equity Implication*

There are limited efforts to use these data to highlight disparities in the population served.

## 3.1.2 Early Learning

### Early Learning Outcomes for Children, Youth, and Families

High-quality early learning program can promote child development, increase school readiness, build a foundation for later academic success and social competence, and provide countless opportunities to parents for social support and economic mobility.<sup>[41,42]</sup> In these ways, EL programs help to establish positive educational trajectories for children, ensure that they are physically safe and healthy, and have the proper social and emotional supports to learn to be resilient in the face of challenges.

Of course, measuring the impacts of these programs and how they function can be challenging, due in part to children's rapidly expanding range of competencies in the first five years of life and the myriad programs designed to meet the diverse needs of children and families. The most widely used programs within this sphere include home visiting, early intervention, and early childhood education (ECE):

- *Home visiting.* Home visiting programs have been operating for decades, but the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) legislation in 2010 provided the first federal funding for a comprehensive system of home visiting services that includes data collection, evaluation, and a CQI infrastructure (ASTHVI, 2019). Existing home visiting models aim to improve maternal health, increase family self-sufficiency, reduce intimate partner violence, promote positive parenting practices, and improve early childhood development. Home visiting programs serving pregnant women also aim to improve birth outcomes.<sup>[43]</sup>
- *Early intervention.* The goals of early intervention programs are to support the development of children with disabilities, from birth to three, to meet developmental milestones during their early years of life. These programs also support and help families to care for children with disabilities.<sup>[44]</sup> Part C of the Individuals with Disabilities Education Act requires states to offer early intervention services to infants and toddlers, and their families.
- *Early childhood education.* ECE is designed to help prepare children socially and academically for the transition to formal schooling and to support families during this

critical period of children’s development. ECE typically involves center-based early learning opportunities and has been the subject of notable state-level policy investments across the country in recent decades. In WA, the Early Start Act governs the development and operation of a high-quality, integrated early care and education system as the means to provide a foundation for children’s success in school and life.<sup>[45]</sup>

Because early learning programs serve children from the prenatal stages through age 5, the child-level outcomes they prioritize vary from program to program. In general, programs focus on **child health and development** and **parent capacity and well-being**. The vast majority of research on effects of early learning programs has focused on early childhood outcomes for children enrolled in ECE programs. In line with the literature, the Committee on Developmental Outcomes and Assessments for Young Children recommended that assessments to monitor children’s progress, evaluate programs, or describe children’s school readiness focus on five domains of child development. These domains reflect state early learning standards, guidelines from organizations focused on young children’s well-being, and the status of available assessment instruments.<sup>[46]</sup> Figure 21 details those domains:

*Figure 21. Domains of Early Childhood Functioning*



These five domains have several things in common. First, there is substantial consensus on the value of each domain as indicated by theories of and research on child development or by inclusion in federal or state standards. Second, development within these domains is linked to other current or later outcomes of importance (e.g., success in school). Third, these domains are frequent targets of investment or intervention and malleable to change. Child outcomes for home visiting and early intervention programs generally align with these categories.

Assessing early childhood functioning is challenging because measures must be 1) age appropriate, 2) valid and reliable with culturally diverse populations of children, and 3) provide information that is useful to early childhood practitioners and families.<sup>[47]</sup> The lack of benchmarks for early functioning further complicates agencies’ abilities to assess children’s development. Children typically progress through similar stages of development, but at different rates. As such, early learning standards can be a valuable part of a comprehensive PI system. Such standards can create age-appropriate expectations and can be important not only to

children's current well-being but also to their later learning and development. Research-based expectations for early learning provide children with opportunities that promote school readiness and increase the likelihood of later academic success and social competence.<sup>[48]</sup> Hence, agency tools for assessing young children's progress must be clearly connected to early learning standards, technically valid and reliable, developmentally and culturally appropriate, and yield useful information. Experts and practitioners recommended using direct assessments of children's skills and teacher observations. One specifically cited the Early Development Instrument.<sup>[49]</sup>

*Benchmarks* are a set of standards that reflect a common understanding of or expectations about what children should know and be able to do at different stages of development; in early learning, this ranges from birth to kindergarten entry.

While child development outcomes are typically the focus of early learning programs, studies show that program participation can also result in positive parent outcomes. Meta-analyses of rigorous home visiting studies show that participation can improve maternal warmth, appropriate disciplinary tactics, organization of the environment, provision of learning materials, and engagement with the child, among others.<sup>[50]</sup> Similarly, the Head Start Impact Studies showed short- and mid-term positive effects of enrollment on parenting practices, including a higher use of educational activities in the short-term and lower use of physical discipline strategies by parents in the short- and mid-term.<sup>[51,51]</sup> Studies also show that the enrollment of children in ECE can promote parents' employment.<sup>[52]</sup> To supplement findings from the literature, ECE experts and practitioners suggested metrics that could measure parent and family functioning. Although there was no consensus on how best to approach this task, their suggestions included assessing family relationships and communication, parent-child attachment, economic self-sufficiency, and stability of the home environment.

The federal and state policies that govern various early learning programs generally align with the literature regarding the types of child and family outcomes that are most important to capture. For instance, Washington's Early Start Act requires the collection of longitudinal data for all children attending a state ECE program, including results from the Washington Inventory of Developing Skills (WaKIDS; i.e., social-emotional, physical, cognitive, language, literacy, mathematics), and when possible, the ethnic and racial identity of the child.<sup>[45]</sup> Likewise, the federal Head Start Act requires the collection of performance standards for Head Start programs in the domains of health, parental involvement, nutritional and social services, and school readiness.<sup>[53]</sup> Federal policy on the Maternal Infant Early Childhood Home Visiting Program (MIECHV) come from Title V of the Social Security Act and require that programs report measurable improvements in material and newborn health; prevention of child injuries, abuse, neglect, and maltreatment, and emergency room visits; improved school readiness; reduced crime and domestic violence; and improvements in family economic self-sufficiency.<sup>[54]</sup> Finally, federal policies for early intervention are governed by Part C of the Individuals with Disabilities Education Act (IDEA), which aims to prevent children from experiencing injuries, maltreatment, and fatalities and better equip families to support their children's learning and growth.<sup>[55]</sup> The

Child Care Development Fund (CCDF) also requires that states provide all infants and toddlers with a disability a timely, comprehensive, multidisciplinary evaluation of each child’s functioning and a family-directed identification of the needs of each family to appropriately assist in the development of the infant or toddler.<sup>[56]</sup>

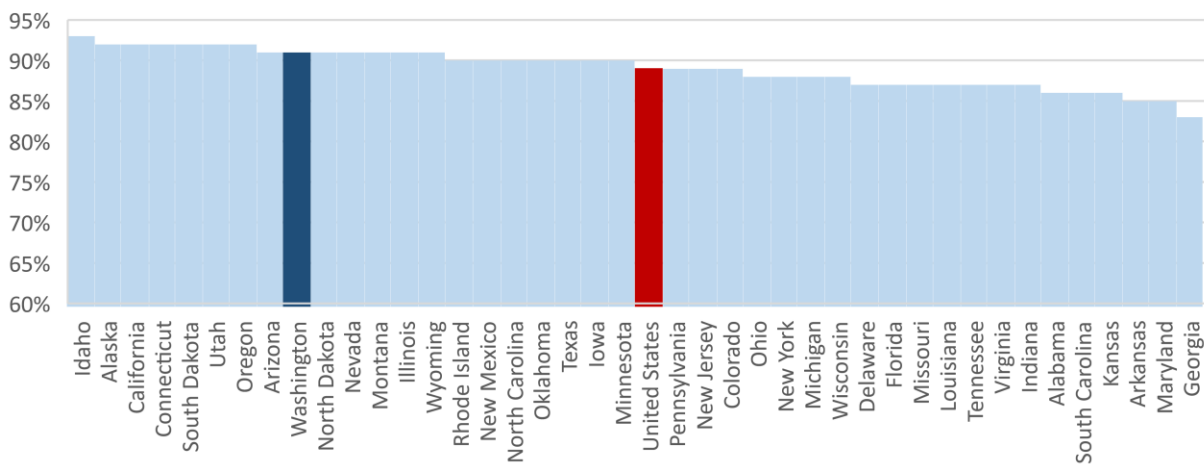
### National Comparisons on Early Learning Outcomes

Unlike CW, where a national reporting system standardizes which measures states report on and how, information on how children are functioning in the early years of life have to be drawn from various sources. Unfortunately, since there are no standard measures for assessing school readiness, we cannot depict how WA compares on measures of kindergarten readiness.

Below, we present outcomes for children and families participating in home visiting and early intervention programs. For home visiting, state comparisons were only possible using information from the Nurse Family Partnership (NFP) program. We encourage DCYF to further investigate performance on key measures across other home visiting programs, using these figures for comparison with other states.

An important outcome for pregnant mothers and their new infants in home visiting programs is birth weight. Figure 22 shows that 91% of WA mothers participating in NFP had babies weighing at least 2,500 grams, which is slightly higher than the percentage of children born at a healthy birth weight in NFP programs across the country (89%).

Figure 22. Percentage of Children Born at Healthy Birthweight among Families Participating in NFP, by State, 2018



Note. Healthy birthweight is classified as weighing no less than 2,500 grams or 5.5 pounds.

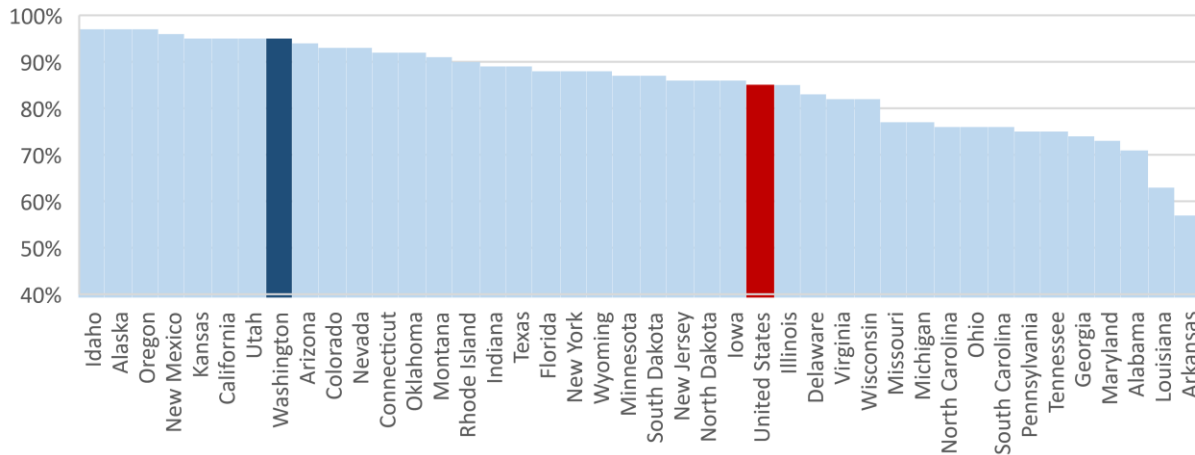
Source. Nurse Family Partnership State Profiles <sup>[57]</sup>

For both mothers and children, maternal initiation of breastfeeding is widely agreed to be an important outcome, since breastfeeding promotes child physiological and cognitive development and encourages mother-child attachment.<sup>[58]</sup> As shown in Figure 23, in WA, 95% of



mothers participating in NFP initiated breastfeeding, which was far above the national average of 85%.

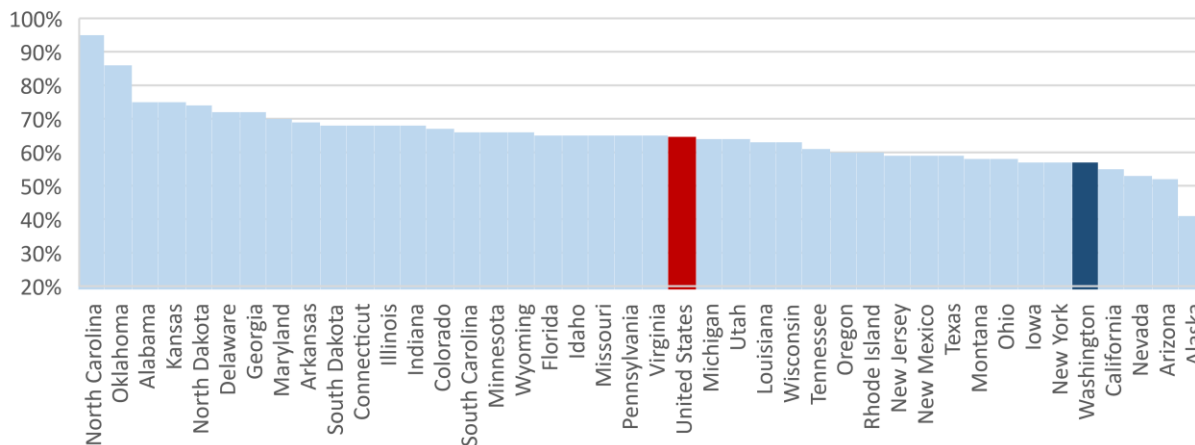
Figure 23. Percentage of Mothers in NFP who Initiated Breastfeeding, by State, 2018



Source. Nurse Family Partnership State Profiles [57]

In addition to health and well-being outcomes, home visiting programs often aim to advance families' economic mobility. In WA, only 57% of mothers participating in NFP were employed at 24 months, compared with 65% on average nationally (Figure 24). These findings highlight the importance of considering local variation and state-specific economic contexts.

Figure 24. Percentage of Mothers in NFP Employed at 24 Months, by State, 2018

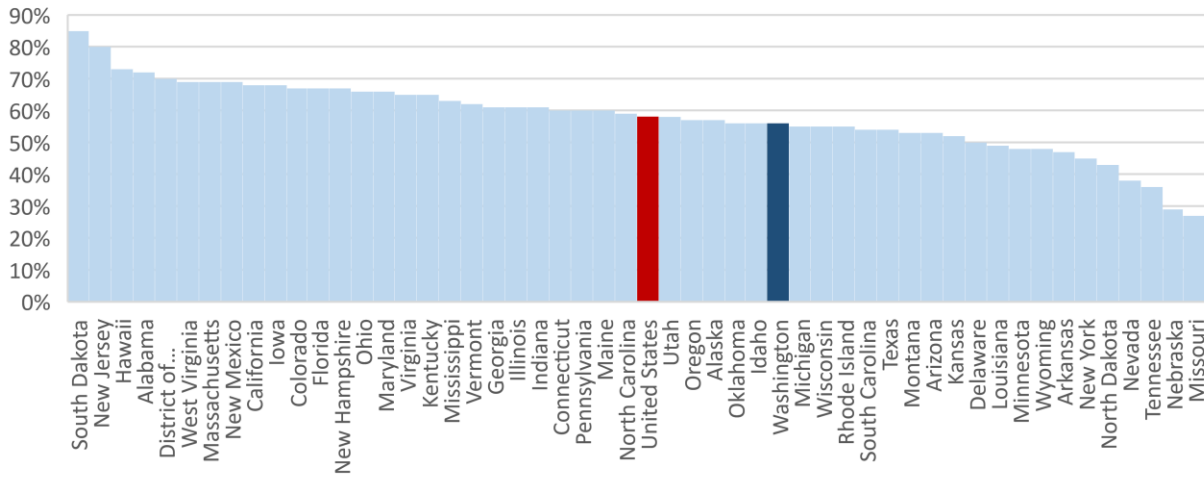


Source. Nurse Family Partnership State Profiles [57]

Outcomes for children participating in early intervention programs focus on children's development in three domains: social relationships, knowledge and skills, and actions to meet needs. Figures 25 through 27 present state comparisons on the percentage of children states serve in IDEA Part C early intervention programs who have achieved functioning within age

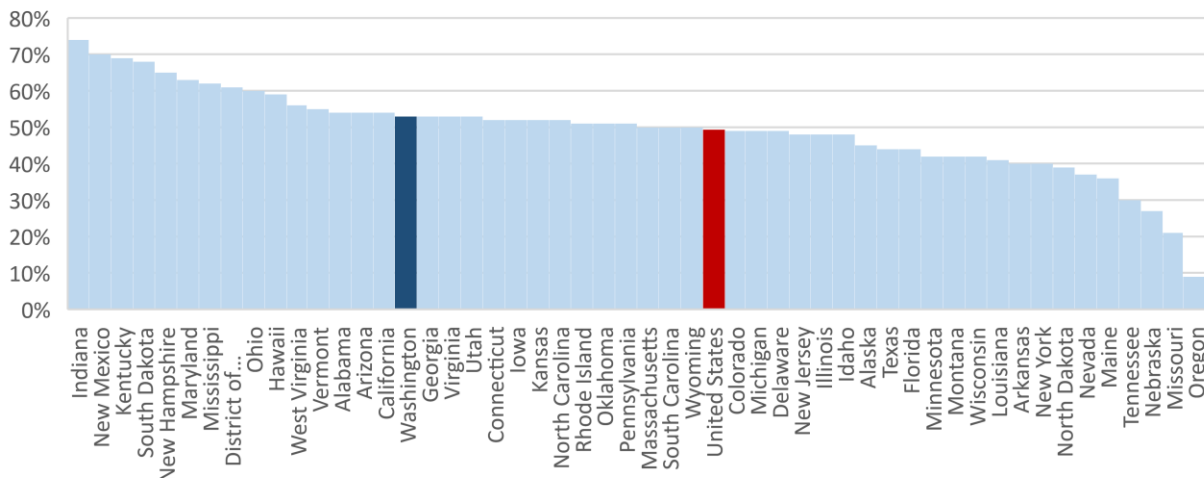
expectations on each of these outcomes. These figures show that, compared to children nationally participating in early intervention programs, children participating in ESIT are performing slightly below average in the domain of social relationships (56% vs. 58%; Figure 25), slightly above average in the domain of knowledge and skills (53% vs. 49%; Figure 26), and about average in the domain of actions to meet needs (57% vs. 58%; Figure 27).

Figure 25. Percentage of Children Participating in in Early Intervention Who Met the Age Expectation in the Domain of Social Relationships, by State, 2016



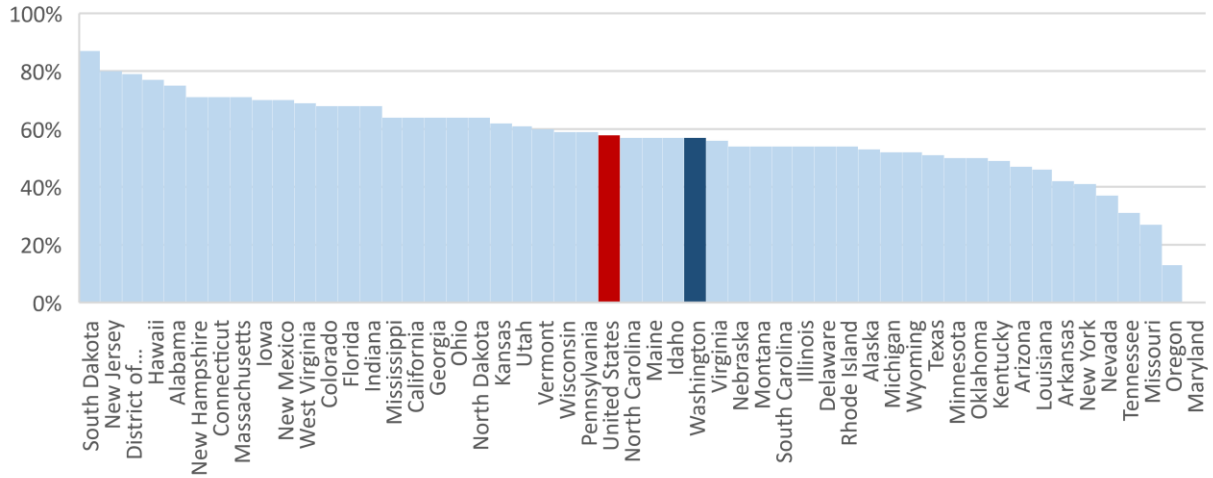
Note: State selected data source. Sampling of children for assessment is allowed. Sample must yield valid and reliable data and must be representative of the population sampled.  
 Source. U.S. Department of Education, Office of Special Education <sup>[55]</sup>

Figure 26. Percentage of Children Participating in in Early Intervention Who Met the Age Expectation in the Domain of Knowledge and Skills, by State, 2016



Note: State selected data source. Sampling of children for assessment is allowed. Sample must yield valid and reliable data and must be representative of the population sampled.  
 Source. U.S. Department of Education, Office of Special Education <sup>[55]</sup>

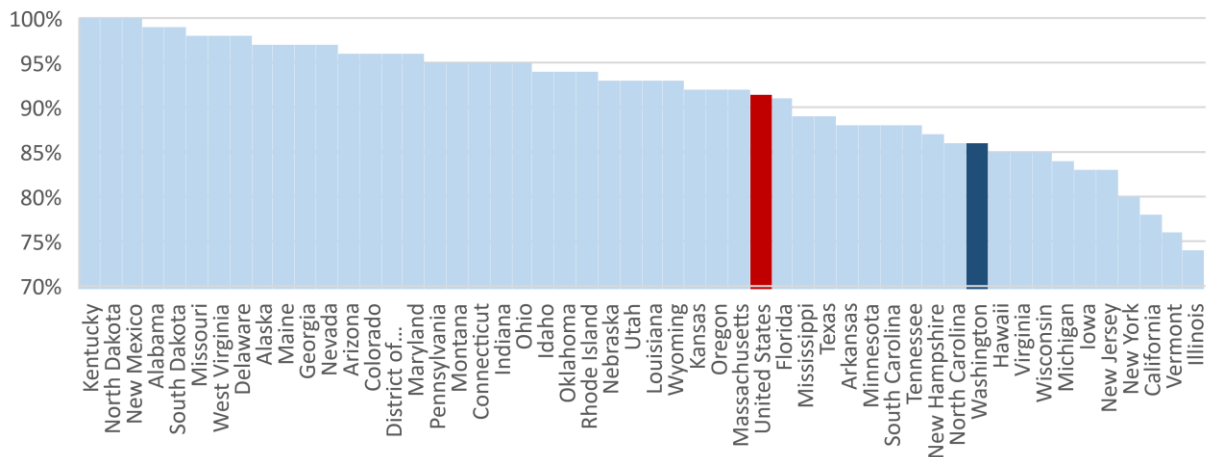
Figure 27. Percent of Children Participating in in Early Intervention Who Met the Age Expectation in the Domain of Actions to Meet Needs, by State, 2016



Note: State selected data source. Sampling of children for assessment is allowed. Sample must yield valid and reliable data and must be representative of the population sampled.  
 Source. U.S. Department of Education, Office of Special Education [55]

For parents of children in early intervention programs, an exceptionally important outcome is parental empowerment to help their children. Figure 28 shows the percentage of families who reported that their child’s participation in early intervention services assisted them in helping their child develop and learn. About 86% of families in WA reported that ESIT assisted them in helping their child grow and learn, compared to 91% families on average, nationally.

Figure 28. Percentage of Families Participating in Early Intervention Services Who Reported that the Program Helped Them Help Their Child Grow and Learn, by State, 2016



Note: State selected data source. Sampling is allowed. Sample must yield valid and reliable data and must be representative of the population sampled.  
 Source. U.S. Department of Education, Office of Special Education [55]

## Early Learning Outcomes Data Capture

Our examination of the data capture for early learning programs focused on outcomes for both parents and children (Table 17). From what we could glean about the portfolio funded by the Home Visiting Services Account, which includes nine evidence-based and evidence-informed models, some, but not all, home visiting programs measure children’s development in the domains of cognitive and behavioral skills. More home visiting programs measure parent outcomes, but there are notable gaps in the data holdings that could allow DCYF to better understand the performance of home visiting programs. There are similar gaps in the data holdings for DCYF’s early intervention program, ESIT and its preschool program, ECEAP.

Table 17. Gaps in EL Outcomes Data Collection

Program	Population	Outcomes Captured	Outcomes Missing
<b>Home visiting</b>	Children	<ul style="list-style-type: none"> <li>• Cognitive skills</li> <li>• Behavioral/social skills</li> </ul>	<ul style="list-style-type: none"> <li>• School readiness (motor skills; pre-academic skills)</li> <li>• Enrollment in high quality ECE</li> <li>• Reduced ER visits</li> </ul>
	Parent/Family	<ul style="list-style-type: none"> <li>• Low birthweight</li> <li>• Pre-term birth</li> <li>• Parent-child interaction</li> <li>• Breastfeeding</li> <li>• Child maltreatment</li> <li>• Learning activities with child</li> <li>• Maternal education and employment</li> </ul>	<ul style="list-style-type: none"> <li>• Family needs met</li> <li>• Successful program completion</li> <li>• Change in maternal education and employment</li> <li>• Injury prevention</li> <li>• Self-sufficiency</li> <li>• Coordination of community resources and supports</li> </ul>
<b>ESIT</b>	Children	<ul style="list-style-type: none"> <li>• Knowledge &amp; skills</li> <li>• Positive social relationships</li> <li>• Actions to meet needs</li> <li>• Special education designation</li> <li>• Transition out of program</li> </ul>	<ul style="list-style-type: none"> <li>• Kindergarten readiness (cognitive, social-emotional, language, literacy, math, physical)</li> <li>• Graduation and dropout rates (service receipt)</li> </ul>
	Parents/Family	<ul style="list-style-type: none"> <li>• Families know rights to program</li> <li>• Understand child’s needs</li> <li>• Reduced child maltreatment</li> <li>• Program satisfaction</li> <li>• Access to support systems, community resources</li> </ul>	None
<b>ECEAP</b>	Children	<ul style="list-style-type: none"> <li>• Kindergarten readiness (overall, by domain)</li> <li>• Racial/ethnic gap in readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment in kindergarten</li> <li>• Completed preschool academic year</li> <li>• Child fatalities</li> </ul>
	Parents/Family	<ul style="list-style-type: none"> <li>• Referrals for health/social services</li> </ul>	<ul style="list-style-type: none"> <li>• Family-child interactions</li> <li>• Daily learning activities</li> <li>• Family needs met</li> <li>• Access to social supports, community resources</li> </ul>

## Priority Drivers of Early Learning Outcomes

To identify the factors influencing early learning outcomes for children, the National Academy of Sciences convened a group of experts with experience in research, public policy, and practice workshop to identify potential national education indicators for young children ages birth to 5.<sup>[46]</sup> The group recommended a number of indicators related to both the use and availability of ECE programs and the quality of these programs (Table 18).

What are the **high priority drivers** from the **early learning** policy and evidence base that influence child, youth, and family outcomes?

- Use and availability of early learning programs
- Program quality
- Family engagements in services and supports

Table 18. Recommended National Education Indicators for Birth to Age 5

Use and Availability of Early Care and Education
Percentage of young children receiving early care and education outside the home
Percentage of young children receiving different types of early care
Number of hours young children spend in different types of early care per week
Quality of Early Care and Education Programs
Spending per child by age
Child-to-staff ratio
Teacher qualifications
Direct measure, through observation, of the environment and practices
Percentage of programs providing children with frequent warm, responsive, and linguistically rich interactions
Percentage of programs implementing focused curricula and monitor children's progress
Percentage of programs identifying and intervening with children who are not making adequate progress
Percentage of programs using intensive coaching linked to the curriculum or to promote high quality teacher-child interactions
Percentage of programs whose early care and education providers interact with parents in a planned and collaborative way that supports the development of learning goals and successful navigation of the transition into kindergarten
Percentage of childcare and education settings (by type) providing emotionally supportive, cognitively stimulating care

Providers of early learning programs vary widely across many dimensions, including funding sources, staff qualifications, the nature and quality of the experiences they provide to children, and the rules and requirements that they are governed by.<sup>viii</sup> The literature points to variations in program access and quality as potential drivers of the well-being for children served in those programs and across the population.<sup>[59]</sup>

<sup>viii</sup> In observance of the distinctions between OIAA initiatives, the baseline performance assessment did not explore in depth questions related to the workforce, which is part of the performance-based contracting initiative.

**Use and availability.** The use and availability of these programs are essential to the health and development of young children and have been linked with long-term benefits through adulthood.<sup>[60]</sup> Meta-analyses of home visiting programs show that they can have positive effects on child cognitive and socio-emotional development, preventing child abuse, improving parenting behaviors and attitudes, and promoting maternal education.<sup>[61,62]</sup> Studies of programs targeted towards children with autism and a range of disabilities find that early intervention lead to improvements in IQ, adaptive behaviors, language skills, among other benefits.<sup>[63–67]</sup> Other studies reveal that children’s exposure to these programs, described as the “dosage,” is positively associated with outcomes, such that children who spend more time in these programs show heightened functioning.<sup>[59,68]</sup> Put simply, children cannot benefit from these essential prevention and intervention programs if they do not have access to them.

**Program quality.** Measuring program quality is generally complicated due to the existence of multiple early childhood agencies and initiatives with different assessment-related requirements. One strategy for dealing with this situation has been the implementation of state Quality Rating and Improvement Systems (QRIS), which are primarily used for ECE programs. More than half of the states and the District of Columbia have implemented statewide QRIS, and most of the remaining states are building or exploring QRIS as a vehicle for organizing initiatives related to quality of early childhood programs into one coherent system. Core elements include:<sup>[69]</sup>

- Program standards to assign quality ratings
- Supports to practitioners and programs in the form of professional development and technical assistance
- Financial incentives to improve learning environments and attain higher ratings
- Quality assurance and monitoring processes to ensure accountability
- Consumer education to inform parents about the quality of early childhood programs

Quality features in the ECE setting fall into two categories: structural and process features.

- *Structural features* include staff-to-child ratios; group size; staff training, education, and experience; staff wages and working conditions; and staff stability.<sup>[70]</sup> Rigorous studies have shown positive relationships between structural and process features of the workforce and improved child outcomes. A meta-analysis found that teacher ratio and class size have a negative relationship with child cognitive, academic, and socio-emotional skills, such that when the ratio decreases and class size decreases, child outcomes improve.<sup>[71]</sup> Teacher professional development can lead to positive outcomes for children’s school readiness, but different formats and content of professional development yield different results.<sup>[72,73]</sup>
- *Process features* of quality are the social, emotional, physical, and instructional interactions between the workforce and young children.<sup>[74]</sup> Studies show that behavior towards children such as empathy and warmth, respect, closeness, encouraging learning, and verbal immediacy positively impact children’s academic achievement and socio-emotional skills.<sup>[75–77]</sup>

There is a relationship between structural and process features, and no one component is sufficient to create high quality learning environments for students.<sup>[76]</sup> Experts and practitioners agree that policy makers and practitioners must seek to provide a broad range of quality features that work in concert to consistently and reliably provide high-quality learning environments.

The emphasis on understanding program quality is codified in existing federal and state policy, particularly the CCDF at the federal level and the Early Start Act at the state level. The CCDF states that states must spend 4% of CCDF funds on QI efforts and implement a QI infrastructure (one of which is implementing/enhancing a QRIS). The Early Start Act established and implemented the Early Achievers system as their QRIS for Early Learning programs. This policy mandates provider participation in Early Achievers and monitors programs' progress through levels and engagement of providers in quality promoting activities.

**Family engagement in services and supports.** Many early learning programs provide support services to strengthen families and promote the well-being and development of young children. Family supports have many forms, including efforts to connect parents with needed social welfare and community resources and programs for parenting support, mental health, or job training. The literature also shows positive child outcomes when parents access social supports, such as the Supplemental Nutrition Program and Women, Infants, and Children. Studies find these programs to reduce the instance and severity of food insecurity,<sup>[78]</sup> reports of child abuse and neglect,<sup>[79]</sup> and adverse birth outcomes, such as, low birth weight.<sup>[80,81]</sup>

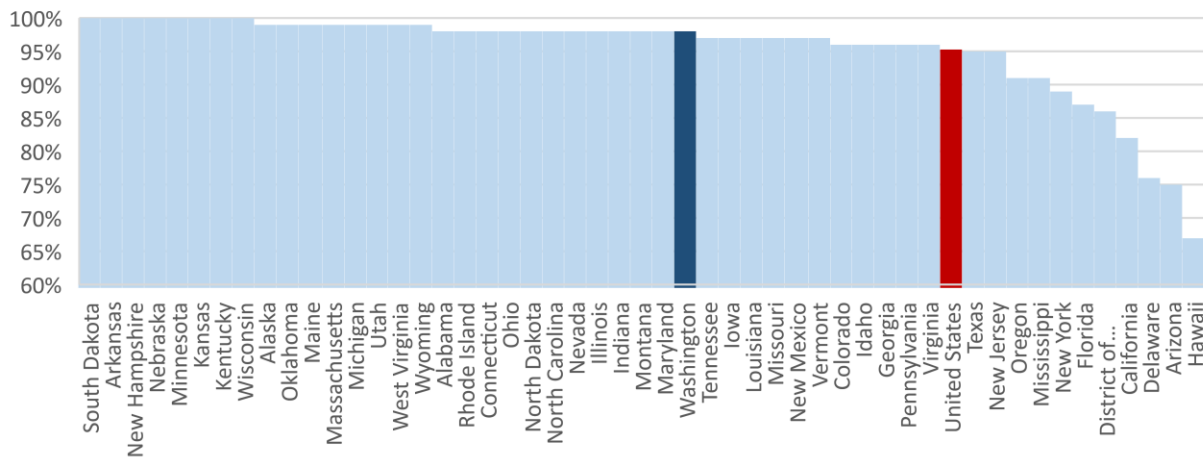
Federal and state policies are explicit about opportunities for PI in terms of how public agencies serving young children and their families should promote service and support engagement. In terms of coordination and referrals of families for community resources and supports, policies advise assessing the extent to which programs meet the needs of families,<sup>[54]</sup> particularly in terms of completing a family needs assessment,<sup>[82]</sup> parent involvement reports,<sup>[54,83]</sup> families receiving consumer education.<sup>[56]</sup> In terms of service utilization, federal policies dictate measuring the percentage of enrolled children receiving health exams;<sup>[53]</sup> the service utilization of children with disabilities by race, gender, and ethnicity around early intervention gradations (i.e., receiving, receiving and at risk of serious delays, stopped receiving), and the state's capacity for providing substance abuse treatment and counseling.<sup>[54]</sup> Other policies state the value of monitoring and resolving disproportionality in the identification and treatment of children with disabilities within various racial, gender and ethnic categories.<sup>[55]</sup>

### **National Comparisons on Drivers of Outcomes**

There are very few available measures that permit comparison between WA and other states on drivers of EL outcomes for children and families. We could not locate any comparable data on the drivers of child or family outcomes among participants of home visiting programs.

For early intervention, there is some available state data on some relevant drivers of outcomes. Figure 29 presents findings for timeliness of service provision, which shows that 98% of children receive services in a timely manner, as compared to 95% of children nationally. However, there is clearly limited cross-national variability on this measure, which may be due in part to the fact that states are permitted to define timeliness of services. Some states set timelines of 10 days between parents consenting to receive Individual Family Service Plan services and the first receipt of services, where as other states have timelines of up to 45 days.

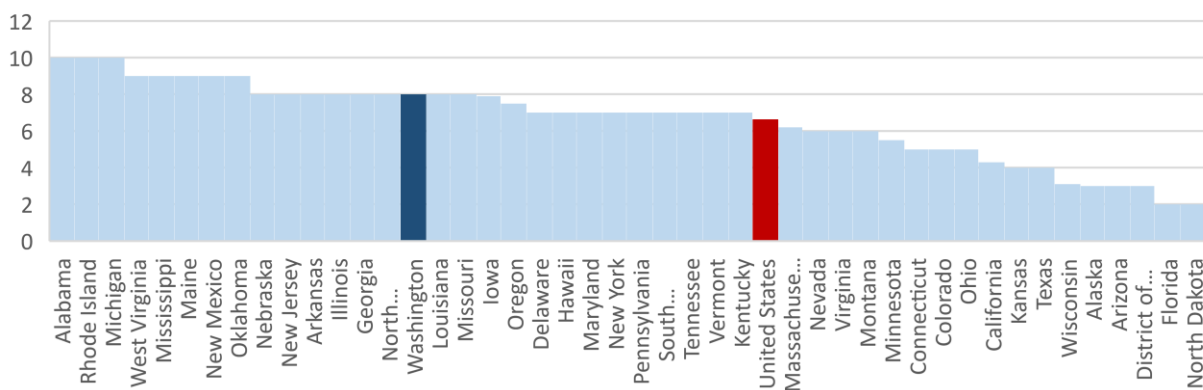
Figure 29. Percentage of Children Enrolled in IDEA Part C Early Intervention Services Who Receive Timely Services, by State, 2016



Source. U.S. Department of Education, Office of Special Education [55]

For preschool, as shown in Figure 30, WA is above average in terms of the National Institute for Early Education Research (NIEER) state preschool quality standards. The quality standards checklist, on which WA earned an 8, provides a set of ten, research-based minimum policies that support gains in child learning and development. The national average is about 6.6.

Figure 30. National Institute for Early Education Research State Preschool Quality Standards, by State, 2018

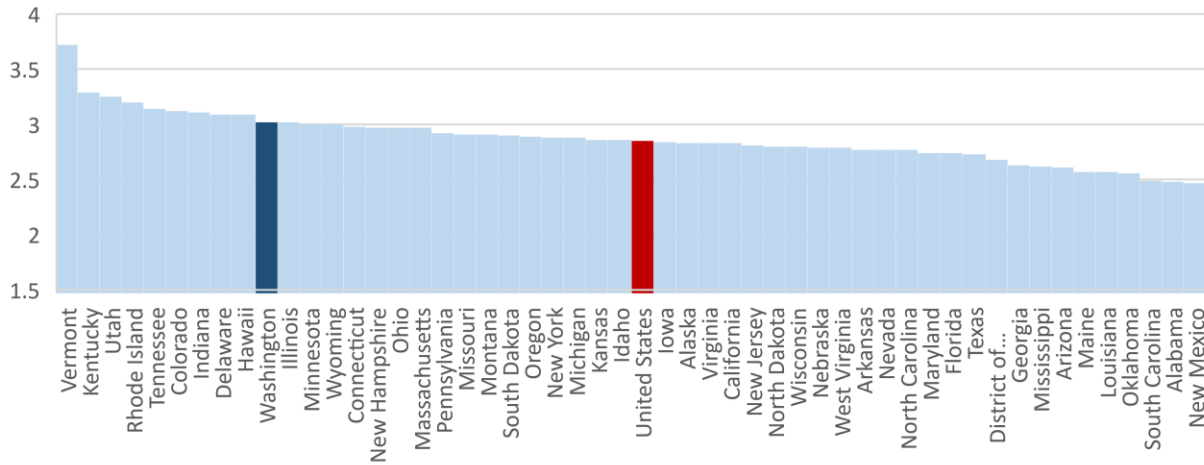


Source. NIEER, State of Preschool Yearbook [84]



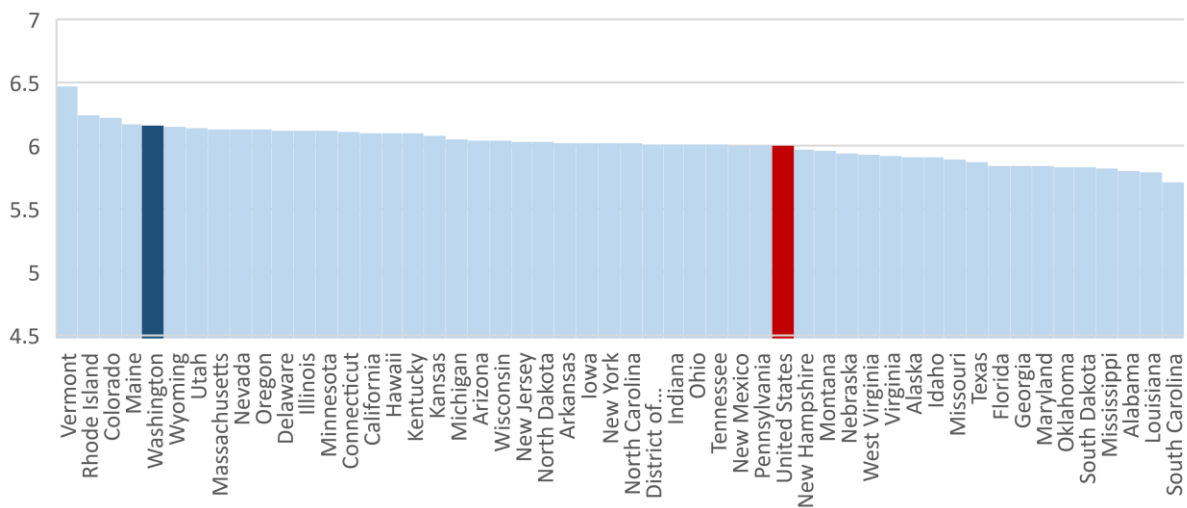
One of the most important drivers of outcomes for children in ECE programs is classroom quality, which agencies are increasingly measuring with the Classroom Assessment Scoring System (CLASS).<sup>[85]</sup> Though we could not locate classroom quality scores for ECEAP programs, we present scores from Head Start programs, which are similar to ECEAP in structure and eligibility. Figures 31 and 32 show these scores only as a proxy for WA's ECEAP programs and encourage DCYF to compare scores from ECEAP against these state comparisons. On measures of both instructional and emotional support, WA scores above average and in the top quartile.

Figure 31. Average Head Start CLASS Instructional Support Scores, by State, 2018



Source. NIEER, State(s) of Head Start <sup>[86]</sup>

Figure 32. Average Head Start CLASS Emotional Support Scores, by State, 2018



Source. NIEER, State(s) of Head Start <sup>[86]</sup>

## Gaps in Data Capture on EL Drivers of Outcomes

There was fairly good coverage of the drivers of outcomes in early learning programs recommended by the literature and policy (Table 19). However, all of the programs lacked some measures needed to comprehensively assess how the system of care is associated with children’s and parent’s well-being.

Table 19. Gaps in EL Drivers Data Capture

Program	Domain	Drivers Captured	Drivers Missing
Home visiting	Exposure to development promoting experiences	<ul style="list-style-type: none"> <li>Types of supports provided</li> <li>Visit frequency</li> </ul>	<ul style="list-style-type: none"> <li>Use of evidence-based practices</li> <li>Visit frequency/dosage</li> </ul>
	Exposure to child health services	<ul style="list-style-type: none"> <li>Children immunized</li> <li>Developmental screening</li> <li>Well-child visits</li> </ul>	<ul style="list-style-type: none"> <li>Referrals for health services</li> <li>Health insurance child medical home</li> </ul>
	Exposure to family health and well-being services	<ul style="list-style-type: none"> <li>Parents receive mental health consultation</li> <li>Intimate partner violence consultation</li> <li>Have health insurance exposure to prenatal care</li> </ul>	<ul style="list-style-type: none"> <li>Family needs assessment</li> <li>Referrals to community supports</li> </ul>
	Family engagement and satisfaction	<ul style="list-style-type: none"> <li>Relationship with HV staff</li> <li>Retention</li> </ul>	<ul style="list-style-type: none"> <li>Connection to social supports</li> <li>Links to public benefits</li> <li>Satisfaction with HV relationship</li> </ul>
ESIT	Exposure to child health and developmental services	<ul style="list-style-type: none"> <li>Number of days receiving services</li> <li>Numbers served</li> <li>Use of EI best practices (culturally appropriate, evidence-based) in service delivery</li> <li>Received services in natural environment</li> <li>Received services in timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Visit quality</li> <li>Child medical home</li> </ul>
	Family engagement	<ul style="list-style-type: none"> <li>Access to community supports outside of EI</li> <li>Community support</li> <li>Number referrals</li> </ul>	<ul style="list-style-type: none"> <li>Engagement in family education and training</li> <li>Family needs assessment</li> </ul>
ECEAP	Exposure to development promoting experiences	<ul style="list-style-type: none"> <li>Early Achievers metrics</li> <li>Evidence-based, culturally relevant curricula</li> <li>Supportive &amp; stimulating teaching practices</li> <li>Safe and promotive environment attendance</li> </ul>	<ul style="list-style-type: none"> <li>Pre and post child development assessments</li> </ul>
	Exposure to good nutrition and physical activity	<ul style="list-style-type: none"> <li>Performance standards on nutrition,</li> <li>Physical activity; screenings/ referrals</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition standards consistent with USDA recommendations</li> </ul>
	Exposure to health services	<ul style="list-style-type: none"> <li>Child health screenings and doctors' visits;</li> <li>Medical/dental home/insurance;</li> <li>Performance standards on health;</li> <li>Mental health consultation</li> </ul>	<ul style="list-style-type: none"> <li>Health programming for adults and children</li> </ul>
	Family engagement	<ul style="list-style-type: none"> <li>Performance standards for family support</li> <li>Parent involvement</li> <li>Referrals, assessment</li> <li>Material hardship</li> <li>Uninterrupted subsidy receipt</li> <li>Family well-being</li> </ul>	<ul style="list-style-type: none"> <li>Services/resources in parent's home language</li> </ul>

## Early Learning System Dynamics

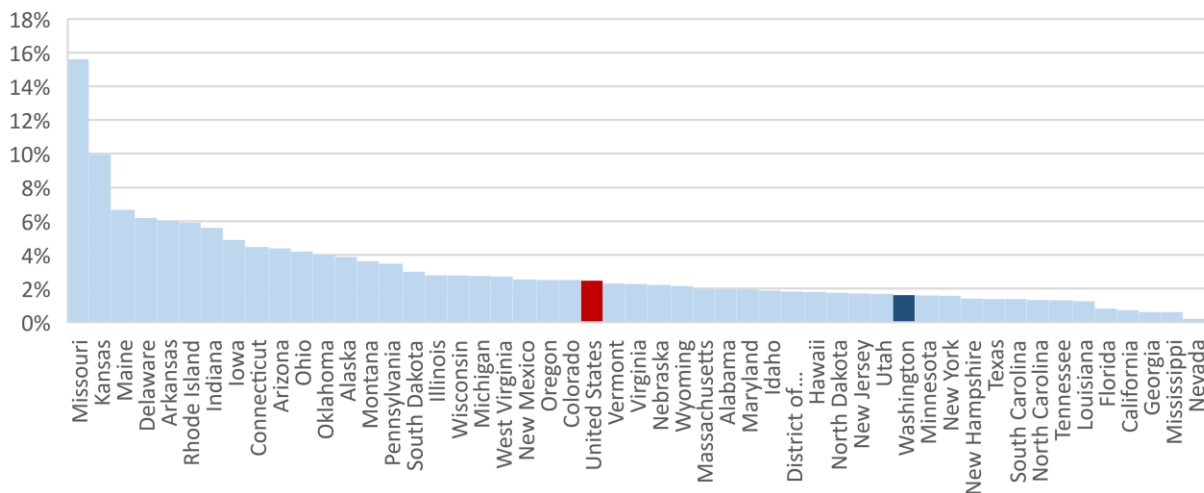
Again, understanding who comes into the system and when and how they come into the system is essential to interpreting trends among the population. In EL, each program may need to understand slightly different traits of the population, as well as record different program characteristics. For instance, understanding which caregivers are eligible vs. enrolled and what model they are enrolled in is specific to home visiting.

## National Comparisons on Early Learning System Dynamics

Given the variability in how these programs function from state to state, there are limited state-by-state comparisons we can draw on to understand who interacts with EL systems across the nation. This limitation is due in part to the fact that states have different ECE program models; for example, some states have universal preschool for all age-eligible children, whereas others have means-tested programs targeted to income-eligible children.

In terms of home visiting, there was no publicly available information about the proportion of eligible families served. We drew on information contained in the National Home Visiting Resource Center 2017 Home Visiting Yearbook to divide counts of participating families.<sup>[87]</sup> We divided the number of families by estimates of the number of households containing pregnant women and families with children under the age of 6 who met one of the following criteria: have a child under the age of 1, are a single mother, are a parent with no high school diploma, are a teen mother, or have low income. Figure 33 shows that WA is only serving 2% of potentially eligible families.

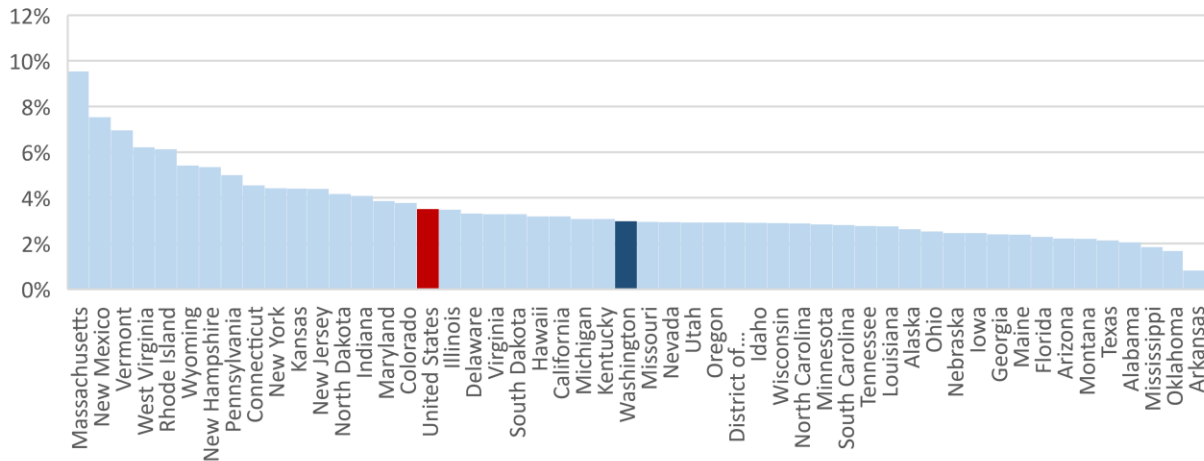
Figure 33. Percentage of Eligible Families Enrolled in Home Visiting Programs, by State, 2015



Source: National Home Visiting Resource Center<sup>[87]</sup>

For early intervention, we present the percentage of children age 0-2 within each state who received early intervention services through IDEA Part C. WA serves 3% of children across the state, compared to the national average of 3.5% (Figure 34).

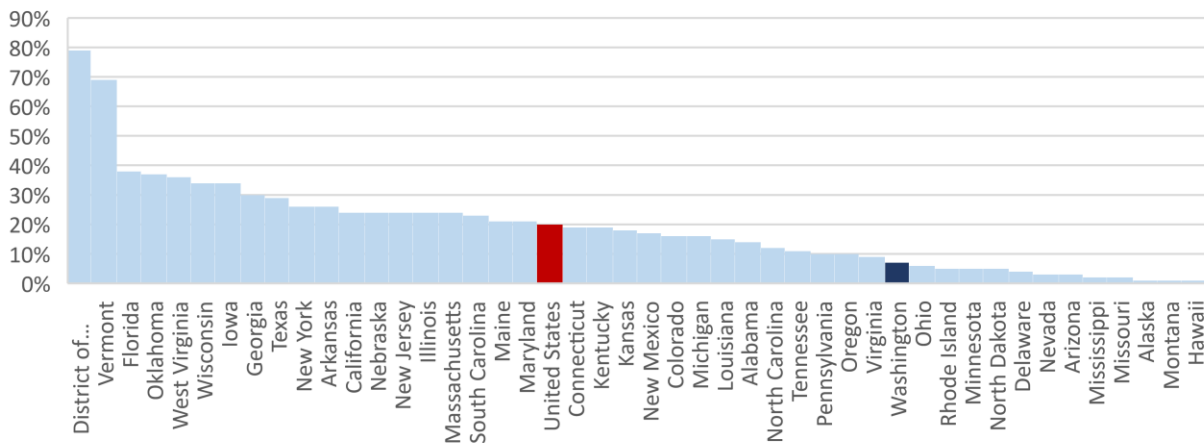
Figure 34. Percentage of Children Ages 0-2 Who Received Early Intervention, by State, 2016



Source. U.S. Department of Education, Office of Special Education [55]

In terms of preschool, Figure 35 shows the percentage of children participating in state-funded preschool across the country. WA serves 7% of children across the state, which is below the national average (20%) and the percentage of most other states. The explanation for this finding is that many states have transitioned to statewide universal preschool programs, whereas ECEAP is a targeted program, meaning that children are eligible based on their family's income and select other criteria.

Figure 35. Percent of 3- and 4-year-old Children in State Funded Preschool Programs, by State, 2018



Source. NIEER, State of Preschool Yearbooks [84]

## Early Learning System Dynamics Data Capture

As shown in Table 20, home visiting lacked information about system dynamics, more than either ESIT or ECEAP. A dearth of information about who comes into contact with a system prevents a comprehensive assessment of agency performance.

Table 20. Gaps in EL System Dynamics Data Collection

Program	System Dynamics Captured	System Dynamics Missing
<b>Home visiting</b>	<ul style="list-style-type: none"> <li>Enrolled caregivers who receive services</li> <li>Caregiver &amp; child demographics</li> <li>Program slots</li> </ul>	<ul style="list-style-type: none"> <li>Eligible caregivers enrolled/engaged</li> <li>Referral source</li> <li>Waitlist</li> <li>Intake assessment for program assignment</li> <li>Service initiation and termination dates</li> </ul>
<b>ESIT</b>	<ul style="list-style-type: none"> <li>Screening/assessment</li> <li>Eligibility evaluations</li> <li>Caregiver &amp; child demographics</li> <li>Service initiation date</li> </ul>	<ul style="list-style-type: none"> <li>Referral source</li> <li>Child Outcome Summary dates</li> <li>Service termination date</li> </ul>
<b>ECEAP</b>	<ul style="list-style-type: none"> <li>Caregiver &amp; child demographics</li> <li>Income-eligible population</li> <li>Program slots</li> <li>Program type</li> </ul>	<ul style="list-style-type: none"> <li>Program structure and duration</li> <li>Service initiation and termination dates</li> <li>Previous or concurrent childcare</li> </ul>

In summary, DCYF holds a substantial amount of information about early learning programs, which seems to be more in line with policy mandates and expectations than with what the literature elevates as most essential. Across the three early learning programs of interest, some additional information (e.g., dosage) may be needed to fully understand important elements of agency performance and child outcomes. Suggestions for identifying priority performance measures are described in greater detail in the recommendations section.

### *Equity Implication*

The existing data permit DCYF to stratify the data capture by demographic characteristics to illuminate inequalities at various points in the service continuum: inequitable access to programs at the front door, variability in experiences interacting with the system and the workforce, and disparities in early learning and developmental outcomes.

## 3.1.3 Juvenile Justice

### Outcomes for Youth Involved in Juvenile Justice Systems

Historically, the only commonly accepted measure of success for JJ systems was the **recidivism rate**, the rate at which youth involved in the JJ system committed new offenses. For example, a survey of JJ agencies in all 50 states found that only half of state agencies measured youth outcomes beyond whether youth commit future delinquent acts. Only 20% tracked whether youth committed delinquent acts once they were no longer on supervision.<sup>[88]</sup> In fact, there are

concerns that relying on recidivism alone may exacerbate bias against communities of color, because it does not necessarily measure individual behavior. Rather, it reflects both an individual's behavior and the system's response to that behavior.<sup>[89]</sup> Furthermore, high-quality juvenile justice systems should aim to provide rehabilitative services to young people that allow them to advance their educations; learn vocational skills, address physical, emotional, and behavioral needs; and develop positive interpersonal connections with peers and adults in their communities.

Measuring recidivism is complicated for several reasons. Most notably, there are multiple "marker events" that youth under supervision could experience.<sup>[90]</sup> These include arrest, court referral, adjudication, conviction/disposition, and commitment or they could also include revocations of supervision, offenses that occur after a youth is no longer under supervision, as well as offenses processed by the adult/criminal justice system.<sup>[88,90,91]</sup> JJ systems must decide which of these marker events will be included in their measure of recidivism. Current recommendations point to the value of using measures of recidivism that take all of these marker events into account. Some data sources are known to store more reliable data than others. Therefore, having multiple measures of recidivism will provide the opportunity to make comparisons within and across jurisdictions more meaningful. It will also provide options for selecting appropriate comparison data,<sup>[88,90,91]</sup> which relies on data sharing agreements across agencies. All recidivism tracking should, however, include adjudication or conviction as a measure of recidivism.

Second, much of the literature on how to measure recidivism among juveniles focuses on juveniles exiting secure facilities after a period of detention or incarceration.<sup>[88,90,91]</sup> Comparatively less research has explored measures of recidivism among youth under supervision in the community.<sup>[90]</sup>

Third, recidivism rates are sensitive to factors such as when the follow-up period begins and ends. Best practices call for measuring recidivism both while youth are under supervision and after exit or case closure, with the ability to distinguish between recidivism that occurred while under supervision and recidivism that occurred after supervision had ended.<sup>[90]</sup> There is less consensus on how long to follow youth after they are no longer under supervision. Some states follow youth for as few as 12 months while others follow youth for as many as 36 months. These distinctions are important because the longer JJ agencies follow youth, the more opportunities they have to experience a marker event and the higher recidivism rates will be. As of 2014, 21 states used a 12-month window, 15-states used a 24- month window, 19 states used a 36-month window, and 12 states did not publicly report their recidivism rate.<sup>[92]</sup>

A final complication related to measuring recidivism is that rates can vary substantially depending upon the risk level of the population of youth served. JJ systems can account for this variation by disaggregating recidivism rates based on assessed risk levels. Best practice is to establish baseline recidivism rates for youth assessed as having a low, moderate, and high risk of reoffending and to set performance improvement targets for each of those groups. A similar

argument can be made about other factors that may be correlated with recidivism rates, such as demographic characteristics, geography, placement type, facility, length of stay, service needs, by placement/post-release service program, and, where relevant, involvement in other systems, among others.<sup>[88,90]</sup>

Several WA state policies have codified the measurement of recidivism in certain contexts.<sup>[10,93,94]</sup> However, a universal standard of measurement across these state policies remains undefined. The Juvenile Justice Reform Act passed by the U.S. Congress in December of 2018 mandates that the Administrator of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) develop a method of data collection for a uniform national recidivism measure. As of May 2019, OJJDP had not yet released this guidance.

Although recidivism is an important indicator of whether JJ systems are helping to prevent subsequent delinquency, measuring other youth outcomes is also critical for determining whether JJ systems are helping youth transition to a productive adulthood.<sup>[88,90,91,93–96]</sup> Extant literature and policy suggest that focusing exclusively on recidivism ignores other potentially significant outcomes, such as:

- Completion of community service and payment of restitution
- Educational attainment, vocational skills, employment, and other competencies
- Behavioral health and prosocial and moral reasoning skills
- Connections with positive peers and adults

A number of initiatives have taken steps to advance the development of performance measures to inform citizens and policy makers at the state and local level about the performance of the JJ system. Most notably, the National Center for Juvenile Justice and the American Prosecutors Research Institute embarked on two closely related JJ initiatives to develop a set of outcome measures and articulate a data collection strategy as well as to field test a set of performance measures (Table 21). These measures are consistent with the balanced and restorative justice principles of community protection, offender accountability, and competency development that could be implemented nationwide.<sup>[97]</sup>

Table 21. Measuring Balanced and Restorative Justice: Goals, Activities, and Outcomes

Goal	Activities	Outcomes
<b>Community Protection:</b> All citizens have a right to feel safe from crime.	Implementation of a graduated system of interventions, supervision, and, where necessary, secure placement of juvenile offenders.	<ul style="list-style-type: none"> <li>No new offenses or serious violations of probation conditions committed while under juvenile court supervision</li> <li>Juvenile crime rates</li> <li>Law-abiding behavior</li> <li>Avoidance of subsequent adult criminal convictions</li> </ul>
<b>Offender Accountability:</b> A juvenile who commits a crime incurs an obligation to individuals and the communities in which it was committed.	Activities designed to help offender repair harm to individuals and community to the extent possible.	<ul style="list-style-type: none"> <li>Community service completed</li> <li>Restitution paid</li> <li>Completion of victim awareness classes</li> <li>Crime-victim satisfaction</li> </ul>
<b>Competency Development:</b> Juveniles should acquire knowledge and skills that enable them to be productive, connected, and law abiding.	Activities designed to provide juveniles with knowledge, tangible skills, and increased capacity to live in their communities without supervision.	<ul style="list-style-type: none"> <li>Successful completion of educational, vocational, skill building, moral reasoning, or independent living programs</li> <li>Resistance to drugs and alcohol abuse</li> <li>School participation</li> <li>Employment</li> <li>Volunteer/citizen participation</li> </ul>

### National Comparisons on Juvenile Justice Outcomes

In addition to WA, Delaware is the only other state that examines recidivism within an 18 month window. The rates are not comparable, though, because Delaware disaggregates its recidivism rate by type of facility, which is not comparable to how JR presents recidivism.

### Gaps in Juvenile Justice Outcomes Data Capture

For JR, we examined the continuum of services from sentencing through post-release. In terms of outcomes, we examined outcomes that related to youth’s transitions back to the community and their later functioning in the community. Across these two domains, data collection on outcomes was generally in line with evidence and policy. There appeared to be opportunities beyond re-arrest and service receipt to understand the impact of system engagement on youth functioning, such as more comprehensive information about parole experiences and risk assessment and about the well-being of youth who return to the community (Table 22).

Table 22. Gaps in JJ Outcomes Data Capture

Domain	Outcomes Captured	Outcomes Missing
<b>Youth &amp; community well-being</b>	<ul style="list-style-type: none"> <li>Re-arrest</li> <li>Homelessness</li> </ul>	<ul style="list-style-type: none"> <li>Arrest and detention records</li> <li>Education</li> <li>Employment</li> <li>Post-release substance abuse</li> </ul>
<b>Youth return to the community</b>	<ul style="list-style-type: none"> <li>Parole service receipt</li> <li>Vocational service receipt</li> <li>Parole release</li> </ul>	<ul style="list-style-type: none"> <li>Parole service referral &amp; initial contact</li> <li>Standards for post-discharge contact</li> <li>Global rating measure for FFP fidelity</li> <li>Incongruent release dates</li> <li>Release from custody by type of living arrangement</li> </ul>



JR staff highlighted some of the issues around measuring recidivism that are present in the evidence base:

*For the recidivism measure, we look at when a youth releases, after 18 months of them being out, then we start looking at whether or not they have committed a new crime post-release, and it takes 18 months to actually have that information go through the court system, so it's three years post when they've released, so it's really not real-time data.*

## Priority Drivers of Outcomes for Youth Involved in Juvenile Justice Systems

There are no national JJ outcomes measures comparable to the seven statewide indicators that are part of the CFSR, and there is no consensus among experts and practitioners on how to measure these outcomes. There is, however, general consensus among the literature, experts, and practitioners on the primary drivers of outcomes for youth involved in the JJ system. Of these drivers, those of highest priority include: use of risk and needs assessments, family involvement, provision of evidence-based rehabilitative programming, supervision planning, and staff capacity.

**Assessment of youth's risks and needs.** Research indicates that the most effective way to reduce recidivism is to address the underlying causes of delinquent behavior such as antisocial attitudes and peers.<sup>[98,99]</sup> Key to addressing delinquency-related risk factors is connecting youth with services matched to their individual needs.<sup>[100,101]</sup> Validated risk and needs assessment tools can be used to make data-informed decisions about which services (e.g., education, vocational training, job-readiness supports; mental health and substance use treatment; and life skills training) would be most appropriate and whether to refer youth for more specific, targeted trauma assessments (e.g., mental health).<sup>[102,103]</sup>

**Family engagement.** Systems should involve family members as primary partners not only in case planning, but also in supervision and service delivery,<sup>[104,102,103]</sup> and should apply a broad definition of family that includes extended and surrogate family members who can provide youth with the support they need to be successful. As discussed previously, probation, parole and other community-based care coordinating partners should rely on models such as family team conferencing to hold space to convene and facilitate discussions with the youth, family, service providers, and other relevant stakeholders. JJ agencies need formal mechanisms to elicit feedback from youth and families regarding their experiences with community supervision and other interventions.<sup>[103]</sup>

**Rehabilitative programming.** Research shows that long out-of-home placements for juvenile offenders do not reduce recidivism and can even increase the likelihood that youth will

What are the **high priority drivers** from the **juvenile justice** policy and evidence base that influence child, youth, and family outcomes?

- Assessment of youth's risks and needs
- Evidence-based, rehabilitative programming
- Facility quality and safety
- Re-entry planning and supervision
- Staff capacity

reoffend.<sup>[105–108]</sup> Conversely, evidence-based, family-centered interventions, such as functional family therapy and multi-systemic therapy, have been found to significantly reduce the likelihood of reoffending and are less costly than out-of-home placement for youth who are high risk.<sup>[109,110,100,111,112]</sup>

Interventions designed to increase psychosocial maturation (by providing positive youth development opportunities and cognitive behavioral approaches aimed at improving problem-solving and decision-making skills; to increase perspective-taking and self-control; and to enhance the ability to resist negative peer pressure) have been shown to significantly reduce recidivism rates.<sup>[96,111,113]</sup> Moreover, when the focus of supervision is on promoting positive behavior change, rather than on monitoring and enforcing compliance, youth are more likely to be matched to the level of supervision and type of services they need.<sup>[103]</sup> The availability of these types of programs are also mandated by a number of state policies, which indicate that youth should participate in skill-building programs and meet the program completion criteria.<sup>[93,114]</sup> Furthermore, policies highlight specific PI elements, such as the use of evidence-based practices and the evaluation of program model fidelity and cost-effectiveness.<sup>[93,114]</sup>

**Facility quality and safety.** The first nationally representative study of juvenile correctional facilities, the Conditions of Confinement,<sup>[115]</sup> found that facility quality factors such as overcrowding, high staff turnover, and confining youth in locked rooms or single cells may increase violent incidents in juvenile facilities, among other poor youth outcomes.<sup>[116]</sup> In response, OJJDP launched an initiative to develop Performance-based Standards (PbS) for facilities across the county.<sup>[117]</sup> The Standards address facility quality across the domains of safety, order, security, health, behavioral health, family/social supports, justice, programming, reintegration, and training.

Negative facility quality can adversely impact youth self-esteem and social interactions, along with increasing tension and the overall pains of confinement—all issues that can lead to assaults, fights, and other misconduct.<sup>[116,118,119]</sup> One particular form of misconduct, sexual assault, occurs more often within facilities that lack sufficient staff to monitor what takes place in the facility, and where there are higher levels of gang fighting.<sup>[120]</sup> Facility quality can have an impact on youth behavioral outcomes, as youth who perceived their incarceration environment as unsafe experienced declines in psychosocial maturity.<sup>[121]</sup> Misconduct can lead to sentence extensions which increase overcrowding, housing movements, offender reclassifications, and other issues that make the correctional environment more dangerous and disruptive for everyone present.<sup>[119,122]</sup> Facility quality can also serve protective functions. For example, youth who understand facility rules, perceive staff as helpful, and view the facility's resources as high quality are less fearful, fight less, and are less likely to be victimized through theft or abuse.<sup>[116]</sup>

**Staff capacity.** Moving towards a model that focuses on positive behavior change requires training so that probation, parole, and other facility- or community-based care personnel have the knowledge and skills they need to develop positive relationships with youth and their families. Extant literature has emphasized the importance of smaller caseloads to benefit these

more intensive case management responsibilities. Current recommendations for probation offices should ideally be set at a maximum of 8 to 12 youth per officer to enable more enriched engagement with youth and their families.

**Supervision and case management.** Supervision and case management practices are critical to improving youth outcomes and increasing public safety.<sup>[88,103]</sup> Juvenile justice systems are moving away from a focus on monitoring and enforcing compliance and more towards a wider array of case management practices often performed by professionals in other health and human services sectors.<sup>[104]</sup> This shift reflects a growing understanding that traditional surveillance-oriented supervision is ineffective.<sup>[103,104]</sup>

Systems should use validated risk-need-responsivity assessments or screening tools, which are more accurate at predicting the likelihood of reoffending than professional judgment alone, to match youth with the right level of supervision.<sup>[123]</sup> Youth who receive a higher or lower level of supervision than indicated by a risk assessment are more likely to recidivate than youth who receive the right level of supervision.<sup>[124,125,111,102,103,126]</sup> Additionally, rather than imposing the same conditions of supervision on all youth, juvenile justice systems should impose conditions of supervision that are developmentally appropriate, ameliorate the harm caused to victims and communities, and address the causes of the delinquent behavior.<sup>[104]</sup>

Another key to effective supervision is an individualized, strength-based, trauma-informed case planning process that is inclusive of youth and their families. Agencies can use structured processes such as family teaming to ensure that youth and their families are active participants in case planning. The AECF has supported the development of the Family-Engaged Case Planning Model, which emphasizes youth and family engagement, realistic expectations for change, and the achievement of tangible goals.<sup>[127]</sup> A primary focus of case planning should be on strengthening the connections between youth and caring adults, positive peers, and community supports so that youth can maintain those connections upon the termination of supervision.

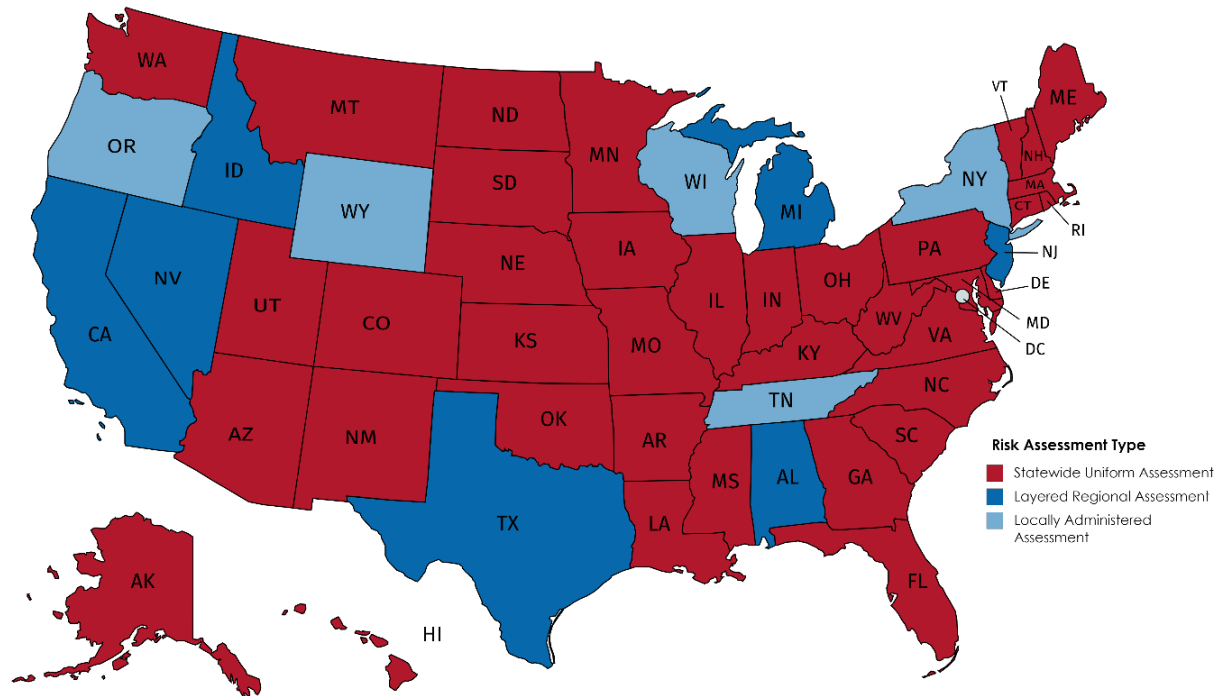
Many of the drivers of JJ outcomes that emerged from a review of the literature and through conversations with experts and practitioners align with the drivers that policies mandate. Additional policy-informed drivers that do not neatly fit into the categories identified in the evidence base and in practice include diversion policies, graduated responses, separation of juveniles from adults in secure facilities, and the use of restraints and isolation.

### **National Comparisons on Drivers of Juvenile Justice Outcomes**

There is limited information on drivers of youth outcomes that we can compare across states. Juvenile Justice GPS (Geography, Policy, Practice, & Statistics) has begun compiling state level indicators on a range of topics related to JJ such as racial/ethnic fairness and JJ services, among others. In regard to JJ services, available state comparison data exists on some of the relevant

drivers highlighted above. Figure 36 reports the level of standardized risk assessments across states.

Figure 36. Type of Juvenile Justice Risk Assessment, by State, 2017



Source. JJGPS [128]

As shown above, WA is among 38 states that have a uniform risk-needs assessment. Like WA, Delaware, Florida, and Wyoming also use the Positive Achievement Change Tool. Across the nation, 42 states are responsive to policy guidelines in the selection of their risk-needs assessment, and 4 states draw on agency recommendations to make this decision.

As of 2014, WA state policy did not require that JR administer a mental health screener to all youth.<sup>[128]</sup> Though most of the facilities reported using a screener, there was variability in the selection of that screener. In terms of support for EBPs broadly, WA is one of 28 states that have a state statute and one of 28 states that administrative regulations specifically requiring the provision of EBPs. WA is also one of 13 states that have a support center responsible for coordinating activities related to the implementation, evaluation, and sustainability of EBPs in JJ.

### Gaps in Juvenile Justice Drivers of Outcomes Data Capture

With regard to the drivers of JJ outcomes, JR holds substantial data on the components of the system that may influence outcomes (Table 23), but it appears that DCYF could collect more information on the dates in which JR initiates treatment plans, the types of EBPs available, the dosage of EBPs, and on fidelity monitoring for EBPs.

Table 23. Gaps in the JJ Drivers Data Capture

Domain	Outcomes Captured	Outcomes Missing
<b>Youth &amp; community well-being</b>	<ul style="list-style-type: none"> <li>• Re-arrest</li> <li>• Homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Arrest and detention records</li> <li>• Education</li> <li>• Employment</li> <li>• Post-release substance abuse</li> </ul>
<b>Youth return to the community</b>	<ul style="list-style-type: none"> <li>• Parole service receipt</li> <li>• Vocational service receipt</li> <li>• Parole release</li> </ul>	<ul style="list-style-type: none"> <li>• Parole service referral &amp; initial contact</li> <li>• Standards for post-discharge contact</li> <li>• Global rating measure for FFP fidelity</li> <li>• Incongruent release dates</li> <li>• Release from custody by type of living arrangement</li> </ul>

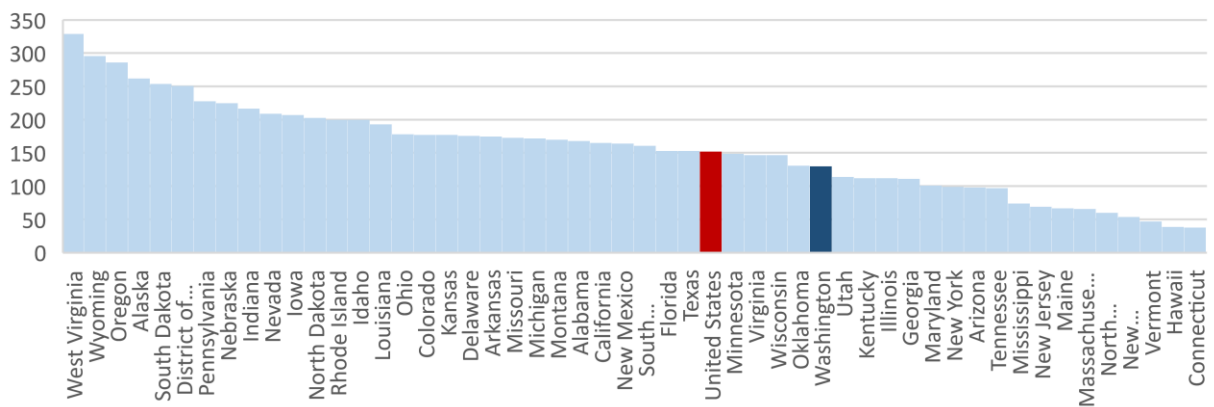
### Juvenile Justice System Dynamics

In JR, there is more existing information about youth when they come into the system than there is about youth when they leave the system. One important approach to understanding which youth come into the system involves the active monitoring of racial and ethnic disproportionalities and the development of a culture in which racial/ethnic equity are openly discussed. Efforts to promote racial and ethnic equity must extend beyond calculating this index to include practices such as 1) geographic mapping to identify disparities between where youth are arrested and where programs that serve youth are located; 2) examining differential arrest and referral rates for various offenses; 3) measuring the relative effectiveness of service providers working with youth of different races and ethnicities; 4) surveying community leaders in neighborhoods where large numbers of system-involved youth reside to identify barriers to accessing culturally responsive services or other concerns; and 5) recurring staff who reflect the racial and ethnic composition of the youth who are system-involved.<sup>[104]</sup>

### National Comparisons on Juvenile Justice System Dynamics

As shown in Figure 37, youth enter the JJ system in WA at a rate slightly below average across the country (130 vs. 152 per 100,000).

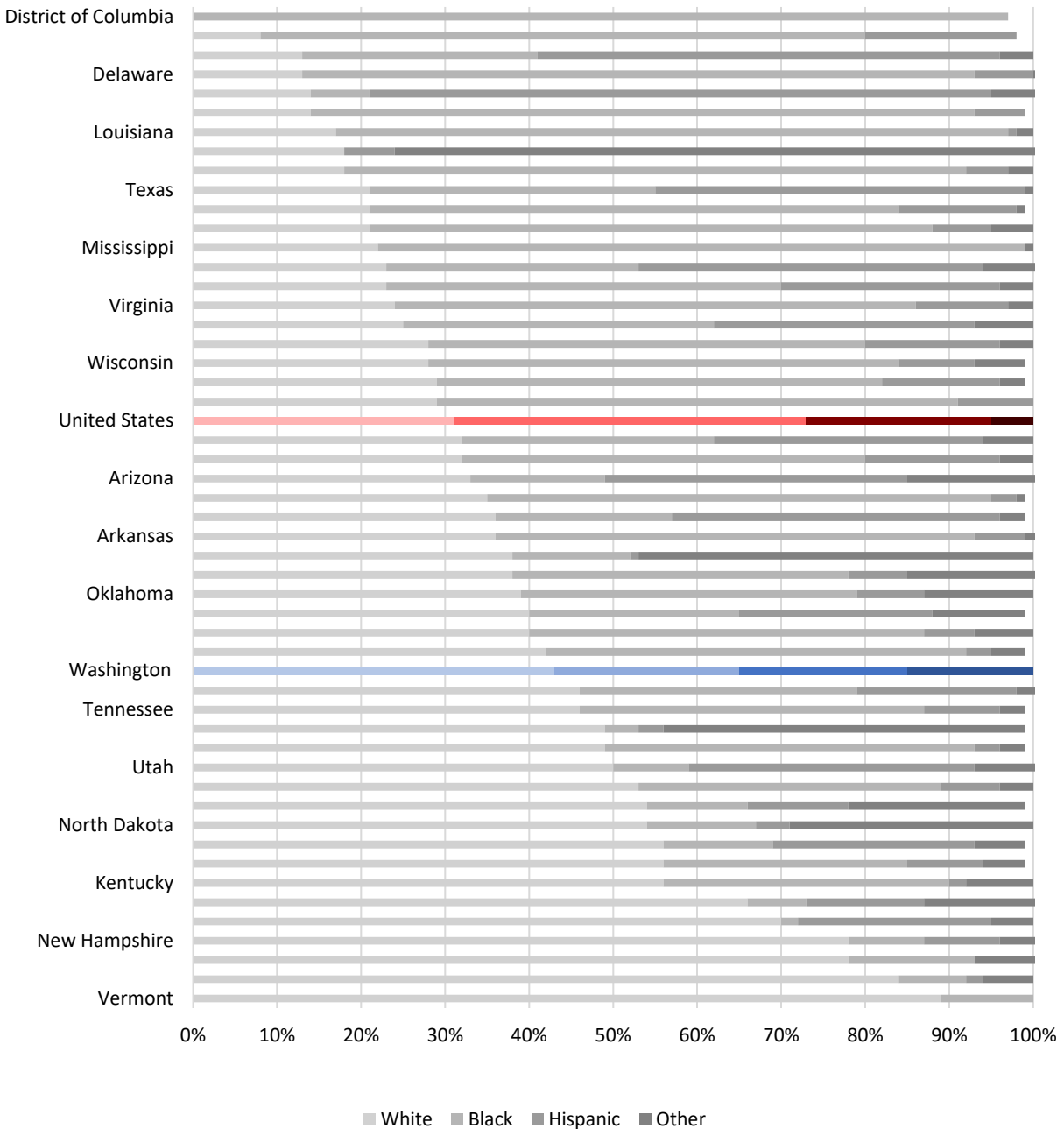
Figure 37. Placement Status by State (Rate per 100,000 Youth), 2015



Source. OJJDP <sup>[129]</sup>

Figure 38 shows the racial/ethnic distribution of youth in JJ systems across the country. Compared to the U.S. as a whole, WA incarcerates larger proportions of White youth and youth of other races/ethnicities and a smaller proportion of Black youth.

Figure 38. Racial/Ethnic Distribution of Youth in Juvenile Justice Systems, 2015

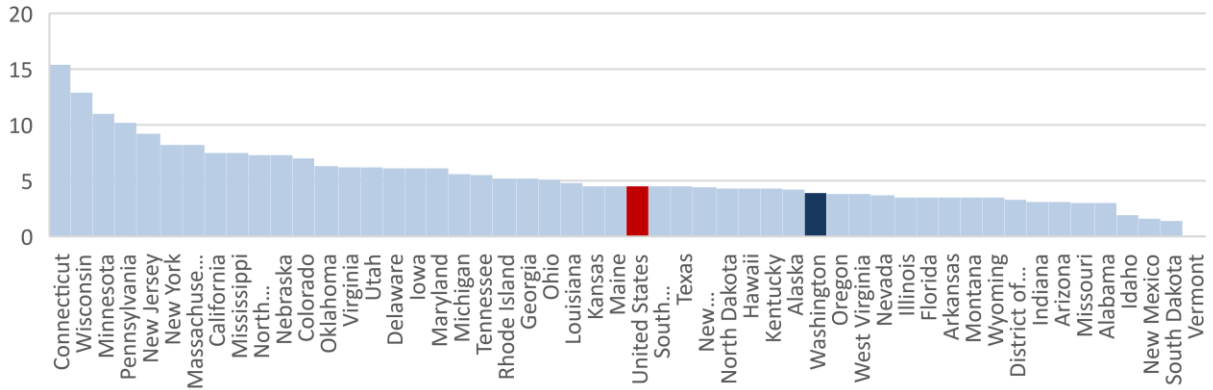


Source. OJJDP [129]

As shown in Figures 39 through 41, WA's rate of youth who are committed, compared to White youth (using the disproportionate representation index), is slightly below average for Black

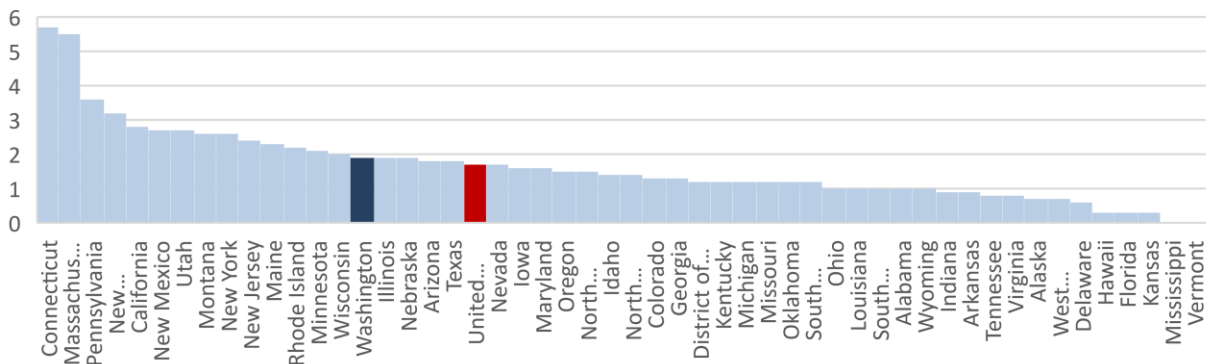
youth (3.9 vs. 4.5), slightly above average for Hispanic youth (1.9 vs. 1.7), and equivalent for Native American/Alaskan Native youth (3.3).

Figure 39. Disproportionate Representation Index: Black vs. White, by State, 2011



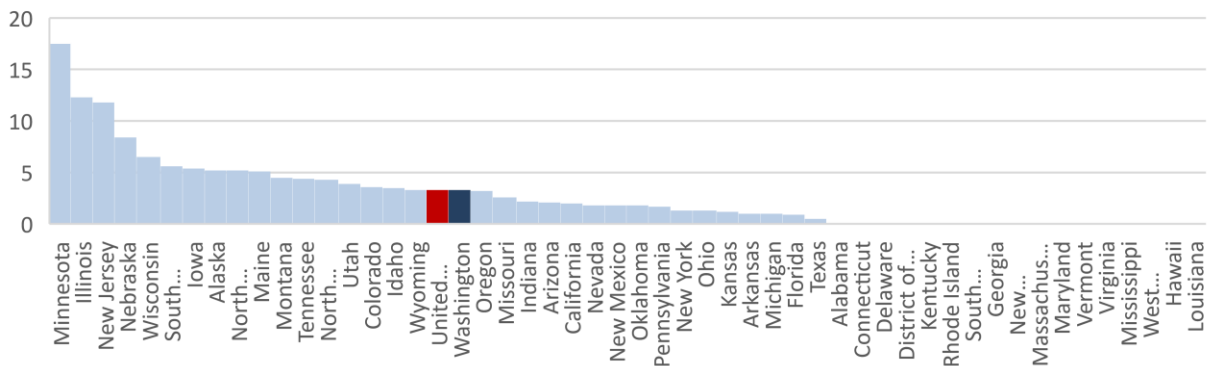
Source. JJGPS [128]

Figure 40. Disproportionate Representation Index: Hispanic vs. White, by State, 2011



Source. JJGPS [128]

Figure 41. Disproportionate Representation Index: Native American/Alaskan Native vs. White, by State, 2011



Source. JJGPS [128]

## Juvenile Justice System Dynamics Data Capture

In general, there seems to be sufficient information to understand which youth come into contact with JR. Having some additional, more nuanced information on youth demographic characteristics (e.g., sexual orientation, gender identity, sex assigned at birth), and information on the intake assessment (e.g., the date it was completed and youth’s assessment disposition) will be useful for highlighting inequities around the system in-flow (Table 24).

Table 24. Gaps in JJ System Dynamics Data Collection

Component	System Dynamics Captured	System Dynamics Missing
<b>Sentencing</b>	<ul style="list-style-type: none"> <li>• Sentence type</li> <li>• Sentence length</li> <li>• Transfer to adult court</li> </ul>	<ul style="list-style-type: none"> <li>• Youth demographic characteristics</li> </ul>
<b>Assessment &amp; Assignment</b>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Assignment</li> <li>• Community facility placement</li> <li>• Institutional placement</li> </ul>	<ul style="list-style-type: none"> <li>• Intake assessment completed</li> <li>• Assessment date &amp; disposition</li> </ul>

### Summary

To sum up, DCYF has a notable amount of data on JR’s system dynamics, the drivers of outcomes, and youth outcomes that generally align with evidence and policy. The evidence appears to drive policy-making in this domain, particularly around the importance of positive youth development frameworks, and DCYF appears to have a data capture that is more in line with policy than with the evidence base.

#### *Equity Implication*

DCYF can disaggregate findings by subpopulation characteristics, but it may be useful to consider supplementing their existing data capture with additional metrics that are informed by the literature to better understand impacts on youth well-being and to highlight inequities within the system.

## 3.2 Findings: Process

In this section, we describe the **processes** that support performance improvement. These processes include quality assurance and quality improvement activities, as well as the cycle of evidence generation, dissemination, and application that agencies need to implement and sustain performance improvement. Throughout this section, we describe policy guidance, research evidence, and best practice on quality assurance and quality improvement activities, compared with DCYF’s activities in each of the service areas. Additionally, we reflect on each service area’s ability to generate, disseminate, and apply evidence for performance improvement.

**Process** includes the routines, and feedback mechanisms, as well as the cycle of evidence generation, dissemination, and application that are needed to implement and sustain performance improvement. With respect to PI processes, we examined the extent and



distribution of quality assurance and quality improvement activities across the agency as well as the agency's capacity to generate, disseminate, and apply evidence. We acknowledge that there are other processes associated with PI including, but not limited to, supervision, professional learning, and agency culture, which we address in the "Infrastructure" section. Other processes including budgeting, human resources, and contracting are significant but beyond the scope of this work.

To document the ideal state in the realm of process, we addressed the question: *What processes should child welfare, early learning and juvenile justice agencies have in place to support performance improvement?* To document the current state of performance in DCYF, we addressed the question: *What processes does DCYF have in place to support performance improvement?*

### 3.2.1 Child Welfare

#### **Quality Assurance and Quality Improvement**

As referenced above, federal CW policy specifies the need for states to have both QA and QI processes with respect to all child welfare services and encourages states to use a CQI framework to meet this requirement, as stipulated in the 2012 Information Memorandum.<sup>[11]</sup> Title IV-E and the CFSR guidelines further require states to have functional QA and CQI processes in CW, including collecting data of good quality, conducting qualitative case reviews to understand practice, conducting data analysis on quantitative and qualitative data and disseminating evidence, and inviting stakeholders into a robust feedback processes to support the application of evidence for decision making.<sup>[11,27]</sup>

Built into the federal CFSR process is an evaluation of the state's performance against safety, permanency and well-being outcomes, and system drivers of those outcomes using nationally-benchmarked performance measures, state generated evidence, and case reviews that permit a look at practice relative to the outcomes. States can use synthesized findings from the CFSR to conduct additional root cause analysis, identify strategies designed to make demonstrable improvement in agency practices and child and family outcomes in a program improvement plan (PIP). Throughout the two years of the PIP, states must provide ongoing updates on progress and make course corrections as needed.<sup>[130]</sup> Similarly the Child and Family Services Plan (CFSP) is designed as a strategic plan in which agencies to describe their child welfare program goals, objectives, and measurable benchmarks of their progress. On an annual basis, states revisit the plan, provide evidence of progress and articulate how that evidence informs adjustments to the CFSP.<sup>[131]</sup>

Through our engagement with DCYF staff in CW, we learned of the robust QA and QI processes in this service area. WA is in compliance with federal and state mandates that require regular case reviews, the CFSP 5-year plan, and the collection of performance data. Within the last several years, a state CQI team formed in the agency to streamline and strengthen the processes

and infrastructure for quality improvement efforts. Their QA/QI team was also responsible for shepherding the CFSR/PIP process, including the CFSR preparation and managing case reviews. Furthermore, QA and QI processes exist not only in headquarters but also at the regional level, which involves regional and area administrators reviewing performance data and making the necessary improvements and continuing to monitor them. “This was a significant shift—the main shift was we were not tying program, practice, and data together, and using the data to tell the story and where we need to go.” Appendix F highlights existing QA/QI processes in DCYF pertaining to CW.

## Evidence Generation

Per federal policy, administrative records comprise the bulk of CW data, which DCYF analysts convert to evidence. Staff primarily collect CW data through the SACWIS case management system (Famlink) but also draw on other data sources, such as court records.

We learned that DCYF analysts have opportunities to manipulate data into evidence using measurement best practices as well as sufficient data to calculate prevalence rates for the population served by CW programs and to understand child and family functioning from a longitudinal perspective. While some published reports present prevalence rates, there is little evidence that DCYF follows children or families longitudinally, preferring instead to focus on point-in-time snapshots, which does not permit the agency to fully understand the trajectory of clients’ experiences.

## Evidence Dissemination

Existing CW policy speaks directly to the need for dissemination; in fact, the CFSR, CAPTA, and RCW 74.13.31 all promote the use of data for informing how agencies provide services such that CPS responses and investigations are timely and caseworker visits to children in foster care are frequent.<sup>[27,33,34]</sup>

CW has embedded routines and processes around sharing information and evidence. CW shares information with the field staff is through email subscriptions that provide tailored information for caseworkers (e.g., which children on a worker’s caseload need visits each month). Though this type of information helps staff do their jobs, it would not qualify as evidence. We learned that evidence is shared through a Famlink dashboard, regular targeted case reviews at regional levels, regular regional “deep dives,” supervisor reviews at the regional level, among other methods. The inclusion of staff at varying levels and with stakeholders reflect federal mandates that multiple review teams and stakeholder panels review data to identify performance improvement opportunities.

### *Equity Implication*

DCYF has staff who are specifically responsible for redressing the disproportional representation of children and youth of various races/ethnicities, of sovereign tribal nations, as well as children who identify as LGBTQ+ and who have been commercially sexually exploited. These conversations illuminated where DCYF can disaggregate its CW data to present disparities between groups.

Federal policies, the CFSR and CAPTA,<sup>[27,33]</sup> mandate stakeholder and multidisciplinary involvement in child welfare plans and improvement strategies. At the local level, WA state policy requires a Statewide CQI Advisory Committee to provide oversight and consultation for QA/CQI activities, including training, monitoring achievements towards targets, supporting staff in data collection and reporting, and providing technical assistance. Further, policies mandate the convening of special committees to conduct quality oversight of specific programs, such as behavioral rehabilitation services, and others. In spite of these routine processes for dissemination, staff recognized lingering challenges related to getting information in the right hands:

*We have all the information we need to make decisions, but it often hinges on one or two people. We're not doing a great job of packaging it into a form that people could understand and use across agencies. That's the goal.*

With regard to evidence dissemination on equity, specifically, WA state policy mandates qualitative case reviews that are specific to Native American children to ensure that the agency adheres to Indian child protections.<sup>[132]</sup>

## **Evidence Application**

CW applies evidence at various levels. On the frontlines, DCYF trains staff to view and interpret their email subscriptions and the Famlink dashboard, which they use to guide their decision making about their activities in the field such as which families require a visit. At the senior and midlevel management levels, evidence is used to help inform the selection of strategies to resolve problems. One staff member noted:

*We will look at all of the quantitative data that we have as well and say what's the story that we can help piece together before going in and working with the program owner. But we will also pull the region together in that process, too, to say "Okay, let's look at the data now. Where do we think we are based on this? How do we want to focus?" And we have, from our case review, we have all the areas that did not meet sufficiency. So all of our . . . subgroups, we can really target to see how we are doing and pull out some of the questions for the program owners and the people in the region because we have regional leads, to say, help do a root cause. Like "What do we think is going on here? What strategies are we going to put in place?"*

## 3.2.2 Early Learning

### Quality Assurance and Quality Improvement

Efforts to embed QA and QI processes in EL have been more limited than in CW, due in part to the siloed nature of EL programs and the numerous parties responsible for delivering EL services and ensuring their quality. PI functions in EL are very much rooted at the program level—each program previously within DEL contains and manages its own data and data systems. One EL staff member noted the challenge, saying “so much of our data systems are siloed, or they don’t interact”, so performance improvement efforts tend to be narrower. Often, the staff within these programs work independently with external partners to collect and analyze their data for PI purposes. The fragmentation of PI functions in Early Learning may be a historical artifact from the way the department was created (i.e., it merged together programs from three different agencies, including childcare and human services). Much of the ongoing QA work in DCYF’s EL programs relate to the Performance Based Contracting (PBC) initiative. Since EL programs almost exclusively draw on contracted providers to deliver services to children and families, in the future, PBC may be responsible for ensuring that all programs meet particular thresholds for QA and have established processes for QI. Complicating system-wide QA and QI efforts is the fact that each program serving young children and families maintains its own data system used to monitor program performance. Other existing QA efforts include promoting health and safety standards (particularly for ECE), delineating licensing regulations according to the CCDF and Head Start Performance Standards,<sup>[53,56]</sup> and using technology and analytics to strengthen QA systems. Appendix F highlights existing QA/QI processes in DCYF pertaining to EL.

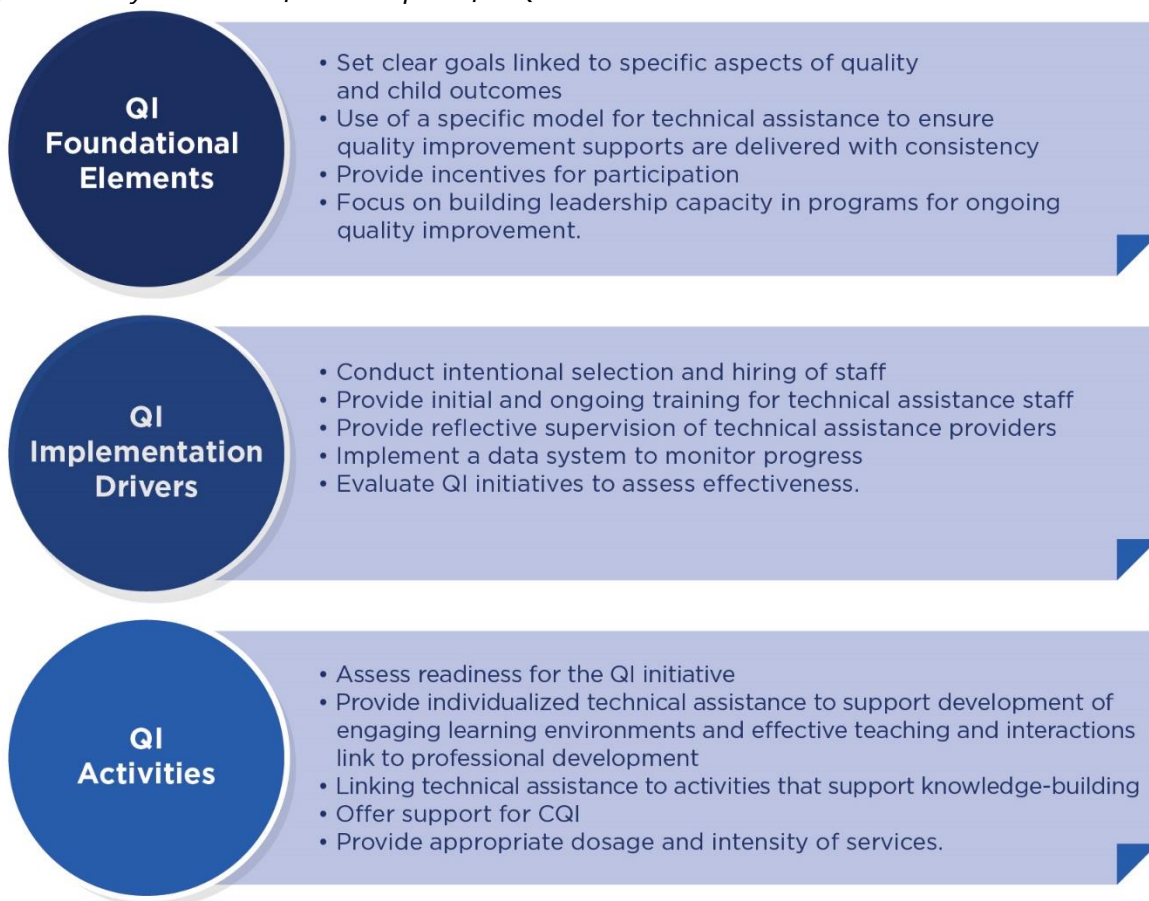
WA’s most notable investment in QA and QI stems from the 2015 Early Start Act,<sup>[45]</sup> which created an infrastructure for improving the quality of early education and care in the state. It also mandated the development of the state’s QRIS, Early Achievers, for licensed child care providers statewide in response to the CCDF requirement that 4% of funds be spent on a quality improvement effort, one of which could be implementing or improving a QRIS.<sup>[133]</sup> Early Achievers established a process for quality assurance and improvement by setting ambitious quality standards for early childhood education and care providers across the state. The Early Achievers Participant Operating Guidelines also describe the commitment to QI embedded in WA’s QRIS.<sup>[134]</sup> Indeed, the Guidelines explicitly reference the PDSA cycle by articulating the importance of cultivating data for learning, developing improvement plans, testing and refining innovative solutions, and evaluating these efforts.

In WA, DCYF staff are responsible for monitoring the quality of home visiting programs through licensing processes. Since federal funds support some of the programs funded through the Home Visiting Services Account, DCYF is responsible for not only monitoring quality across program environments but also for implementing QI practices. DCYF staff described how providers work closely with Thrive Washington to identify QI projects based on their existing evidence and the needs of the population they serve. Additionally, staff in ESIT primarily discussed their interest in obtaining more opportunities to engage in QA and QI activities,

though they generally reported that there was not sufficient staff capacity or program resources to support these initiatives.

Literature on PI initiatives in EL programs is limited, and there is minimal evidence to understand what processes are necessary for decision making because few studies rigorously test EL QI approaches. In the absence of a rigorous body of literature, Tout and colleagues generated a blueprint for QI practices and design considerations based on a synthesis of the literature and input from national experts in ECE QI.<sup>[135]</sup> Although this blueprint focuses on ECE systems (Figure 42), its principles are generally relevant for other early learning programs serving young children and families.

Figure 42. Key Features of the Blueprint for QI Initiatives



Given the limited literature on this topic, it was unsurprising that experts and practitioners did not find many points of agreement on the essential elements of PI processes for EL programs. However, they did agree on the importance of cross-agency collaboration and peer learning groups to engage staff and others in the review of actionable information through dashboards and underscored the need to generate evidence specifically for PI, not simply compliance.

State and federal policy is similarly lacking on PI processes as broadly relevant to EL programs. Federal policies also dictate the collection of ECE program data on enrollment and attendance, children's development, individual education plan development, and service use (e.g., health services). Furthermore, policies state that agencies should collect data on system operations, such as assessments of population needs and resources related to the provision of EL programs.

Though the bulk of state investments in recent years has focused on developing and sustaining QRIS for ECE, recent federal investments from the Maternal and Child Health Bureau in the HRSA have led to the development of Collaborative Improvement and Innovation Networks (CoIINs).<sup>[136]</sup> The Home Visiting CoIIN (HV CoIIN 2.0) convenes 25 MIECHV awardees and 250 local home visiting agencies to foster a collaborative learning exchange. In the course of these conversations, the CoIIN educated staff on CQI practices and their application, providing support and resources for engaging families as partners in home visiting improvement and facilitating networked learning efforts. The HV CoIIN 2.0 aims to build CQI capacity among the entire network that will allow for large-scale improvements in population health.<sup>[137]</sup>

The Administration for Children and Families in the U. S. Department of Health and Human Services houses the Early Childhood Training and Technical Assistance Center (ECTA), which supports states in their development of high-quality early intervention systems, helping them build their capacity to improve the outcomes of children and families with disabilities. The ECTA developed Practice Improvement Tools, designed to assist programs dedicated to improving their CQI infrastructure by providing resources for practitioners to improve their skills, plan interventions, and then self-evaluate their use of evidence-based practices.

## **Evidence Generation**

Because different EL programs have different evidence generation processes, we describe each EL program's processes separately. How programs generate evidence depends on the procedures and structures of each program, and the three programs of interest have some ability to generate evidence in an effort to understand their populations and how child and family outcomes change over time. Each EL program has its own data team, data analysts (in some cases), and data systems. Program staff regularly work with external partners, such as the Department of Health, Child Care Aware Washington, the University of Washington, and Thrive WA, to collect data and provide professional development to providers. Activities with these partners include collecting implementation data, conducting observations, and analyzing data for PI. Staff reported challenges in sharing data across departments, extracting program data for reporting purposes, and monitoring data workflow.

Evidence generation is not consistent across EL programs. The Home Visiting Services Account funds nine distinct programs across the state (e.g., Nurse Family Partnership, Parents as Teachers), and each program has its own data collection procedures. This limits the ability to understand the risk set (who is in the population) and conduct longitudinal analyses across, but not within, programs.

ESIT appears to follow federal guidelines for collecting data from families at various touchpoints during the assessment and service provision process, and understanding the risk set is straightforward given that only children with identified needs are eligible. However, it is unclear which data, if any, the program collects repeatedly over time to permit longitudinal analysis.

The process of evidence generation is most clear in ECEAP, which has substantial information about participating children (the numerator) and sufficient information about the income-eligible population (denominator) in its administrative data holdings. Although ECEAP collects data over time using repeated assessments, recent reports from DEL suggest that much of WA's ECE research has drawn on cross-sectional snapshots.

### **Evidence Dissemination**

Home visiting programs draft annual reports to apprise the state legislature of program activities and impacts, to inform needs assessments for the populations these programs serve, and to report to the federal government on their community-based child abuse prevention-funded programs. DCYF staff explained that programs have access to a data dashboard so that they can track their progress on program goals.

ESIT compiles quarterly and annual reports for the legislature that draw on program data. It was unclear who participated in these dissemination activities and who had the opportunity to participate in interpretation of these findings. These findings were shared back with programs.

Staff in HV and ESIT described the somewhat limited channels available to them to disseminate evidence, though HV staff did report sharing some of their data with their training and technical assistance partner, and they produced reports for agencies whose funding supports the implementation of certain HV programs (e.g., Department of Social and Health Services). ESIT staff said that most of their reporting is to the federal government for compliance purposes, and there are few PI processes around evidence dissemination and stakeholder engagement.

In ECEAP, the structure of Early Achievers provides a robust system for evidence dissemination. The Early Achievers Participant Monitoring Report presents program-level data about achievement of QRIS milestones, licensing information, and information about the training and coaching expectations that providers must meet for participation in Early Achievers. Evidence dissemination also occurs through monthly meetings with Early Achievers implementation partners (e.g., University of WA) and other EL stakeholders—including representatives of the subsidy, licensing, and ECEAP offices—and through monthly leadership meetings between Early Achievers and their training and technical assistance partner, Child Care Aware. DCYF staff stressed their excitement about the quality of the work and their attempts to share it, saying, "I'm thrilled that we're doing this kind of complex work, but I think there's some space for improving communication and dissemination."

One program in ECEAP that has embedded performance improvement activities as the program expanded from a pilot to statewide implementation is the Mobility Mentoring program. Mobility Mentoring is a family engagement approach using mentoring and coaching methods for all families enrolled in ECEAP. The program collects data from families and stores it in Early Learning Management System (ELMS), the database that collects child level data and information for monitoring and reporting. Mobility mentoring is simultaneously using data to monitor and evaluate the program while scaling up. Through a continuous cycle of creating and confirming methodologies, research questions, and evaluation approach between the data specialist, the program managers at Headquarters, and experts inside and outside the agency, they continually work to process data to understand what is happening, how it is collected, and how it can inform program performance as a whole and at the individual provider level. This process is not linear; it is an iterative process of data specialists constantly learning new things about the data, exploring research panels, bringing new ideas and proposals to stakeholders, and exploring new ways to process and analyze their performance data.

### **Evidence Application**

DCYF staff in HV and ESIT explained that they have few established processes for evidence use, but they do attempt to make evidence-informed decisions by reviewing data and adjusting program levers accordingly. In ESIT, however, staff described the ways in which they incorporate findings from the reports to the state into the WA State Systemic Improvement Plan, which guides program decision making. Staff have more processes for evidence-based decisions in ECEAP as a result of the structures in place for Early Achievers. ECEAP staff discussed how they use evidence to inform decision making about how to score programs in a way that accounts for their growth over time and how to build capacity in the field for coaching and training.

### 3.2.3 Juvenile Justice

#### **Quality Assurance and Quality Improvement**

JJ systems are very similar to EL programs in that they have only recently begun operating in an era of accountability and, in many jurisdictions, do not have fully embedded QA and QI processes, though some essential processes have emerged.

One of the most integral processes described in the JJ literature is the use of validated risk and needs assessment tools. Studies suggest that the most effective way to address youth behavior that results in JJ system involvement is to be able to connect youth with the services (e.g., education programs, vocational or job-readiness training, etc.) that match their needs.<sup>[111,96,138,101]</sup> Youth struggling with mental health or substance use issues, for instance, are in need of specific, evidence-based interventions to address the underlying issues that may have contributed to their law enforcement encounters. Screening youth coming into the system to determine their needs, and consequently assigning them to the facilities that contain the resources to meet those needs, is an essential PI process that can be subject to quality assurance. Using validated



risk assessment tools to match youth preparing to re-enter the community with the right level of supervision is equally important. Further, results of assessments can guide supervision planning to ensure that conditions of release are developmentally appropriate, ameliorate the harm caused to victims and communities, and address causes of delinquency. Existing policies reflect these findings from the literature on the benefits of using validated assessment tools.<sup>[93,139]</sup>

Another important process at the program level includes routine family team conferences to keep families actively engaged in case planning. At the system level, experts and practitioners discussed the importance of cross-agency collaboration and information sharing, as well as the development of structured, embedded QA and QI processes. They also mentioned the benefits of a practice model that contains guidelines on case planning, service delivery, transition planning, and aftercare services, particularly in regard to the use of evidence generation, collection, and application throughout a practice model. Moreover, recent federal policies draw attention to the processes involved in documenting the number of youth whose offense was related to schooling (e.g., occurred on school grounds), incidents resulting in the use of secure restraints and isolation, discharges by living placement, and the number of pregnant youth in the custody of secure facilities.<sup>[140]</sup>

In WA, there is essentially no formal QI/QA system to address performance improvement in JR. We learned about the team of QA specialists who ensure that providers use the Positive Assessment Change Tool to capture risks, needs, and strengths; indicate eligibility for programs; monitor the start and completion of EBPs; and assess changes in youth's functioning over time. The QA team also ensures that JR implements any EBP for youth and their families with fidelity to the model. This work involves interfacing with program staff and juvenile court administrators to conduct trainings and provide technical assistance to direct service providers on the use of fidelity standards, monitoring criteria, and other QA tools. Additionally, the QA team assesses the quality of the environment in each facility using an environmental adherence tool.

In general, JR appeared to have more QA activities in place than QI activities, though there was evidence of an emerging commitment to QI given the recent hire of a staff member in the role of a lean administrator. Appendix F highlights existing QA/QI processes in DCYF pertaining to JJ.

## **Evidence Generation**

JR has the potential to produce evidence in line with best practice using data drawn from administrative records. The current system should produce prevalence rates for indicators of interest. However, it is unclear exactly how often or for what purpose JR collects its data and whether JR can array them in such a way to support longitudinal cohort investigations. JR staff expressed concerns about the agency's capacity to conduct disaggregate data to inform PI:

*Taking a look at some of the data, some of it is manually collected, some of it doesn't exist, and then for the other stuff, they've got a report, but in terms of digging down into, "Okay, well, we have a gap here," so how do we learn more about that in order to do better?*

To produce evidence, JR staff would need to access the Automated Client Tracking (ACT) data system, but staff reported a lack of clarity about what this database could elucidate. An external WA state partner, Research and Data Analysis, is a data linkage and analysis partner who has access to JR's data and is responsible for assisting in the production of evidence. JR staff also have access to aggregate twice-yearly data reports from PbS, and they often request data from the courts and from the Department of Corrections, which requires data sharing agreements. In short, the process for acquiring the needed data from the other legal systems can be very slow, which inhibits the timely transformation of data into evidence.

Recently, Results Washington (RW) set data collection and reporting measures that JR must report on youth's outcomes in six domains, most at 3, 6, and 12 month post-release intervals. Generating these data is challenging for many reasons, the primary concern being that JR doesn't have contact with 50% of its youth upon exiting the system (those who exit not on parole). Additionally, to gain generate data on these domains, JR has to rely on other data systems that they may not have access to or do not provide data in the timelines required by RW. Furthermore, our conversation with the JR team highlighted the ways that these specific measures were not well-aligned with the agency's activities and theories of change. As a result, while these data provide the most compelling picture of long term success of community re-entry, they are not robust enough to be used for PI activities.

### **Evidence Dissemination**

JR staff reported that the agency's information technology team is responsible for pulling canned reports that they share with analysts and midlevel staff for decision making. They also noted that midlevel staff typically only review evidence on an ad-hoc basis, reflecting a lack of routine meetings or stakeholder engagement for shared interpretation. For instance, when an incident occurs in a facility, midlevel staff request to view data on related trends so that they can use this information to inform decisions about allocating resources and targeting initiatives.

### **Evidence Application**

There was limited discussion of how staff applied evidence for decision making, though we heard that staff would take aggregate reports on a topic of interest, such as room confinement, and share those reports with leadership.

### **Summary**

As is the case for CW but not EL, JR has sufficient evidence generation, dissemination, and application processes, but JR needs more structures and supports to execute these processes in line with best practices in PI.

### 3.3 Findings: Infrastructure

In this section, we detail the components of **infrastructure** that are essential to implement and sustain a performance improvement system. We focus on elements of human capital, technological resources, and agency culture. Within each of the service areas, we first share learnings from policy, research evidence, and best practices, and then highlight what we learned about DCYF's existing infrastructure for performance improvement.

**Infrastructure** includes the resources, structures, capabilities, and culture needed to implement and sustain a PI system. Investments in an agency's infrastructure strengthen organizational capacity to deliver high-quality services and to facilitate PI processes. Decisions about and investments in infrastructure are a critical part of creating a new agency and are essential to scaling existing practices and building on existing workforce strengths. By setting new expectations for agency capacity and investing accordingly, DCYF can establish a common threshold across service areas and enhance its ability to sustain an integrated PI system.

To document the ideal state in the realm of infrastructure, we addressed the question: *What infrastructure should child welfare, early learning and juvenile justice agencies have in place to support performance improvement?* To document the current state of performance in DCYF, we addressed the question: *What infrastructure does DCYF have in place to support performance improvement?* Within each service area we consider a variety of factors, some which may be more or less relevant to each service area (Table 25, below):

Table 25. Elements of Performance Improvement Infrastructure

Domain	Sub-domains (Where Applicable)	Importance
<b>Human Capital</b>	Workforce Capacity	A highly skilled and educated workforce can deliver high-quality services to the population that positively impact their well-being.
	Workforce Stability	A stable workforce can provide continuity of care, which benefits the families who interact with the workforce, and reduces training needs and costs among an agency.
	Workload Supervision	Well-supervised staff provide higher quality services and are less likely to turn over.
	Interventions	Agencies adopt interventions at the workforce, setting, and system level that draw on available human capital for successful implementation.
<b>Technical Resources</b>	Data Systems	A comprehensive integrated management system that is user-friendly is essential for an agency that routinely reviews evidence of system functioning.
<b>Agency Culture</b>	Practice Model	A well-implemented practice model should be theoretically grounded and embed agency values, such as an equity focus, in how an agency works with families.
	Leadership	Quality leadership communicates ideas with staff at all levels, justifies agency initiatives, and secures investments to deliver high-quality services.

Throughout this section, we draw upon findings from the three implementation case studies, which underline elements of capacity an agency needs both for performance improvement as well as to sustain reform initiatives. We use blue boxes, below to distinguish findings from the system reform case studies related to the implementation drivers and lessons learned. We selected each system reform for a deeper dive in collaboration with DCYF leadership to illuminate the integral PI infrastructure components that an agency needs for sustainable implementation of new reforms. For CW, we examined the Family Assessment Response; for EL, we focused on the Quality Rating Improvement System, Early Achievers; and for JJ, we explored the Diagnostic Redesign. For each case study, we analyzed existing documentation using the *Expanded Implementation Drivers Framework* presented in the Method Section.

### 3.3.1 Child Welfare

There is a growing literature on the organizational factors that drive the performance of CW agencies. We first describe their capacity needs, in terms of human capital and technical resources. Then we discuss the elements of agency culture needed to support an evidence-informed PI system.

#### Human Capital

**Workforce capacity.** A capable, highly skilled, and experienced child welfare workforce is critical to effective service provision and the achievement of positive child and family outcomes.<sup>[35]</sup> Conversely, workforce deficiencies negatively affect the quality of child welfare practice, and in turn, the attainment of safety, permanency, and well-being goals.<sup>[28]</sup> This means that the most important resource in which a CW agency can invest is its workforce.<sup>[141]</sup> Standardized preservice and in-service training are essential to ensuring that CW workers have the knowledge and skills needed to engage with children and families and improve outcomes through the services they provide.<sup>[35]</sup> Providing staff with training opportunities also has the added benefit of increasing retention.

Currently, DCYF is training CW staff to review and interpret data and evidence and ask the “right” questions. Staff we interviewed said that the creation of the FamLink data dashboard has been very useful for field staff because it made evidence more interpretable. Staff can disaggregate outcomes to show the related processes and early warnings indicators by a range of characteristics, including at the office level or by family race/ethnicity, which can illuminate disparities at different points in the service continuum. Though midlevel staff described this as movement in the right direction, they recognized challenges of bringing frontline staff up to speed: One said, “This isn’t something that somebody off the street can do; they have to understand the data before they can start making it useful for someone else. It has to be a slow grow.”

In terms of staff capacity, staff described the legacy QA/CQI team from CA as exceptionally skilled “power users” users of FamLink data. They use these data to conduct analyses that inform theories of change, guide performance improvement efforts, and drive PI efforts towards prevention by conducting root cause analyses to illuminate the factors that influence an event.

### Family Assessment and Response

In March 2012, the Governor of WA State signed Engrossed Substitute Senate Bill 6555, which altered how the Department of Social and Health Services (DSHS) responded to reports of child abuse and neglect of varying risk levels. Prior to the law's passage, all child abuse/neglect cases went through an investigation, the process by which an investigator focuses on the reported allegation, assesses for the risk of serious harm or neglect, and determines the validity of the allegation. However, WA recognized that reports of low-to-moderate risk cases could often be better addressed by assessing family strengths and needs, providing concrete supports, and using EBPs to support families, rather than strictly focusing on investigative inquiry into possible wrongdoing. To address the divergent needs of families with varying risk levels, while still putting the safety of children first, the 2012 law instituted a differential response model, the Family Assessment and Response (FAR). With this model, only high-risk cases went through the investigative pathway, while low and moderate risk cases focused on family's strengths and needs while providing supportive goods and services.

In WA, during the roll out of the Family Assessment and Response (FAR), the **selection** of qualified staff to participate was an important decision. Beyond a foundational understanding of CW and other technical knowledge, individual casework style and comfort with FAR had a very central impact on the program's implementation. Since FAR relied so much on caseworker fit, allowing stakeholders to opt into becoming FAR workers proved beneficial to implementation, despite initial plans to do involuntary staffing.<sup>[142,143]</sup> This example highlights the importance of not just selecting staff based on easy-to-assess traits like specificity of skills, but to look at less tangible factors such as personal values, ease with the model, and engagement style in choosing stakeholders to participate in implementation.

**Workforce stability.** A stable workforce is critical to the delivery of high quality child welfare services. Conversely, high turnover rates can disrupt service continuity, reduce family engagement, and interfere with relationship building.<sup>[144–146]</sup> The majority of turnover in child welfare agencies is due to organizational factors, such as heavy caseloads and excessive workloads.<sup>[141,147]</sup> The consequences of high turnover rates include placement instability, longer stays in care, maltreatment recurrence and foster care reentries.<sup>[28,146,148–150]</sup> Another consequence can be a decline in child welfare worker morale.<sup>[144,146,151]</sup> The costs associated with high turnover rates can also be significant; resources spent on recruiting, hiring and training new child welfare workers cannot be spent on services for children and families.<sup>[152–154]</sup>

In the FAR case study, findings associated with the implementation driver of **facilitative administration** revealed the importance of better managed caseloads not just for easing the burden of everyday work during project implementation, but also for the reception of the project itself.<sup>[155]</sup>

**Supervision.** Frontline supervisors play a critical role in child welfare agencies.<sup>[19,156]</sup> The best known framework for child welfare supervision identifies three key supervisory roles: education (i.e., addressing the knowledge, attitudes and skills required to do the job effectively), support (i.e., improving morale and job satisfaction and giving staff a sense of worth, belonging, and security), and administration (i.e., providing oversight to ensure adherence to agency policy and procedures, accountability, and effectiveness).<sup>[36]</sup> High-quality supervision that goes beyond mere compliance tracking to include coaching and mentoring can facilitate effective service delivery, improve caseworker functioning, increase staff retention, and lead to better outcomes.<sup>[37,38]</sup>

During the FAR roll out, WA sought expert guidance from other states that had implemented differential response.<sup>[157]</sup> In addition to using model **coaching** plans from other states, FAR implementers created a culture of coaching and mentoring “in a way that supports skill building [and] increases competence.” Caseworkers and supervisors who had been trained would work with coaches to demonstrate their acquisition of FAR principles. These after-training coaching sessions also included workshopping actual cases. One of the most effective forms of coaching was for newer personnel to shadow supervisors or experienced social workers. By joining seasoned workers in the field, FAR workers had the opportunity to gather information firsthand and to talk directly to families, which ultimately supported the implementation of the FAR.

**Other components.** Existing policy also points to the following human capital elements of agency/workforce capacity as essential to the PI system: recruitment and retention of foster and adoptive parents;<sup>[27]</sup> provider's timely completion of home study or licensing and the caregiver assessment; and training for staff, partners, resource parents and legal representatives that prepares them for their work with children.<sup>[27,33]</sup> Having high quality, well-trained, and satisfied staff and foster parents permits an agency to invest more in the prevention of child maltreatment, to improve access to evidence-based services, to bolster family functioning in relation to domestic violence and substance use, and to increase the capacity to analyze and interpret data.

Though the FAR case study does not speak to the development of the foster caregiver network, the inclusionary drivers of **cultural responsiveness, family engagement, and stakeholder involvement** reflect the need to invest broadly in the human capital of all of those involved in delivering high-quality services to children, youth, and families.

## Technical Resources

In line with policies mandating the CFSR, the Children's Bureau supports states in the development of a State Automated Child Welfare Information System (SACWIS), which is intended to serve as a comprehensive data management system. The purpose of the SACWIS is to help CW staff complete reporting requirements to the AFCARS and NCANDS, to support CW staff in tracking and decision making, and to provide guidance around service provision. Though states are not required to have a SACWIS, there is broad consensus that the ability to collect and access high-quality data is essential to PI.<sup>[2,11]</sup> WA's CW administrative databases can support the development of evidence that permits tracking distinct units of analysis: children, caregivers, agencies, and, potentially, the workforce.

At the early *Installation and Design* phase of the FAR rollout, Children's Administration Technology Services started making changes to FamLink, the CPS technological data collection system, to accommodate the FAR pathway.<sup>[142]</sup> The upgrading of this **decision support data system** permitted monitoring of outcome measures and provided data for QA and CQI.<sup>[157]</sup> Ultimately, early implementation of the decision support data system in 2013 helped proactively shape FAR workers' decision making, promoted culture change, allowed CA to catch initial inconsistencies in caseworker assessments, and provided measures to increase inter-caseworker reliability. Yet, debates about proper intake protocol persisted through 2016, showing that human consensus building has to complement the more automated decision support provided by technological systems.

## Agency Culture

Central to an effective PI system is an organizational culture that values the use of evidence to improve services and measure outcomes.<sup>[2,21]</sup> To create that culture, agencies need to teach frontline staff and supervisors how to use evidence to inform practice.<sup>[19]</sup> Two ways to change agency culture articulated in the CW literature involve the adoption of a practice model and the embrace of effective leadership.

**Practice model.** A practice model outlines the principles on which a CW agency's approach to working with children and families is based (e.g., child-focused, family centered, parent-strengthening, individualized, community-based, outcomes-oriented, collaborative and culturally responsive).<sup>[158]</sup> The model also describes the techniques that are considered fundamental to achieving improved safety, permanency, and well-being outcomes. It guides how frontline workers and their supervisors think about and interact with children and families.<sup>[159-162]</sup> A CW practice model should be theoretically based and values based, fully integrated into and supported by the CW system, and clearly articulate the practices that CW workers are expected to implement. Examples of practice models include Solution Based Casework (SBC), which has a growing evidence base, and Family Centered Practice, which was developed by the Child Welfare Policy and Practice Group and has evidence to support it.<sup>[163]</sup>

Issues of **culture and climate** emerged during the FAR implementation around how exactly how CA would engage families. Though implementers held that both the investigative and FAR pathways would be equally demanding,<sup>[142]</sup> cultural rifts developed between the two groups of caseworkers. Possible reasons for these rifts include investigative caseworkers seeing FAR as just another new initiative; investigative caseworkers feeling dismissive or skeptical of FAR because they worried FAR would ignore child safety; the development of an “us versus them” mentality between investigators and FAR units; and imbalanced caseloads.<sup>[164]</sup> Furthermore, investigators often reported that communication and support for them had not been a priority during implementation, and that they had been vilified by FAR office staff, families, and communities. Offices that successfully overcame these rifts relied on high levels of between-unit collaboration and communication, strong buy-in from leadership, and across-team supervisor cooperation. Training also supported increased cohesion within offices.<sup>[165]</sup>

**Leadership.** Effective leadership is essential if CW agencies are to achieve positive outcomes for children and families. The National Child Welfare Workforce Institute identified five “pillars” of effective leadership in CW (i.e., adaptive, collaborative, distributive, inclusive, and outcome-focused) that reflect desired qualities and are consistent with child welfare values.<sup>[166]</sup> Leadership establishes the direction for the agency, defines how the agency operates, and aligns key processes, systems, and capacities with the agency’s mission and vision.<sup>[141]</sup> Leadership is also critical to creating an organizational climate in which CW staff feel that their work is valued. Effective leaders are visible and accessible, communicate frequently and respectfully with staff, stakeholders, and community partners, and engage in collaborative decision making at all levels of the organization.<sup>[35]</sup>

One way that both a practice model and leadership are essential to the development and sustainability of a high-quality PI system is in the value placed on data for evidence-based decision making. Experts and practitioners in the field described how the right leadership helps to instill a practice model that emphasizes the use of data and the quality of the practices involved in data use. Through this approach, staff at all levels can be engaged in the generation and dissemination of evidence and share expectations around its use in decision making. Leadership, in particular, is essential for convening committees and stakeholders to engage in PI processes around these data, which is echoed by existing policy.<sup>[167]</sup>

Another way that leadership can promote PI is to incorporate a safety culture. Emerging evidence on this approach describes how principles employed by high risk, high-profile industries, like aviation, can be integrated in CW agencies to establish a safety culture.<sup>[22]</sup> In CW agencies with a safety culture, the prevailing principles include: leadership commitment to safety, prioritization of teamwork and open communication based on trust; development and enforcement of a non-punitive approach to event reporting and analysis and commitment to becoming a learning institution. Currently, states such as Illinois and Tennessee are exploring opportunities to embed a safety culture into CW practice with promising results.



In terms of leadership, we also learned that DCYF's CW regional managers specify their priorities to state leadership teams for broader initiatives specific to the population served within their region. Once the priorities are set, regional managers are responsible for determining strategies to achieve their goals. Together with field staff, regional managers review agency data, learn about practice, and maintain a two-way flow of information about what happens on the ground. This approach, which establishes a culture of learning inherently driven towards optimal performance, reflects the mandates from Titles IV-B and IV-E, which set forth requirements that agencies evaluate services and engage in CQI.<sup>[27]</sup>

To support the implementation of the FAR, staff assigned to this initiative recognized that a cultural shift would need to begin from the top. They brought in presenters and held **leadership** forums to get leaders to buy in to the initiative. They moved from executive leadership down through regional leadership with FAR trainings. Every single supervisor, not just those implementing FAR, received training. The training lasted two days, and generally well received.<sup>[168]</sup>

Despite having assembled some leadership support in the early *Design and Installation* phase, some rifts began to develop between leadership and caseworkers. Caseworkers were less enthusiastic about positive changes from FAR and found barriers to implementation more daunting. FAR leadership's rosier view may have come from their not having to implement the system on the ground level, and from their longer involvement in the initiative. If lengthier involvement suggests higher support for a project, one way to overcome such rifts may be to get stakeholders involved in the process sooner.<sup>[165]</sup>

FAR representatives wish they would have focused more on leadership buy in, rather than assuming it would be there since the program was mandatory. Lower-level leaders did not technically have a choice in participating with FAR and were not enthusiastic about the shift. Consequently, the FAR team needed cultivate leadership support through regular calls with the administrators to discuss staffing, concerns, and sustainability.

## Summary

In short, CW currently contains substantial infrastructure for routine PI in terms of the workforce and technological capacities. There is also a codified way that leadership identifies and implements their priorities. These important elements of infrastructure were also highlighted in the FAR implementation. However, across the board, there was limited attention to how an equity lens could be embedded into the CW infrastructure.

### *Equity Implication*

A commitment to reducing disparities and promoting equity across the population is lacking in CW culture. Incorporating equity into the culture helps staff at all levels to see opportunities to be equity-minded in their work.

### 3.3.2 Early Learning

As noted in the section on “Process,” the bulk of PI efforts in EL agencies have focused on QRIS, which has clear expectations for infrastructure in the domain of workforce capacity.

#### Human Capital

**Workforce capacity.** There is little documentation of the educational and experiential profile of the home visiting and early intervention workforce. However, the National Survey of Early Care and Education provides a nationally representative profile of center-based and home-based workforce members who provide direct care to children ages birth through 5.<sup>[169]</sup> The workforce serving older children, ages 3 through 5, have a higher educational attainment than those who serve children ages birth to three years. In 28 states, there is a requirement that the lead teacher have a Bachelor’s degree, 17 states require that assistant teachers have a child development associate credential (CDA) or equivalent, and 9 states require staff professional development.<sup>[170]</sup> Additionally, the educational attainment of home-based teachers and caregivers is lower than that of center-based teachers and caregivers, and the median years of experience for center-based teachers is 10 years for center-based teachers and caregivers and 14 years for licensed home-based care providers.<sup>[171]</sup> While there is scant publicly available data of the characteristics of the workforce across the multiple national home visiting programs, in 2018, Early Head Start reported that slightly more than half of the 5,892 home visitors in their program had at least a college degree.<sup>[172]</sup>

As previously described, Tout et al.’s blueprint captured elements relevant to PI capacity for a QRIS.<sup>[135]</sup> Many of these elements they described reflect staff quality and capacity expectations and specifically include the intentional selection of staff, necessary training, and technical

#### Quality Rating Improvement System: Early Achievers

In 2007, the Washington State Department of Early Learning (DEL), working closely with various stakeholders, began to develop a quality rating and improvement system (QRIS) for child care, then called, Seeds to Success. Impact studies in 2009 and 2010 showing positive system effects in an initial set of communities encouraged the growth of the QRIS system into more communities and continued state investment in the system even amidst state budget deficits. In 2011, Washington won a competitive \$60 million federal Race to the Top – Early Learning Challenge (RTT-ELC) grant to build a statewide early learning system – the centerpiece of which was the scaling of the QRIS system, now called, Early Achievers (EA). Through the RTT-ELC application process, Washington developed and later executed robust plans for capacity building, implementation, monitoring, systems-support and continuous quality improvement. The statewide use of the Early Achievers was codified in the Early Start Act (HB 1491, 2015) and reaffirmed in House Bill 1661. While EA is a voluntary program, early learning programs that receive State subsidies are required to participate, making EA a wide-spread and integral part of early learning in WA.

assistance. In line with expectations around the workforce capacity, experts and practitioners discussed the value of building agency capacity to be more responsive to families, to have more services to meet their needs, and to have the resources to engage in PI activities. Federal policies, which indicate that states must spend 4% of their CCDF funds on performance improvement, and state policies, which mandated the development of a QRIS, mirror these findings from the literature.<sup>[133]</sup> Additionally, for home visiting, policies provide guidance on how agencies can spend funds to ensure that programs continuously improve.<sup>[54]</sup> This includes opportunities to implement and evaluate “promising approaches that do not yet qualify as evidence-based models”.<sup>[173]</sup> To the best of our knowledge, there are no specific mandates about dedicated resources towards supporting PI in IDEA in Part C,<sup>[55]</sup> which provides guidance around early intervention programs; however, we found that the Office of the Superintendent has established a performance plan that evaluates the state's efforts to implement the requirements and purposes of Part B of the act and describes how the state will improve such implementation, though this applies only to children in WA's public schools.

During the QRIS implementation, program leaders and the general workforce received multiple types of **training** on measures of classroom quality, family engagement and other practices to help centers achieve higher quality ratings.<sup>[174]</sup> All Early Achievers center directors and family home providers must complete the Early Achievers Professional Training Series (three online and three in-person free classes), designed to support providers as they prepare themselves for quality improvement work.<sup>[175]</sup> The state provided Head Start and ECEAP programs incentives for becoming local community training hubs, and the University of Washington developed train the trainer models to build coaching capacity.<sup>[174]</sup>

In addition to the EA-provided training, the Early Start Act required DEL to create a professional development pathway for EA program participants to obtain a high school diploma or equivalency or higher education credential in an academic field related to early care and education.<sup>[45]</sup> This legislation aimed to develop opportunities for scholarships and grants to assist participants with the costs associated with obtaining an educational degree.

**Staff, setting, and system interventions.** Beyond investments to improve the quality of the workforce, EL agencies broadly invest in their staff through interventions to enhance program quality, teaching and caregiving practices, and ultimately child outcomes. Different types of interventions drive different improvements in early learning programs.<sup>[176]</sup>

- *Workforce interventions.* These target instructional practices by providing training and relationship-based supports (e.g., coaching) to help teachers engage in formal education or credentialing, and supporting curriculum implementation, among others. These interventions help to build the capacity and quality of the workforce to deliver services with fidelity.
- *Setting-level interventions.* These interventions target the instructional environment and establish the conditions for quality teaching by reducing child-adult ratios and group size, providing grants for enhancing facilities and learning materials, improving

leadership and administrative practices, developing shared services (to save time and money), providing technical assistance to achieve higher program standards (e.g., licensing/accreditation), thereby enhancing the capacity and quality of the workforce.

- *System-level interventions.* Interventions on the system level build, enhance, coordinate, or introduce interventions into the system in the following ways: by developing requirements related to professional development, credentialing, and training registries; strengthening higher education; strengthening program licensure and regulations; investing in governance and data-driven decision making; and developing financing strategies. Implementing a QRIS is one example of a system-level intervention.

During the implementation of Early Achievers, **coaching**, often a critical component of workforce interventions, was integral in the implementation of Early Achievers and was embedded throughout the implementation process. Prior to enrollment, DEL partnered with Child Care Aware of Washington to provide coaching focused on activities such as completing tasks in MERIT (the professional development registry), signing up for orientation, and addressing barriers to enrollment. Upon registration, centers are assigned a technical assistance specialist who works with providers to develop a work plan, timeline, and supports for successfully increasing their quality ranking.<sup>[175]</sup> The supportive onboarding process was intended to build a trusting relationship between providers and the new system.<sup>[175,177]</sup> To continue growth in this area, DCYF is currently rolling out an online coaching platform that will allow staff to receive training independent of an in-person coach.<sup>[178]</sup> Understanding the extent to which agencies implement reform initiatives with **fidelity** is critical. The development of Early Achievers as the statewide QRIS program spanned many years and included several internal and external fidelity assessments. These assessments included the quantitative program and child performance data as well as qualitative data from QRIS users. Early years of QRIS development were dedicated to field testing, evaluating, and refining the QRIS model.<sup>[174]</sup> A study showed that when implemented, the QRIS program improved observed quality in centers and family childcare. Additionally, teachers in centers using QRIS reported higher rates of enrollment in education and training and less turnover when compared to teachers in centers not involved in QRIS.<sup>[179]</sup>

In home visiting, we learned that workforce capacity for PI was rapidly growing. Staff from the home visiting programs described working with ThriveWashington, a capacity-building organization, through their Implementation Hub, which they developed in collaboration with the National Implementation Science Network to provide training and technical assistance (TTA) to staff around best practices. Additionally, ThriveWashington was responsible for assisting DCYF (previously, DEL) staff with activities related to PI, such as monitoring program implementation and fidelity.

ESIT showed limited evidence of sufficient human capital needed to implement and sustain a rigorous PI function. Staff from ESIT described how developing the infrastructure to engage in coordinated PI activities was a central aim for the program; however, they felt that the limited staff capacity to take on this activity inhibited their movement towards a PI system.

## Technical Resources

Conversations with experts and practitioners, and findings from the literature,<sup>[135]</sup> reflected the importance of technical resources, such as a high-functioning data system to monitor progress. DCYF staff across the EL programs discussed the need for cross-agency collaboration, particularly around the sharing and linking of data. They also stressed the need to collect high-quality data and to have the resources to share actionable evidence through data dashboards that staff have the skills to interpret.

The functions of each program in the array of early learning services require very different structures and, at this time, do not share a common administrative database that supports a rigorous PI function. Some program data live in health care systems, some exist in education systems, and others are housed in single purpose DCYF databases. Having data held by different agencies requires DCYF to have data sharing agreements to access information on their programs and the populations they serve. This is in large part due to program structure; private contractors around the state deliver most of the system of care. Though those contractors are required to submit certain data and reports, some of which staff entered into administrative databases, there is no consistent single database of record.

### *Equity Implication*

A wealth of data resources permits all early learning programs to identify what elements of racial equity, diversity, and inclusion are captured and what disparities/disproportionalities exist by income, race/ethnicity, and geography.

In general, DCYF staff expressed frustration with this situation:

*It's a mess. It's super frustrating on all sides; IT [information technology] is frustrated because it's not their job to build these datasets, and we're frustrated because we don't have access to data to answer questions. So, things that . . . I would assume were relatively easy to answer questions, take far longer than you would anticipate for them to be answered. And, then you end up with seven different versions of a dataset. And so, if you're not meticulous about how you record versioning, then all of a sudden people have different answers to the same question because they [analysts] think they're working off the most recent data. So, there's just all those flaws in having kind of floating datasets versus a database.*

The EL data systems that DCYF staff most frequently discussed belong to ECEAP and include WELS, which holds basic QRIS information, and ELMS, which holds child-level information on kindergarten readiness and other indicators of health and well-being.

In terms of **decision support systems**, DEL built a comprehensive data system to track QRIS ratings and quality improvement activities. This data system serves as the central point for all QRIS information, linking MERIT and the licensing database. Data collection, analysis, and reporting allow for data-informed decision making about quality changes needed and the professional development needs of providers and coaching staff.<sup>[178]</sup> ECE stakeholders

throughout the state can use data held in MERIT to tailor supports to build quality within programs that will lead to positive child outcomes.<sup>[180]</sup>

## Agency Culture

**Leadership.** As highlighted in Tout et al.'s QRIS Blueprint,<sup>[135]</sup> the foundational elements of a PI system include a “focus on building the leadership capacity in programs for ongoing quality improvement.” This speaks to the importance of leadership in developing and promoting a culture of learning within an agency. In such an agency, staff are encouraged to explore curiosities that lead to a systematic investigation of system functioning, ultimately spurring system improvements and heightened child and family well-being.

This blueprint is particularly useful in this space, where there is no consensus among experts and practitioners about what EL programs or agencies need to develop and sustain a rigorous PI system. Below, we list a sample of the ideas that emerged in the research evidence and in conversation with experts and practitioners on how leadership can promote and sustain PI systems in EL agencies:

- Create a shared vision for the agency informed by talking with families
- Be invested in outcomes
- Be willing to take risks
- Have early childhood training and experience
- Create systems that function well in their presence or their absence
- Communicate the benefits of data collection (e.g., program improvement) beyond compliance
- Establish partnerships outside of the agency
- Empower staff to carry out the leader’s vision by providing training and resources
- Promote strong interpersonal skills across the agency

Existing policies also touch on the importance of agency culture for PI in EL programs. Head Start and CCDF policies speak to the value of family engagement and family needs;<sup>[53,133]</sup> an agency whose culture is sensitive to the needs and strengths of families is more likely to have a PI system that enhances the well-being of families and, indirectly, children. Similarly, both federal and state policies, which call for disaggregating statistics by race/ethnicity and other characteristics, draw attention to racial equity and diversity. Further, policies emphasize that programs must prioritize and track services available to children in low-income families, families with an unemployed parent, and families from diverse cultural backgrounds.

In terms of **leadership** for the implementation of Early Achievers, a noteworthy **system intervention**, early financial support from the legislature, even amidst budget cuts, signaled that developing a QRIS was a priority of the state. The Race to the Top-Early Learning Challenge was a competitive grant program under the Obama Administration.<sup>[174]</sup> Washington’s receipt of the RTT-ELC grant propelled statewide implementation of QRIS. The strong, winning application

served as the implementation blueprint and existing governance structures facilitated a successful implementation. The state was able to leverage funding and resources to support enhanced collaboration between and among state agencies and increase alignment between policies and programs.

DCYF staff talked about the substantial financial and human resources invested in the implementation of Early Achievers and the **culture and climate** change towards collaboration and information sharing this signaled in the legacy DEL. These investments included a plan for communication, involving branding, marketing strategy and outreach, the development of communication materials and integration into relevant contracts.<sup>[174]</sup> In addition, the RTT application referenced monthly partner meetings. Monthly meetings including implementation partners as well as other representatives from subsidy and licensing, among others, are opportunities to share information across the agency. Additionally, Child Care Aware and the Early Achievers team hold monthly leadership meetings. Licensing liaisons assigned to the four licensing regions attend regional meetings and serve as points of contact.

Across other EL programs, there was limited evidence of a culture intended to support PI activities. In home visiting, the existence of distinct programs, each with its own targets, processes, and expectations, makes it difficult for leadership to establish clear PI mandates. However, home visiting programs did interface with ThriveWashington to build workforce and system capacity. In ESIT, there was a greater focus on compliance, given the clear federal reporting standards for IDEA, and less emphasis on PI. Nevertheless, staff from these programs described their interest in developing PI infrastructure, reflecting a broad-based interest among midlevel and frontline staff towards continuous improvement.

### Summary

Overall, Early Achievers, the state's QRIS, appears to require the bulk of the infrastructure devoted to PI in the EL space. Lessons learned from the successful implementation of Early Achievers underscore the value of certain implementation drivers to sustain future reform initiatives across EL programs.

#### *Equity Implication*

DCYF's early learning programs signaled their commitment to reducing the impact of race/ethnicity on chances of success with the adoption of a Racial Equity Theory of Change.

### 3.3.3 Juvenile Justice

#### Human Capital

**Workforce quality.** A capable and experienced JJ workforce is critical to embracing a reformative approach to working with involved youth.<sup>[53,56]</sup> Most roles involving direct care staff must be able to engage with youth using a strengths-based approach and techniques such as therapeutic coaching, interactive supervision, and supportive skill development. As such, JJ staff must seek to hire staff who possess a unique skill set and whose personality characteristics and

qualifications can foster healthy coping, living, and relationship skills. Although assessing the quality of direct care staff may be highly dependent on the particular role in question (i.e., facility security staff, clinical staff, probation officers, etc.), certain attributes may be universal. Appropriate staff should be able to:

- Maintain values that are in close alignment with the agency's mission and its management practices
- Bring a strength-based approach to working with youth
- Understand basic adolescent brain development and use a trauma-informed lens to prevent or minimize further harm
- Exercise conflict management in interpersonal style and techniques
- Be capable of building trust among youth and staff
- Maintain strict adherence to policies and procedures

Though there was emerging evidence of human resources to support PI in JR, there was limited discussion of what skills and capabilities frontline staff needed to participate in PI and more conversation around JR's investments in PI related to staff in headquarters and externally. First, JR had paid to join PbS, a TTA organization focused specifically on improving juvenile justice facilities across the U.S. The PbS membership results in twice yearly intensive interviewing and surveying of youth, families, and staff in WA's institutional facilities, a personal TTA liaison who is supposed to work with the agency to improve operations, and published reports. Some DCYF staff reported that they highly valued the information PbS produced. Others said that they were unclear on how to use this information because data collection is too infrequent to assess change and the receipt of aggregate reports do not permit further analysis.

Second, in February 2018, JR had hired a lean performance administrator whose primary purpose was to help the agency improve its performance. DCYF staff discussed their excitement about the agency's investment in growing staff capacity for PI. Additionally, specific staff across JR are dedicated to investigate issues such as fidelity of EBPs and to ensure that the right EBPs are available to youth based on their risks and needs.

### **Diagnostic Redesign**

In 2012, JR set out to develop and redesign the diagnostic processes they used to assess and place youth in community and residential facilities. Through this diagnostic process, staff gather intake information, secure court documents, administer initial assessments, arrange placement of youth in the appropriate facility, and arrange transportation. The Administration convened a workgroup charged to redesign the three key areas of the diagnostic process: Initial Placement; Screening and Assessment; and Treatment and Transition Planning. Expected benefits of redesigning the diagnostic process included meeting the needs of youth and families, finding efficiencies, and reducing costs. The effort commenced with a review of the current diagnostic process, guided by goals such as reviewing intake needs of institutions, identifying critical components of the process, considering additions to the process, and others.



Third, findings from the Diagnostic Redesign case study showed that JR recognized the importance of **training and coaching** staff around the use of assessment tools, particularly related to the onboarding of individuals to fill vacant positions. A JR staff member indicated that there had been some scope creep with a form that staff need to complete for youth before JR places them in a facility. In good faith, a newly trained person took it upon themselves to revise the form with the intention of gathering more information, without knowing that it was someone else's job to collect that information. Thus, staff were repeating steps in the information gathering process, one of the key inefficiencies that the Diagnostic Redesign sought to address. Such oversights point to the necessity of training and the importance of the Redesign to a new generation of JR staff.

**Staff, setting, and system interventions.** The literature points to the type of services and interventions that JJ agencies should provide and the need for training to provide these services and interventions in a high-quality way. For instance, evidence-based and family-centered interventions, such as multisystemic therapy or functional family therapy (including adaptations such as functional family probation) have been found to significantly reduce the likelihood of re-offending.<sup>[181–185]</sup> These EBPs are supported by policy mandates,<sup>[93,114,186,187]</sup> but delivering them with fidelity to their models requires a highly skilled and well-trained workforce. Similarly, JJ systems are moving towards more community-based options like diversion programs for youth charged with low-level offenses and with limited histories of delinquent behavior. Implementing such programs requires a workforce with the requisite training and skills. The literature also indicates that probation officers need not only training but also smaller caseloads so they have time to understand youth, their families, their neighborhoods, and the landscape of available resources and opportunities.

Though experts and practitioners did not come to consensus about what elements of human capital capacity are necessary for JJ systems, they did propose that agencies might consider partnering with other youth-serving agencies to focus more strategically on prevention and to build shared capacity in this space.

Viewing the Diagnostic Redesign as a **system intervention** driven by a budget reduction underscored the need for an “all hands on deck” approach to implementation.<sup>[188]</sup> This approach involved the development of a **cross-functional project team** to develop the multiphase process for the Diagnostic Redesign. The workgroup had diverse representation from members spanning offices such as Re-entry, Transition and Education, Mental Health Programs, Parole Programs, Institution Programs, Youth Voice, and Chemical Dependency/Evidence-Based Expansion, among others, in roles spanning administrators, co-facilitators, managers, diagnostic practitioners and liaisons, psychologists, and program specialists. In addition to the core workgroup, consultants from the offices of Transportation, Information Technology, Community Programs, Community Facilities, and program and treatment experts for specialty areas such as Court Programs and Youth with Sexual Offenses joined the team. The process also made use of existing workgroups to provide expertise and guidance on specific issues.<sup>[189]</sup>

## Technical Resources

Experts and practitioners discussed the need for JJ systems to build their data reporting capacity. Policies, in particular, require reporting around program/service participation and completion.<sup>[93,114]</sup> The ability to monitor these indicators and others requires both the technological components to securely hold and provide easy access to information and skilled analysts who understand how to manipulate and use data for decision making. Indeed, a robust integrated data system is essential to reducing racial/ethnic disproportionalities in JJ system involvement. JJ systems need to be able to stratify their measures of in-flow and agency performance in order to understand where disparities exist and for whom.

Like CW, JR maintains a comprehensive database to support a rigorous performance monitoring function in DCYF. The majority of JR's system data are collected in ACT, which holds real-time information about all youth in JR. JR staff primarily use ACT for client tracking, although it does capture some staff and facility data. Frontline staff working in community facilities and institutions around the state are responsible for entering much of these data. JR receives some data from the Office of the Superintendent of Public Instruction. Staff incorporate data extracted from ACT to report to the Office of Financial Management in alignment with the Results Washington framework. In addition to the data that are held in ACT, information about youth, family, and staff experiences within JR's three institutions is directly collected biannually by PbS. JR staff regularly use the reports PbS publishes (since raw data are not shared back with JR), along with PbS-provided technical assistance for targeted PI activities.

The Diagnostic Redesign highlighted some issues with JR's **decision support data system**, ACT. The ACT system automatically generates a Risk Assessment Recidivism Score (RAR), which JR uses to determine parole eligibility, 14 days following placement.<sup>[190]</sup> However, beyond generating the RAR score, it is not clear if or how staff use information in ACT to determine the least restrictive environment for youth, their program needs, and expectations for community reentry, among other needs. In addition, while staff enter several data points and forms into ACT, there are several other youth assessments and case notes are not entered into the ACT system.<sup>[191]</sup>

## Agency Culture

As the literature on the importance of agency culture grows, the elements of the culture that are particularly salient in the JJ space will continue to become clear. To date, the emerging body of literature in this space highlights some important elements of JJ culture that are specific to PI.

**Practice model.** Though JJ systems do not refer to "practice models," one of the most important elements of JJ culture relevant to PI is a shift away from monitoring and enforcing compliance and a move towards positive behavior change. The research on surveillance-oriented supervision has driven this shift based on literature showing the failures of such approaches to supervision.<sup>[192]</sup> Instead, JJ agencies can achieve better outcomes when they

elevate interventions that: provide positive youth development opportunities; bolster existing protective factors like positive relationships with caregivers, social support networks, and opportunities for economic advancement; and offer cognitive behavioral approaches that improve problem solving, decision-making skills, perspective taking, self-control, and the ability to resist negative peer pressure. This approach to JJ also includes having probation officers who serve as behavior change agents through coaching, modeling, and incentivizing good behavior, as well as acknowledging that minor supervision-related infractions reflect normative adolescent development and as such, require graduated responses.<sup>[193,194]</sup>

The Diagnostic Redesign case study revealed that focusing on positive behavior change requires acknowledging youth's voices and perspectives. **Fidelity assessment** should not just be from the perspective of the system, but also from the perspective of youth and families served.<sup>[188]</sup> For example, rather than examining whether or not a youth was moved to their facility within two days, a key fidelity criterion, fidelity assessment should also take into account the young person's experience of moving to the facility. In other words, JR should not conduct fidelity assessment only from the perspective of a surface-level government checklist, but, qualitatively, it should focus on each individual's experience.<sup>[188]</sup>

**Leadership.** Conversations with experts and practitioners in the field highlighted the importance of leadership as part of PI culture. There was consensus that leaders need a clear vision and the political skills to secure the funding and resources to strengthen the agency's work and its commitment to improvement. They also need to be able to communicate a rationale for reforms, engage and communicate with external stakeholders, communicate effectively with staff, and establish feedback loops for information. Furthermore, and in line with policy guidance, JJ agencies can foster a positive culture by focusing on fairness and equity, particularly in regards to racial and ethnic disparities;<sup>[139,140,195]</sup> drawing on evidence-based and trauma-informed practices and approaches;<sup>[186]</sup> and using approaches that are consistent with an understanding of youth development (i.e., no restraints, isolation).<sup>[140]</sup>

In terms of **leadership** drivers, JR convened the Diagnostic Redesign Workgroup in late January 2012 and included representatives from the Community and Residential Divisions and the Office of the Assistant Secretary. In addition to the co-sponsors, leadership of the group consisted of a Special Assistant to the Assistant Secretary, a team lead, and two cofacilitators. A formal charter established this workgroup and listed its purpose, expectations, timeline, membership, and other instructive information.<sup>[196,197]</sup>

While the Redesign did have formal leadership, a project representative stressed the importance of engaging informal leaders who do not necessarily have supervisory roles. There was pushback for bringing such influencers to the table, because the influencers often were not already "converted" to unequivocal supporters of the project, and they often disagreed with workgroup leadership. More stalwart supporters feared dissenters might make the process more difficult, but the representative pointed out that waiting for the outliers to stop the process during implementation would be more dangerous than bringing them into the conversation and

getting them on board right up front. Getting these individuals on board would help bring others along, especially those resistant to change.<sup>[188]</sup>

## Summary

The shift in JR agency culture towards learning and improvement are embodied in the recent human capacity investments, particularly through the subscription to PbS and the hiring of a lean performance management administrator. Staff also discussed their commitment to using EBPs, and to ensuring that JR delivers them with fidelity to their program models. However, given challenges in JR related to evidence use, it appears that making evidence-informed decisions was not fully embedded into the agency culture.

### *Equity Implication*

Trainings for staff on racial/ethnic disparities and lean systems were optional, which communicated to staff that becoming a learning institution devoted to improvement was not a priority for JR.

## 3.4 Findings: Priorities for an Integrated DCYF Performance Improvement System

In this section, we describe **priorities** for DCYF that will guide decisions the agency makes about its performance improvement system. We describe DCYF's existing assets for performance improvement that the agency inherited from its legacy agencies, and we highlight emerging opportunities within the domains of performance, process, and infrastructure.

*Priorities* are a limited set of process, infrastructure, and performance activities of elevated importance based on existing evidence, anticipated impacts, and role in driving change and improvement. As DCYF moves forward in the development of its integrated PI system, the legacy performance measures, processes, and infrastructure existing within each of the service areas are fundamental assets. Each service area has developed systems that are responsive to guidance from policy, evidence from research and practice, the needs of its service population, and the structure of its workforce. While these components provide the broad contours of a new PI system, DCYF may invest in agency-wide structures and supports to build bridges between and improve the existing functions in each of the service areas. To ground a discussion of how to prioritize investments in an integrated infrastructure that builds on existing resources, we first discuss emerging agency-wide strengths and proposed improvements needed to implement and sustain a rigorous, evidence-based PI system.

At the program level, priorities are the measurable activities within the scope of DCYF's services that are most proximal to measures of agency performance and child, youth, and family well-being. On an agency level, priorities may be more wide-ranging. The Blue Ribbon Commission report and HB 1661 grounded the need for a new agency in shared goals and priorities across service areas as well as a prevention-focused approach that spanned the developmental

continuum. As such, the strongest PI asset the new agency has is a shared definition for success articulated at multiple levels of the agency. This shared definition provides an attainable vision of the ideal state towards which the agency is driving. Figure 43 illustrates the alignment of priorities under DCYF’s vision.

Figure 43. DCYF’s Agency Priorities

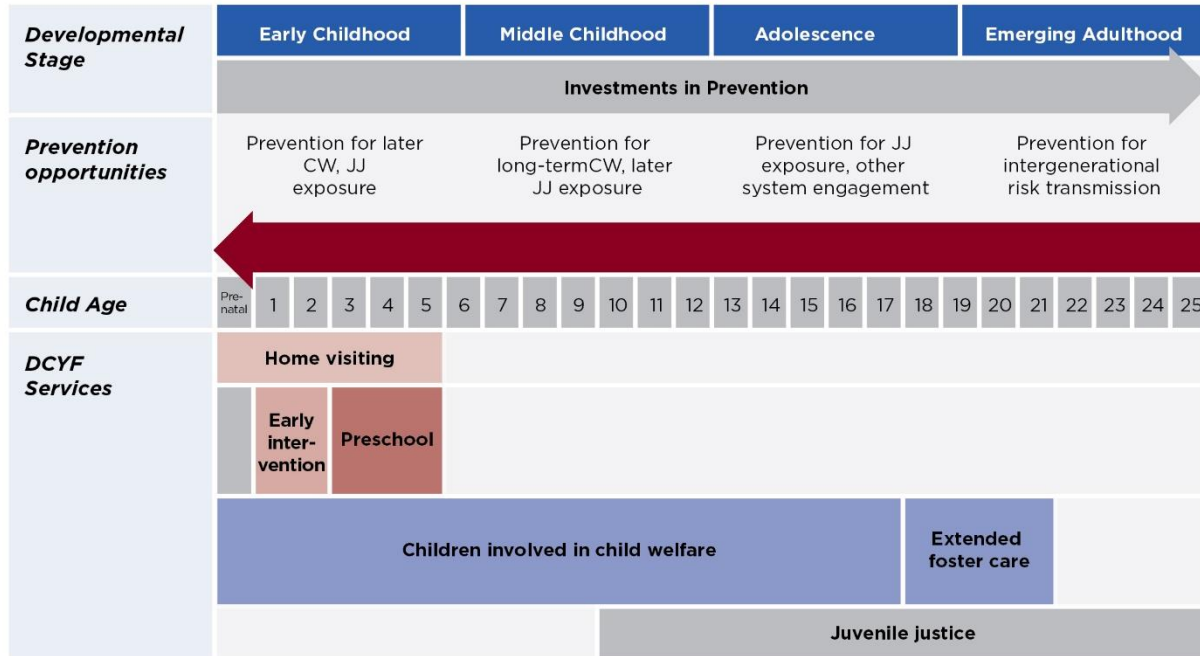


These priorities guide the agency in deciding what to measure and how to invest its resources. In line with these priorities, we have signaled throughout the report:

- Opportunities for DCYF to measure the work of the service areas and programs across the system continuum—from highlighting disproportionalities and inequitable access at program entry to illuminating disparities at program exit
- Opportunities for DCYF to build and strengthen existing processes related to quality assurance and refine the processes around evidence use for improvement
- Opportunities for DCYF to build the agency and workforce infrastructure to enhance service delivery, develop vital technological resources, and adopt a culture of learning

As DCYF considers these opportunities, we also recognize the agency’s emphasis on prevention and early intervention, focus on key transitions along the developmental continuum, and the application of evidence from brain science and public health research to drive practice and policy. As shown previously, Figure 1 depicts our understanding of how DCYF’s services map on with the developmental continuum for the population it serves.

Figure 1. Crosswalk of Developmental Continuum and DCYF Service Continuum



## Performance

Mapping DCYF’s services onto the developmental continuum clarified measurement gaps and elevated agency and program priority measures, which we describe in more detail in the *Recommendations* section. While each of the programs and service areas within DCYF has its own key performance metrics grounded in the needs and goals of the populations they serve, there are emerging opportunities to align measurement for programs that serve children of the same ages and in the same developmental stages. Previous work in OIAA related to Integrated Services highlighted opportunities to streamline programs; measurement should ideally follow.

At the agency level, DCYF could benefit from having its own key performance metrics in addition to program-level and population-level outcomes for children, youth, and families. In the *Recommendations* section, we identify the essential quantifiable indicators of child and family functioning aligned with the health, education, and resilience framing of DCYF’s vision for improved population well-being. In line with this expectation, we elevate a set of measures that will help DCYF understand the connections between the clientele who come into contact with their programs and services, what their clients experience in these programs and services, and consequently, what potential influences these programs may have on child, youth, and family well-being.

## Process and Infrastructure

OIAA is critical to the advancement of PI processes and infrastructure in the newly integrated DCYF. The staff and resources embedded in OIAA develop and implement the performance measures, processes, and priorities that span the agency. They also provide key analytical capacity to support the generation, dissemination, and application of evidence across program-level and agency-level PI initiatives. In the *Recommendations* section, we provide suggestions for how OIAA can continue to leverage organizational resources, both within programs and across the agency, to delineate how DCYF can use evidence in the execution of PI activities.

Some of the early investments in agency-wide PI include the population outcome goals for children, youth, and families discussed in the *Introduction*. In terms of processes, OIAA is developing a new model for Performance-based Contracting that weaves the use of evidence into QA and QI activities. This approach builds the capacity of the contracted workforce to engage in PI activities and aligns standards that drive towards the overarching mission, vision, and goals of the agency.

### **PI in Action: Shifting to Outcomes-Oriented Contracts**

In addition to direct services DCYF provides approximately \$900m each biennium in contracted services to clients. These contracts represent an opportunity for the agency to support its population outcome goals for children, youth, and families.

Building on efforts to provide high quality services, DCYF is using a cohort model to incorporate outcomes in over 1,000 contracts. Each team will work collaboratively with contractors and a data analytic partner to identify measures with the greatest impact potential. DCYF will use these results to direct resources toward high-performing contractors and help all contractors continually improve their performance over time.

Another early investment is the development of a comprehensive management information system. By making information more accessible and equipping analysts to transform data into high-quality evidence, DCYF is better positioned to share results, interpret findings with a broad range of stakeholders, and make evidence-based decisions within the PDSA cycle.

As noted above, as part of a plan to develop its PI infrastructure, OIAA is also engaging in an Integrated Services planning process to identify DCYF clients' system touchpoints and trajectories. An understanding of how programs connect from the client perspective can generate insights for prevention and early intervention, facilitate routine and timely data collection, and drive the agency towards an efficient and cohesive service delivery model that it can rigorously evaluate using a PDSA cycle.

Below, we articulate specific steps for how DCYF can build on its existing performance measures, processes, and infrastructures for PI that it inherited from the legacy agencies. Linking these assets across the agency, from program through leadership, will ultimately move DCYF towards a well-embedded, scientifically defensible, and rigorously executed PI system.

## 4. Recommendations

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DCYF's ability to use performance improvement as a means of aligning its activities towards its population outcome goals for children, youth, and families ultimately rests on its **ability to accurately measure performance and use this information to drive cycles of inquiry**. In order to accelerate its progress, Washington needs to adopt a more expansive perspective on high-priority indicators that includes **priority drivers of improvement** (i.e., lead indicators) and program-specific **performance measures for child, youth, and family outcomes**. In addition to improving processes around measurement, Washington also needs to develop, strengthen, and align its processes around disseminating and applying evidence at both the program and the agency level through departmental policies and practices and investments in training and technology. Finally, DCYF needs to create **supportive structures** and an **inclusive learning culture** that invites all stakeholders to participate meaningfully in performance improvement and aligns improvement efforts at every level to transform agency practice and population well-being.

Based on the findings of the baseline performance assessment, we have identified three overarching recommendations that will drive DCYF from its current state of PI towards a more improved, future state. We have also identified a set of priority performance measures derived from the evidence base, policy guidance, and best practice that reflect program and agency needs related to performance management and monitoring. As we have described, improving agency performance is essential to reducing disproportionalities in system engagement, providing more equitable services, and eliminating disparities in child, youth, and family well-being.

Below, we describe each of the overarching recommendations, outline their significance for performance improvement, and reflect on the valuable equity implications of each recommendation. Within each of these recommendations, we identify a set of action items and describe their immediate relevance to agency- and program-level priorities.



<b>Recommendation 1. Increase capacity for measurement aligned with policy and best practice.</b>		
<b>Justification: Measurement allows the agency to generate the evidence it needs to support key decision making.</b>		
<b>Description</b>	<b>Significance in PI</b>	<b>Equity Implications</b>
<ul style="list-style-type: none"> <li>• An agency needs to know who it is serving (and not serving), what services it delivers, how it delivers them, and what occurs as a result.</li> <li>• Understanding and tracking an agency’s interactions with the population it serves using rigorous measurement approaches are essential to PI.</li> </ul>	<ul style="list-style-type: none"> <li>• Performance measures aligned with program, agency, and population goals and supported by high-quality data drive the PI cycle.</li> <li>• Systematic observation of performance data is one way an agency can identify potential areas for improvement.</li> <li>• The capacity to drill down by both subpopulation and program or work unit allows an agency to assess its strengths and challenges, and identify interventions within its sphere of influence that will yield the greatest impact.</li> <li>• High-quality measurement is also essential to fully understand the success of an intervention and make critical decisions about how to adapt, scale, or abandon it.</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible measurement can help identify and monitor existing and emerging disparities.</li> <li>• The ability to disaggregate data by subpopulation can also reveal whether particular subpopulations lack access to quality services or demonstrate disparities in outcomes.</li> <li>• New and existing measures and instruments can be validated to ensure their cultural relevance and appropriate characterization of race, gender, and tribal affiliation.</li> </ul>

<b>Action Item</b>	<b>Relevance</b>	
	<b>Agency</b>	<b>Programs</b>
<b>1. Validate a core set of performance indicators—capturing both agency performance and specific outcomes, by program or service areas and for agency globally—that are standardized across service areas where possible, aligned with the evidence base, and adhere to policy guidance.</b>	<b>X</b>	<b>X</b>

**Action Item 1.** A common understanding of priority measures supports cross-functional decision making and ensures that staff have a clear sense of shared goals they are driving

towards through their routine decision making. In a performance improvement system driven by evidence and measurement, a reduced set of measures can help agency staff coordinate activities across programs and organizational levels by supporting the processes that drive improvement. In the second half of the recommendations section, we present our suggestions for a reduced set of priority measures. Here we outline a series of criteria for identifying priority measures at the agency and program level:

- Measures are empirically supported as drivers of performance improvement through research and practice evidence and are validated by widespread use across jurisdictions. The proposed categories described below map on with the program/service area theories of change presented in Appendix E.
- Measures span the system continuum to give managers a complete picture of performance. As such, the measures include more than core performance measures and outcomes; they include system dynamics, as well as the system of care and workforce capacity, which are key drivers within systems that agency staff can use to support one or more stages of the PI process.

In short, these measures will enable program managers to observe the different moving pieces of a system and identify possible levers to drive improvement. Staff should embed these measures within a program-level theory of change that permits assessment of each program's performance. These measures should also align with agency-level goals and initiatives so that programs can report up to leadership; leadership can have insight into program-level activities using dashboards; and, together, consistent information can be coordinated across programmatic boundaries. Attention to the developmental continuum allows the agency to take a targeted approach to serving children, youth, and families at key transition points. It also promotes shared learning and scaling of best practices across the agency.

The full list of proposed program and service area priority measures are contained in Appendix G. As the programs and service areas review their components and map out their theories of change, validating these proposed measures will be essential to maintaining alignment between program components and measurement expectations.

In addition to identifying priority measures for specific programs and service areas, we advise elevating a set of priority measures at the agency level that speak directly to the experiences and outcomes of the population it serves and works with in tandem with its theory of change. Though DCYF has not yet articulated a specific theory of change, we sorted and reviewed the recommended measures above to identify a coherent set of measures from across the system continuum (i.e., from system dynamics, to key drivers, to outcomes) and across developmental stages. Those agency-level measures are included in Table 27, below. We encourage DCYF to articulate an agency-level theory of change and to subsequently validate the selection of these measures against a future theory of change and, where possible, to standardize assessment tools and instruments across service areas for each of these measures. Aligning the measurement to the theory of change is foundational to driving PDSA cycles in the PI process.

Table 26. Agency-level Performance Measures

System Dynamics	Key Drivers		Child and Family Outcomes
	System of Care	Workforce	
<ul style="list-style-type: none"> <li>• Program access</li> <li>• System interaction</li> </ul>	<ul style="list-style-type: none"> <li>• Timeliness of services</li> <li>• Completeness/ dosage of services</li> <li>• Regular assessments</li> <li>• Responsive service planning</li> </ul>	<ul style="list-style-type: none"> <li>• Training and credentialing</li> <li>• Support resources</li> <li>• Turnover/ retention</li> </ul>	<ul style="list-style-type: none"> <li>• Childhood health, development, well-being</li> <li>• Adolescent health</li> <li>• Positive youth development</li> <li>• Family health and well-being</li> <li>• Economic self-sufficiency</li> </ul>

We selected these measures because they span the range of services and developmental stages. They also can capture how well DCYF is investing in prevention and supporting WA’s children, youth, and families through key developmental transitions. At a high level, the agency can use these measures to drive change to understand the system continuum. For instance, DCYF might propose the following hypothesis, described previously, in Figure 7.

- If the agency provides the right services (**system of care**)
- To the right people (**system dynamics**)
- Aligned with best practices, high model fidelity, and quality (**workforce**)
- Then we will expect to see strong program performance (**key drivers**)
- That translates to enhanced well-being among those served (**child, youth, and family outcomes**)
- Then DCYF expects to observe enhanced population outcomes for children, youth, and families in the domains of resilience, education, and health

**System dynamics.** At the agency level, understanding who comes into each service area/program—who has access or who is mandated to interact with a system—is important because interventions are specific to the needs, assets, challenges, and supports of the service population. Capturing these system dynamics helps an agency be responsive to the needs of the population, particularly with regard to external influences that may impact who the agency has to serve (e.g., families affected by the opioid epidemic).

**Key drivers.** These measures include the *system of care* and the *workforce* and are essential to measure properly because they capture the types and quality of intersections that children, youth, and families have with the system.

- *System of care.* These measures reflect what the agency does or provides to families who become part of its clientele and captures those quantifiable indicators of service delivery within the agency’s sphere of influence. How quickly an agency can provide services, how much of those services a child, youth, or family receives, regular assessments of strengths and needs, and concomitant service planning are consistent across the service areas and

undergirded by evidence and policy requirements. Thus, these measures should be elevated as agency-level system of care priority measures.

- *Workforce.* Assessing the skills and capacity of the workforce as well as its ability to deliver high-quality services are both areas of measurement that, to some extent, an agency can change. The essential workforce elements to understand include training and credentialing, support resources, and turnover/retention—these measures reflect how an agency provides resources and supports for service delivery. Since some programs primarily use contracted staff and external service providers, the ability of an agency to leverage the workforce to improve outcomes may vary at the program level.

**Child, youth, and family outcomes.** Though DCYF has already established population outcome goals for children, youth, and families, it is also necessary to have a set of outcomes that are specific to the population DCYF serves and can be linked to an agency theory of change. These measures are essential for informing DCYF of whether the services it provides are achieving their aims. Measures include: childhood health, development, and well-being; adolescent health; positive youth development; family health and well-being; and economic self-sufficiency. Evidently, these measures can serve as leading indicators for progress toward population outcome goals and can illuminate disparities in outcomes associated with system engagement. Additionally, these measures can help the agency reflect on the success of prevention initiatives.

Action Item	Relevance	
	Agency	Programs
<b>2. Improve analytic capacity among program analysts and enhance capacity for data capture to support analysis of performance data at various levels—both “drilling down” and aggregating up—to identify disparities by sociodemographic characteristics of children, youth, and families and to understand trends across different units of analysis.</b>	<b>X</b>	<b>X</b>

**Action Item 2.** Improving analytic capacity is typically a task for each program, although at the agency-level, OIAA provides support and resources for reporting and analysis. Analysts should aim to capture more performance data about the system of care in which children and youth’s experiences vary. Indeed, the variability in clients’ experiences with the system are likely to determine clients’ outcomes. For these reasons, being able to analyze information at various levels is essential to understanding that variation.

In child welfare, analysts should aim to capture more performance data about how children and youth’s experiences in care vary. Their experiences may be dependent on their caseworker, the region where they live, and how these sources of variability interact with their family dynamics and characteristics. Thus, it is essential to capture and assess trends at the family, workforce, office, and regional levels. Additionally, there is surprisingly limited attention given to disparities and disproportionalities in CW, with the exception of the ongoing work of a small office that is responsible for publishing a disparities report. Analysts should aim to embed an equity lens by

always attending to the presence of disparities and disproportionalities by racial/ethnic identity, tribal status, sexual orientation, and gender identity, among others.

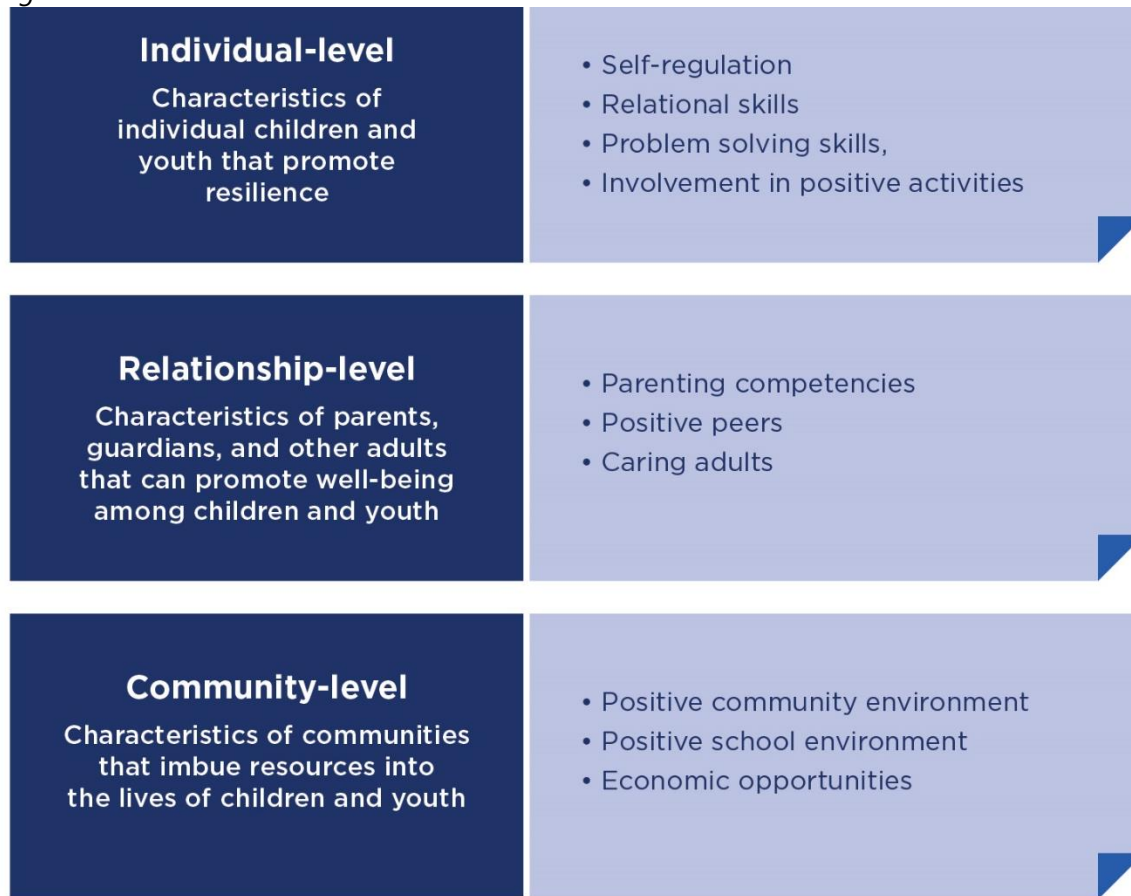
In early learning, children are nested in families, in classrooms, in programs, in provider agencies, and in regions, which may impact their experiences in these essential prevention programs. It is important to understand trends within and across these units of analysis and to further disaggregate by child and family characteristics to understand inequitable access to services, variability in service quality, and disparities in outcomes. Exploring performance data in these ways can contribute to the ongoing racial equity initiative among programs serving young children and their families.

In juvenile justice, youth are nested in families, in courts, and in facilities and institutions; these units of analysis should be explored in more depth. While JJ pays notable attention to disproportionality and disparities by racial/ethnic identity, other youth demographic characteristics such as sexual orientation and gender identity are worthy of examination. Though an expanded look at disparities is not yet a focus of JR’s work, its imminent transition into DCYF, and the related reporting and analytics expectations set for analysts in OIAA, may permit this opportunity in the near term.

Action Item	Relevance	
	Agency	Programs
<b>3. Incorporate measures of protective factors that are developmentally-appropriate and department-wide, and can be standardized across the agency.</b>	X	X

**Action Item 3.** In 2015, the Administration for Children, Youth, and Families (ACYF) in the U.S. Department of Health and Human Services commissioned a review of the most salient protective factors for the population the Administration serves—namely, children exposed to violence, homeless and runaway youth, pregnant and parenting teens, victims of maltreatment, and youth both in and aging out of the foster care system.<sup>[198]</sup> This framework identified specific protective factors for these populations, shown in Figure 44 below:

Figure 44. ACYF Protective Factors Framework



As shown in Appendix G, we include a host of protective factors in our recommended priority measures. The selection of measures of protective factors should occur at the program level. Where programs overlap on the developmental continuum in Figure 1, representatives of each program should work together to select appropriate measures aligned with the ACYF framework. One way to approach this task is to convene developmental stage-specific workgroups with designees who have measurement experience and who represent each service area or program that serves children and youth in early childhood, middle childhood, adolescence, and early adulthood. This cross-program working group model replicates the federal Interagency Working Group on Youth Programs model designed to foster collaboration across service areas and develop and implement aligned standards for protective factors. Staff should ensure that measures of protective factors are not only developmentally appropriate but also culturally valid and strengths-based.

By developing these workgroups and working in coordination across programs and service areas, the agency can standardize measures across the agency. This will permit DCYF to roll up the measures of protective factors to understand agency performance in this realm and to serve as lead indicators for the population outcome goal of resilience.

<b>Recommendation 2. Increase capacity to generate and meaningfully use evidence.</b>		
<b>Justification: Agencies need to transform the large volumes of data they collect into evidence that can be effectively integrated into decision making.</b>		
<b>Description</b>	<b>Significance in PI</b>	<b>Equity Implications</b>
<ul style="list-style-type: none"> <li>Agency data are a valuable source of information about the functioning and impact of the agency's programs.</li> <li>It is essential that an agency has the capacity to transform the large volumes of data they collect into evidence for shared or integrating into decision making.</li> </ul>	<ul style="list-style-type: none"> <li>Aligning performance improvement activities within the PDSA cycle permits an agency to make evidence-based decisions and to systematically refine its approaches in service of continuous improvement.</li> <li>PI also requires the development of testable theories of change that explain how and why a program activity should bring about the program's desired effects.</li> <li>Programs should use evidence to test a theory of change, drawing on analytic approaches, such as root cause analysis, to inform investments and changes to agency and program procedures.</li> </ul>	<ul style="list-style-type: none"> <li>The ability to communicate and co-interpret data at the program level with a broad array of stakeholders amplifies client, community, and workforce voices in agency practice and policy.</li> </ul>

<b>Action Item</b>	<b>Relevance</b>	
	<b>Agency</b>	<b>Programs</b>
<b>4. Construct an integrated administrative data system that facilitates linkages across service areas and permits tracking child, youth, and families over time and across systems to produce a holistic picture of well-being and system engagement.</b>	<b>X</b>	<b>X</b>

**Action Item 4.** The need for an integrated data system that links children with a single identifier to their families and programs is essential at both the program and agency levels. The needs of children, youth, and families do not always present themselves in a way that align with a single service or program model. As DCYF moves to integrate services and provide a more person- and family-centered approach to services, its data systems must be able to keep up.

At the program level, this need is most urgent for the early learning programs, which currently have no functional way to understand linkages between programs, such as whether children who participated in home visiting programs went on to participate in ECEAP. There is no particular reason to have separate monitoring functions for these disparate programs. One

opportunity to begin remedying this issue is to have the performance based contracting (PBC) initiative consider this need; indeed, this process should ensure that the metrics set up in performance contracts conform to the principles of good measurement and the incentive structure to which they are connected promotes strong outcomes.

As shown in Figure 1, DCYF’s services overlap across the developmental continuum and key transition points, which further underscores the need for an integrated data system. This need is most crucial for CW and JJ, given the high proportion of youth in the JJ system who have historically been involved with the CW system.<sup>[199]</sup> Additionally, given the explicit aims of EL programs to prevent child maltreatment, an integrated database will yield valuable information about the effects of prevention programming in EL and the touchpoints between families interacting with both EL and CW.

There is an opportunity for DCYF to create an administrative data system that would allow each service area and specific programs to track flow, process, and outcomes across the populations served. This would supplement the program-specific data collected through any contracted providers, but its chief purpose would be to allow the department to track the experiences of its clients both within and across program areas. An integrated agency should have an integrated administrative data resource in which the clients served (both individuals and families) can be tracked over time and across all DCYF programs. This asset would mean that DCYF would be able to track children and families from their first exposure to the agency over time. Plotting the pathways the children and families take following participation in prevention or intervention programming would arm the agency with considerable actionable evidence about impact of prevention and intervention efforts, key developmental transitions for children and families, and opportunities for improvement.

Most importantly, in order for DCYF to effectively characterize its impact over time on the population level outcome goals that are its reconstituted mission, there must be an administrative data system that tracks the populations the agency serves. Our primary recommendation is to develop the capacity to see how effective DCYF is at intervening early in the life of child and or family and setting the course for good health, educational achievement and long-term resilience. This cannot be established if it cannot be measured.

Action Item	Relevance	
	Agency	Programs
<b>5. Train analysts to follow measurement best practices for generating evidence from available data (e.g., risk set, cohort analyses) and set agency-wide standards around what evidence is needed to inform decision making.</b>	X	X

**Action Item 5.** In order to make sense of the information that DCYF has, its analysts need to transform administrative data into evidence using measurement best practices.



To the best of our knowledge, much of the information that DCYF shares and distributes include summaries of raw data, such as the counts of individuals participating in a program. These counts are often drawn from point-in-time snapshots captured during the course of a child’s, youth’s, or family’s experience interacting with the system. Looking at counts of program attendees without attention to the relevant or eligible population, meaning, by transforming these counts into prevalence rates, it is difficult to contextualize and make meaning of this information. At the program level, child welfare and juvenile justice should focus on examining trends over time using entry cohorts. The analysis of entry cohorts permits programs to understand variation among a population entering these systems at the same time, and as a result, can permit tracking children, youth, and families, and their trajectories, over the course of their interaction with the system. Early learning should also explore more longitudinal analyses, especially given the possibility of families being engaged with EL programs from the child’s birth to age 5, and seek to understand the risk set when conducting analyses.

Across the agency, we strongly recommend that DCYF adopt protocols for transforming data into evidence per the principles of data use for evidence-informed decision making (Lery et al., 2016). Subsequently, the agency should embed the necessary processes—which may include scheduling regular meetings or co-interpretation of routine reports—as well as the capacity—meaning the availability and technical capabilities of analysts—to make astute, disciplined observations about system performance. These observations will lend themselves to questions about an observed trend, from which analysts can further investigate the existing evidence to answer such questions. They should carefully consider trends by subgroup, which can highlight opportunities to reduce disparities. Only by closely monitoring the flow in, the system of care, and child/youth functioning can DCYF truly draw on evidence to inform thoughtful and strategic decision making. Additionally, setting standards around what evidence is needed and appropriate to drive empirically informed decisions.

Action Item	Relevance	
	Agency	Programs
<b>6. Require a “validation subroutine,” including routine meetings to interpret and engage with evidence.</b>		X

Programs need dedicated time, space, and structured routines to engage in the key tasks of performance improvement. Specifically, they need to convene different groups of internal stakeholders to systematically observe and interpret data, and develop and test hypotheses about how their work drives improved outcomes. While many routine activities already include the interpretation of evidence, doing so through the lens of critical reflection where fundamental assumptions about practice are examined generates the insights and observations that drive the performance improvement process. Additionally, the opportunity to “interpret and reinterpret” experiences of practitioners and clients is “central to meaning making and hence learning.”<sup>[200]</sup> When done in a systematic and structured way—for example, through exercises such as root cause analysis or analysis of case notes or stakeholder feedback—this reflective process can generate evidence from practice.

Across multiple programs and service areas, common characteristics emerged among programs that showed adherence to the principles of PI. The most significant of these were related to data dissemination, that is, how groups were meeting to interpret data and apply it to assess and improve practice. Through process mapping, common elements of this process were identified. Taken together, we refer to them as a “validation subroutine,” which encompasses the routine and iterative observation of data with the goals of interpretation, prioritization and decision making.

Not only did they improve process but they improved culture. Meetings worked well when they included people who worked on the same issue from different perspectives. Some examples include different roles in the same program, such as program managers, analysts, and leadership working together, staff in the same role across different regions (e.g., regional QA/QI staff), or staff in the same role across different programs (e.g., EL analysts meeting). Programs with these processes were systematically building staff comfort and capacity around working with data and developed trusting professional relationships across roles and departments. By creating space to regularly discuss and interpret data, these programs were including more diverse voices in conversations about data and evidence. Over time, routine contact improved communication and collaboration within and across work units created opportunities for alignment around a program’s vision and goal.

In Early Learning, a core team of ECEAP staffers met regularly to assess the implementation of the new Mobility Mentoring pilot. In these meetings, they looked over and discussed trends in data reported out by an OIAA analyst. They asked questions and discussed the implications of their findings. They noted where families showed improvement over the course of a year and generated follow up research questions, such as examining whether subgroups of families were systematically benefitting more from the program. In addition to looking at the outcomes and child- and family-centered metrics generated by the program, they also examined metrics about data collection and quality, such as the timely submission of data by contractor partners and the types of goals being set by families.

The following elements were identified as key to a validation subroutine:

- Dedicated routine meetings to observe data on cross-functional teams or cross-work unit teams. Examples include bringing staff from research, IT, and program management together or bringing regional and headquarters staff together.
- Participants review and interpret evidence, including, but not limited to, trends and drilldowns. Different members of the group have different areas or levels of expertise and are available to provide context and propose hypotheses around team observations.
- Participants meet independent of externally imposed deadlines but they record interpretation from the meetings and use this information to support time-bound products like performance reports, strategic plans, and reports to the legislature.

- At the end of each session, participants validate their findings with each other, reduce data to develop a more in-depth focus, and prioritize areas of focus for action or further examination.
- Program staff can embed the validation subroutine within a larger cycle of evidence interpretation to help drive a larger data-focused initiative forward. For example, a core project team might regularly meet off cycle from larger convenings to interpret data, strategize, and update their workplan.

While this regular set of activities was observed across multiple programs, there was no common structure, size, or cadence observed to the meetings. Rather, the roles and expertise of the participants directly reflected the data collection and analysis and the functions of individual programs. The model where an analyst, program manager, or QA/QI staffer presents a report or data to a group of practitioners with different roles and backgrounds for interpretation and revision was observed in all three service areas. In child welfare, QA/QI staff from headquarters facilitated theme development and root cause analysis exercises with the regional QA/QI staff. In JR, staff reflected on data about safety and environmental conditions from PbS. One stakeholder noted that the ability to present data to the workforce drilled down to a work unit allowed that group to use their observations and experiences to contextualize the data while also using the data to inform their approaches and practice.

The most important aspect of the subroutine is that it leverages existing structures and functions. Participants in the process mapping exercises reported that the activity gave them a space to talk with their colleagues about their practice in a different way. For those programs that do not have an established routine for reflecting on their process, using a structured activity like process mapping or root cause analysis might be a pathway to engaging staff.

### **Well-Designed Data Products Support Aligned Action**

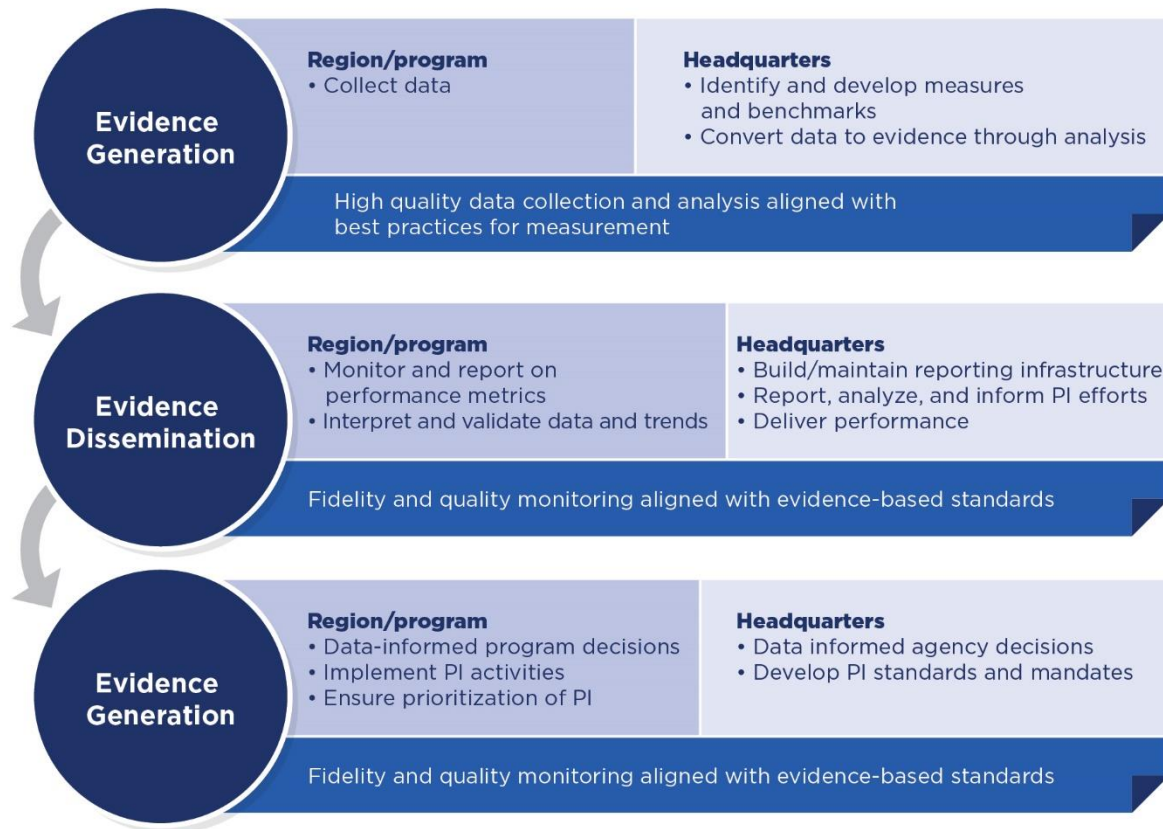
Agency staff we interviewed primarily interacted with data through reports, dashboards, and data products. The design of those reports influenced their usefulness to staff. Across programs, we heard that reports need to be responsive to the potential action steps of the user but aligned across users to drive towards a common goal. One data and analytics staffer discussed the importance of having regular meeting time with the users of the reports she designed so she could get feedback on how to improve them. Another staffer used the analogy of “a coach’s scorecard and a player’s scorecard” to help focus staff on the key actions they could undertake to improve agency performance. In child welfare, one of the priority performance measures is timely face-to-face visits with children in care. Caseworkers have a data view that allows them to track their caseload at the client level and update the status of their visits. Supervisors receive a caseworker-level completion report by email on a weekly basis to help them identify where particular caseworkers may require support. The structure and timing of these reports is such that supervisors can offer assistance to staff and work on driving up the frequency of timely visits.

Action Item	Relevance	
	Agency	Programs
<b>7. Engage diverse perspectives in the interpretation of evidence by a) establishing cross-service area workgroups for evidence reviews, b) requiring all programs to involve external stakeholders in regular reviews of agency performance, and c) ensuring that evidence is presented to leadership.</b>	X	X

**Action Item 7.** From conversations with staff, a resounding, cross-cutting recommendation emerged: there must be articulated processes and related infrastructure to support the process through which stakeholders have opportunities to interpret evidence, which then makes its way to leadership.

Though there is limited guidance in policy or in the evidence base on how a human services agency should engage stakeholders, lessons emerged from conversations with practitioners. They highlighted the distinction between internal stakeholders (those who work for the agency) and external stakeholders (those who the work of the agency affects), and stressed the importance of including both types of stakeholders in these conversations. Practitioners highlighted that one way to do this work is to leverage interdepartmental workgroups and ensure that any documentation from these groups is available to wider feedback and comment. They also said that agencies can leverage such workgroups by rallying members around shared goals, clearly articulated motivations, and support from leadership. Figure 45 highlights the roles of regions/programs and headquarters in the evidence use process, which underlines the contributions of both the regions/programs and headquarters to involve stakeholders in the evidence dissemination process.

Figure 45. DCYF Staff Roles in the Evidence Use Process



At the program level, there are multiple federal and state mandates for particular stakeholder groups, as well as internally regulated review and advisory committees to inform interpretation of evidence, development of strategic plans, and recommendations for improvement. As such, there is an opportunity to be clearer on how these stakeholder groups and the evidence they use in their work can address the population outcome goals and system performance issues across the three service areas. In child welfare, policy mandates the convening of particular stakeholder groups, but in juvenile justice and early learning, the convening of stakeholders is more ad hoc and does not appear to have a clear governance structure. Bringing in external stakeholders, particularly youth and parents who have interacted with DCYF and others with lived experience, will result in diverse interpretations and perspectives on the evidence, and will lead to more thoughtful decision making by leadership.

At the agency level, DCYF can encourage a culture of collaboration and information sharing that leadership and midlevel staff can model for staff at the program level. Now that analysts sit in OIAA and work closely with programs, OIAA may be responsible for establishing processes to ensure that evidence is cycled both down to program staff and up to leadership.

<b>Recommendation 3. Increase capacity to affect system change in agency structure and culture</b>		
<b>Justification: Performance improvement practices thrive in an agency culture that invests in the technological and human capital needed to drive improvement</b>		
<b>Description</b>	<b>Significance in PI</b>	<b>Equity Implications</b>
<ul style="list-style-type: none"> <li>• Inquiry-driven performance improvement requires staff time and capacity to interpret data.</li> <li>• Data must be comprehensive, accessible, and sufficient to address the questions of interest.</li> <li>• Staff must have the capacity to transform data into evidence that leadership uses to inform program and system changes.</li> </ul>	<ul style="list-style-type: none"> <li>• Performance improvement processes optimally function in systems that embed PI principles into their infrastructure.</li> <li>• Among the defining characteristics of PI infrastructure are human resources (i.e., staff capacity), technological resources (i.e., data systems), and agency culture.</li> <li>• Agency culture related to PI is often dictated by the priorities embraced by executive leadership and midlevel management.</li> </ul>	<ul style="list-style-type: none"> <li>• Attention to an agency's capacity to make change relies on a diverse and competent workforce with sufficient skills and resources.</li> <li>• Staff commitment to these goals may be facilitated by an agency culture that emphasizes the value of learning, self-improvement, and equity in all facets of agency operations, especially with regard to cultural sensitivity and awareness of system-inflicted traumas.</li> </ul>

<b>Action Item</b>	<b>Relevance</b>	
	<b>Agency</b>	<b>Programs</b>
<b>8. Codify how the department conducts PI to align with federal and state mandates and standardize and institutionalize agency expectations for PI beyond these mandates.</b>	<b>X</b>	<b>X</b>

**Action Item 8.** There was limited policy guidance on how DCYF conducts PI activities. This creates opportunities to set internal policies and protocols that create alignment across the agency on how to conduct CQI activities in support of desired outcomes and clarify staff responsibilities for PI.

Policy is an important way to standardize and organize practice and desired results in human services agencies. Policy is also an organizational driver of implementation due to its ability to create and maintain hospitable environments to support the work.<sup>[201]</sup> Across the service areas and programs, the opportunity exists to develop and issue departmental policy that contextualizes and clarifies how the department fulfills federal and state mandates related to PI, sets the departments' standards for PI, and, in so doing, meets departmental goals for performance, process, and infrastructure. We found that while there are many federal—and sometimes state—mandates for PI across the three areas, there was little department-level

policy that clarified how these mandates were operationalized in any of the three areas and none that served to integrate or align related PI work across the department. In at least child welfare, federal policy guidance on CQI highlights that a functional CQI system includes documenting clear expectations for CQI, including by delineating CQI processes in policy. Similarly, guidance from organizations such as the Council on Accreditation (COA), which credentials public and private human services agencies, point to the need for agency performance quality improvement or CQI plans that articulate in writing how PI is operationalized and structured. With the existing scattered nature of state rule or policy related to PI, the current impression may be that the areas in which policy exists are of higher departmental priority or importance than other areas. Further, without policy that can be referenced as a base level of expectations for PI, there is more opportunity for inconsistency of approaches over time and as turnover of key staff occur.

DCYF can follow the COA guidelines to create policy and plans that specify PI infrastructure and processes in each program. Given the robust federal framing of PI activities in child welfare, this could be the optimal program area to initially create PI policy. Further, we recommend that the department ensure alignment between PI activities across the program areas and outline an overarching policy for the department that outlines the PI infrastructure and processes that are shared across the programs and facilitates a multiprogram understanding of performance.

Action Item	Relevance	
	Agency	Programs
<b>9. Train frontline staff to participate in PI activities, such as monitoring and program fidelity, and use the results to improve the quality and effectiveness of their services</b>		<b>X</b>

**Action Item 9.** Establishing a baseline understanding of performance improvement is necessary to ensure that a common threshold exists across the agency.

At the program level, it is essential that DCYF provides all staff with sufficient professional development opportunities to learn the distinctions between quality assurance and quality improvement. A better understanding of what PI is, and how PI processes and infrastructure can contribute to the agency’s improvement, is fundamental knowledge for all staff aiming to enhance agency functioning and improve population well-being. Due to the policy mandates in child welfare and in the ECEAP program within early learning, there are deeply embedded PI systems where most staff understand its purpose and their role in it; however, such knowledge is not as common in home visiting, early intervention, and juvenile justice. In home visiting, program staff said that providers choose a PI focus each year and, as a result, most of the PI activities occur at the provider level. Juvenile justice, on the other hand, has a lean performance manager and a team of QA staff are responsible for ensuring EBP fidelity. However, it was not clear whether all staff participate in PI activities in some capacity. Bringing all DCYF staff up to speed on their roles and responsibilities is fundamental to an integrated PI system.

Action Item	Relevance	
	Agency	Programs
<b>10. Train staff to consider the impact of trauma and culture when making meaning of data and to engage families and youth in the PI process.</b>	X	X

**Action Item 10.** Ensuring that staff at all levels—ranging from frontline staff to agency leadership—have a baseline understanding of their clientele’s strengths, challenges, and needs is a prerequisite for the agency to provide the appropriate supports to children, youth, and families. Setting such expectations and providing the resources to ensure that staff are fully equipped to deal with cultural difference and the impact of trauma on the individuals they serve reflects the principle of safety culture.<sup>[22]</sup> Safety culture has recently taken hold in child welfare agencies and has broad applicability to human services agencies where risk of human harm is a possibility.

It is necessary for program staff to receive training about intergenerational cycles of poverty, institutional racism, and the epigenetic effects of trauma in order to effectively engage families around issues of early learning, child welfare, and juvenile justice. Staff must also understand the cultural differences amongst communities, particularly with regard to child rearing and developmental expectations. Attending to issues of equity requires not simply disaggregating data by demographic subgroup, but also a level of sensitivity in how programs interact with families, many of whom have experienced trauma through system engagement. One way to counter this is to create a shared space for youth and families with lived experience to join in conversations about how staff interpret evidence and what meaning can be made of it.

In line with these expectations at the program level, the agency can emphasize the importance of these issues with the way they communicate new initiatives and disseminate findings. Cull argues that how an agency communicates can “create a language to drive culture change, raise staff awareness about safety, identify opportunities for improvement, and allow us to track change over time.”<sup>[202]</sup> Thus, discussing issues around safety and building strengths-based, culturally-sensitive, and trauma-informed approaches into the agency’s work can shift staff thinking about their work, how they do it, and the populations with which DCYF interacts.



## 5. Conclusion

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In short, the findings from the baseline performance assessment highlight a wealth of strengths related to PI that exist across DCYF as vestiges of the legacy agencies. Assessing the performance measures, processes, infrastructures, and priorities side-by-side across the service areas has permitted Chapin Hall to highlight valuable areas of investment that will drive DCYF towards becoming a best-in-class human services agency that attends to the needs of children, youth, and families from the prenatal stage through early adulthood.

This assessment represents Chapin Hall's view of DCYF's baseline performance in the year between when CA and DEL merged and prior to the integration of JR, which is scheduled for July 2019. Upon receipt of this report in May 2019, DCYF will receive its first glimpse into our assessment of the existing performance improvement measures, processes, and infrastructure components. Based on what we learned, we outlined a set of recommendations to guide investments that will drive the agency towards an ideal future state of performance. We do not intend for these recommendations to be definitive next steps; indeed, some of these recommendations may not be immediately practical given the agency's existing resources.

Though DCYF is a new agency, it must rely on the performance measures, processes, and infrastructure of the legacy agencies to guide how its PI system grows; our findings revealed tremendous variability in the PI components across the service areas and programs. As such, the most valuable move that DCYF can make at this moment is to build the capacity to address key gaps and link and standardize performance measures, processes, and infrastructure across DCYF's three service areas. We anticipate that investment in these priority areas will permit DCYF to achieve the following:

- Strengthen measurement practices and enhance data quality
- Increase the ability of analysts to generate high-quality evidence and establish processes for meaningful evidence use
- Establish mechanisms for change by establishing and communicating expectations to staff on their involvement in PI activities

Ultimately, achieving these goals will position Washington to address disproportionalities in service access and system engagement as well as disparities in outcomes. These investments may have the power to ensure that DCYF is perpetually improving agency functioning and coordination and allow it to develop innovative solutions in service of enhanced population well-being across the state.

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# 7. Appendices

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## A. Foundational Agency Questions

### Child Welfare

#### Child, Youth, & Family Outcomes

- How likely is that a youth will exit as a runaway?
- To what extent are children stable in their placements?
- To what extent are children who come to the attention of DCYF kept safe from future harm?
- To what extent do children have been in foster care maintain lasting permanency after exit?
- To what extent do children in foster care have timely, permanent exits?
- Where do children exit when they leave care?

#### Key Drivers

- How quickly are children with a goal of adoption getting TPRs?
- To what extent are DCYF staff delivering recruiting messages?
- To what extent are case planning efforts focused on permanency?
- To what extent are children placed in family settings?
- To what extent are children receiving regular visits from case managers?
- To what extent are families stabilized and kept intact?
- To what extent are investigations into reports of maltreatment handled in as timely a manner as possible?
- To what extent are licensed foster homes retained?
- To what extent are prevention opportunities identified?
- To what extent are recruiting messages linked to foster care training participation?
- To what extent are recruiting messages linked to interest in participating in foster care?
- To what extent are recruiting messages linked to submitted license applications?
- To what extent are services delivered to/received by children and families in as regular or timely a manner as possible?
- To what extent are services delivered to/received by children and families in as regular or timely a manner as possible?
- To what extent are youth in Independent Living receiving services?
- To what extent do foster homes close?
- To what extent is DCYF able to maintain children stably in kinship homes?
- To what extent does DCYF promote the placement of children with kin?
- To what extent does case practice support/promote the continuation or strengthening of family relationships?
- To what extent does the agency maintain and promote the parent/child relationship for children in placement?
- To what extent are case manager caseloads within expected standards?
- To what extent can we describe staff capacity to deliver high quality services?
- To what extent is case manager turnover minimized?

## **System Dynamics**

- How likely is it that a child will be investigated for the first time?
- How likely is it that a child will be removed from the community and placed in care?
- How likely is it that a child will have a substantiated investigation?
- How many children are served by DCYF in a given month?
- How many children enter care each year for the first time?
- How many children enter care year in total?
- How many children typically exit from care each year?
- How many CPS referrals are there annually?
- How many families are served by DCYF in a given month?
- To what extent are new foster care homes licensed?
- To what extent are youth in Independent Living receiving services?
- To what extent are youth in Independent Living also involved with the criminal justice system?
- To what extent does DCYF promote the placement of children with kin?
- What are the demographics of youth receiving Independent Living Services?
- What is the placement experience for children placed in care?
- What proportion of children enter with an actionable diagnosis?
- What proportion of CPS referrals are substantiated each year?

## **Early Learning**

### **Child, Youth, & Family Outcomes**

- How well are programs working with families?
- To what extent are children and families safe from harm?
- To what extent are children exhibiting normative early childhood development?
- To what extent are children served by EACAP programs prepared for kindergarten?
- To what extent are programs supporting/promoting children's physical well-being?
- To what extent are programs supporting/promoting children's social-emotional well-being?
- To what extent are programs supporting/promoting children's cognitive skills?
- To what extent do racial/ethnic/income disparities exist in early learning outcomes?
- To what extent does the program support/promote family well-being?

### **Key Drivers**

- How well are programs working with families?
- To what extent are facilities safe for children and youth?
- To what extent are programs supporting/promoting children's attendance and engagement?
- To what extent are programs supporting/promoting children's physical well-being?
- To what extent are programs using evidence to inform decision making/performance improvement planning?
- To what extent are programs using evidence-based models/approaches to deliver and monitor services to students?
- To what extent can we describe HV program and enrollment characteristics?
- To what extent can we describe staff capacity to deliver high quality services?
- To what extent do programs exhibit full adherence to QRIS standards?

### **System Dynamics**

- To what extent are programs serving eligible children/families?

- To what extent can we describe ECEAP program and enrollment characteristics?
- To what extent can we describe ESIT program and enrollment characteristics?
- To what extent can we describe HV program and enrollment characteristics?
- To what extent can we describe the characteristics of children and families ECEAP serves?
- To what extent can we describe the characteristics of children and families ESIT serves?
- To what extent can we describe the characteristics of children and families HV serves?

## Juvenile Justice

### Child, Youth, & Family Outcomes

- To what extent are children and families safe from harm?
- To what extent are youth discharged with an aftercare plan?
- To what extent are youth provided resources for rehabilitation?
- To what extent are youth supported in their re-entry into the community?
- To what extent do youth thrive upon re-entry into the community?

### Key Drivers

- How well are programs working with families?
- To what extent are youth grievances addressed?
- To what extent are youth provided resources for rehabilitation?
- To what extent are youth supported in their re-entry into the community?
- To what extent are youth's needs assessed?
- To what extent do youth have a treatment plan?
- To what extent do youth have access to legal support?
- To what extent can we describe staff capacity to deliver high quality services?

### System Dynamics

- How long are youth in residential care?
- To what extent can we describe youth's sentences and obligations?
- To what extent can we describe facility capacity?
- To what extent can we describe youth characteristics?
- What are the demographics of staff working with JR youth?

## B. Synthesized Performance Improvement Policies

### Child Welfare

Guiding Law/PI Elements		Correlating State Policy
<b><i>Title IV-E Annual Outcomes Reporting/Adoption and Foster Care Analysis and Reporting System (AFCARS) / National Youth Transitions Database (NYTD)</i></b>		
<i>Summary Description</i>	AFCARS is a data collection system that was mandated in title IV-E of the Social Security Act, in part, to make available national information on children in foster care, their families, the types of foster care settings, and adopted children. Title IV-E also requires the federal government to develop child welfare outcome measures and rate state's performance using AFCARS data. NYTD is a data collection system for states to report data elements to track the number and characteristics of children receiving independent living services and track the outcomes of youth who have aged out of foster care. <sup>9</sup>	
<i>Outcome Measures</i>	The NYTD outcomes for youth receiving independent living services include an increase in youth financial self-sufficiency, improve youth educational attainment, increase youth connections with adults, reduce homelessness among youth, and improve youth access to health insurance. Outcome measures related to AFCARS data (and in part NCANDS, described below) include reduce recurrence of child abuse and/or neglect; reduce the incidence of child abuse and/or neglect in foster care; increase permanency for children in foster care; reduce time in foster care to reunification without increasing reentry; reduce time in foster care to adoption; increase placement stability; reduce placements of young children in group homes or institutions. Data elements that states report to AFCARS and NYTD, are collected and used for these outcomes. <sup>10</sup>	None documented.

<sup>9</sup> 45 CFR Part 1356.80 et seq

<sup>10</sup> 45 CFR Part 1356

<i>Process, Quality and Capacity Measures</i>	The Children’s Bureau reviews state reported data and periodically tests it for quality through semiannual review to see if data and outcomes reported meet minimal standards for timeliness and quality. States are required to plan and make improvements if the review finds that there are data quality concerns.	None documented.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	<p>AFCARS does not require the type of detail listed in the data measurement gaps, however, the report has the number of deaths of a child in care which can contribute to the maltreatment in care measurement.</p> <p>The NYTD survey questions can contribute to the collection of data elements for extended foster care data gaps in assessment of health indicators; interpersonal connection(s); and items that would be included on independent living plans.</p>	
<i>Reporting Requirements</i>	<p>States must report AFCARS and NYTD data semiannually to the Administration for Children and Families.<sup>11,12,13,14,15,16</sup></p> <p>State’s that receive CFCIP assistance for emerging adults must also submit outcomes data on youth who receive independent living services when they are youth in foster care at age 17 and provide data on their outcomes at ages 19 and 21.<sup>17</sup></p>	None documented.

<sup>11</sup> US DHHS Children’s Bureau

<sup>12</sup> 45 CFR 1355.40-1355.47

<sup>13</sup> 45 CFR Part 1356

<sup>14</sup> 45 CFR 1356.81-1356.86

<sup>15</sup> US DHHS ACYF CB PI 17-01

<sup>16</sup> US DHHS ACYF CB PI 10-04

<sup>17</sup> US DHHS ACYF CB PI 10-04

	State's must also submit data for the monitoring review during and after the visit. Of key importance is the submission of an improvement plan after the review has been completed. The first draft report is due 30 days after the report is issued. <sup>18</sup>	
<i>Methods</i>	State's that receive CFCIP assistance for emerging adults must administer the NYTD Youth Outcome via survey to youth in foster care in cohorts every three years for those at age 17 with follow-up surveys at 19, and 21 years old. <sup>19</sup>	None documented.
<i>Infrastructure</i>	Each title IV-E agency must increase capacity for review of data elements along with continuous quality improvement. State's must designate specific members for a review team. The team for AFCARS and NYTD must collect manage and report required data, evaluate survey methodology, and assess timeliness, accuracy, reliability and completeness of data.	None documented.
<b><i>Child and Family Services Review (CFSR)</i></b>		
<i>Summary Description</i>	The Children's Bureau (CB) implemented the CFSRs in response to a mandate in the Social Security Amendments of 1994. The legislation required the Department of Health and Human Services to issue regulations for the review of state child and family services programs under titles IV-B and IV-E of the Social Security Act (see section 1123A of the Social Security Act). The reviews are required for CB to determine whether such programs are in substantial conformity with title IV-B and IV-E plan requirements. <sup>20</sup>	
<i>Outcome Measures</i>	The CFSRs establish seven outcomes for state child welfare systems, including:  In the area of child safety, outcomes include: (1) Children are, first and foremost, protected from abuse and neglect; and,	Washington State Operations Manuel details Operations Support as responsible for collecting and reporting progress on client-based child safety, child and family health and well-being, and

<sup>18</sup> 45 CFR 1356.81-1356.86

<sup>19</sup> 45 CFR §1356.82 & 45 CFR appendix B to part 1356 NYTD Youth Outcome Survey

<sup>20</sup> 45 CFR Part 1355; 79 FR 61241

	<p>(2) Children are safely maintained in their own homes whenever possible and appropriate;</p> <p>In the area of permanency for children, outcomes include: (3) Children have permanency and stability in their living situations; and (4) The continuity of family relationships and connections is preserved for children; and</p> <p>In the area of child and family well-being, outcomes include: (5) Families have enhanced capacity to provide for their children's needs; (6) Children receive appropriate services to meet their educational needs; and (7) Children receive adequate services to meet their physical and mental health needs.<sup>21,22</sup></p> <p>Correlated with the safety and permanency outcomes are several performance measures, including: reduction of maltreatment in foster care, family preservation, and increased services.</p>	<p>permanency planning outcome measures associated with the budget.<sup>23</sup></p>
<p><i>Process, Quality and Capacity Measures</i></p>	<p>Title IV-E agencies must demonstrate that they have well-functioning systems for statewide information, case review system, quality assurance, initial and ongoing training, an array of services that meets the needs of children/families, involving stakeholders in the development of the state's</p>	<p>Washington State Operations Manual states the performance accountability and reporting section includes permanency planning, child safety, and child and family health and well-being performance measures for bench-marking.<sup>26</sup></p>

<sup>21</sup> 45 CFR 1355.31 - 1355.37

<sup>22</sup> 45 CFR Part 1355; 79 FR 61241

<sup>23</sup> WA DCFY Operations Manual 6430

<sup>26</sup> WA DCYF Operations Manual 6400



	child welfare plan, and licensing, recruiting and retaining foster and adoptive homes <sup>24,25</sup>	
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	The CFSR includes detailed accounts of a handful of cases that are reviewed. Results can support closing the gaps in data measurements related to identification of met needs (educational, behavioral health, physical health); type of services received by youth in care versus not in care; Caseworker visits and details; Assessment of health indicators (extended foster care); Interpersonal connection(s) (extended foster care); Caregiver Outcomes.	
<i>Reporting Requirements</i>	Agencies must complete a full review approximately every five years and must submit a statewide assessment and various data as part of the review. For states that are required to develop a program improvement plan, periodic reports on performance in relation to that plan. <sup>27,28</sup>	Operations Support must maintain a system for the quarterly collection and reporting of data on performance measures related to program operations, client-outcomes, and policy compliance. <sup>29</sup>
<i>Methods</i>	States must use data from AFCARS and NCANDS to support performance on the outcomes, conduct case reviews that include assessing the quality of practice based on case records, & interviews with children, families, and caseworkers, and use data or stakeholder information to demonstrate systemic functioning <sup>30,31</sup>	None specified.

<sup>24</sup> 45 CFR 1355.31 - 1355.37

<sup>25</sup> 45 CFR Part 1355; 79 FR 61241

<sup>27</sup> 45 CFR 1355.31 - 1355.37

<sup>28</sup> 45 CFR Part 1355; 79 FR 61241

<sup>29</sup> WA DCYF Operations Manual 6400

<sup>30</sup> 45 CFR Part 1355; 79 FR 61241

<sup>31</sup> 45 CFR 1355.31 - 1355.37

<p><i>Infrastructure</i></p>	<p>Program Improvement plans are developed jointly with title IV-E agency and federal staff in consultation with a review team comprised of a broad range of state stakeholders.<sup>3233</sup></p>	<p>DCFS Area Managers are expected to review one case per unit supervised per month. Area Managers report to the Regional Administrators on a monthly basis regarding the status of the monthly reviews and the quality of the records reviewed. The Area Manager meets with each supervisor on a monthly basis to review casework supervision and practice. The Area Manager monitors achievement toward CA goals and strategies through tracking benchmarks, regional expectations, or other performance measures. Program and policy development managers monitor headquarters-based contracts for compliance and participate in quality assurance activities. Basic foster care maintenance payment rates are based upon an economic analysis tied to the cost of raising a child. Operations Support will complete the economic analysis every four years beginning 2019.<sup>34</sup></p> <p>Operations Support maintains a system for the quarterly collection and reporting of data on performance measures related to program operations, client-outcomes, and policy compliance as directed by the Assistant Secretary, who reviews regional performance information with each regional management team during quarterly reviews. Regional Administrators and</p>
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<sup>32</sup> 45 CFR 1355.31 - 1355.37

<sup>33</sup> 45 CFR Part 1355; 79 FR 61241

<sup>34</sup> WA DCYF Operations Manual 6200

		Managers are responsible for establishing and progressing towards performance targets on bench-marked measures at the regional, area, and office level. <sup>35</sup>
<b><i>Child Abuse Prevention and Treatment Act (CAPTA)/Child Abuse and Neglect Prevention</i></b>		
<i>Summary Description</i>	CAPTA, originally enacted in 1974, provides federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities and provides grants for demonstration programs and projects. It establishes a voluntary data collection of maltreatment related data from states and locally-driven assessments of the child protection system.	
<i>Outcome Measures</i>	None specified.	None documented.
<i>Process, Quality and Capacity Measures</i>	<p>CAPTA state grants fund activities related to process measures, such as improving access to case management or treatment services and increasing timeliness of child protective services notification. Improving the intake, assessment, screening, and investigation of reports, increased use of multidisciplinary teams/collaboration, improvement of the delivery of services and treatment, updated technology, and increased training opportunities.</p> <p>Process improvement is expected with these funding opportunities, but ongoing improvement and benchmarks are not embedded in the law.<sup>36,37</sup></p>	None documented.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	The National Child Abuse and Neglect Database System (NCANDS) captures child welfare outcomes and annual child maltreatment data from states. Information including the percent eligible youth receiving services and maltreatment in care can be expanded upon.	

<sup>35</sup> WA DCYF Operations Manual 6400

<sup>36</sup> 42 USC 67. 5106

<sup>37</sup> US DHHS ACYF-CB-IM-15-05

<p><i>Reporting Requirements</i></p>	<p>Annual reporting to the Secretary includes various demographic and services information regarding children who are alleged to be maltreated, are maltreatment victims, or who are otherwise served by the child protection system.</p> <p>Citizen review panels, established under CAPTA development and operations grants, must make available to the State and public, annually, a summary of activities and recommendations to improve the child protection services system at State and local levels.</p> <p>Child fatality reports must be distributed to the appropriate legislative committees and posted to a public child fatality review website.<sup>38,39</sup></p>	<p>Child fatality reports must be distributed to the appropriate legislative committees and posted to a public child fatality review website (with a few exceptions).<sup>40,41</sup></p>
<p><i>Methods</i></p>	<p>A citizen review panel is required to review policies, procedures and individual cases where appropriate to make recommendations for improvement of the child protective services system.<sup>42,43</sup></p>	<p>Every individual report of near fatality must be reported separately, and presumably added to aggregate statistics.<sup>44,45</sup></p>
<p><i>Infrastructure</i></p>	<p>The State must establish citizen review panels to include members with expertise in prevention and treatment of child abuse and neglect and may include adult former victims of child abuse or neglect. The panel should examine the child protection policies and procedures in the state, may review</p>	<p>Required to create a fatality review team and a public website of the child fatality review reports. A review procedure for caseworkers and supervisors who have a near fatality on their</p>

<sup>38</sup> 42 USC 67. 5106

<sup>39</sup> US DHHS ACYF-CB-IM-15-05

<sup>40</sup> RCW 74.13.640

<sup>41</sup> RCW 26.44.290

<sup>42</sup> 42 USC 67. 5106

<sup>43</sup> US DHHS ACYF-CB-IM-15-05

<sup>44</sup> RCW 26.44.290

<sup>45</sup> RCW 74.13.640

	individual cases including cases of fatalities or near fatalities, and must engage in public outreach to assess the impact of child protection policies on the community.	caseload within one year of a screened in CAN allegation needs to be created. <sup>46,47</sup>
<b><i>Title IV-B/Child and Family Services Plan</i></b>		
<i>Summary Description</i>	Title IV-B of the Social Security Act includes two subparts (Subpart 1 Stephanie Tubbs Jones Child Welfare Services and Subpart 2 Promoting Safe and Stable Families) Subpart 1 funds a broad variety of child welfare services including, but not limited to, the prevention of maltreatment, family preservation, family reunification, services for foster and adopted children, and training for child welfare professionals. Subpart 2 primarily funds family support, family preservation, time-limited reunification, and adoption-promotion and support activities. In 2014, additional coverage to improve caseworker visits, outcomes for children affected by parental substance abuse, Court Improvement Programs, and for research, evaluation, training, and technical assistance were included.	
<i>Outcome Measures</i>	The title IV-B Child and Family Services Plan (CFSP) requires the state to articulate vision, goals and objectives for a five-year span, which must be expressed as improved to safety, permanency, and well-being outcomes and more comprehensive, coordinated, and effective child and family service delivery system.	Outcome measures include the length of stay, for reunification cases in out-of-home placements, must be reduced and an overall reduction in the level of risk factors determined by the department. The benchmark includes that Contractors must demonstrate that intensive family preservation services prevent out-of-home placement in at least 70 percent of the cases served for a period of no less than six months following termination of services. <sup>48,49</sup>
<i>Process, Quality and Capacity Measures</i>	CFSP requires elements of family preservation and family support services delivery (such as quality) that are linked to outcomes in important ways. They may include capacity, scope of services, and gaps in services. Objectives for the	Any child in out-of-home care and in-home dependencies and their caregivers shall receive a private and individual face-to-face visit each month. <sup>50</sup>

<sup>46</sup> RCW 26.44.290

<sup>47</sup> RCW 74.13.640

<sup>48</sup> RCW 74.14C.30

<sup>49</sup> RCW74.14C.90

<sup>50</sup> RCW 74.13.31

	<p>CFSP must include progress in covering additional political subdivisions, reaching additional children in need of services, expanding and strengthening the range of existing services, and developing new types of services.</p> <p>States must measure the percentage of caseworker visits conducted monthly for children in foster care and reach a performance goal of 95%, and measure whether the visits occurred in the child’s home and reach a performance goal of 50%.</p>	<p>Process measures for family preservation include the number of families appropriately connected to community resources, number of new referrals accepted by the department for child protective services or family reconciliation services within one year of the most recent case closure by the department, consumer satisfaction as defined by department.<sup>5152</sup></p> <p>Caseworker visits include the following benchmarks: 1) all caregivers and children receiving child welfare services receive private, individual (announced) in person visit each month and 2) a random selection of at least 10 percent of caregivers of children in out-of-home care and in-home dependencies receive unannounced in person visit per year.</p>
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	<p>An overview of the number and type of services received by youth can be found in the five-year plan along within the State’s discovery of their updated candidacy definition. This information can be used to collect the data measurement gap related to services received by youth in care versus not in care and the number and type of services received by youth.</p>	
<i>Reporting Requirements</i>	<p>State’s must submit the Child and Family Services Report (CFSP) five-year plan and annual updates via the Annual Progress and Services Report (APSR).</p>	<p>The family preservation department has reports to community agencies when requested and caseworkers must report each time a client is</p>

<sup>51</sup> RCW 74.14C.30

<sup>52</sup> RCW 74.14C.90

		referred, monthly, quarterly, and semi-annually. <sup>5354</sup>  The children's services advisory committee must report annually to the Governor. <sup>55</sup>
<i>Methods</i>	<p>The state must describe the methods used in measuring the results, accomplishments, and annual progress toward meeting the goals and objectives in the plan. Also baseline information and trends over time must be collected on indicators in the following areas; the well-being of children and families; the needs of children and families; the nature, scope, and adequacy of existing child and family and related social services. Additional and updated information on service needs and organizational capacities must be obtained throughout the five-year period to measure progress in accomplishing the goals and objectives.</p> <p>Quality data collection is a functional component of a continuous quality improvement (CQI) system and federal guidance states to have consistent instrument usage; clear processes that the State uses to collect data; identify and resolve data quality issues; and collection of quantitative and qualitative data. Information regarding case record review data and processes is included in the federal guidance. Cases should be reviewed based on the sampling universe statewide who are/were recently in foster care or served in their homes with a stratified sample. Case reviews should be conducted on a schedule that takes into consideration the</p>	None documented.

<sup>53</sup> RCW74.14C.30

<sup>54</sup> RCW 74.14C.90

<sup>55</sup> RCW 74.13.31

	<p>populations served. The process should prevent reviewer conflict of interest with interviews specific to each case. There should be written manuals and reliable procedures for conducting ad hoc or special reviews.</p>	
<i>Infrastructure</i>	<p>In development of the CFSP, State's must document consultation from diverse organizations/ people across the spectrum of the child and family service delivery system to develop the plan (e.g. advocacy groups, parents, social service directors, etc.).</p> <p>Quality Assurance (QA) systems are mandated to evaluate the quality of services and improvements in the CFSP. In addition to QA, Continuous quality improvement (CQI) systems, described in program instruction by ACF, are processes to further quality improvement. The functional components of CQI systems are to have a foundational administrative structure, quality data collection, case record review data and processes, analysis and dissemination of quality data, and feedback from stakeholders and decision makers. Having a foundational administrative structure requires training, written policies, use of data, and involve stakeholders.</p>	None documented.



**Title IV-E Prevention, Foster Care and Permanency**

<i>Summary Description</i>	Title IV-E of the Social Security Act addresses payment for children placed in out-of-home care. With the passage of Family First Prevention Services Act, preventing entry into foster care and strengthening families are added goals in addition to supporting children in out-of-home care and to achieve permanency. <sup>56</sup>	
<i>Outcome Measures</i>	Any effort should be made to maintain the family unit and prevent unnecessary removal of a child from their home with consideration of the child’s safety and health. If out-of-home placement is necessary, agencies must ensure a safe reunification of the child with the family or if reunification is not appropriate, make and finalize alternate permanency plans. <sup>57</sup> Each state must create a goal for how many children can remain in foster care for 24 months or more and a description of the steps to achieve the goal.	State policy sets a benchmark for long-term placements. Less than 35 percent of the foster care population should remain in care for 24 months. <sup>58</sup>
<i>Process, Quality and Capacity Measures</i>	When a child is removed from their home, a reasonable effort (determined in the law) must be made to prevent the removal and permanency plans should be made in a timely manner whether through reunification or an alternate plan. <sup>59</sup>  Services must be recognized under the Title IV-E Prevention Services Clearinghouse, which include mental health and substance abuse programs. Child welfare staff must be supported and trained to ensure quality services. <sup>60</sup>	None specified.

<sup>56</sup> ACYF-CB-PI-18-09

<sup>57</sup> 45 CFR §1356.21

<sup>58</sup> WAC 110-50-0050

<sup>59</sup> 45 CFR §1356.21

<sup>60</sup> ACYF-CB-PI-18-09

	<p>The process measures are reiterated in the CQI program instruction to ensure the achievement of timely permanency, children and families’ needs are assessed comprehensively and reassessed on an ongoing basis to inform the delivery of quality and effective services that will demonstrate improved child and family functioning.<sup>61</sup></p> <p>The FFPSA specifically lays out the following process measures:<sup>62</sup></p> <ol style="list-style-type: none"> <li>1) avoidance of foster care within 2 years of being determined a candidate and provided a prevention EBP (IVE Prevention);</li> <li>2) reducing the time it takes for a child to be provided with a safe and appropriate permanent living;</li> <li>3) Numerous metrics on the children in congregate care arrangement across State lines (ICPC grant);</li> <li>4) Prevention services measures include percentage of candidates for foster care who do not enter, and per-child spending.</li> </ol>	
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	System of care and foster care network elements can be found in the title IV-E plan. Includes elements to determine the number and type of services received by youth; services received by youth in care vs. not in care; percent eligible youth receiving services; caseworker visits.	
<i>Reporting Requirements</i>	Title IV-E plan must be submitted and approved by the Administration on Children Youth and Families (ACYF). <sup>63</sup> Title	None specified.

<sup>61</sup> ACYF-CB-IM-12-07

<sup>62</sup> Public Law 115-123, Division E of Title VII of the Bipartisan Budget Act of 2018

<sup>63</sup> 45 CFR §1356.20

	<p>IV-E prevention plan with child-specific data must be reported.<sup>64</sup></p> <p>NYTD reporting is required under Title IV-E but described above.</p>	
<i>Methods</i>	<p>Must include an evaluation strategy for each service provided under Title IV-E in the five-year prevention plan. Must also include monitoring child safety as part of the prevention plan which would include reexamining child's prevention plan during 12-month period if the risk of child entering foster care remains high.<sup>65</sup></p> <p>Quality data collection is a functional component of a continuous quality improvement (CQI) system and federal guidance states to have consistent instrument usage; clear processes that the State uses to collect data; identify and resolve data quality issues; and collection of quantitative and qualitative data. Information regarding case record review data and processes is included in the federal guidance. Cases should be reviewed based on the sampling universe statewide who are/were recently in foster care or served in their homes with a stratified sample. Case reviews should be conducted on a schedule that takes into consideration the populations served. The process should prevent reviewer conflict of interest with interviews specific to each case.</p>	None specified.

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<sup>64</sup> ACYF-CB-PI-18-09

<sup>65</sup> ACYF-CB-PI-18-09

	<p>There should be written manuals and reliable procedures for conducting ad hoc or special reviews.<sup>66</sup></p> <p>Also included are methods for determining foster care and adoption populations for inclusion and methods for States with waivers.<sup>6768</sup></p>	
<i>Infrastructure</i>	<p>Title IV-E agencies must develop and implement a program improvement plan to correct areas of non-compliance and guidance was given to implement a continuous quality improvement (CQI) system.</p> <p>Continuous quality improvement (CQI) systems, described in program instruction by ACF, are processes to further quality improvement. The functional components of CQI systems are to have a foundational administrative structure, quality data collection, case record review data and processes, analysis and dissemination of quality data, and feedback from stakeholders and decision makers. Having a foundational administrative structure requires training, written policies, use of data, and involve stakeholders. Every three years a review team composed of representatives of Title IV-E agency and ACF's Regional and Central Offices will sample cases.<sup>6970</sup></p>	<p>The WA Operations Manual includes detailed procedures for various departments' responsibilities to continuous quality improvement. A Statewide CQI Advisory Committee must provide oversight and consultation for QA/CQI activities. Headquarters and regional QA/CQI staff will provide training, monitor achievement towards goals and strategies, support staff in data collection and reporting, and provide technical assistance.<sup>72</sup></p>

<sup>66</sup> ACYF-CB-PI-12-07

<sup>67</sup> Public Law 105-89

<sup>68</sup> Public Law 112-34

<sup>69</sup> 45 CFR §1356.71

<sup>70</sup> ACYF-CB-PI-12-07

<sup>72</sup> WA DCYF Operations Manual 6130

	Title IV-E Prevention plan required with infrastructure built in for consultation and coordination with other private and public agencies. <sup>71</sup>	
<b><i>Braam v. State of Washington Revised Settlement</i></b>		
<i>Summary Description</i>	Braam v. State of Washington, class action suit settlement as subsequently amended and ordered, requires Washington to continue to monitor outcomes related to children who run away from foster care. Originally the settlement, in 2004, laid out 21 outcomes with the inclusion of a panel.	
<i>Outcome Measures</i>	N/A	Outcome measures include the prevention of children who runaway and reduction in the length of time youth are missing from care. Specific indicators include the percent of youth in care who have a first run event, percent of youth in care who ran before and who run again, and the mean length of run events in a calendar year for youth who are age 12-17 years at the start of the year. <sup>73</sup>
<i>Process, Quality and Capacity Measures</i>	N/A	None specified with the revised settlement.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	N/A	No alignment documented.

<sup>71</sup> ACYF-CB-PI-18-09

<sup>73</sup> Braam v. State of Washington (2004)

<i>Reporting Requirements</i>	N/A	Every six months must report to the plaintiff attorneys, court, and the public. <sup>74</sup>
<i>Methods</i>	N/A	None specified.
<i>Infrastructure</i>	N/A	None specified.
<b><i>Indian Child Welfare Act</i></b>		
<i>Summary Description</i>	The federal Indian Child Welfare Act does not have particular performance expectations. However, WA SB5656 (2011) has created policy to operationalize acting in accordance with the law by conducting qualitative case reviews of practice in support of preventing out-of-home placements that are inconsistent with the rights of parents, the health, safety, or welfare of the children, or the interests of their tribe. <sup>75</sup>	
<i>Outcome Measures</i>	N/A	None specified.
<i>Process Measures</i>	N/A	None specified.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	N/A	No alignment documented.
<i>Reporting Requirements</i>	N/A	None specified.
<i>Methods</i>	N/A	None specified.
<i>Infrastructure</i>	N/A	Departments are mandated to set up procedures for review of cases and monitoring compliance. These standards and procedures and the monitoring methods shall also be integrated into the department's child welfare contracting and contract monitoring process. <sup>76</sup>

<sup>74</sup> Braam v. State of Washington (2004)

<sup>75</sup> WA SB5656.2011

<sup>76</sup> WA SB5656.2011

**Washington Specialized Services Practices and Procedures**

<i>Summary Description</i>	This review details policies and procedures that pertain to quality improvement in child welfare behavioral rehabilitation services (BRS), sexually aggressive youth (SAY) providers, and physically assaultive/aggressive youth (PAAAY) providers.	
<i>Outcome Measures</i>	N/A	BRS Caseworkers must focus child and family team meetings on measurable outcomes related to their safety, stability, permanency and discharge plans which include transition to less intensive services or a permanent home. <sup>77</sup>
<i>Process, Quality and Capacity Measures</i>	N/A	The BRS regional manager must monitor and track measures for progress including date of entry, exit, length of stay, placement type, service and rate. <sup>78</sup>
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	N/A	No alignment documented.
<i>Reporting Requirements</i>	N/A	BRS provider must discuss WISe Screen results every six months at the child and family team meetings as well as document them in FamLink. <sup>79</sup>  Each SAY provider must report quarterly any new documented incidents of inappropriate sexual behaviors, supervision plan, and other new

<sup>77</sup> WA DCYF Policies and Procedures 4533

<sup>78</sup> WA DCYF Policies and Procedures 4533

<sup>79</sup> WA DCYF Policies and Procedures 4533

		evaluations or reports that are important to determine SAY funding needs. <sup>80</sup>
<i>Methods</i>	N/A	Youth must take the Wraparound Intensive Services Screen (WISe) for eligibility into the BRS program. <sup>81</sup>
<i>Infrastructure</i>	N/A	<p>The regional BRS manager must provide oversight, guidance, and consultation regarding BRS provider’s compliance including quality of services.<sup>82</sup></p> <p>Each region must have at least one Sexually Aggressive Youth (SAY) committee. The SAY committee determines SAY identification/removal, youth's eligibility for SAY funded resources, and provides quality assurance oversight. Each region must have regional SAY leads responsible for oversight of the SAY committees and communicating committee decisions to the caseworker.<sup>83</sup></p> <p>Regions must also establish a Physically Aggressive/Assaultive Youth (PAAY) committee to determine PAAY identification and provide quality assurance oversight.<sup>84</sup></p>

<sup>80</sup> WA DCYF Policies and Procedures 45362

<sup>81</sup> WA DCYF Policies and Procedures 4533

<sup>82</sup> WA DCYF Policies and Procedures 4533

<sup>83</sup> WA DCYF Policies and procedures 45362

<sup>84</sup> WA DCYF policies and procedures 45362



**Washington Reviews and Licensing Practices and Procedures**

<i>Summary Description</i>	This review details policies and procedures that pertain to quality improvement in child welfare licensing and comprehensive reviews.	
<i>Outcome Measures</i>	N/A	None specified.
<i>Process, Quality and Capacity Measures</i>	N/A	Division of License Resources (DLR) supervisors and regional licensing supervisors must conduct monthly provider reviews on all pending new license applications, unlicensed home studies, and renewals. Process, Quality and Capacity Measures include the provider's timely completion of home study or license and the caregiver assessment. <sup>85</sup>  A comprehensive review must be completed for each facility and child placing agency. <sup>86</sup>
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	N/A	None documented.
<i>Reporting Requirements</i>	N/A	None specified.
<i>Methods</i>	N/A	None specified.
<i>Infrastructure</i>	N/A	Comprehensive reviews must be completed on each facility and child placing agency. A CA

<sup>85</sup> WA DCYF policies and procedures 5105

<sup>86</sup> WA DCYF Policies and Procedures 5149

		regional or headquarters staff team consisting of DLR, DCFS, BRS, contracts and other program staff completes the reviews. <sup>87</sup>
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<sup>87</sup> WA DCYF Policies and Procedures 5149

## Early Learning

<b>Guiding Law/PI Elements</b> (descriptive summary of the specific types of PI elements)	<b>Correlating State Policy: None</b>
<b>Head Start</b>	
<i>Summary Description</i>	Created in 1965, Head Start provides comprehensive early learning services to more than 1 million children from birth to age five each year. The program aims to help children from low-income families enter kindergarten better prepared to succeed. In the 2007 reauthorization of Head Start, Congress mandated a revision of the program performance standards. The Head Start Program Performance Standards set forth the requirements that local grantees must meet to provide education, health, nutrition, and family and community engagement services, and were most recently revised and published in 2016. While ECEAP is the program overseeing early learning in the state of WA for 3-4 year olds, their standards are different than Head Start performance standards, and thus providers must meet a different set of performance improvement measures and goals. However, in our scan, we did not find laws or policies around ECEAP performance standards and improvement, except around the alignment of performance standards for all early learning settings in the state. These are explained below in the Early Start Act section, as they don't directly correlate with Head Start federal policy.
<i>Outcome Measures</i>	The outcome measures required by the Head Start Performance standards are largely around child-level measures for school readiness. Outcome measures of interest to monitor and improve performance of the grantees are centered on the successful implementation of a curriculum that improves child outcomes across all areas of development and that programs are achieving the health and safety measures as defined by the grantee.
<i>Process, Quality and Capacity Measures</i>	The process measures for meeting Head Start performance standards and requirements largely concern enrollment and family engagement information. Not many specific measures aside from the reporting on the number of children they are serving and the percentage of eligible children the program serves are provided.

	<p>Additionally, grantees must report on the percentage of enrolled children who received medical and dental exams.</p> <p>But other areas in which programs must report on and therefore continuously monitor include:</p> <ul style="list-style-type: none"> <li>- Parent/family engagement;</li> <li>- staff training (time to complete) and professional development;</li> <li>- data sharing, use and quality of management systems;</li> <li>- child level and family needs assessments;</li> </ul> <p>curriculum implementation</p>
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	<p>"Family needs met" - family needs assessments (per policy); "Pre and post child development assessments (to measure growth)"—child level assessment data must be aggregated and analyzed three times a year, including for subgroups of children (per policy).</p>
<i>Reporting Requirements</i>	<p>There are 2 reports that local grantees must supply to ACF.</p> <ol style="list-style-type: none"> <li>1) Annual self-assessment to evaluate program's progress towards meeting goals and compliance with performance standards</li> <li>2) Monthly enrollment data</li> </ol> <p>Additionally, grantees must make available to the public each fiscal year their aggregate outcome measures</p>
<i>Methods</i>	<p>Each program operating more than 90 days must ensure that child level assessment data is aggregated and analyzed at least 3 times a year, including for sub-groups, such as dual language learners and children with disabilities, as appropriate. (For programs operating fewer than 90 days, child level assessment data must be aggregated and analyzed two times during the program year)</p>
<i>Infrastructure</i>	<p>Head start programs must implement a management system for oversight and management of services, data management procedures, and must implement a training and Professional Development system that supports a system of continuous quality improvement for the provision of high quality services.</p> <p>Each Head Start agency must develop a Technical Assistance and Training plan, and adopt a plan for the evaluation of classroom teachers.</p>

	<p>Agencies use research-based assessment methods and screening tools. Program goals and measurable objectives must be set with the governing body and policy council. Programs must design coordinated approaches to ensure management of program data that ensures quality and effective use and sharing of data and privacy protection.</p>	
	<b>IDEA</b>	<b>Correlating State Policy: Rules for Provision of Special Ed/Performance Goals and Indicators-SPP and APR<sup>88</sup></b>
<i>Summary Description</i>	<p>The Individuals with Disabilities Education Act (IDEA) was most recently amended through the Every Student Succeeds Act (ESSA) in December 2015. The law makes free, appropriate public education available to eligible children with disabilities, ensuring special education and its related services to these children. IDEA Part C covers Early Intervention (EI) services for infants and toddler with disabilities (and their families) through age 2. IDEA Part B provides children and youth ages 3 through 21 with special education and services. In Washington, the Early Support for Infants and Toddlers (ESIT) program provides services to children birth to age 3 who have disabilities or developmental delays. Eligible infants and toddlers and their families are entitled to individualized, quality early intervention services in accordance with IDEA, Part C. Our scan did not find separate state laws, regulations or guidance with regards to performance improvement for the ESIT program.</p>	
<i>Outcome Measures</i>	<p>Outcome measures of interest monitor how the program helps children develop skills, how families have improved skills to assist their child’s learning and growth, youth who are successfully completing and not completing high school and a comparative of the performance of children with disabilities to all children. Specifically, the measures are:</p>	<p>Set forth in the performance plan, with indicators and targets. Outcomes monitored and reported include graduation and dropout rates of eligible children receiving services, and performance on assessments and transition.</p>

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<sup>88</sup> WAC 392-172A-07015

	<ol style="list-style-type: none"> <li>1. Percent of infants/toddlers with IFSPs with improved: S/E skills, acquisition and use of knowledge and skills, early learning and communication, and use of appropriate behaviors to meet needs.</li> <li>2. Percent of families in Part C saying EI helped the family: know their rights, communicate children's needs, help children develop and learn</li> <li>3. Percent of youth with IEPs graduating from High School and dropping out.</li> <li>4. Performance results of children with disabilities on each kind of assessment offered compared to achievement of all children (if statistically reliable and confidential).</li> </ol>	
<p><i>Process, Quality and Capacity Measures</i></p>	<p>Some of the IDEA requires states to monitor how children with disabilities are being served by various education settings and services in the state, including the provision of free and appropriate public education (FAPE) in the "least restrictive environment". States must also monitor service utilization of children with disabilities by race, gender and ethnicity around some EI gradations (receiving EI,</p>	<p>Performance indicators and targets are set by the Office of Superintendent of Public instruction that assess the state's - and each school district's - progress toward achieving student performance goals on the outcomes of interest (graduation and dropout rates, youth's transition, and assessment results) .</p>

	<p>receiving EI and at risk of serious delays, stopped receiving EI). Other program information include how much time is spent inside the regular class, parent involvement reports, timeliness of a child evaluation, and how children from Part C referred to Part B are have an Individualized Education Plan (IEP) developed and implemented in a timely manner. Additional program information that must be tracked and reported on include information about the number of complaints, hearings and mediations, and some related outcome information.</p> <p>To monitor disproportionality in the state, states must report on the identification of children with disabilities (by race and ethnicity), and a comparison of children with disabilities removed to alt ed or expelled compared to children without disabilities. Additionally, states must to report on disciplinary actions by race, ethnicity gender, and disability category. They must also report the percent of school districts with disproportionate representation (in descriptive categories and in special education utilization)</p> <p>Each LEA must set targets and measure the states exercise of general supervision,</p>	
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	which includes ChildFind, the use of resolution meetings, monitoring and a system of transition services, including the % of youth 16+ with an IEP that includes post-sec goals and transition needs.	
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	None identified.	
<i>Reporting Requirements</i>	<p>The state must submit annual performance reports, through the Lead Agency, to the Secretary of the Department of Education for Part B and Part C services and outcomes. These reports are called the Part C and Part B State Performance Plan/Annual Performance Report (Part C SPP/APR and the Part B SPP/APR). They must include descriptions of their systems, baseline data for indicators, targets set for indicators and the data from the FY on these indicators. If there was areas where the state did not meet its target for the FY, a reason must be supplied.</p> <p>The state must also calculate submit to the Secretary at the Dept. of Ed.</p> <p>1) All risk ratios of each LEA: The risk ratio is a calculation performed by dividing the risk of a particular outcome for children in one racial or ethnic group within an LEA by the risk of that outcome for children in all other racial or ethnic groups in the State.</p> <p>2) Risk ratio thresholds: A threshold determined by the state over which</p>	<p>The state reports annually to the department of education and to the public through its annual performance report on the progress of the state, and of students eligible for special education in the state, toward meeting the goals established.</p> <p>The OSPI reports annually to the public on the performance of each school district located in the targets in the state's performance plan; and makes the state's performance plan available through public means.</p>



	<p>disproportionality based on race or ethnicity is significant;</p> <p>3) Min cell sizes: Min. Number of children experiencing a particular outcome (the nu. When calculating risk)</p> <p>4) standards for measuring reasonable progress.</p> <p>The state must also make available to the public, within 120 days of the reports to Dept. of Ed., the performance of each LEA on progress towards targets in the SPP.</p>	
<p><i>Methods</i></p>	<p>For reporting, the Secretary permits states and the Secretary of Interior to obtain data through sampling.</p> <p>The state must apply the risk ratio threshold to risk ratios or alternate risk ratios to 7 different racial and ethnic groups/categories. The state must calculate the risk ratio for each LEA, for each racial and ethnic group with respect to ID of children ages 3-21 with disabilities; ID of children ages 3-21 with different impairments. The State must calculate the risk ratio for each LEA, for each racial and ethnic group, with respect to the following placements into particular educational settings, including disciplinary removals for</p>	<p>If the OSPI collects performance data through monitoring or sampling, the OSPI includes the most recently available performance data on each school district and the date the data were obtained.</p>

	children with disabilities ages 6-21 inside a regular class less than 40% of the day, inside separate schools and residential facilities, for children ages 3-21 in various states of suspension, expulsions and removals.	
<i>Infrastructure</i>	The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families, and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets. States must have the following systems in place to drive improved results for infants and toddlers with disabilities: 1) General Supervision system, 2) TA system, Professional Development system, 3) Stakeholder Involvement.	The OSPI has established a performance plan that evaluates the state's efforts to implement the requirements and purposes of Part B of the act, and describes how the state will improve such implementation. The plan is reviewed every six years, with any amendments provided to the department of education.
	<b>CCDF</b>	<b>Correlating State Policy: None</b>
<i>Summary Description</i>	The Child Care Development Fund (CCDF), authorize by the Child Care and Development Block Grant Act which was reauthorized in 2014, makes money available	

	<p>to states, territories and tribes to assist low-income families to obtain child care. It aims to improve the equality of child care and promotes the coordination of early childhood development and after school programs. A minimum of 4% of CCDF funds must be used to improve the quality of child care and other services to parents. The activities states undertake with the CCDF block grant are aimed to improve the quality or availability of child care services, improve access to childcare services, and prioritize children of families with very low incomes and to children with special needs. In Washington state, The Working Connections Child Care (WCCC) program is the child care subsidy program that pays for child care subsidies to eligible households with parents who are working or are participating in a DSHS approved work activity at the time of application. Our scan did not find state laws, regulations or guidance regarding performance improvement for child care programs or the WCCC program.</p>
<p><i>Outcome Measures</i></p>	<p>The outcome measures the CCDF mandated by the grantees are all related to improving access to and the quality of early learning and childcare, promote appropriate early childhood development, and prepare children for entry to kindergarten</p>
<p><i>Process, Quality and Capacity Measures</i></p>	<p>The mandated reporting requires grantees to monitor several , many of which regard service utilization, and the funding streams used by families, for example:</p> <ul style="list-style-type: none"> <li>• Number of families and children receiving services</li> <li>• Estimated number of CCDF eligible children receiving public pre-Kindergarten services for which CCDF Match or MOE is claimed (is applicable).</li> <li>• Children served through grants or contracts with providers.</li> <li>• Number of children receiving child care services through certificates (to parents, to parents and providers, or to providers) and/or cash.</li> <li>• Of the children served through certificates, number of children served through cash payments directly to parents (only).</li> <li>• Number of child care providers receiving CCDF funding by type of care.</li> </ul> <p>Additionally, providers must monitor certain services, such as an estimated number of families receiving consumer education. And providers must report their number of child fatalities each year.</p>

	<p>States must give priority to low-income populations, incorporating a process to increase access to programs providing high-quality child care and development services, to give priority for those investments to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs.</p> <p>To submit the error rate report, states must report on the number of cases with errors and improper payments, as well as the percentage of improper payments and the average amount and annual total of the improper payments. For each of these, states must set targets for errors and improper payments in the next reporting cycle</p>
<p><i>Alignment with Identified DCYF Data Measurement Gaps</i></p>	<p>“Services/resources in parent’s home language”—In CCDF, providers must monitor services including the number of families receiving consumer education and the methods for receiving them, however there is nothing in the requirements about tailoring to family’s home language.</p>
<p><i>Reporting Requirements</i></p>	<p>There are 4 standardized reporting templates state and tribal grantees must submit as part of their CCDF Grant:</p> <ol style="list-style-type: none"> <li>1. ACF-800 (annual Aggregate Data Reporting, Provides unduplicated annual counts of children and families served through the CCDF.</li> <li>2. ACF-801 (Monthly case-level data reporting; Provides case-level data on the families and children served during the month of the report, and other demographic information. States may submit a sample or all cases.</li> <li>3. ACF-403, 404, 405 (Error Rate Reporting)</li> <li>4. ACF-70 (Administrative Data Report—Tribes)</li> </ol> <p>Additionally, states must make available to the public (via website) various provider level information, including:</p> <ol style="list-style-type: none"> <li>1. Licensed or license-exempt by zip-code and other categories of the state’s choosing (e.g., infant care)</li> <li>2. Quality rating level/score (aka QRIS) as defined by state or territory, which is the Early Achievers score in Washington state.</li> </ol>

	Monitoring and inspection reports, including any indicators of serious injuries or deaths due to a substantiated health and safety violations as well as substantiated reports of abuse by provider
<i>Methods</i>	When submitting the ACF-800 report, data must include all children served by the CCDF. The ACF-800 and ACF-801 reports should be based on the same population. The state plan submitted in application for a CCDF grant must include assurance that the State will maintain or implement early learning and developmental guidelines be research based, developmentally appropriate, and aligned with entry to Kindergarten.
<i>Infrastructure</i>	States are required to spend at least 4% of their funds on quality improvement efforts and implement a quality improvement infrastructure. The federal Child Care Bureau provides a list of quality areas a state can focus on, state must engage in at least one of the following activities: 1) Training and professional development of child care workforce; 2) Provide TA to providers around development or implementation of the guidelines; 3) Implementing/enhancing a QRIS; 4) Improving supply/quality of childcare programs for infants and toddlers; 5) Expanding a statewide resource/referral system; 6) Facilitating compliance with inspection, monitoring, training and health and safety and licensing standards; 7) Evaluation of quality and effectiveness of child care programs; 8) Support providers to pursue national accreditation; 9) Support LA or local efforts to adopt program standards around physical and mental health; 10) Implement consumer education provisions
<b>MIECHV</b>	<b>Correlating State Policy</b>
<i>Summary Description</i>	The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) provides evidence-based home visiting programs aimed to improve the health of at-risk children, facilitating collaboration and partnership at all levels. MIECHV is administered by the Health Resources and Services Administration (HRSA) in collaboration with ACF. In Washington, there is a WA state MIECHV Benchmark Assessment Plan that develops benchmarks for home visiting programs including identifying measures, constructs,

	<p>cohorts, and assessment frameworks for looking at families participating in home visiting programs over time. These benchmarks are designed to draw on data common to both the Nurse-Family practitioner (NFP) and Parents as Teachers (PAT) models. The Benchmark plan compares a baseline cohort—enrolled between 04/2012 and 10/2012—and an implementation cohort, enrolled between 11/2012 and 9/2014.</p>	
<p><i>Outcome Measures</i></p>	<p>The MIECHV program has several outcomes for participating families that include outcomes for both the infants and child, as well as parental outcomes. In the needs assessment, programs must demonstrate results in improvements for eligible participating families in prenatal, maternal and newborn health, including pregnancy outcomes, and in child health and development. MIECHV programs must also show prevention of child injuries (and ED visits) and child maltreatment incidences, as well as improvement in children’s development along cognitive, language, social-emotional, and physical developmental indicators. MIECHV program also prove performance by improved school readiness and achievement of its participants. At the family level, the programs measures reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in parenting skills.</p>	<p>The state benchmarks established six domains under which outcomes are monitored. These domains are:</p> <ol style="list-style-type: none"> <li>1) Improved Maternal and Newborn Health</li> <li>2) Child Abuse, Neglect or Maltreatment and Emergency Department Visits</li> <li>3) Improvements in School Readiness &amp; Achievement</li> <li>4) Domestic Violence</li> <li>5) Family Economic Self-Sufficiency, and</li> <li>6) Coordination and Referral for other Community Resources and Supports.</li> </ol> <p>These 6 domains are measured by 35 constructs. Each construct has a definition of improvement, and an outcome that would indicate improvement along the measure. Outcome measures are the indicators of progress in children and caregivers that suggest improved health, developmental success, and wellbeing.</p>

	<p>Quantifiable, measurable 3- and 5-year benchmarks must be established that demonstrate that the program results in improvements for the eligible families participating in the program in each of these above measures.</p> <p>Finally, in adequately serving their families, programs monitor improvements in the coordination and referrals of families for other community resources and supports. Related, states must assess the extent to which existing programs meet the needs of their eligible families.</p>	
<i>Process, Quality and Capacity Measures</i>	<p>The needs assessment states must perform requires them to identify the number and types of individuals and families receiving MIECHV services, as well as assess gaps in home visiting in the state and the extent to which programs are meeting the needs of families. Also the state's capacity for providing substance abuse treatment and counseling.</p>	<p>Indicators of program performance on meeting practices associated with increased child and family health, improved developmental wellbeing, and access to resources. Examples include the Number of visits, percentage of screenings, provision of information, and referrals made.</p>
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	<p>"School readiness (motor skills; pre-academic skills) - MIECHV programs must also prove performance by improved school readiness and achievement of its participants.</p> <p>"Reduced ED visits;" - Federal policy states MICHEV programs must show prevention</p>	<p>"Visit frequency/dosage" - As part of state benchmark assessment, 1st construct is around prenatal visits and the measure is to report the "Mean number of prenatal care visits after mother enters NFP or PAT services". They definition of improvement is that the mean number of prenatal care visits</p>

	<p>of child injuries (and ED visits) and child maltreatment incidences.</p> <p>“Family Needs Assessment”—The program is designed to result in participant outcomes, including improvements in family economic self-sufficiency, that the “entity identifies on the basis of an individualized assessment of the family”.</p> <p>“Family Needs met”—Each state shall conduct a statewide needs assessment that identifies “the extent to which such programs or initiatives are meeting the needs of eligible families”</p> <p>“Referrals to community supports” – Federal MIECHV grant establishes appropriate linkages and referrals networks to other community resources and supports for eligible families”</p>	<p>is greater in the implementation cohort compared to the baseline cohort.</p> <p>“Health insurance”—Construct 8 is Maternal &amp; Child Health status, and the measure is “Mother and focus children’s enrollment in insurance programs.”, measured by mother/child pairs with health insurance coverage 6 months post-partum/enrollment.</p> <p>“Change in maternal education and employment”—As part of construct 29, WA will look at % of mothers engaged in employment or educational programs at 6 and 18 months post-partum/enrollment. They will measure change “In a within cohort comparison, we will assess an increase in percent of mothers engaged in employment or educational programs at 18 months post-enrollment or Postpartum compared to status at six months postpartum or post-enrollment.”</p> <p>“Referrals to community supports” AND “Referrals to health services”—In construct 32, the measure is the Percent of needs identified for children and mothers who subsequently received a referral to the needed service. Services include health care, developmental, mental health, substance abuse,</p>
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		domestic violence and basic needs. And in Construct 35 (No. of completed referrals), the measure is "Percent of needs identified for focus children and mothers during the measurement period who subsequently have a completed referral to the needed service."
<i>Reporting Requirements</i>	A report to the HHS Secretary, at the end of the 3 <sup>rd</sup> year of the program, in which the entity must demonstrate improvement in at least 4 outcome measures.	Washington submits the required federal reporting for MIECHV.
<i>Methods</i>	Baseline and end of reporting period data is collected. Improvement in MIECHV is defined for HRSA reporting as any positive change from the baseline client status or program performance.	State compiles information from the two MIECHV funded programs and reports on these.
<i>Infrastructure</i>	<p>If a report fails to demonstrate improvement in at least 4 areas, the entity must implement a plan to improve outcomes in each measure, and allow for the Secretary to monitor and provide oversight of the program.</p> <p>Early Childhood Home Visitation Programs must also:</p> <ul style="list-style-type: none"> <li>(i) Employ well-trained and competent staff, as demonstrated by education or training, such as nurses, social workers, educators, child development specialists, or</li> </ul>	Washington state has "proposed a very narrow set of data collection changes" including Nurse Family Partnership (NFP) programs adopting the Protective Factors survey.

	<p>other well-trained and competent staff, and provides ongoing and specific training on the model being delivered.</p> <ul style="list-style-type: none"> <li>(ii) Maintain high quality supervision to establish home visitor competencies.</li> <li>(iii) Demonstrate strong organizational capacity to implement the activities involved.</li> <li>(iv) Establish appropriate linkages and referral networks to other community resources and supports for eligible families.</li> <li>(v) Monitor the fidelity of program implementation to ensure that services are delivered pursuant to the specified model.</li> </ul>	
<b>Early Start Act</b>		<b>Correlating State Policy—N/A</b>
<i>Summary Description</i>	<p>The Early Start Act was passed in 2015 in an effort to improve access to high-quality early learning opportunities for all children and youth in Washington and promote school readiness for all, understanding high quality education is a key path to improving outcomes in young children. The Act provides supports to help existing early learning providers offer a level of quality that will promote positive child outcomes, it mandates levels of quality for providers that accept children on child care subsidy or Early Childhood Education and Assistance Program (ECEAP) funding, and focuses on improving quality for children most at-risk for not being ready for Kindergarten. The Early Start Act establishes the QRIS program, Early Achievers, and requires participation in Early Achievers by providers that accept children on subsidy through a staged implementation. This is a tiered rating system for providers who</p>	

	<p>must complete certain activities and meet practice guidelines in order to advance to the next level. The early achievers program is applicable to licensed or certified child care centers and homes and early learning programs such as working connections child care and early childhood education and assistance programs.</p>
<p><i>Outcome Measures</i></p>	<p>The ultimate outcome of the Early Start Act is to improve the quality of early child care and learning in the state. Specifically, it sets a goal to improve the Kindergarten readiness rate (as measured by the Washington Kindergarten Inventory of Developing Skills, WaKIDS) to 90 percent of the children served, eliminate race as a predictor of Kindergarten readiness by 2020, and improve short-term and long-term educational outcomes for children as measured by assessments including, but not limited to, WaKIDS.</p> <p>The <b>Early Achievers</b> system in Washington was established to improve the quality of early care and learning in the state. Providers enrolled in Early Achievers must track several measures to monitor performance. The main outcome measures for the program include the impact of preschool expansion on low-income neighborhoods and communities and the impact of extended day early care and education opportunities directives. If 15% or more of the licensed contract providers in a county or zip code have not achieved rating levels, then department must analyze reasons why they have not, and develop a plan to mitigate the effect on children and families serviced by these providers.</p>
<p><i>Process, Quality and Capacity Measures</i></p>	<p>To monitor performance of the Early Achievers program, the program will monitor participation in the program and how providers are progressing through the levels and engaged in certain activities. This includes the average amount of time for providers to achieve local level milestones within each level. The program will monitor the effectiveness of its efforts to increase successful participation by providers serving children from diverse cultural and linguistic backgrounds and from low-income households, as well as the type and number of services available to providers and children from diverse cultural backgrounds.</p>

	<p>Additionally, the Act requires monitored progress on ECEAP implementation around the state. And report on the number of contracted slots that use both early childhood education and assistance program funding and working connections child care program funding.</p>
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	<p>None identified.</p>
<i>Reporting Requirements</i>	<p>The Early Achievers program must provide an annual progress report to the Governor and Legislature regarding providers' progress in Early Achievers (as measured by several of the above), and the program's their progress in expanding ECEAP to all communities (along with a mitigation plan for counties/zip codes with less than 15% of providers achieving necessary rating levels). There must also assess the adequacy of data collection procedures and report on the prevalence of low-income providers and providers from diverse cultural background</p> <p>The state must also make available to the public information on the quality of programs and ratings, provider's licensing history and other quality/safety indicators.</p> <p>The program must report to Early Achiever participants (the providers) on their progress towards achieving level 2 after first 15 months enrolled in Early Achievers.</p>
<i>Methods</i>	<p>Providers collect student level data to enter into Early Achievers, progress is assessed with licensing and measureable quality standards. Provider service numbers and percentages must be reported at the county level, although counties of 500,000 or more are reported at zip code level.</p>
<i>Infrastructure</i>	<p>The Act itself creates an infrastructure for improving the quality of early learning and care in the state. It does so in several ways, the most significant is establishing the quality rating system to be used statewide on licensed children care providers. It allows for early learning providers to see a more efficient review process, and establishes that licensing, Early Achievers, and ECEAP will use coordinated monitoring to track program quality. The act also sets up various subcommittees including the</p>

	<p>Early Achievers Review Subcommittee and Joint Select Committee on the Early Achievers Program to ensure efficiency and fairness in the program.</p> <p>The Act establishes the Early Achievers Quality Improvement awards, for providers offering programs to an enrollment population consisting of at least 5% of children receiving state subsidy.</p> <p>Finally, the Act guarantees professional development and coaching opportunities to early child care and education providers.</p>	
<b>P-16 Education Data System</b>		<b>Correlating State Policy: Education Data Center (EDC)</b>
<i>Summary Description</i>	<p>A grant program for state that supports a statewide P-16 education data system that assists states with their content standards and assessments, and ensures students are prepared to succeed in higher ed, the workforce and/or the Armed Forces. In Washington, state law passed in 2017 mandated an education data center be established in the Office of Financial Management; the center must conduct collaborative analyses of early learning, K-12, and higher education programs and education issues across the P-20 system, with assistance DCYF and other entities. Specific reporting on the educational and workforce outcomes of youth in the juvenile justice system is required.</p>	
<i>Outcome Measures</i>	<p>States receiving a grant to improve or establish a statewide P-16 data system collect measures that show an increase in the percentage of low-income and minority students academically prepared to enter and complete post-secondary education.</p>	<p>The Education Data Center must report the educational and workforce outcomes of youth in the juvenile justice system.</p>
<i>Process, Quality and Capacity Measures</i>	<p>The data system must capture enrolment, demographic and participation information at the student level, including a student's point of exit, transfer, drop-out or completion in the P-16 system.</p>	<p>The OFM Education Data Center must collect and report on longitudinal, student level data on all young children attending ECEAP and WCCC, including attendance and results from WaKIDS.</p>

		Additionally, programs must enter program level information such as hours, duration, allowable absences and the contact with caregivers to discuss absences.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	None identified.	
<i>Reporting Requirements</i>	None specified.	The EDC must submit recommendations to appropriate committees of the legislature to ensure the goals and objectives of the data center are met, including recommendations around child attendance policies. They must also submit to recommendations to the legislature and Early Learning Advisory council on research-based cultural competency standards for professional training.
<i>Methods</i>	n/a	Data reported should be disaggregated by age, ethnic categories and racial subgroups.
<i>Infrastructure</i>	The data system states establish or improve upon must have the ability to assign and manage unique personal IDs that are not personally identifiable in order to track student level data.	A K-12 data governance group develops the data protocols and guidance for school districts in the collection of data into the center. The EDC must provide a list of data elements and data quality improvements needed to answer research and policy questions to the K-12 data governance group.

		The Center also develops data sharing and research agreements with the administrative office of the courts.
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<b>WA DEL Racial Equity and Diversity</b>		<b>Correlating State Policy: N/A</b>
<i>Summary Description</i>	The purpose of the Department of Early Learning's Racial Equity Initiative is to develop and implement a comprehensive strategy that strengthens DEL's capacity to advance racial equity and eliminate disparities in child outcomes.	
<i>Outcome Measures</i>	A key outcome measure of interest for Early Learning in Washington that this guidance embodies is that 90% of kids are kindergarten ready with race and income not being moderators. The initiative will measure the removal of barriers for children, families and professionals of color.	
<i>Process, Quality and Capacity Measures</i>	None specified.	
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	None identified.	
<i>Reporting Requirements</i>	None specified.	
<i>Methods</i>	The guidance document states that the department will develop racial equity analysis tools for program, policy, grant application, initiative and budget development, and also develop agency-wide family, community, and stakeholder engagement protocol to ensure policies and decisions are meaningfully informed. Analysis will use disaggregated data and metrics to track results and measure the impact of DEL's actions at the child/family/community level and outcomes at the program/agency level.	
<i>Infrastructure</i>	A Racial Equity Team is established to provide leadership in developing the racial equity strategy, tools, training and processes.	

<b>Early Learning Opportunities: State requirements</b>	<b>Correlating State Policy: None</b>
<i>Summary Description</i>	The purposes of the Early Learning Opportunities Act (part of the Consolidated Appropriations Act of 2001) is intended to increase the availability of programs, services and activities that support early childhood development, promote school readiness of young children, remove barriers to the provisions of an accessible system of early childhood learning programs in communities throughout the U.S., increase the availability and affordability of professional development activities and compensation for caregivers and child care providers, and facilitate the development of community-based systems of service through resource sharing and linking appropriate community supports for children and families. <sup>89</sup>
<i>Outcome Measures</i>	The Federal Act nor the requirements for state grantees specify outcome measures, the performance measures are determined by the state grantee.
<i>Process, Quality and Capacity Measures</i>	The Federal Act nor the requirements for state grantees specify process measures, the performance measures are determined by the state grantee.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	N/A
<i>Reporting Requirements</i>	State grantees must report annually to the Administration of Children and Families, based on the defined performance reporting of the grantee.
<i>Methods</i>	None specified.
<i>Infrastructure</i>	Based on information and data received from Local Councils, and information and data available through State resources, the State shall biennially assess the needs and available resources related to the provision of early learning programs within the State.

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<sup>89</sup> 20 U.S. Code § 9401



<b>DCYF Early Learning Establishment/Requirements</b>	<b>Correlating State Policy—N/A</b>
<i>Summary Description</i>	When the Department of Children, Youth and Families was created, a handful of laws were passed describing the duties of DCYF as it relates to child care and early learning programs, as well as home visiting programs. Additionally, law mandates the early learning biennial report to the governor and legislature to measure the effectiveness of its programs in improving early childhood education.
<i>Outcome Measures</i>	The measures of interest for the Department’s Early Learning duties are to promote the health, safety, and well-being of children receiving child care and early learning assistance and to create a comprehensive and collaborative system of early learning that serves parent, children and providers.
<i>Process, Quality and Capacity Measures</i>	When additional funds are made available for home visiting, parent and caregiver support, at least 80% must be deposited into the home visiting services account for services, and up to 20% can be new funds for other caregiver/parent support. The first report to the governor must detail program objectives and identified valid performance measures. The report must include a plan for a comparative longitudinal study that involves measures of achievement progress through the K-12 system.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	None identified.
<i>Reporting Requirements</i>	The Department must submit reports to the governor and legislature every two years that measure the effectiveness of the Early Learning Programs in improving early childhood education. When the Early learning information system is developed, information about licensing and inspections, as well as providers’ comments, must be made available to the public. The Department must make biennial recommendations to the legislature regarding WCCC and state funded preschool rates and compensation models to attract and retain a high quality early learning workforce.
<i>Methods</i>	The biennial report to the legislature around rates and compensation models may use data already collected. The longitudinal study shall use nationally accepted testing and assessment methods.
<i>Infrastructure</i>	Home visiting services must include programs that serve families in the child welfare system. The Department must also work in collaboration with eh Early learning council and collaborate with the K-12 school system at the state and local level to ensure smooth transitions between early learning and K-12 programs.

	The Department will establish a comprehensive birth-to-three plan that provides a continuum of support and education options.
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## Juvenile Justice

Guiding Federal Law and/or Regulatory Guidance	Correlating WA Law and/or Regulatory Guidance	
<b><i>Juvenile Justice Reform Act/JJDPA</i></b>		
<i>Summary Description</i>	<p>The Juvenile Justice Reform Act, passed on Dec 18th, 2018, supersedes the former Juvenile Justice and Delinquency Prevention Act (JJDPA) and its “core requirements” for participating states that receive title II - formula grants and other discretionary grants. Final guidance by US DOJ has not yet been established. Based on the legislation, however, there are several new required reporting areas, including school-based offenses, discharges by living arrangement type, use of secure restraints and isolation, and pregnant youths in custody. State of Washington laws and administrative code comprehensively cover the <i>operational</i> mandates of the historical JJDPA core requirements, however, all required data reporting was not found to be correlated in our search process.</p>	
<i>Outcome Measures</i>	<p>Disproportionate minority contact (DMC)—now renamed racial and ethnic disparities (RED): calculated based on a relative rate index (RRI) comparing various penetration through the various stages of the juvenile and adult correctional systems. This is calculated based on what may be considered both process and outcome indicators, including rates of detention, referral, diversion, petition/charges filed, delinquency findings, probation, confinement in secure correctional facilities, and transfer to adult court.</p> <p>Recidivism: this outcome measure will be based on a forthcoming measurement standard from the Office of Juvenile Justice and Delinquency Prevention (OJJDP).</p>	None documented.
<i>Process, Quality and Capacity Measures</i>	<p>Previous JJDPA funding required all states receiving formula grant funding (Title II) to report on the following “core requirements” 1) deinstitutionalization of status offenders, 2) separation of juveniles from adults in secure facilities, and 3) reduction of disproportionate minority</p>	<p>Several legislatively passed statutes cover operational compliance with the “core requirements” (i.e., RCW 72.01.410, RCW 13.04.116) but do not specifically require the reporting of the “core requirements” data measures to OJJDP, DSHS</p>

	<p>contact - DMC, now renamed racial and ethnic disparities -RED (see Outcomes row). In addition, the new rule will likely operationalize the following reporting requirements from the new Act, including:</p> <ul style="list-style-type: none"> <li>-Secure restraints and isolation: aggregate data from 1 month of the applicable fiscal year of the use of restraints and isolation upon juveniles held in the custody of secure detention and correctional facilities</li> <li>-Releases from custody: number of juveniles release from custody by type of living arrangement</li> <li>-School-based offenses - number of juveniles whose offense originated on school grounds, during school sponsored off-campus activities, or due to a referral by a school official, as collected and reported by the Department of Education or similar State educational agency;</li> <li>-Pregnant youth in custody - the number of juveniles in the custody of secure detention and correctional facilities who report being pregnant.</li> </ul>	<p>or other bodies. Executive Order 10-03 (September 13, 2010) established the Washington State Partnership Council on Juvenile Justice (WA-PCJJ) to oversee reporting and monitoring as it relates to federal requirements and other mandates, however this EO also does not specify the collection and reporting of the “core requirements” data measures. However, specific to racial and ethnic disparities (RED), RCW 13.40.430 and 13.06.050 requires comprehensive data collection. These statutes include reporting disparity in disposition and case processing by the Administrative Office of the Courts in conjunction with DSHA/JRA and the Washington State Human Rights Commission (HRC).</p>
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	RED/DMC related: youth demographic characteristics, re-arrest and detention records, disposition	
<i>Reporting Requirements</i>	In addition to the measures referenced above, each participating state must submit performance reporting related to its state-based 3-year plan on an annual basis.	None specified
<i>Methods</i>	Reporting must be disaggregated by facility and by facility type, including secure juvenile detention facilities, secure juvenile correctional facilities, adult jails, adult	None specified

	lockups, collocated facilities (approved and non-approved).	
<i>Infrastructure</i>	The Act requires the state to designate at least one individual who shall coordinate efforts to achieve and sustain compliance. It also defines who may be appointed to the required State Advisory Group (SAG). The SAG must consist of not less than 15 and not more than 33 members appointed by the chief executive officer of the State, which members have training, experience, or special knowledge or disciplines.	Executive Order 10-03 (September 13, 2010) established the Washington State Partnership Council on Juvenile Justice (WA-PCJJ) outlines the membership requirements in the EO that align to JJDPA for an advisory group based on members who have training, experience, or special knowledge or disciplines.
<b><i>Prison Rape Elimination Act (PREA)</i></b>		
<i>Summary Description</i>	Prison Rape Elimination Act (PREA) guidance is set forth in 28 CFR 115, Subpart D, §§ 115.387. Per the reporting requirements, all adult and juvenile facilities must collect incident reports for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency must also aggregate the incident-based sexual abuse data at least annually and report the information to the US DOJ. Several WA state statutes, WAC and departmental policies mirror these requirements.	
<i>Outcome Measures</i>	States must collect facility-level data on the following measures: 1) <i>Allegations</i> of: a) youth-on-youth abusive sexual contact, b) youth-on-youth sexual harassment, c) staff-youth sexual misconduct, d) staff-youth sexual harassment; and 2) total number of <i>Substantiated</i> incidents reported for subparts in 1).	Administrative code WAC 388-700-0030, WAC 388-730-0080 generally address JRA reporting requirements for all general incidents and sexual related incidents. But more comprehensively aligned to the federal guidance, WA DOC Policy 490.800 and DSHS JR Policy 5.90 address data PREA reporting for juveniles under their care. Namely, this requires DSHS for all JR facilities under its purview to report each individual PREA-defined incident using a standardized format necessary to answer the US DOJ Survey of Sexual Violence form. The agency shall aggregate the incident-based sexual abuse data at least annually and report the information to DSHS and US DOJ.

<i>Process, Quality and Capacity Measures</i>	None specified.	None specified.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	Incidents x facility x incident type	
<i>Reporting Requirements</i>	Must be reported by facility and align to data to indicators as measured by the National Institutes of Justice via <u>SSV-IJ</u> form for each substantiated incident of sexual victimization. Annual aggregate incident reporting as per the <u>SSV-5</u> .	Must be reported by facility via <u>SSV-IJ</u> form for each substantiated incident of sexual victimization. Annual aggregate incident reporting as per the <u>SSV-5</u> .
<i>Methods</i>	None specified.	Staff training, core investigation training, and designated investigators.
<i>Infrastructure</i>	None specified.	None specified.

<b>Guiding WA State Statutes (RCW) and Executive Orders (EO)</b>		<b>Correlating WA State Administrative Code (WAC) or DCYF policies</b>
<b><i>State of WA Juvenile Justice Act (JJA) of 1977</i></b>		
<i>Summary Description</i>	The JJA is codified in the Revised Code of Washington (RCW) under Title 13, primarily RCW 13.40. With respect to data reporting, RCW 13.40.468 mandates the establishment of quality assurance programs and monitors implementation of intervention services and fidelity to service model. Administrative rules are established under WAC 388-710 (-0025 and 0030).	
<i>Outcome Measures</i>	None specified	None specified
<i>Process, Quality and Capacity Measures</i>	JJA refers to the monitoring of 1) service model fidelity, 2) service utilization/completion	None specified

<i>Alignment with Identified DCYF Data Measurement Gaps</i>	EBM fidelity; EBM enrollment; EBM completion	
<i>Reporting Requirements</i>	None specified.	(1) It is the responsibility of each program administrator to submit monthly reports, annual narrative reports, corrective action plans and reports, and other reports as specified in the division's application, budget, and monitoring instructions to the regional administrator. (2) The regional administrator must submit to the director a biennial report of each program. (3) The regional administrator, may at any time, request a formal program/project or fiscal audit and may also request other available technical services to assist in monitoring and evaluating the program/projects.
<i>Methods</i>	None specified	None specified
<i>Infrastructure</i>	None specified	None specified
<b><i>Washington State Juvenile Accountability Program</i></b>		
<i>Summary Description</i>	Per RCW 13.40.500-540, the Juvenile Accountability Program (also known as the Juvenile Court Block Grant) which was enacted in 2009 requires JRA to replace categorical funding with block grants to local juvenile courts. The shift targets funding for evidence-based practices (EBPs) and Disposition Alternative (DAs) and implemented important quality assurance mandates. The legislation required the Washington Institute of Public Policy (WSIPP) to develop reporting measures for an evaluation to ensure EBPs and DAs are prioritized. It also requires the state provide outcomes and feedback to local juvenile courts to effect program change and process/program improvements. Although ongoing reporting is produced annually by JRA, no specific administrative codes or agency policies related to data collection and reporting were uncovered.	

<i>Outcome Measures</i>	Must include, but are not limited to: continued use of alcohol or controlled substances, arrests, violations of terms of community supervision, convictions for subsequent offenses, and restitution to victims.	None documented.
<i>Process, Quality and Capacity Measures</i>	Must include but not limited to: EBP and DA program participation and completion rates; initial intake and follow-up assessments, and program cost total and per youth.	None documented.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	Initial assessment completed; EBM fidelity; EBM enrollment/completion; Re-arrests, re-entry/program completion re-assessment	
<i>Reporting Requirements</i>	JRA must annually report to the legislature performance measures that were developed by WSIPP in 2010.	None documented.
<i>Methods</i>	To be defined by WSIPP (established in 2010)	None documented.
<i>Infrastructure</i>	None specified.	None documented.

<b>Guiding WA State Statutes (RCW) and Executive Orders (EO)</b>		<b>Correlating WA State Administrative Code (WAC) or DCYF policies</b>
<b><i>Learning and Life Skills Grant Program for Court-involved Youth Under 21</i></b>		
<i>Summary Description</i>	Per RCW 13.80, the purpose of the program is to provide services, to the extent funds are appropriated, for court-involved youth under the age of twenty-one to help the youth attain the necessary life skills and educational skills to obtain a certificate of educational competency, obtain employment, return to a school program, or enter a postsecondary education or job-training program. An evaluation is required. No correlating administrative guidance was uncovered.	
<i>Outcome Measures</i>	Of youth in the program: 1) recidivism rate 2) rates of employment 3) enrollment in postsecondary education	None documented.



<i>Process, Quality and Capacity Measures</i>	Of youth in the program: 1) The type and extent of court involvement 2) The type of services provided 3) Length of stay of each student in the program 4) Academic progress of the youth	None documented.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	EBM enrollment/completion; Re-arrest and detention; Education & employment	
<i>Reporting Requirements</i>	None specified, but program must be evaluated so implicit there is a resulting report but no recipient is documented.	None documented.
<i>Methods</i>	None specified.	None documented.
<i>Infrastructure</i>	None specified.	None documented.
<b><i>Building Safe and Strong Communities Through Successful Reentry</i></b>		
	Executive Order 16-05 sets forth a comprehensive state strategy to enhance competencies and remove barriers for individuals who are reintegrating back into their communities from DOC and JRA and seeking meaningful education and vocational opportunities. Although there are numerous administrative codes and DSHS policies that relate to the operational implementation of this reentry initiative, no specific policies related to data collection and reporting were uncovered.	
	Increasing post-incarceration employment; specifically, by 2017, increase 6-month post-incarceration employment to 40%	Increasing post-incarceration employment; specifically, by 2017, increase 6-month post-incarceration employment to 40%
<i>Process, Quality and Capacity Measures</i>	None specified.	None specified.
<i>Alignment with Identified</i>	Education & employment	

<i>DCYF Data Measurement Gaps</i>		
<i>Reporting Requirements</i>	None specified.	None specified.
<i>Methods</i>	None specified.	None specified.
<i>Infrastructure</i>	None specified.	None specified.

<b>Guiding WA State Statutes (RCW) and Executive Orders (EO)</b>		<b>Correlating WA State Administrative Code (WAC) or DCYF policies</b>
<b><i>Reinvesting in Youth Program</i></b>		
<i>Summary Description</i>	Per RCW 13.40.468, the Reinvesting in youth program which was enacted in 2006 provides funding to select Washington counties to support research-based early intervention services targeting at-risk youth. JRA is responsible for establishing and monitoring a statewide quality assurance program, however, no reporting to external entities is required. No specific administrative codes or agency policies related to data collection and reporting for this statute were uncovered.	
<i>Outcome Measures</i>	None specified.	None documented.
<i>Process, Quality and Capacity Measures</i>	Measures must include but not limited to: "adherence to service model design" and service completion rate.	None documented.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	EBM fidelity scores; EBM enrollment/completion	
<i>Alignment with Identified</i>	No reporting to external entities is required.	None documented.

<i>DCYF Data Measurement Gaps</i>		
<i>Methods</i>	None specified.	None documented.
<i>Infrastructure</i>	None specified.	None documented.

## Cross-Cutting

Guiding WA State Statutes (RCW) and Executive Orders (EO)	Correlating WA State Administrative Code (WAC) or DCYF policies	
<b><i>Performance-based measurement of state agencies and the new DCYF</i></b>		
<i>Summary Description</i>	RCW 43.88.090 mandates that state agencies must define mission and measurable goals for achieving results and consider statewide priorities when developing budget recommendations. It also gives authority for the governor to define and communicate statewide priorities to agencies. The governor’s mandates are laid out further in Executive Order 13-04 in the initiative known as Results Washington, which requires agencies report to the Office of Financial Management (OFM). Most specific to DCYF, RCW 43.216.015 requires that the new agency develop definitions for, work plans to address, and metrics to measure the outcomes for children, youth, and families served by the department and submit to the legislature. No correlating state administrative codes or DCYF, DSHS, DEL policies were uncovered that operationalize these requirements.	
<i>Outcome Measures</i>	Although no specific measures are mandated by RCW 43.88.090 or Executive Order 13-04, RCW 43.216.015 requires DCYF to develop measures for: 1) improving child development and school readiness; 2) preventing child abuse and neglect; 3) improving child and youth safety, permanency and well-being; 4) improving children and youth reconciliation with families; 5) improved outcomes for youth in CW and JJ systems; 6) reducing future demand for mental health and substance use disorder treatment for youth involved in CW and JJ; 7) reduce JJ involvement and recidivism; and 8) reduce disproportionality and disparity in systems.	None documented.
<i>Process, Quality and Capacity Measures</i>	None specified. See above.	None documented.
<i>Alignment with</i>	Youth demographic characteristics, disposition; re-arrest and detention records, education & employment	

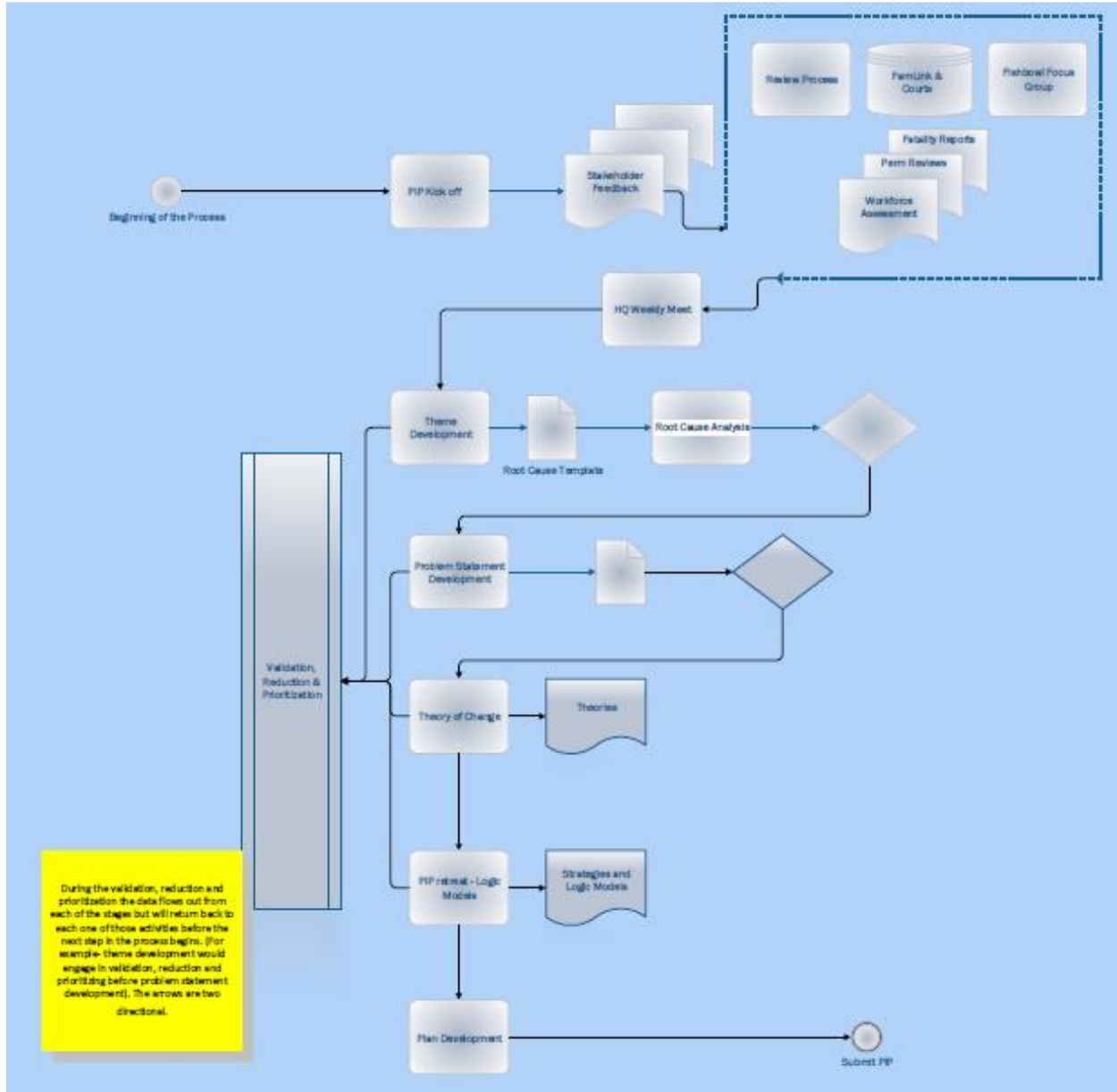
<i>Identified DCYF Data Measurement Gaps</i>		
<i>Reporting Requirements</i>	<p>Per Executive Order 13-04, data elements will be requested by the Office of the Gov (i.e., Director for Results Washington). The Director of Results Washington then produces a report that is provided to the Director of each state agency, board, commission and other organization that reports to the Governor. The report tracks progress against defined measurable goals.</p> <p>RCW 43.216.015 requires DCYF to report to the legislature on outcome measures, actions taken, progress toward these goals, and plans for the future year, no less than annually, beginning December 1, 2018. Performance data must also be made available to the public.</p>	None documented.
<i>Methods</i>	None specified.	None documented.
<i>Infrastructure</i>	Per EO 13-04, the OFM will provide professional and technical assistance to agencies to develop strategic plans that includes agency mission, measurable goals, strategies, and performance measurement systems. Agencies shall perform continuous self-assessment and must include an evaluation of major IT systems or projects that assist agency in making progress towards statewide priorities, in accordance with policies and standards set forth by the technology services board.	None documented.
<b><i>Office of Innovation, Alignment, and Accountability's Duties (OIAA)</i></b>		
<i>Summary Description</i>	RCW 43.216.035 established the Office of Innovation, Alignment, and Accountability's (OIAA) duties and focus, including reporting duties are those required to the Governor and legislature in late 2018 on performance and/or	

	recommendations of alignment of specific entities under the new Department. Although several informational <a href="#">links</a> on the new DCYF website explain OIAA's purview, there appears to be no promulgated policy that align to these specific statuses.	
<i>Outcome Measures</i>	None specified. However, general measurement strategies for tracking continuous quality improvement, QA, and outcomes are implied throughout. The general outcome categories within RCW 43.216.015 referenced earlier are thus relevant to OIAA's purview.	None documented.
<i>Process, Quality and Capacity Measures</i>	None specified. However, general measurement strategies for tracking continuous quality improvement, QA, and outcomes are implied throughout.	None documented.
<i>Alignment with Identified DCYF Data Measurement Gaps</i>	No alignment documented.	
<i>Reporting Requirements</i>	1) OIAA annual work plan (internal) 2) Reports on: a) recommendations for integration of JRA and DCYF; b) review of deficiencies of the CA system and general recommendation for improvement, including concerns registered through ombudsmen's office and recommendations for improving the system to address foster parents complaints; and c) recommendations on integration of office of homeless youth prevention and protection (to Governor and Legislature)	None documented.
<i>Methods</i>	None specified.	None documented.
<i>Infrastructure</i>	Requires input of members from an external stakeholder committee to develop priorities and policies. Requires collaboration with other state government agencies and	None documented.

	tribal governments to align and measure outcomes across state agencies and state-funded agencies serving children, youth, and families including, but not limited to, the use of evidence-based and research-based practices and contracting.	
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## C. Process Maps

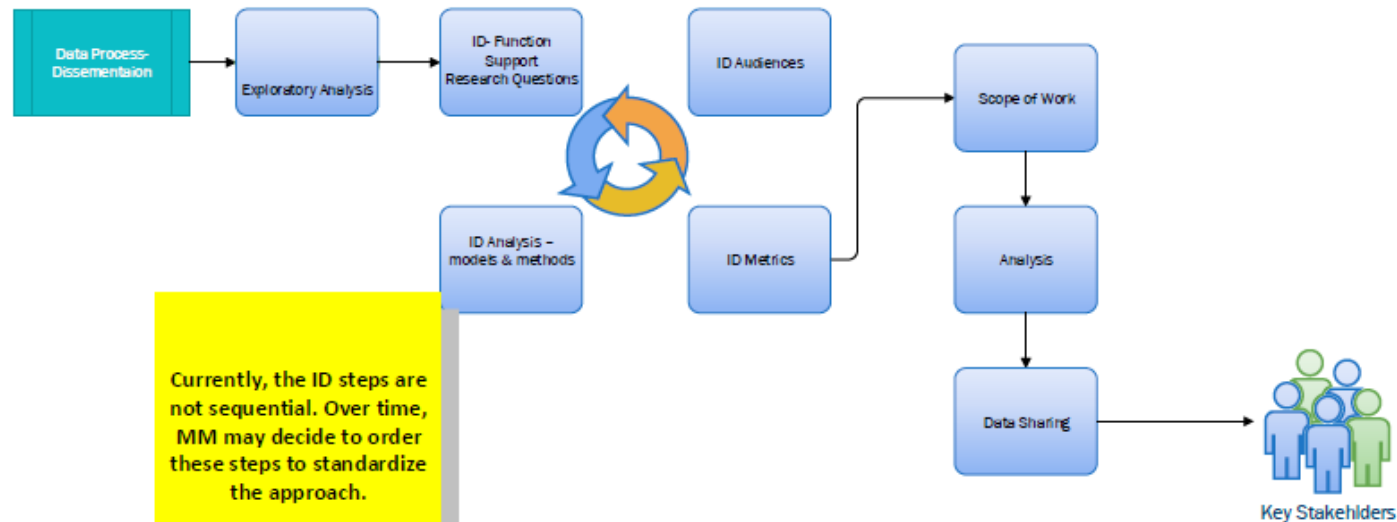
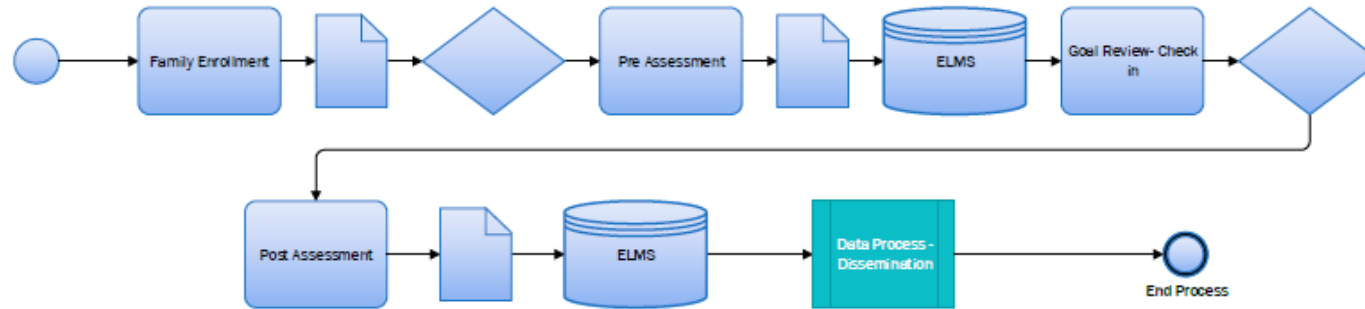
### Child Welfare: CFSR to PIP





# Early Learning: Mobility Mentoring

## DCYF: Mobility Mentoring



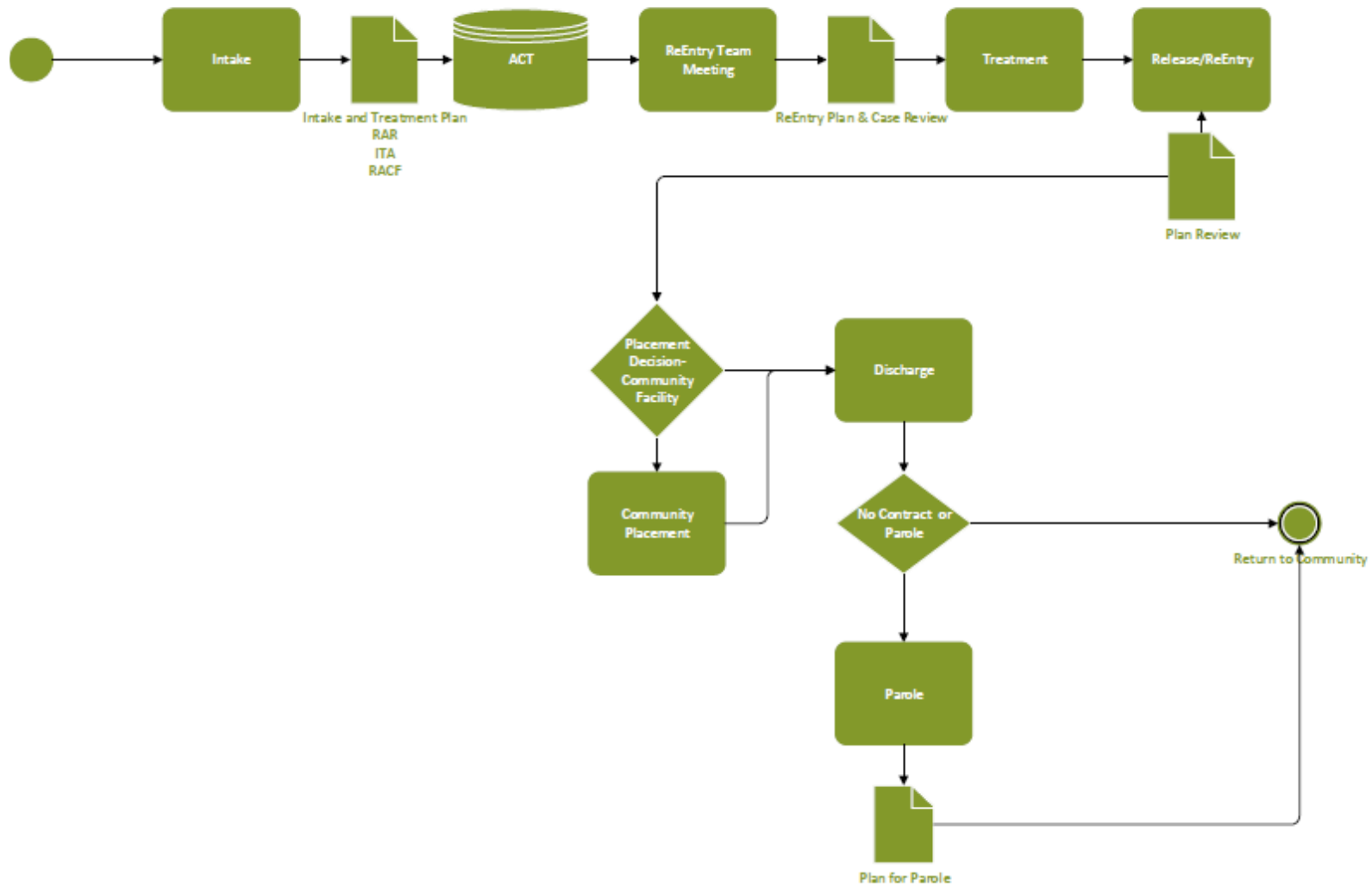
Currently, the ID steps are not sequential. Over time, MM may decide to order these steps to standardize the approach.

March 11, 2019

# Juvenile Justice: Community Re-entry

## DCYF: Delinquency Case Management Process

March 11, 2019



## D. Implementation Driver Case Studies

### Overview

The following case studies present an analysis on how three human services agencies in Washington implemented system reforms. Using a framework developed by the National Implementation Research Network (NIRN), and supplemented by additional literature on implementation drivers, these case studies describe an overview of the activities that occurred during the stages of implementation and reviews the strengths and challenges in applying the implementation drivers. Each case study was informed by agency documentation, program reports, existing grey literature, and interviews with members of the Department.<sup>90</sup>

The framework used to organize information and guide analysis for each case centered around defining key implementation drivers, what the NIRN considers the core building blocks needed to support any systems change (ChildTrends, 2012). Researchers at NIRN provided the original, foundational implementation drivers, which fall into three categories: Competency Drivers, Organization Drivers, and Leadership Drivers (Fixsen et al, 2015). Competency Drivers focus on staffing, training, and other mechanisms that improve one's ability to implement an intervention with fidelity. Organization Drivers include components such as having supportive technology (Decision Support Data System) and ability to influence external structures for the good of the project (Systems Intervention). Leadership Drivers focus on leadership strategies used to champion projects across stages of implementation.

While NIRN provides the most recognizable framework for analyzing implementation, subsequent literature has provided additional factors to consider when evaluating projects (Armstrong et al. 2014; Lambert, Richards, & Merrill, 2015). For example, in addition to the three driver categories put forth by Fixsen et al. (2015), two representative pieces of literature highlight the importance of inclusion of frontline stakeholders in implementation (Stakeholder Involvement) as well as engagement of system-involved families (Family Engagement). Thus, we added Inclusionary Drivers as an additional category of drivers. Given that the framework developed for these case studies draws on additional literature to extend the original NIRN framework, we designated it as the *Expanded Implementation Drivers Framework*. By evaluating these complementary literatures, we decided that 16 drivers stood out as core pieces of implementation infrastructure, which acted as the dimensions around which we structured the case studies. The following drivers make up the analytical framework (see Appendix D for definitions):

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<sup>90</sup> A full list of documents reviewed and a list of individuals who provided interviews will be available in the reference section.

Table D1. Expanded Implementation Drivers

Competency Drivers	Organization Drivers	Leadership Drivers	Inclusionary Drivers
Fidelity Assessment Selection Training Coaching	Decision support data system Facilitative administration System intervention Cross-functional project team Culture and climate Communication	Leadership Resources Ongoing commitment	Stakeholder involvement Family engagement Cultural responsiveness

## Case Study 1. Family Assessment Response (CA)

### Background

In March 2012, the Governor of Washington State signed Engrossed Substitute Senate Bill 6555, which altered how the Department of Social and Health Services (DSHS) responded to reports of child abuse and neglect of varying risk levels. Prior to the law's passage, all child abuse and neglect cases went through an investigation, the process by which an investigator focuses on the reported allegation, assesses for the risk of serious harm or neglect, and determines the validity of the allegation. However, Washington recognized that reports of low-to-moderate risk cases could often be better served by assessing family strengths and needs, providing concrete supports, and using evidence based practices (EBPs) to support families, rather than strictly focusing on investigative inquiry into possible wrongdoing. To address the divergent needs of families with varying risk levels, while still putting the safety of children first, the 2012 law instituted a differential response model, the Family Assessment and Response (FAR). With this model, only high-risk cases went through the investigative pathway, while low and moderate risk cases focused on family's strengths and needs while providing supportive goods and services. These two pathways of intervention and service helped to focus resources and attention in the ways most appropriate to the safety and well-being of children (Washington State Department of Social & Health Services (WSDSHS), 2013, January; Washington State Institute for Public Policy, 2017, November). Implementation began in a phased roll out fashion in January of 2014, rolling out across a series of office groups. FAR achieved full implementation in 2017.

## Analysis

### Competency Drivers

#### *Fidelity Assessment*

Case reviews, evaluations, and the development of quality assurance and continuous improvement (QA/CCQI) plans, all initiated in the early *Design and Installation* phase, supported fidelity assessment in the FAR implementation process. CA contracted with the evaluation group TriWest, whose work generally proceeded without delay (WSDSHS, 2015, August). Children's Administration (CA) conducted its first statewide case review in 2014, resulting in policy changes regarding issues such as training, intake, and family engagement.

The FAR team conducted seven targeted case reviews between January 2014 and January 2016. The goal with case reviews was not just to show stakeholders how well or poorly they adhered to the FAR model, but also to use them as a training tools. For instance, a case review may lead to a practice discussion, facilitated by FAR leadership, on how to handle situations such as assessing adults in a household or having difficult conversations more generally. These findings informed future trainings. (FAR representative, 2019)

There were delays, however, in developing a defined fidelity protocol. The fidelity protocol was supposed to draw on interviews, family surveys, and case reviews (WSDSHS, 2015, August). Having a fidelity protocol early on may have helped embed adherence to the program into office cultures, and possibly prevented issues such as regional variation in how intakes were screened (WSDSHS, 2015, December). To address consistency in screening and decision making, monthly consensus building calls, monthly intake calls, and refresher trainings were initiated, each possible approaches to improving fidelity (WSDSHS, 2015, August).

#### Lessons for Sustainable Implementation of Future Reforms

- Having fidelity protocols set early in implementation can help improve fidelity to programs over the long run.
- Use fidelity assessment not just to gauge the performance of stakeholders, but also as an opportunity to provide coaching and further develop training based on real-time performance feedback.

#### *Selection*

While a foundational understanding of child welfare and other sets of technical know-how mattered in staff selection, individual casework style and comfort with FAR had a very central impact on the program's success. Since FAR relied so much on caseworker fit, allowing stakeholders to opt into becoming FAR workers actually proved beneficial to implementation, despite initial plans to do non-voluntary staffing (WSDSHS, 2012, December; Cooper & Aultman-Beltridge, 2016). Outcomes like this highlight the importance of not just selecting for

easy to assess traits like specificity of skills, but to look to “softer” factors such as personal values, ease with the model, and engagement style in choosing stakeholders to participate in implementation.

Holistic assessment of external stakeholders also played an important role in FAR implementation. Former FAR leadership noted that in selecting evaluators from the TriWest group, they paid special attention to selecting those which were personable and open to talking to state staff. Such strong relational factors help ensure that state staff felt comfortable talking to evaluators, that evaluators made themselves available to talk to legislators quickly, and that the evaluators wanted to see the program succeed (FAR representative, 2019)

Lessons for Sustainable Implementation of Future Reforms

- Consider values, disposition, and engagement style when selecting staff, not just technical know-how.
- Consider voluntary staffing of projects whose success will heavily rely on the dispositions and enthusiasm of selected staff.
- In addition to internal stakeholders, pay attention to soft factors in selecting for external stakeholders such as evaluators.

*Training*

Initial thinking around training planned for it to cultivate FAR-related skills through case review, quality assurance, and evaluation (WSDSHS, 2012, December). Overall, CA sought to develop a competency-based training system (WSDSHS, 2013, January). Partnerships with universities and materials from other states also supported the development of training curricula (WSDSHS 2013, January; WSDSHS, 2013, July).

A gap emerged during initial implementation, as there were delays in the finalization of the training curriculum (WSDSHS, 2013, January). Initial reports of training were poor or mixed (Cooper & Aultman-Beltridge, 2016). Caseworkers noted improvement in the FAR training over time (TriWest, 2016). Consistently, stakeholders reported that peer learning—insight from FAR workers in offices that already implemented the FAR pathway, shadowing experienced caseworkers in the field—proved most valuable.

Lessons for Sustainable Implementation of Future Reforms

- Incorporate stakeholder experience and wisdom into the development of training.
- Draw on academic resources and insight from other states in developing curricula.

*Coaching*

To develop coaching plans and supervision plans, CA reached out to other states that had implemented differential response pathways (WSDSHS, 2013, January). In addition to model coaching plans from other states, FAR implementers utilized training to build a culture of

coaching and mentoring casework “in a way that supports skill building [and] increases competence.” To do this, after trainings caseworkers and supervisors would work with coaches in order to demonstrate their acquisition of FAR principles. These after-training coaching sessions also included workshopping actual cases.

As with training, even with all of the formal coaching and supervision, one of the strongest forms of coaching was for newer personnel to shadow supervisors or experienced social workers. By joining seasoned workers in the field, FAR workers had the opportunity to gather information firsthand and to talk directly to families.

#### Lessons for Sustainable Implementation of Future Reforms

- Invest time into developing and encouraging peer coaching, not just formal training and in-class coaching sessions.
- Coaching and training can help shift cultures, not just provide technical knowledge.

### **Organization Drivers**

#### *Decision Support Data System*

At the early *Installation and Design* phase, Children’s Administration Technology Services started making changes to FamLink, the CPS technological data collection system, to accommodate the FAR pathway (WSDSHS, 2012, December). The upgrading of this decision support data system would allow monitoring of outcome measures along with providing data for quality assurance and continuous quality improvement (QA/CQI) (WSDSHS, 2013, April).

Early implementation of the decision support data system in 2013 helped proactively shape FAR workers’ decision making along with promoting culture change. It allowed CA to catch initial inconsistencies in caseworker assessments and provided measures to increase inter-caseworker reliability. Despite these supports, debates about proper intake protocol persisted through 2016, showing that human consensus building has to compliment the more automated decision support provided by technological systems.

#### Lessons for Sustainable Implementation of Future Reforms

- Early implementation of technological decision support can help with monitoring fidelity to the system from the beginning.
- Even early Decision Support Data System implementation requires active human consensus building and communication to achieve consistent outcomes.

#### *Facilitative Administration*

Several aspects of the initial implementation of FAR demonstrate the value of facilitative administration. Incremental implementation and office readiness assessment were key. Staged implementation allowed for focused supervision of a small group of offices at any given point in

the implementation process. This focused approach allowed for greater likelihood of offices understanding FAR, and allowed CA to apply lessons learned from incremental expansion. The FAR Readiness Assessment allowed administrators to identify which sites were prepared to be part of the incremental implementation, and to proceed accordingly (WSDSHS, 2013, January; WSDSHS, 2013, April).

Another key factor of facilitative administration was better managed caseloads. In offices with well managed caseloads, caseworkers felt more positive, less stressed, and appreciated the ability to do “good social work” for families. They generally liked the change to FAR. Conversely, offices with poorly managed caseloads were more negative about FAR. This discrepancy shows the importance of facilitative administration not just on easing the burden of everyday work during project implementation, but its influence on reception of the project itself. (Hatch, 2014)

Lessons for Sustainable Implementation of Future Reforms

- Consider phase-in, incremental implementations to increase inter-organization learning and allow focused attention from leadership.
- Facilitative administration can not only ease difficulties in day-to-day functioning, but increase cultural receptivity to the implementation project itself.

*System Intervention*

Aside from the temporary discontinuation of state funding described in the Resources Driver later on, two other cases demonstrate how FAR struggled with governmental systems intervention. The first involved time limits on FAR cases, while the second dealt with parental consent forms.

In the first case, state legislation required CA to complete FAR interventions within a 45-90 day timespan following a report of child abuse or maltreatment (WSDSHS, 2013, November). Caseworkers wanted to extend that timeframe because they found that it interfered with opportunities to offer families EBPs, which usually lasted longer than 90 days and whose services are only effective if they are completed. Despite making the case in support of deeper services for FAR families, the legislature denied CA’s request to extend the timeframe.

Secondly, state law requires FAR families to sign a participation agreement, a requirement found in no other state Differential Response program. Caseworkers reported that this requirement acted as a barrier to service, as families feared that signing the form would be an admission of wrongdoing, even though the form was just an acknowledgement of participation in FAR. While CA requested a change to the legislation in order to eliminate the consent form, the request was unsuccessful.

Lessons for Sustainable Implementation of Future Reforms

- Ensure champions for the project are active and powerful within the legislature, in order to advocate for the program.



- Engage the legislature regarding possible areas of concern early in the implementation process.

### *Cross-Functional Project Team*

The working groups and teams that drove FAR implementation took on many roles and tasks. The Internal Implementation Committee provided general oversight and decision making and took ownership of the implementation (WSDSHS, 2013, January). Other implementation teams included the Internal Implementation Committee, External Governance and Advisory Committee, Project Management, Fiscal, Reports, and several others (WSDSHS, 2013, January). Beyond the overarching leadership structure, the FAR project relied on FAR leads on the headquarters, regional, and local level in order to attend to on-the-ground implementation issues (WSDSHS, 2013, April). Aside from their individual functions, all these units of governance had collaboration pathways—for instance, FAR Regional Leads met with the Headquarters team weekly to discuss successful and challenging aspects of implementation, along with strategizing on bringing FAR to more offices (WSDSHS, 2015, January). The core FAR team specifically engaged in weekly meetings, site visits, monthly statewide program manager meetings, meetings with FAR Steering Committee, and other responsibilities (WSDSHS, 2016, August).

A leader in the FAR projects reports that the project team made visits to 30 out of 37 offices that were implementing FAR on the ground. Team members generally spent one or two days on these site visits. This would allow on-the-ground staff to share things with which they were struggling, such as lessons that were not clear to them from training. Even though staff in instances like these welcomed the FAR team members, site administrators were sometimes wary and not always welcoming of the FAR representatives. Points of resistance such as these made the FAR project team feel a central dilemma of their role: though they were managing the FAR project, they were not managing any stakeholders directly. As a result, they had to use engagement skills with both staff members and administrators in order to have influence. They tried to see every administrator whenever they checked up on an office, resulting in extensive engagement work over a period of three years (FAR representative, 2019).

### Lessons for Sustainable Implementation of Future Reforms

- Define in advance not only the implementation teams, but how they will communicate and collaborate in a predictable fashion.
- The project team should make an effort to be present in implementing offices, in order to reinforce new skills and answer key questions.
- The project team should cultivate engagement skills necessary to ensure buy-in to the project, especially since they are project managers and do not have direct influence over staff as people managers.

## *Culture and Climate*

While FAR implementers held that both the investigative and FAR pathways would be equally demanding (WSDSHS, 2012, December), cultural rifts developed between the two groups of caseworkers. The “divisive effect within offices” could happen for several reasons—seeing FAR as just another new initiative; investigative caseworkers feeling dismissive or skeptical of FAR because they worried FAR would ignore child safety; the development of an “us versus them” mentality between investigators and FAR units; and imbalanced caseloads (WSDSHS, 2015, August). Furthermore, investigators often reported that communication and support for them had not been a priority during implementation, and that FAR office staff, families, and communities vilified investigators.

Offices that successfully overcame these rifts relied on high levels of between-unit collaboration and communication, strong buy-in from leadership, and across-team supervisor cooperation. Training also supported increased cohesion within offices (TriWest Group & WSDSHS, 2015).

### Lessons for Sustainable Implementation of Future Reforms

- Anticipate potential rifts between teams that may develop during implementation, and address them with tactics such as training, collaboration, and leadership buy-in.
- Do not overstate differences between stakeholders whose roles will change after implementation and stakeholders whose positions will remain the same, as that may reinforce an “us versus them” mentality.

## *Communication*

Children’s Administration developed both external (WSDSHS, 2013, April) and internal (WSDSHS, 2013, January) communication strategies during the *Design and Installation* phase. A key strength in messaging was making sure that 4 key points—safety, eligibility, benefits, and implementation needs—were emphasized in all communications. Such focused messaging allowed for more targeted, streamlined communication. CA also used communications internally as a way to help create a culture receptive to FAR’s implementation. Tactics ranged from videos and newsletters to reports and consultations.

Despite detailed communication plans earlier on, an initial implementation stage Semi-Annual Progress Report from 2015 noted “poor communication within the office” (WSDSHS, 2015, August). This may have been rooted in the exclusion felt by investigative staff, noted earlier in the Culture and Climate section.

### Lessons for Sustainable Implementation of Future Reforms

- Identify the key messages that should be part of every communication in order to ensure consistency in understanding the program.
- Use multiple communication tactics in both external and internal messaging.

## **Leadership Drivers**

### *Leadership*

In in the early *Design and Installation* stage, the FAR team reported leadership support for the project across multiple levels in Washington State (WSDSHS, 2013, January). This support may have proven less than secure, given the Governor's decision not to fund FAR later on. DSHS also showed broad support for the FAR initiative (WSDSHS, 2013, January). In addition to top level support, CA established an external governance team.

Knowing that a cultural shift would need to begin from the top, the FAR team brought in presenters and held leadership forums in order to get leaders to buy in to the program. They moved from executive leadership down through regional leadership with the trainings. Every single supervisor received training, not just FAR, but all supervisors in the state. The training lasted two days, and generally had a good reception (FAR representative, 2019).

Despite having assembled some leadership support in the early *Design and Installation* phase, some rifts began to develop between leadership and caseworkers. Caseworkers were less enthusiastic about positive changes from FAR and found barriers to implementation more daunting. FAR leadership's rosier view may have come from their not having to implement the system on the ground level, and from their longer involvement in the FAR project. If lengthier involvement suggests higher support for a project, one way to overcome rifts such as these may be to get stakeholders involved in the process sooner (WSDSHS, 2015, August).

FAR representatives wish they would have focused more on leadership buy in, rather than assuming it would be there since the program was mandatory. Just because lower-level leaders did not technically have a choice in participating with FAR, did not mean they would be enthusiastic about the program shift. Lacking this taken-for-granted enthusiasm, the FAR team needed to talk with area administrators on a regular basis. Once fully realizing the need to cultivate leadership support, FAR started having calls with the administrators, discussing staffing, concerns, and sustainability. (Ibid.)

#### Lessons for Sustainable Implementation of Future Reforms

- To ensure alignment between leadership and stakeholders, engage stakeholders early in the implementation process.
- Do not assume support from administrators just because the implementation project is mandatory. Set up calls and other processes for cultivating buy in in order to avoid blockages from those with power over staff members.

### *Resources*

In the *Design and Installation* phase, CA anticipated funding support from federal, state, and philanthropic supports. While in 2014, CA received the funds needed for initial implementation

and staffing of FAR, they knew that funding and costs would continually be an issue in order to have a successful implementation (WSDSHS, 2013, June). Therefore, they had to make a solid business case in hopes of securing additional funding. The business case had three components: 1) FAR would eventually result in savings for the state, 2) CA would build in cost offsets, and 3) DSHS would seek philanthropic funding.

CA built in anticipated cost offsets to lower the overall resource requirements. FAR leadership tried to make the case that the costs associated with FAR would be offset through cost saving resulting from fewer children in out of home care (WSDSHS, 2013, January), a reduction in repeated referrals, and prevention of future maltreatment. They expected the project to be cost-neutral to the federal government. (WSDSHS, 2012, December)

In addition to pursuing state and federal support, the Department of Social and Health Services actively sought financial help from philanthropic groups. To help prepare their approach to philanthropic organizations, Washington State studied the lessons learned from other states which had implemented Differential Response systems, in hopes to have a better idea of how best to “frame requests for funding from philanthropic groups.” (WSDSHS, 2013, January 8). Despite the FAR business case, the Governor’s 2015-2016 budget did not include funding for FAR (Partners for Our Children, 2015). This meant while some initial FAR implementation happened in several groups of offices, the plan to have full implementation of FAR within three years was no longer tenable (WSDSHS, 2015, August). Even though funding stalled, CA determined that they still had enough funding to launch FAR at three additional offices (WSDSHS, 2015, December). CA planned to keep momentum going by maintaining training efforts around FAR (WSDSHS, 2015, December).

A FAR representative explained that this gap in funding was strategic, and that generally the project was well funded. The reason that funding stalled in 2016 was because the FAR team had committed that, if they were going to fully roll out FAR, they would need new staff members to sufficiently cover the new program needs. They could have moved forward with FTEs available, but they did not want to signal to the legislature that they could move ahead without support, because they did not want to reinforce any tendencies to underfund important programs. In a sense, refusing to go forward without sufficient funding was a political statement, signaling to the legislature that the project needed meaningful, substantial support. The gap in funding proved difficult, but it did give the FAR team a chance to pause and work on practice issues and case reviews. This lull in funding had some negative impacts, as many observers saw this as the end of FAR, and worried about people losing their jobs. In spite of these difficulties, the implementation started up again within the year, sufficiently funded.

This case illustrates the importance of resources throughout every implementation stage. This driver was relevant at all stages, but most challenged during *Initial Implementation*. The lack of funding stalled the project’s transition into *Full Implementation* and *Sustainability*. Thus, this case highlights the importance of securing funding not just for initial implementation efforts, but for the entire course of a project.

#### Lessons for Sustainable Implementation of Future Reforms

- Securing funds for implementation is important through all phases of implementation, not just *Installation and Design* or *Initial Implementation*
- In order to secure sufficient funding, the project may need to stall in order to build up political will sufficient enough to resource the initiative.

#### *Ongoing Commitment*

Aside from issues of ongoing commitment of resources, issues arose regarding the ongoing attempts to fill certain key FAR staff positions. Many involved noted the need to plan for sustaining community outreach once FAR Lead positions expired. The importance to families of ongoing community care made this issue pressing, and one widespread concern was that such services would be dropped without a FAR Lead (WSDSHS, 2015, August). Some offices did see community relations stagnate with the loss of their FAR Lead. The FAR Lead's expected time commitment for already time-crunched staff and supervisors made the position less appealing for other stakeholders to take on (TriWest, 2016). The similar lack of ongoing, committed FAR Supervisors meant a lack of advice on FAR grey areas, less guidance for stakeholders, and diminished coordination between FAR and Investigative units.

These challenges to having ongoing support in the form of FAR Leads and FAR Supervisors highlight a challenge to sustainability after initial implementation. Planning ahead for losing these positions may have helped better sustain commitment to community outreach responsibilities. Similarly, succession planning might have contributed to continuity within these roles. One way some offices made the FAR Lead position's community engagement work more manageable was by dividing it up amongst staff, rather than relying completely on one stakeholder (WSDSHS, 2015, December).

#### Lessons for Sustainable Implementation of Future Reforms

- For crucial but difficult to fill roles, consider distributing some of the position's responsibilities across multiple stakeholders.
- As with financial resources, have a plan for ensuring ongoing commitment to key leadership roles throughout the project, not just up until Initial Implementation.

#### ***Inclusionary Drivers***

##### *Stakeholder Involvement*

Feedback on the program from stakeholders did help in its development. Some issues where stakeholder feedback proved helpful included changing a policy regarding the safety of 0-3 year olds, and improving FAR training. The FAR team spent a good deal of time talking to stakeholders, with a strong, diverse team and support from headquarters (FAR representative, 2019).

#### Lessons for Sustainable Implementation of Future Reforms

- For crucial but difficult to fill roles, consider distributing some of the position's responsibilities across multiple stakeholders.
- As with financial resources, have a plan for ensuring ongoing commitment to key leadership roles throughout the project, not just up until Initial Implementation.

#### *Family Engagement*

FAR represented a culture shift among child welfare agencies, in that it promoted a high degree of family engagement (WSDSHS, 2012, December). Rather than the more adversarial investigative pathway, FAR places high importance on engaging with families and collaborating with them to assess and target their service needs. To make this high level of family engagement work, FAR required attention to both the Training and the Selection drivers. Training aimed to shape caseworkers into a new approach to their work, viewing families more as partners than as adversaries (WSDSHS, 2013, April). In addition to trained family engagement skills, some caseworkers had dispositions amenable to the family engagement approach. By 2014 there had been "great reception of FAR by families," (Cooper & Aultman-Beltridge, 2016) and later family surveys revealed that they felt highly engaged in the case process, usually felt like social workers listened to their needs, and felt their families were doing better as a results of participation in FAR (TriWest, 2016).

#### Lessons for Sustainable Implementation of Future Reforms

- Train and select stakeholders in a way that will promote family engagement.

#### *Cultural Responsiveness*

From the beginning, CA adopted strategies to ensure culturally responsive services, with an emphasis on reducing disproportionality (WSDSHS, 2012, December). Tools included cultural competency training, tracking of statewide racial disproportionality data, and disproportionality awareness training. Leadership also reached out to and researched how other states built cultural competency and disproportionality awareness into their differential response systems. Engaging Tribes early on also made up a key part of cultural responsiveness tactics. Identifying culturally appropriate community services early in the FAR pathway also played an important role in CA's Reducing Racial Disparity Logic Model (WSDSHS, 2013, April). This aspect of the pathway relied greatly on community support, and communities showed great interest in supporting the FAR implementation process (WSDSHS, 2015, August).

The FAR team emphasized focusing on cultural humility over cultural competency. Whereas the cultural competency construct suggests one can fully understand a family's culture going in, perhaps through internet searches or some other means, culture humility relies more on open ended questions: *Tell me about your culture—What is your family culture? What do you do? What holidays does your family celebrate?* Taking this more learning-stance approach to family's

culture signals that a state worker is really interested in knowing about a family's culture and lives from their own perspectives, without relying too heavily on potentially erroneous, stock-answer assumptions about their culture (FAR representative, 2019).

#### Lessons for Sustainable Implementation of Future Reforms

- Make cultural responsiveness training part of implementation from the early stage
- Build community partnerships to support efforts for cultural responsiveness
- Draw upon relevant research to inform efforts to build cultural responsiveness
- Adopt a stance of cultural humility, rather than cultural competency, when interacting with families

## Case Study 2. Quality Rating Improvement System: Early Achievers (DEL)

### **Background**

In 2007, the Washington State Department of Early Learning (DEL), working closely with various stakeholders, began to develop a quality rating and improvement system (QRIS) for child care, then called, Seeds to Success. Impact studies in 2009 and 2010 showed positive system effects in an initial set of communities and encouraged the growth of the QRIS system into more communities and continued state investment in the system even amidst state budget deficits. In 2011, Washington won a competitive \$60 million federal Race to the Top—Early Learning Challenge (RTT-ELC) grant to build a statewide early learning system—the centerpiece of which was the scaling of the QRIS system, now called, Early Achievers (EA). Through the RTT-ELC application process, Washington developed and later executed robust plans for capacity building, implementation, monitoring, systems-support and continuous quality improvement. The statewide use of the Early Achievers was codified in the Early Start Act (HB 1491, 2015) and reaffirmed in House Bill 1661 (HB1661).

While EA is a voluntary program, early learning programs that receive State subsidies are required to participate, making EA a wide-spread and integral part of early learning in the State of Washington. All licensed child care centers are eligible to enroll in Early Achievers at Level 1. Within 12 months of enrollment, centers must complete evaluations, trainings, self-assessment, and documentation in order to move to Level 2. To progress to Levels 3 through 5, centers must earn points based on the quality standard areas of: child outcomes; curriculum, learning environments and interactions professional development and training; and family engagement.

### **Competency Drivers**

#### *Coaching*

Coaching was an integral component of the implementation of Early Achievers and was embedded throughout the implementation process. DEL partnered with Child Care Aware of Washington to provide coaching for programs seeking to enroll in EA focusing on activities such

as completing tasks in MERIT, signing up for orientation, and addressing barriers to enrollment. Upon enrolling in EA, programs are assigned a technical assistance specialist who works with providers to develop a work plan, timeline, and supports for successfully moving to Level 2 activities (DEL, 2016). The supportive onboarding process was intentional for building a trusting relationship between providers and the new system (DEL, 2016; DCYF, 2017). To continue growth in this area, DCYF is currently rolling out an online coaching platform to allow staff to receive training independent of an in-person coach (DCYF Employee Interview A).

Lessons for Sustainable Implementation of Future Reforms

- Provide coaching to help onboard new participants and to support participants as they progress through the rating levels.
- Be intentional about building trust in the system through a supportive coaching process.

*Fidelity Assessment*

The development of Early Achievers as the state-wide QRIS program spanned many years and there were several internal and external assessments of implementation fidelity and progressive scaling up of the program. These assessments included the quantitative review of program and child performance data as well as qualitative data from QRIS participants. Early years of QRIS development were dedicated to field testing, evaluating, and refining the QRIS model (HHS, 2011). A study showed that when implemented, the QRIS program improved observed quality in centers and in family child care, and teachers in centers using QRIS reported higher rates of enrollment in education and training and less turnover when compared to teachers in centers not involved in QRIS (Boller, Blair, Del Grosso, Paulsell, 2010). In 2015, subsequent to the receipt of the RTT-ELC grant, the BUILD Initiative assessed the completion of the planned QRIS expansion activities and progress towards outcomes (Schilder, 2015). Another study showed that higher-level ratings were associated with measurable gains in children’s outcomes across developmental domains (Soderberg, Joseph, Stull, Hassairi, 2011).

Lessons for Sustainable Implementation of Future Reforms

- As programs scale, conduct iterative fidelity assessments using quantitative and qualitative data metrics from various data sources.

*Selection*

The Early Start Act (2015) requires all facilities that accept child care subsidies to participate in Early Achievers. To facilitate the administrative process of onboarding, EA links to the state licensing system such that all licensed programs enter the EA system at Level 1 and can move up in ratings through subsequent quality assessments (DEL, 2011). An influential early adopter of QRIS was Puget Sound Educational Service District (PSESD), the largest Head Start/ECEAP program in the state. PSESD partnered with DEL to develop tools and recommendations for onboarding new programs (DEL, 2011). Further, EA recruited and provided incentives for Head



Start and ECEAP programs to serve as local community training hubs (DEL, 2011). From the documents examined, it is not clear how DEL selected contractors or hired agency staff to support the scaling of EA.

Lessons for Sustainable Implementation of Future Reforms

- Reduce the administrative burden of onboarding new system participants by linking to existing systems.
- Partner with trusted community stakeholders to develop, provide feedback, and help onboard new system participants.
- Document hiring rubrics and priorities when identifying new staff or contractor agencies.

*Training*

There were multiple types of trainings developed for leaders and the general workforce on measures of classroom quality, family engagement and other quality practices to help centers achieve higher quality ratings (DEL, 2011 ). All Early Achievers center directors and family home providers must complete the Early Achievers Professional Training Series (i.e., three online and three in-person, free classes), designed to support providers as they prepare themselves for quality improvement work (DEL, 2016). Head Start and ECEAP programs were provided incentives for becoming local community training hubs, and the University of Washington developed train the trainer models to build coaching capacity (DEL, 2011).

In addition to the EA-provided training, the Early Start Act (2015) required the department to create a professional development pathway for EA program participants to obtain a high school diploma or equivalency or higher education credential in an academic field related to early care and education; and to develop opportunities for scholarships and grants to assist participants with the costs associated with obtaining an educational degree (Early Start Act, 2015).

Lessons for Sustainable Implementation of Future Reforms

- Provide courses online and in-person and use community-based Head Start and ECEAP centers for training to increase accessibility.
- Lessen the financial burden of continued training and education by providing subsidies to the workforce.

**Organization Drivers**

*Communication*

A plan for communication was built into the RTT application, including branding, marketing strategy and outreach, the development of communication materials and integration into relevant contracts (DEL, 2011). In addition, monthly partner meetings with implementation partners as well as other representatives from subsidy, licensing and DCAP are opportunities to

share information across the agency. There are also monthly leadership meetings that are just Child Care Aware and the Early Achievers team. Licensing liaisons are assigned to the four licensing regions, they attend regional meetings and become that point of contact which has increased communication (DCYF Employee Interview A). It is not clear whether system-level outcomes and child-level outcomes are share with frontline staff.

Lessons for Sustainable Implementation of Future Reforms

- Develop a plan for sharing system outcomes and child outcomes with administration as well as with frontline staff.
- Develop communication materials and a plan for consistent messaging

*Culture and Climate*

There were several instances of soliciting feedback on the development and implementation of QRIS including: early QRIS program piloting; collaboration with Puget Sound Educational Service District, the largest Head Start/ECEAP program in the state to inform roll out into Head Start and ECEAP programs; and licensing liaisons’ direct communication with regions. While there are opportunities for feedback, it is not clear whether there has been a strategic and purposeful scan of the culture and climate around EA scaled rollout and implementation.

Lessons for Sustainable Implementation of Future Reforms

- Conduct a purposeful culture and climate scan, soliciting the feedback of frontline staff, administrators, and when appropriate, parents and families

*Cross Functional Team*

There was a strategic planning team comprised of stakeholders from DEL, the Bill & Melinda Gates Foundation, Third Sector Intelligence (3SI), and private consultants, to inform and support the strategic direction of QRIS. There was also a team to oversee implementation of QRIS, comprised of members from Child Care Aware, the University of Washington, representatives from the Office of the Superintendent of Public Instruction (OSPI), the Washington State Board for Community and Technical Colleges (SBCTC), Thrive by Five, the Washington State Library, the Washington Association of Head Start and Early Childhood Education and Assistance Program (ECEAP), and Educational Service Districts (ESDs) (Schilder, 2015).

Lessons for Sustainable Implementation of Future Reforms

- Bring together diverse groups stakeholders to guide and manage implementation.

*Decision Support*

DEL built a comprehensive data system to track QRIS ratings and quality improvement activities. The data system serves as the central point for all QRIS information, linking MERIT (professional development registry) and the licensing databases. A unified system for data collection, analysis,

and reporting allow for data-informed decision making. The department knows what quality changes are needed and the professional development needs of participants and of the coaching staff (DCYF Employee Interview A). ECE stakeholders throughout the state can use data to tailor supports for continuous quality improvement. It is not clear what, if any, data are available to frontline staff.

Lessons for Sustainable Implementation of Future Reforms

- Comprehensive data systems allow for informed decision making and continuous improvement process.
- Collect and share data with frontline staff that will support their work.

*Facilitative Administration*

The Early Start Act (2015) created several policies to support and mandate the implementation of EA. The EA data system brought together several data sources, allowing for the collection and analysis of comprehensive data to inform decision making. A strategic planning team was responsible for providing direction and an implementation team was responsible for maintaining performance-focused contractual relationships with partners.

Lessons for Sustainable Implementation of Future Reforms

- Legislative mandates and funding allocation can facilitate new system implementation.
- Develop a comprehensive data system to streamline analysis and allow for more ready use of data.

*System Intervention*

Early financial support from the legislature, even amidst budget cuts, signaled that developing a QRIS was a priority of the state. The RTT-ELC challenge was a competitive grant program under the Obama Administration. Washington's participation in this competitive funding process encouraged the development of blueprints for a thoughtful, robust scale up of the existing system. Washington's receipt of the RTT-ELC grant propelled the statewide implementation of QRIS. In addition, the process of developing a strong, winning application also served as the blueprint for the implementation of QRIS. Washington was also part of a nationwide movement for developing QRIS in early learning departments.

Lessons for Sustainable Implementation of Future Reforms

- Invest early in developing a strong, evidence-based QRIS system to inspire support and funding from external sources.

## **Leadership Drivers**

### *Leadership*

Early in the development of QRIS, the governor and legislature were leaders (external to DEL) who championed and funded the program (Nyhan, 2009). When Washington received RTT-ELC funding, there were governance structures already in place that contributed to the successful implementation of the RTT-ELC activities. The state was able to leverage funding and resources to support enhanced collaboration between and among state agencies and by increasing alignment of policies and programs (Schilder, 2015).

#### Lessons for Sustainable Implementation of Future Reforms

- As programs develop and scale, build structures to support the change of programs - do not rely on individuals to champion change.

### *Ongoing Commitment*

Through the various stages of QRIS development, the legislature, DEL, and partner organizations demonstrated an increasing commitment to the state-wide implementation of a high quality QRIS system. Early in the QRIS development process, the Great Recession and cuts in the state budget required a suspension of the QRIS rollout in order to preserve existing services. However, the suspension was quickly revoked when the legislature demonstrated their support for the QRIS by providing an additional \$1 million to roll out the system in three additional counties (Nyhan, 2009). During the first year of RTT-ELC funding, DEL built the capacity of the system by recruiting, hiring, and training talented professionals to lead and manage the work, adding staffing and infrastructure throughout the system (HHS, 2011).

#### Lessons for Sustainable Implementation of Future Reforms

- Invest early in building a strong, evidence-based system to provide the proof of concept to encourage continued investments in a scaled system.
- Build capacity to support a scaled system.

### *Resources*

Washington State received a four-year, \$60 million federal RTT-ELC in July 2012 which was largely dedicated to supporting the state-wide implementation of QRIS. While this was a significant influx of funding, it was only 40% of the \$151 million four-year operational budget for the program; remaining support came from state, federal, local and private funding. Private foundation funding exceeded the original targets (DEL, 2013).

To ensure that funding was directed to strategic priorities, the Early Start Act (2015) and subsequently HB1661 (2017) mandated tiered subsidy rates for providers dependent on QRIS ratings; scholarships and grants to assist EA participant workforce with the costs associated with

obtaining an educational degree; quality improvement awards reserved for programs offering services to a population consisting of at least 5% of children receiving a state subsidy; separate appropriations to encourage the participation of culturally diverse and low-income center and family home child care providers in EA; and the development of needs-based grants for providers at Level 2 to assist with purchasing curriculum development, instructional materials, supplies, and equipment to improve program quality, with priority given to culturally diverse and low-income providers (Early Start Act, 2015; HB1661, 2017).

Lessons for Sustainable Implementation of Future Reforms

- Strategically direct funding to priority areas and populations.
- Invest early in building a strong, evidence-based system to provide the proof of concept to encourage continued investments in a scaled system.

***Inclusionary Drivers***

*Cultural Responsiveness*

Efforts to implement QRIS with cultural responsiveness were legislatively mandated through the ESA (2015) and HB1661 (2017), and spanned four major areas. First, relevant to tribes, ESA and HB1661 mandated that the department respect the sovereignty of tribes and the voluntary nature of tribal child care facilities' participation in licensing and QRIS, and develop materials that meet the culturally specific needs of tribes. Second, relevant to the workforce, ESA required that the department address the cultural and linguistic diversity of the workforce when developing the professional development pathways. Third, relevant to parents, ESA required that QRIS information be shared in a manner that is easily accessible to parents and caregivers, and the Early Achievers Participant Operating Guide instructed staff to match services and resources to the cultural and linguistic needs of families. Fourth, relevant to providers, ESA mandated that priority for need-based grants be given to providers who serve culturally diverse and low-income families and that separate funding be allocated to encourage the participate of these types of providers in EA. However, it is not clear whether the department has expertise and knowledge on the culturally specific and language needs of the various tribes, workforce, and parents.

Lessons for Sustainable Implementation of Future Reforms

- Address the cultural and linguistic needs of the various groups that interface with the new program (e.g., workforce, parents, autonomous tribal groups) along their various identities (e.g., tribal, racial and ethnic, linguistic, etc.).
- Develop plans for assessing the cultural and linguistic needs of various groups and developing materials, training, etc., that are tailored to needs.
- Assess the cultural and linguistic capacities, expertise and experience of agency staff to understand the ability of staff to meet needs of workforce, parents, and tribal groups.

## *Family Engagement*

The Early Start Act (2015) describes that one of the objectives of EA is to “give parents clear and easily accessible information about the quality of child care and education programs.” The law requires that EA provide a single source of information for parents and caregivers to access details on a provider's EA program rating level, licensing history, and other indicators of quality and safety that will help parents and caregivers make informed choices. The law also stipulates this information be published in a manner that is easily accessible to parents and caregivers taking into account family linguistic needs. However, it is not clear what role parents played in determining the metrics collected and shared through EA. Information can be accessed online and by calling an office (DCYF Employee Interview A). DEL partners also worked with families who receive subsidies in programs not enrolled in EA to find alternative child care options (DEL, 2016).

### Lessons for Sustainable Implementation of Future Reforms

- Make parent accessibility an explicit goal of a program.
- Document how the voices of parents inform the (re)design of a program.

## *Stakeholder Involvement*

Two pilot communities in Yakima and White Center, worked closely with DEL to develop the QRIS for child care, including an impact and an implementation study (Boller, Blair, Del Grosso & Paulsell, 2010). DEL worked in collaboration with tribal governments and with community and statewide partners to implement EA (ESA, 2015). There was a strategic planning team, comprised of stakeholders from DEL, the Bill & Melinda Gates Foundation, Third Sector Intelligence (3SI), and private consultants, to support the strategic direction of QRIS. There was also a team to oversee implementation of QRIS, comprised of members from Child Care Aware, the University of Washington, representatives from the Office of the Superintendent of Public Instruction (OSPI), the Washington State Board for Community and Technical Colleges (SBCTC), Thrive by Five, the Washington State Library, the Washington Association of Head Start and Early Childhood Education and Assistance Program (ECEAP), and Educational Service Districts (ESDs) (RTT-ELC Evaluation). While community perspectives informed the early development of the EA program, it is not clear whether community and parent voices continued to be engaged during the scaling process.

### Lessons for Sustainable Implementation of Future Reforms

- Involve a broad swath of stakeholders in the development of a program.
- Maintain community and parent involvement throughout the implementation process.

## Case Study 3. Diagnostic Redesign (JR)

### **Background**

In 2012, the Juvenile Rehabilitation Administration (JR) set out to develop and redesign the diagnostic processes they used to assess and place youth in community and residential facilities. Through this diagnostic process, staff gather intake information, secure court documents, administer initial assessments, arrange placement of youth in the appropriate facility, and arrange transportation. The Administration convened a workgroup charged to redesign the three key areas of the diagnostic process: Initial Placement; Screening and Assessment; and Treatment and Transition Planning. Expected benefits of redesigning the diagnostic process included meeting the needs of youth and families, finding efficiencies, and reducing costs. The effort commenced with a review of the current diagnostic process, guided by goals such as reviewing intake needs of institutions, identifying critical components of the process, considering additions to the process, and others (WSDSHS, 2012, January).

The workgroup's efforts resulted in a rewrite of the youth assessment and placement process in 2014 (WSDSHS, 2017, March). Essential diagnostic elements maintained included medical information, mental health and medication information, suicide/self-harm information, law enforcement records request, and social/family history, among others (WSDSHS, 2012, April). While essential elements such as these were maintained, others were removed or duplicate data collection was eliminated, resulting in reduced costs and time saved. Implementation of the diagnostic redesign took place between 2014 and 2017, and the redesigned process was fully implemented as of April 2019 (Juvenile Rehabilitation staff member D, 2019).

### **Analysis**

#### ***Competency Drivers***

##### *Fidelity Assessment*

Fidelity assessment should not just be from the point of the government, but also from the perspective of youth and families served (Juvenile Rehabilitation staff member D, 2019). For example, rather than examining whether or not a youth was moved to their facility within two days, a key fidelity criterion, fidelity assessment should also take into account the young person's experience of moving to the facility. So, fidelity assessment should not just be conducted from the perspective of a surface-level government checklist, but qualitatively, focused on each individual's experience (Juvenile Rehabilitation staff member D, 2019).

The redesign project would have benefited from the institution of a quality assurance (QA) plan, which would make fidelity more transparent, and would enable stakeholders to improve more rapidly (Juvenile Rehabilitation staff member D, 2019). QA is implemented to some extent in

the way JR does business through evidence-based or research-based program, but a formal quality assurance mechanism was not included.

Lessons for Sustainable Implementation of Future Reforms

- Fidelity assessment should include qualitative feedback not just from a governmental perspective, but from the perspective of youth and families actually going through the processes.
- Building quality assurance into a project can make it more transparent.

*Training and Coaching*

A leader in the Diagnostic Redesign spoke about the issue of turnover, and the need to address how the agency conducts onboarding of individuals to fill vacant positions. She indicated that there had been some scope creep with a form filled out in the Pre-placement stage. In good faith, a newly trained person took it upon themselves to revise the form with the intention of gathering more information, without knowing that it was someone else's job to collect that information. Thus, staff were repeating steps in the information gathering process, one of the key inefficiencies that the Diagnostic Redesign sought to tame. Such oversights point to the necessity of training and the importance of the Redesign to a new generation of JR staff.

Lessons for Sustainable Implementation of Future Reforms

- Plan for training and coaching that not only trains stakeholders present during the implementation of projects, but also that will onboard new stakeholders later on during *Full Implementation* and *Sustainability* phases.

**Organization Drivers**

*Communication*

Among the staff there were gaps in knowledge about various aspects of the strategic plan and with the progress being made. Gaps can be attributed to less than optimal communication and vacancies in key leadership roles (Juvenile Rehabilitation staff member D, 2019). The system for gathering system feedback initially spanned 17 courts, but was consolidated to reduce duplication.

Lessons for Sustainable Implementation of Future Reforms

- Develop and share documents describing strategic plan with relevant staff and stakeholders and provide regular updates on implementation progress.

*Cross-Functional Project Team*

A cross-functional workgroup was convened and charged with developing the multi-phase process for the Diagnostic Redesign. The workgroup had diverse representation from members



spanning offices such as Reentry, Transition and Education, Mental Health Program, Parole Programs, Institution Programs, Youth Voice, Chemical Dependency/Evidence-Based Expansion, Initial Treatment Assessment, ITM Training, in roles spanning administrators, co-facilitators, managers, diagnostic practitioners and liaisons, psychologists, and program specialists. In addition to the core Workgroup, consultants from the offices of Transportation, Information Technology, Community Programs, Community Facilities, and program and treatment experts for specialty areas such as Court Programs, Youth with Sexual Offenses, ITM Clinical were convened as needed. The process also made use of existing workgroups to provide expertise and guidance on specific issues (WSDSHS, 2012, January).

Lessons for Sustainable Implementation of Future Reforms

- Convene the cross-functional workgroup not only in the planning phase, but throughout the implementation phase to assess fidelity and quality of design and to make adjustments to design where necessary.

*Culture and Climate*

A core group, in collaboration with sub-groups representing a variety of sites, performed a SWOT analysis. Through data, the issue of racial and ethnic disproportionality within the State Juvenile Justice System came to the forefront as a challenge. The SWOT laid the foundation for informing a committed and intentional focus on redressing the issue (Juvenile Rehabilitation staff member D, 2019).

Lessons for Sustainable Implementation of Future Reforms

- While the SWOT analysis was helpful for identifying disproportionality as a significant concern in the function of the Juvenile Justice System, other specific issues of the culture and climate of the division were not identified.

*Decisions Support Data System*

The Automated Client Tracking System (ACT) houses information on youth-level entry, pre-placement, the Risk Assessment Institution tool, the Sentencing Worksheet, tribal affiliation, placement, and subsequent new charges. The ACT system automatically generates a Risk Assessment Recidivism Score (RAR) 14 days following placement in JR, which is used to determine intensive parole eligibility (WSDSHS, 2017). However, beyond generating the RAR score, it is not explicit whether or how information in ACT is used to determine the least restrictive environment for youth, program needs, transition between facilities and program, and community reentry. In addition, while several points of data and forms are entered into the ACT system, there are several other youth assessments and case notes that remain outside of the ACT system (Juvenile Rehabilitation staff members B, 2018).

Lessons for Sustainable Implementation of Future Reforms

- Consider implementing a centralized information management system, in which a more comprehensive catalogue of information already collected on youth can be stored and regularly accessed by relevant staff to inform decision making.

*Facilitative Administration*

There were several recommendations for collaborating and data sharing with the courts including pre-notification of court date, points of contact for Juvenile Court Officer, various forms and collateral client information, sharing information with youth and families, and transportation (WSDSHS, 2012, May 16), however it is not clear whether these recommendations were put into place.

Lessons for Sustainable Implementation of Future Reforms

- Document changes in practices and policies, and if possible assess system functionality pre- and post- changes to determine efficiency of practices.

*System Intervention*

The task of the redesign was largely driven by a budget reduction (Juvenile Rehabilitation staff member D, 2019).

Lessons for Sustainable Implementation of Future Reforms

- Document state policies that govern the diagnostic process, with particular attention to policies and other external conditions (environments, systems, etc.) that may limit desired diagnostic process changes, to allow for directed policy advocacy.

**Leadership Drivers**

*Leadership*

The JR Diagnostic Redesign Workgroup was convened in late January 2012 and included representatives from the Community and Residential Divisions and the Office of the Assistant Secretary. In addition to the Co-Sponsors, leadership of the group consisted of a Special Assistant to the Assistant Secretary, a team lead, and two co-facilitators. A formal charter established this workgroup and listed its purpose, expectations, timeline, membership, and other instructive information (WSDSHS, April 18c, 2012; WSDSHS, May, 2012).

While the Redesign did have formal leadership, a project representative stressed the importance of engaging informal leaders who do not necessarily have supervisory roles. There was pushback for bringing such influencers to the table, because the influencers often were not already “converted” to be full on supporters of the project, and often times had dissenting opinions

from workgroup leadership. More stalwart supporters feared these potential dissenters may make the process more difficult, but the representative pointed out that waiting for the outliers to stop the process during implementation would be more dangerous than bringing them into the conversation and getting them on board right up front. By getting them on board, she reasoned, their voices would help bring other people along, especially those resistant to change. In one instance, Redesign leadership worked with one dissenter prior to every team meeting, given her assignments such as getting a quieter member of the group to speak. This strategic alliance building turned the dissenter into someone who really had a stake in the success in the group, and she became someone who helped manage the group instead of derail it (Juvenile Rehabilitation staff member D, 2019).

#### Lessons for Sustainable Implementation of Future Reforms

- Have leadership establish a well-staffed workgroup from the beginning, preferably with a clear project charter that outlines the necessary work and structures.
- Engage outliers and dissenters directly, rather than avoiding them or waiting to deal with them until a project is in the implementation phase.

#### *Resources*

The need for a diagnostic redesign grew out of significant reductions in resources for JR programs and services. Between 2009 and 2012, funding for parole services was reduced by 40% and residential services by 25%. These changes sparked the need to examine ways the agency could change practices and reduce spending, prompting the agency to look at reducing funding for diagnostic services from \$900,000 to \$350,000. By trimming down the diagnostic processes, associated stakeholders would experience lightened workloads. A Redesign representative noted that reducing rather than adding obligations stood as a change from many state programs, where staff are often given new tasks without being relieved of prior tasks.

#### Lessons for Sustainable Implementation of Future Reforms

- Be attentive to the ways new reforms can add additional burdens to stakeholders, and try to identify and pursue initiatives that remove rather than add to stakeholders' plates. The need to reduce costs can be a driver of reforms that improve quality as well as assist with the financial bottom line.

#### ***Inclusionary Drivers***

##### *Family Engagement*

From the beginning, the Diagnostic Redesign Workgroup tried to prioritize youth voice in the process. They conducted several focus groups and forums with youth that had been involved with the Juvenile Rehabilitation system. Youth came not just from secure facilities, but also from step down facilities and parole supervision, with the workgroup hoping that youths' insights and

suggestions would contribute meaningful recommendations (Juvenile Rehabilitation staff member D, 2019).

A 2012 YouthVoice convening with JR-affiliated youth suggested reforms such as parent/teacher (counselor) conferences, parent involvement, updated handbooks and materials, visitations, and more program information. In terms of the family experience, many parents and guardians reported: receiving no informational packets; experiencing stress; not receiving communications; and having unanswered questions about treatment, resources, visits, and communication (WSDSHS, 2012, April).

The workgroup aimed to attain involvement with individuals who are engaged with youth and family, not those who are merely informed about youth and family. A key stakeholder pointed out that government agencies often focus on informing youth and family about all the details of an initiative (which can be overwhelming) instead of inviting them to the table as equal partners. She noted that in such attempts at engagement, youth and families can feel outnumbered, because government officials present may have more power and titles behind their names. In such instances, youth and families may feel like they do not have a voice. The environment and modes of conducting meetings may serve to further alienate youth and families. She urged that in order to engage families, governments need to create “a place of welcome” (Juvenile Rehabilitation staff member D, 2019).

Lessons for Sustainable Implementation of Future Reforms

- Consider focus groups and forums with target populations in order to make implementation projects relevant and sensitive to children, youth, and families.
- Be attentive to the difference between youth/family being engaged versus merely informed.
- Be attentive to power dynamics during meetings, focus groups and interviews. Work to elevate the voices of youth and families.

*Stakeholder Involvement*

The Diagnostic Redesign workgroup held a focus group with diagnostic practitioners, which included individuals contracted within the courts as well as state-funded diagnostic practitioners. They spent a day going through the entire diagnostic process and did an extensive inner inventory of the process. During this process, the group brainstormed what elements of the diagnostic process were essential, such as Suicide/Self-Harm Information, Medical Information, and Social History/Family History. They also listed tasks, documents, and processes that they deemed nonessential, and items that may have been missing from the current process. (WSDSHS, 2012, April 2; Juvenile Rehabilitation staff member D, 2019).

Lessons for Sustainable Implementation of Future Reforms

- Reconvene diagnostic practitioners and other stakeholders to assess the efficacy of the re-designed process in order to identify further changes.



## Conclusion

The three case studies (FAR, QRIS, and Diagnostic Redesign) describe the implementation efforts of system reforms using an Expanded Implementation Drivers framework. While each case examines a specific system change within an agency, the takeaways could apply to future implementation projects. The case studies relied on available agency documents, grey literature, and interviews of stakeholders—and may therefore not capture the entirety of the implementation process. However, the lessons learned from the successes and challenges can inform future projects.

Across the three case studies, there are over-arching lessons about competency, organization, leadership and inclusionary drivers. For competency drivers, fidelity assessments not only gauge system performance, but can also inform coaching and training efforts; and the use of quantitative and qualitative metrics in fidelity assessments provides a fuller understanding of system functioning. Soft skills are an important resource for coaching and training, as is the incorporation of stakeholder experiential knowledge. Finally, finding ways to increase the accessibility of training, can facilitate onboarding to a new system. For organization drivers, agencies cannot control external variables of policies or social climates that can promote or impede system changes. However, important characteristics that are within the control of agencies are the development of cross-functional teams to discuss processes throughout the system; the systematic, comprehensive and continuous collection of data to inform performance and quality improvement; and an intentional scan of the organizational culture and climate. Leadership drivers point not to the importance of individual leaders, but to the importance of systems and workgroups with clear directives, that include a variety of stakeholder voices, even those that dissent. Because implementation often hinges on funding, it requires strategies that include pacing roll-out, building evidence, setting priorities, and seeking external funding. Inclusionary drivers call for the need to bring together stakeholders to inform, provide feedback, and make decisions throughout the implementation process, and to do so in a way that is mindful of power dynamics. Finally, the ability of systems to provide services in a manner that is culturally responsive depends on a full assessment of the cultural profiles of the communities being served and cultural competencies of agency staff.

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## E. Service Area and Program-Level Theories of Change

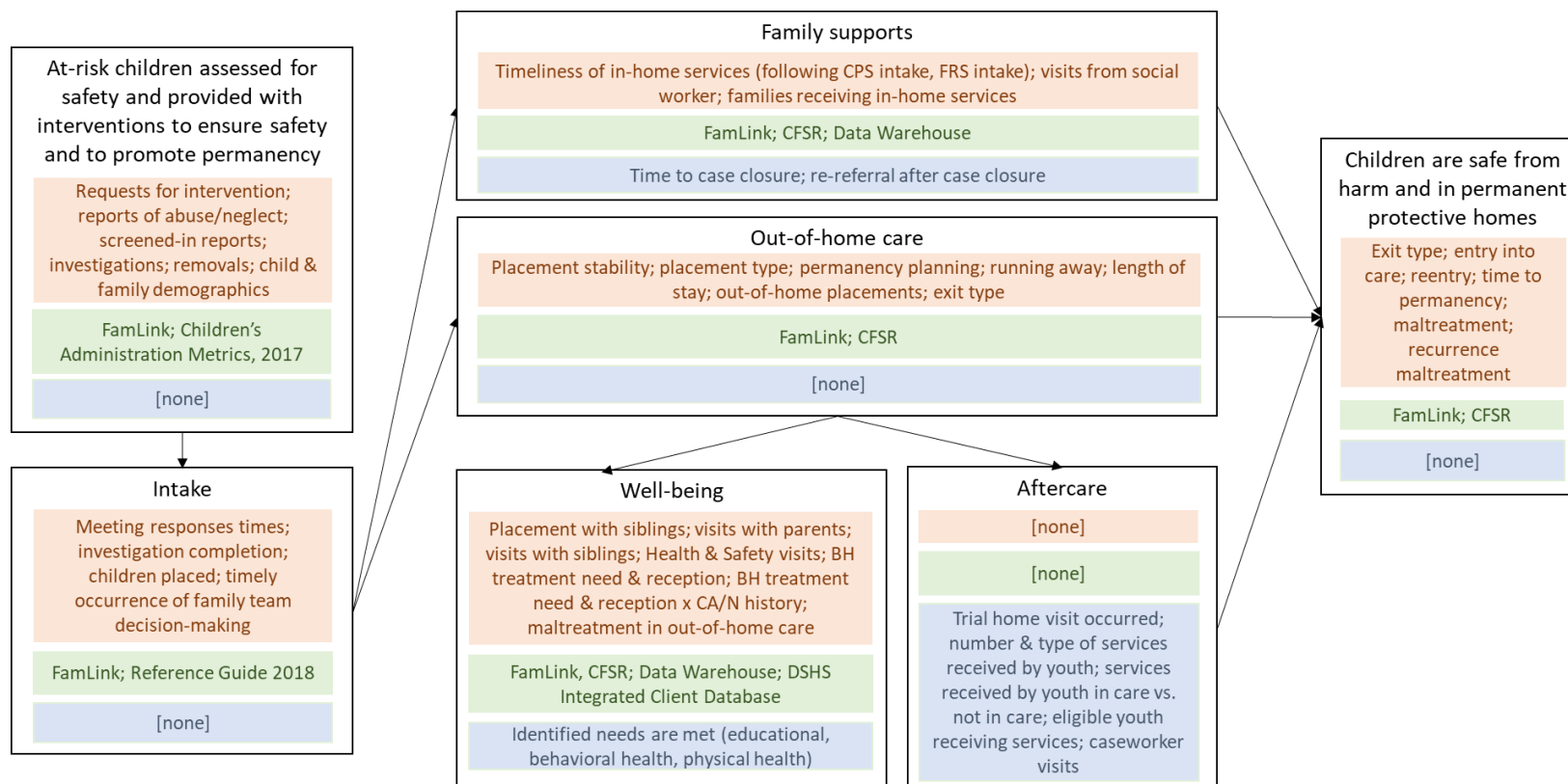
Note. Orange boxes denote metrics we understand that DCYF captures. Green boxes denote the source or reports of those metrics. Blue boxes denote what we understand to be missing from DCYF's data capture. Boxes with dotted lines indicate workforce metrics out of scope for this work. These figures represent our best understanding based on the information to which we had access.

### Child Welfare: Children with Child Welfare Involvement

System Dynamics

Key Drivers

Child, Youth, Family Outcomes

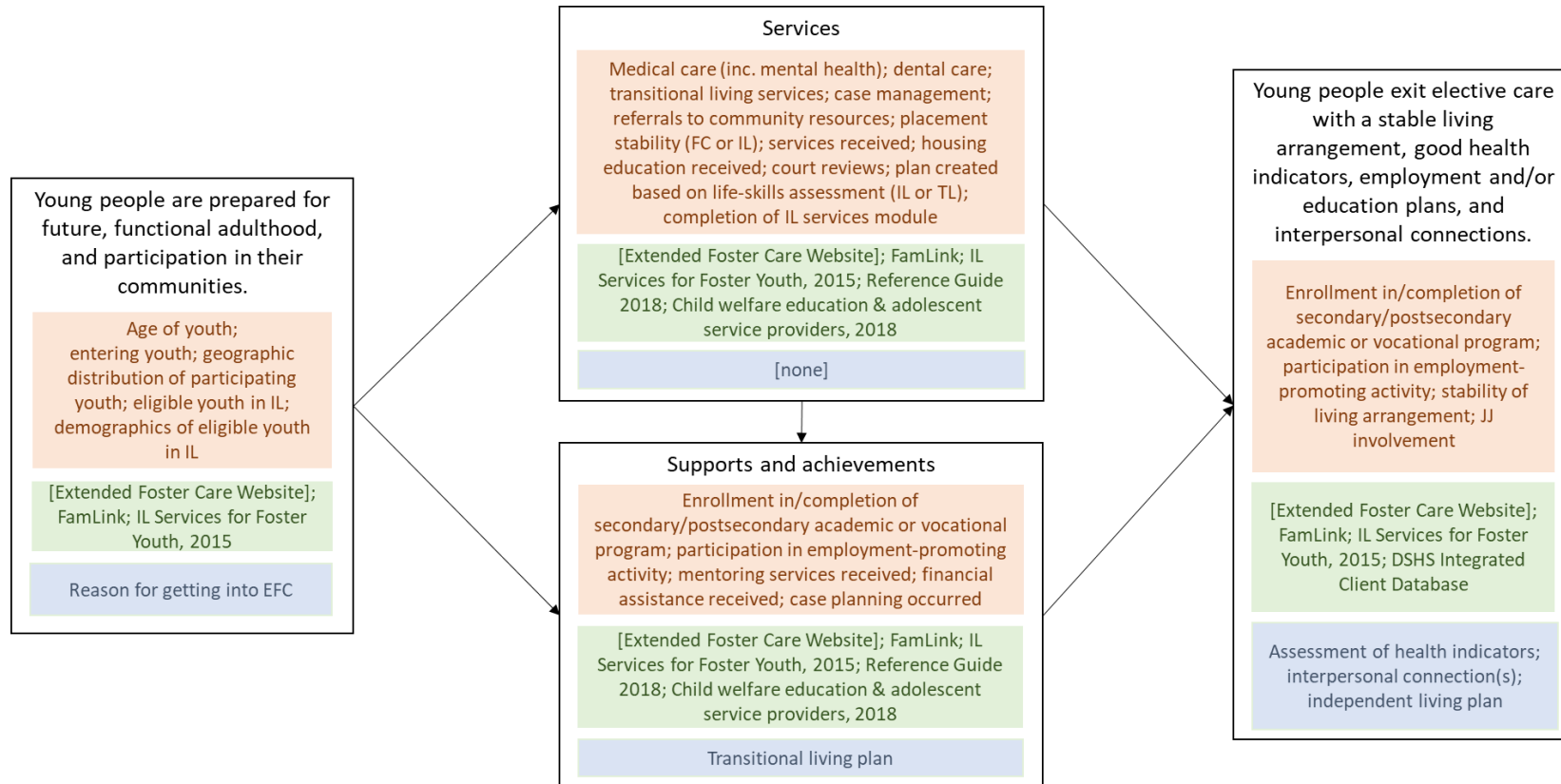


# Child Welfare: Extended Foster Care

## System Dynamics

## Key Drivers

## Child, Youth, Family Outcomes

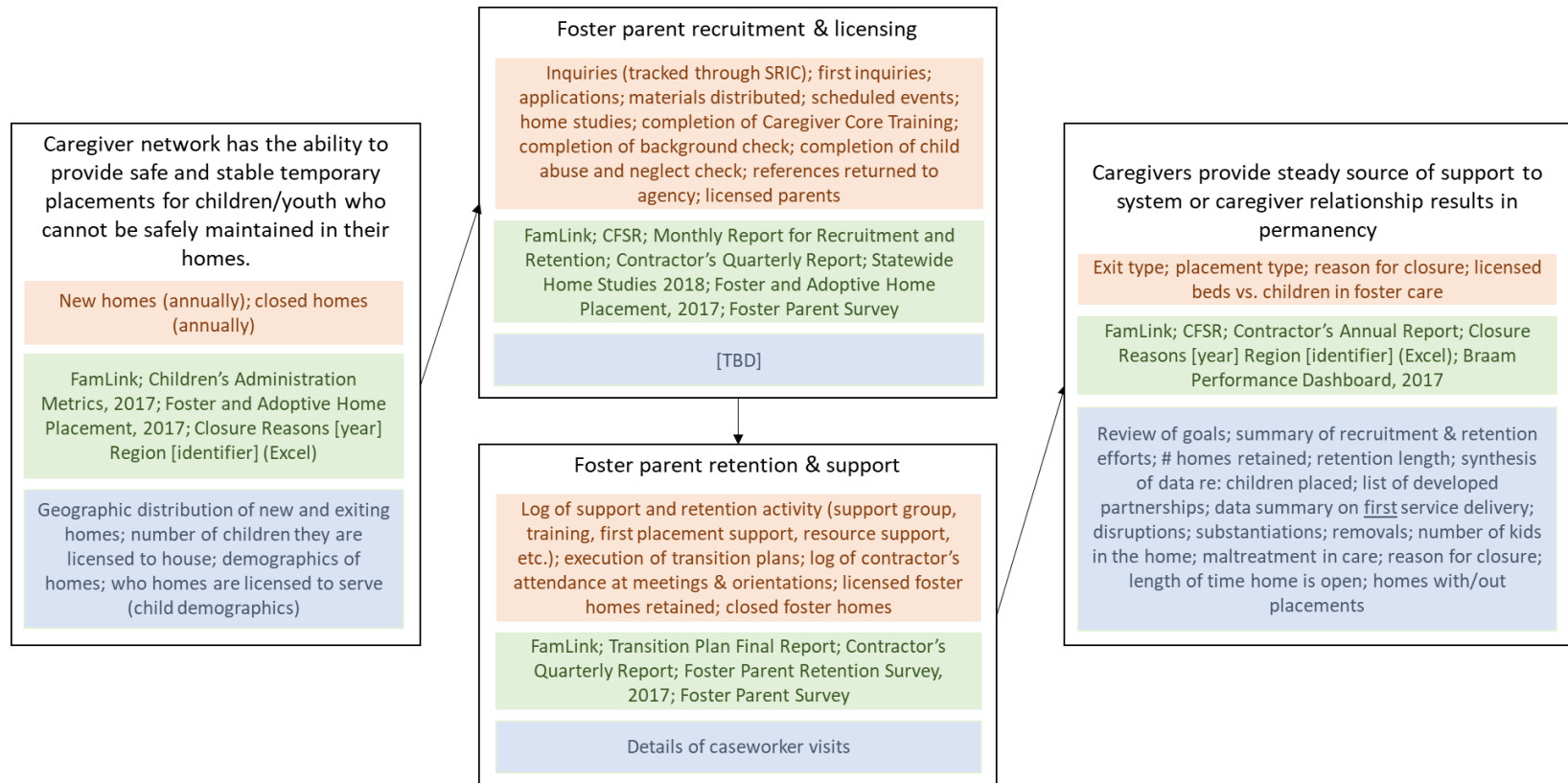


# Child Welfare: Foster Caregiver Network

## System Dynamics

## Key Drivers

## Key Drivers of Child, Youth, Family Outcomes

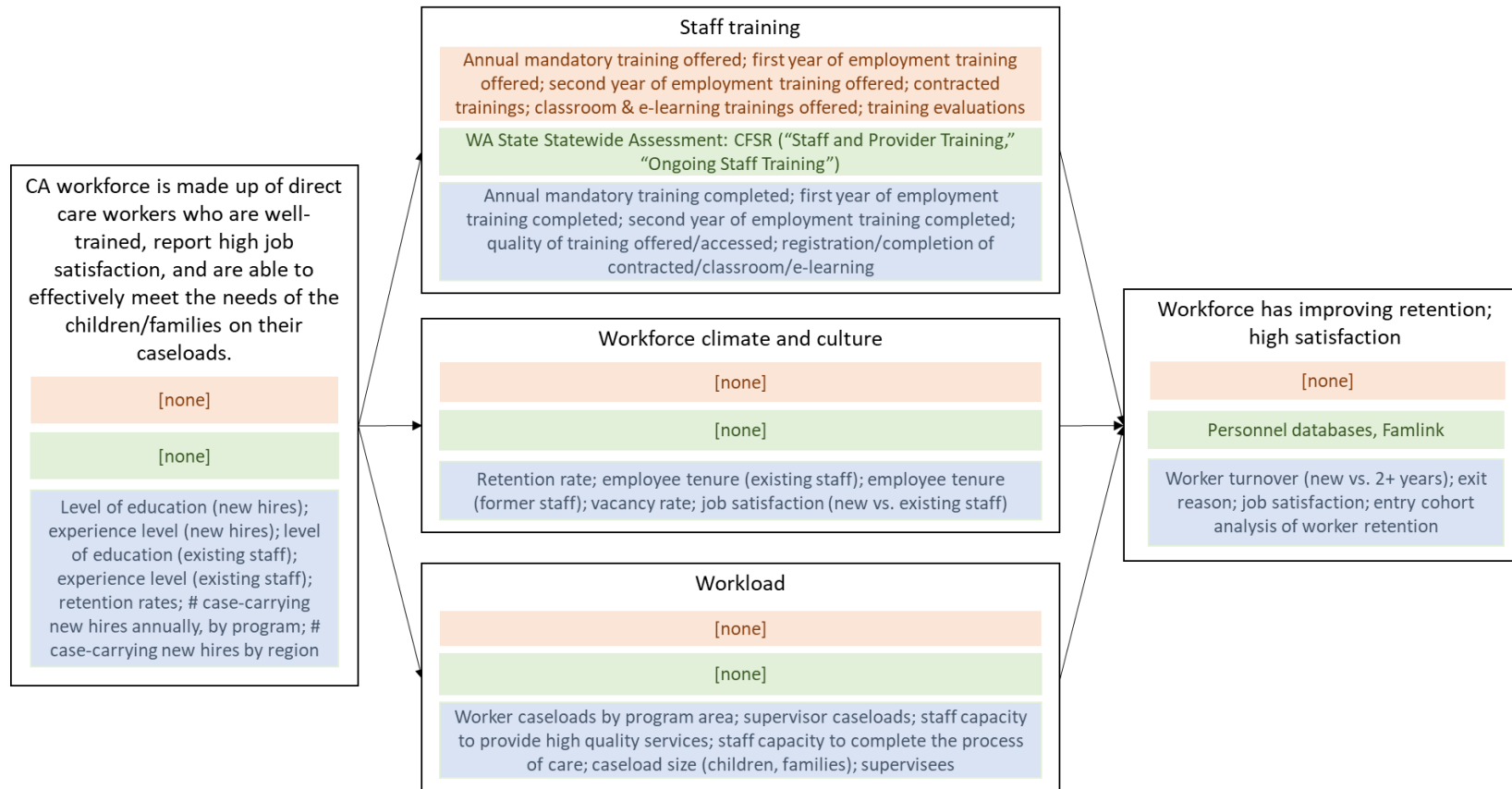


# Child Welfare: DCYF Staff

System Dynamics

Key Drivers

Key Drivers of Child, Youth, Family Outcomes

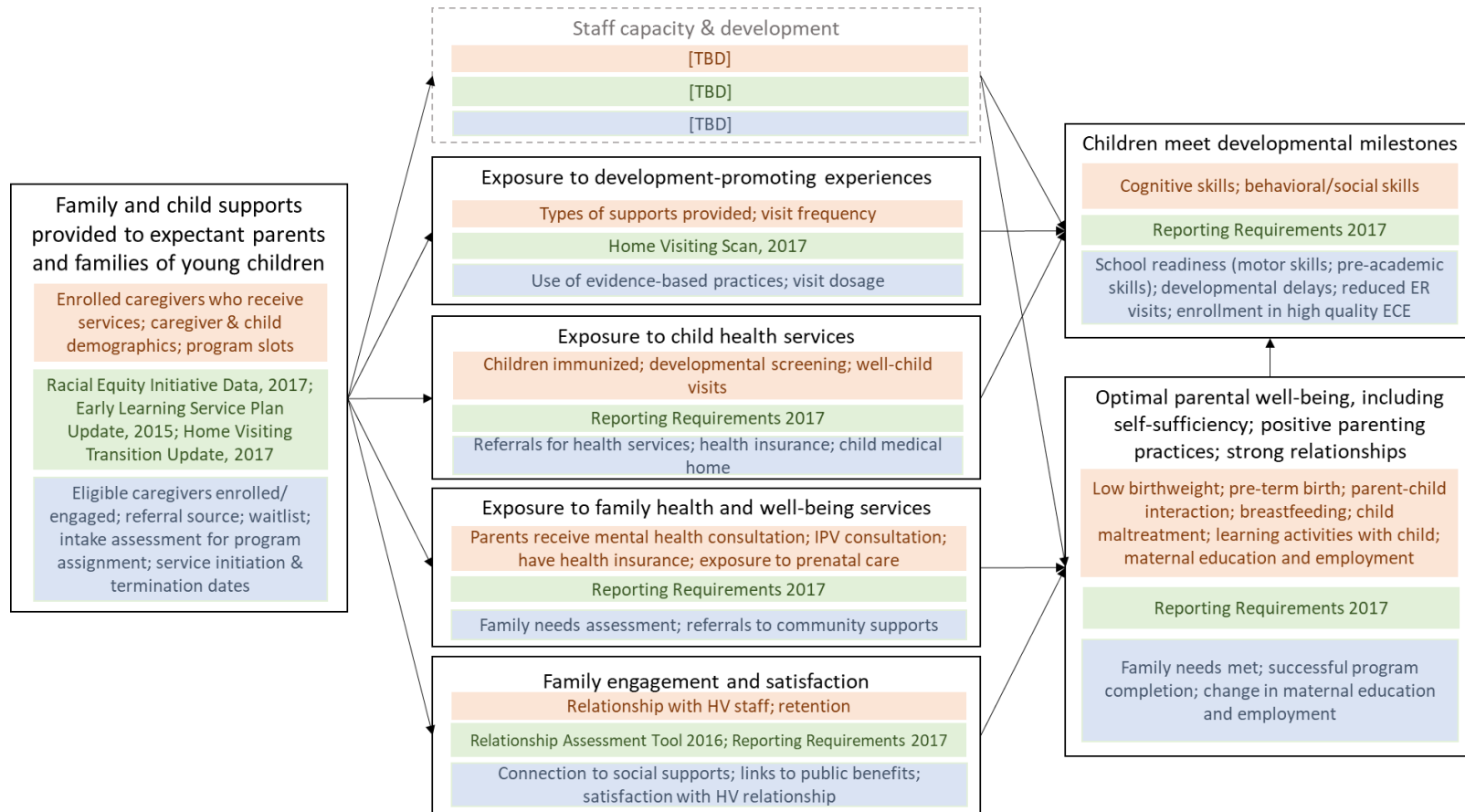


# Early Learning: Home Visiting

## System Dynamics

## Key Drivers

## Child, Youth, Family Outcomes



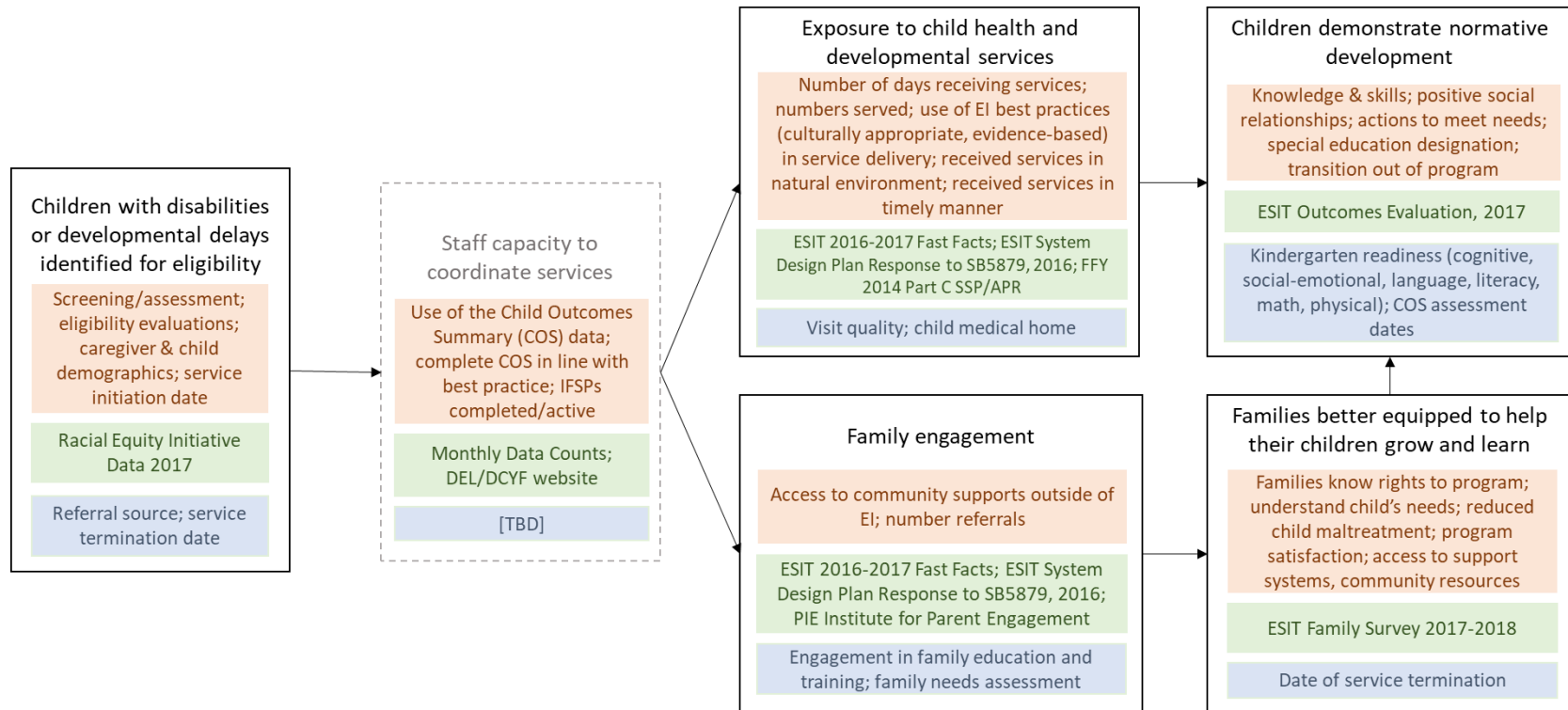


# Early Learning: Early Support for Infants and Toddlers

## System Dynamics

## Key Drivers

## Child, Youth, Family Outcomes

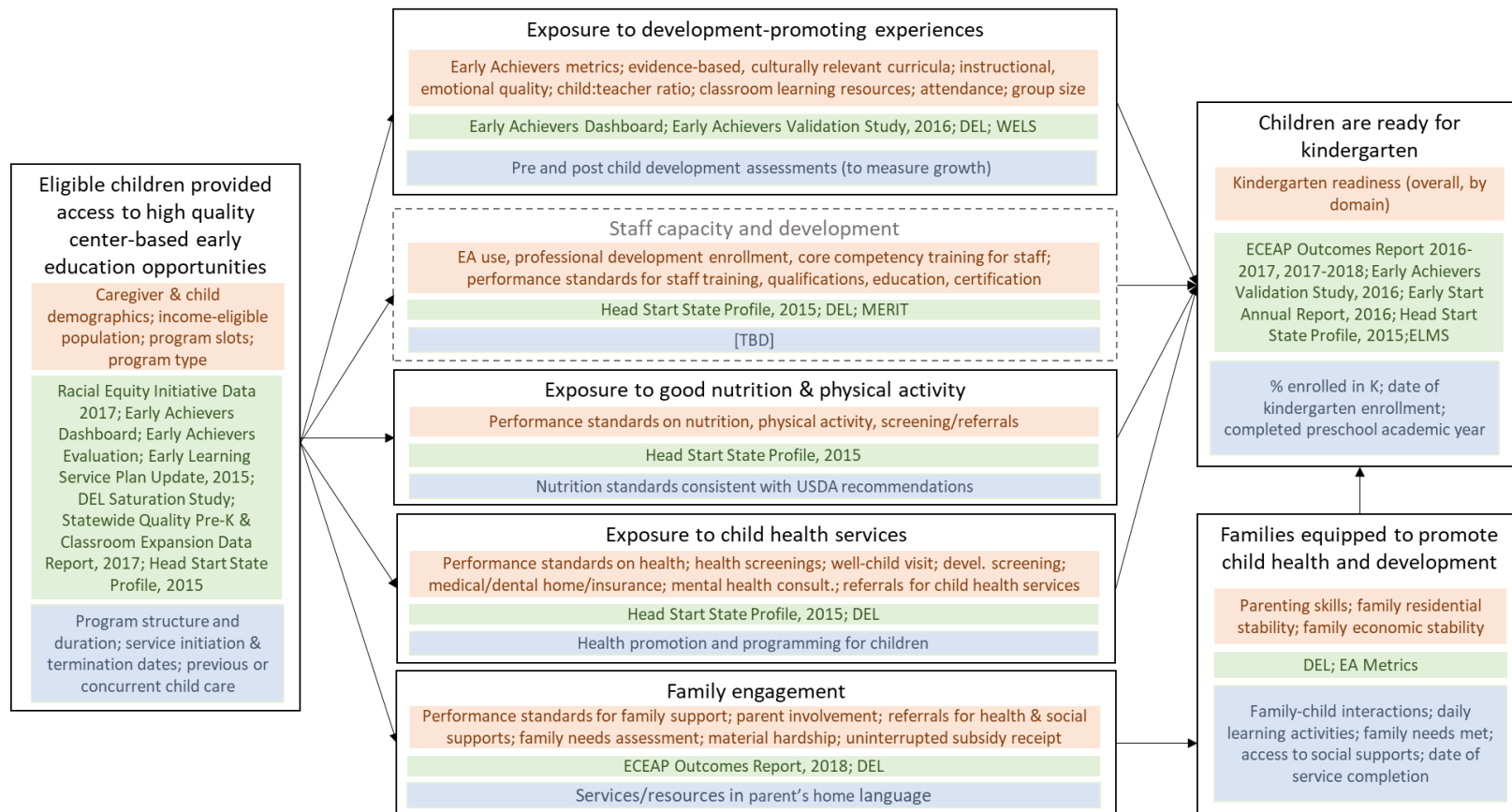


# Early Learning: Early Childhood Education Assistance Program

System Dynamics

Key Drivers

Child, Youth, Family Outcomes

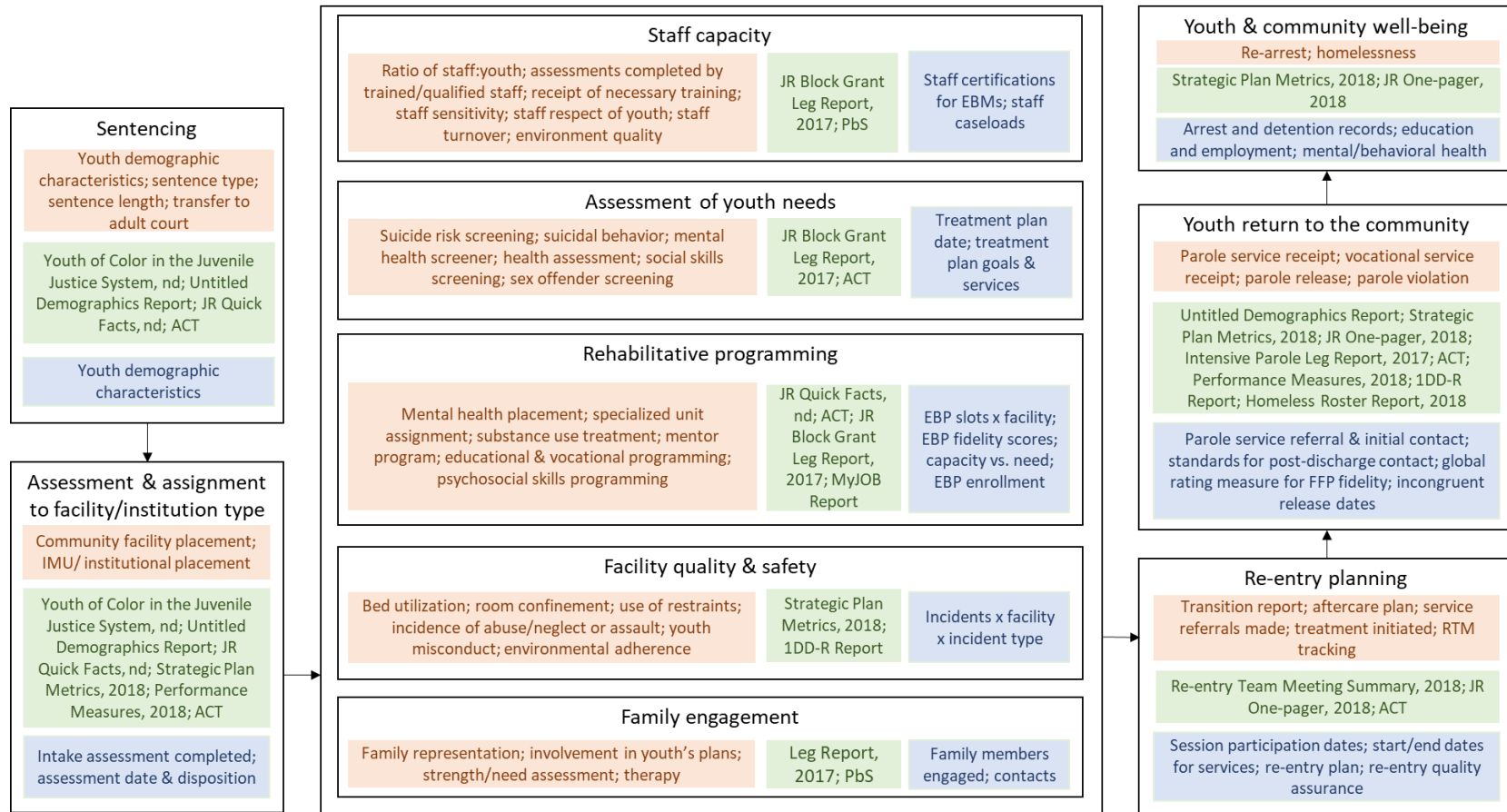


# Juvenile Justice

## System Dynamics

## Key Drivers

## Child, Youth, Family Outcomes



## F. Quality Assurance and Quality Improvement Activities Across DCYF

	<b>EARLY LEARNING</b>	<b>CHILD WELFARE</b>	<b>JUVENILE REHABILITATION</b>
<b>Regional or Program</b>	<b>Program leadership</b> Review data and have responsibility for assuring performance improvement activities are prioritized	<b>Regional and area administrators</b> Receive reports and have responsibility for ensuring performance improvement occurs	<b>Institution programs</b> <ul style="list-style-type: none"> <li>• Monitor and report quality data</li> <li>• Performance improvement coaching</li> </ul>
	<b>Program staff</b> <ul style="list-style-type: none"> <li>• Monitor quality data, report, and coach performance improvement</li> <li>• Respond to state and federal performance improvement mandates</li> </ul> Early Achievers/QRIS ECEAP ESIT Strengthening Families/HVSA	<b>Regional/local QA staff</b> <ul style="list-style-type: none"> <li>• Examine data for quality assurance and improvement opportunities</li> <li>• Performance improvement coaching in regions and local offices</li> </ul>	<b>Re-entry/parole and clinical teams</b> Reporting and performance improvement coaching
<b>Headquarters</b>		<b>QA/CQI</b> <ul style="list-style-type: none"> <li>• Conduct case reviews to collect performance data</li> <li>• Coaching with regional staff</li> <li>• Responds to federal performance improvement mandates (CFPSR and PIP)</li> </ul>	<b>Juvenile Court EBP contracts</b>
	<b>Licensing analytics</b> Report, analyze and inform performance improvement efforts		<b>DBT Quality Assurance</b> <ul style="list-style-type: none"> <li>• Fidelity monitoring</li> </ul>
	<b>OIAA analytics</b> Early Achievers Dashboard	<b>OIAA data and reporting</b> <ul style="list-style-type: none"> <li>• Build/maintain reporting infrastructure</li> <li>• Deliver performance reports</li> </ul>	<b>IT</b> <ul style="list-style-type: none"> <li>• Build/maintain reporting infrastructure</li> <li>• Deliver performance reports</li> </ul>
	<b>Performance-based contracting</b> Service, quality and outcomes – quality standard will involve data feedback loops and performance improvement		<b>OIAA analytics</b> Deliver performance reports

## G. Recommended Program-level Performance Measures

*Program Area:* CCWI = children with CW involvement  
 EFC = extended foster care  
 FCN = foster care network  
 CWWF = CW workforce  
 HV = home visiting  
 ESIT = Early Support for Infants and Toddlers  
 ECEAP = Early Childhood Education Assistance Program

*System Continuum:* SD = system dynamics  
 KD = key drivers  
 WF = workforce  
 CFO = child, youth, family outcome

*Developmental Continuum:* EC = early childhood  
 MC = middle childhood  
 AD = adolescence  
 EA = emerging adulthood

*Table H1. Recommended Program-level Performance Measures by Category, Service Area, Program Area, System Continuum, and Developmental Continuum*

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Staff training	Receipt of staff training	CW	CCWF	WF	
Staff training	First year of employment training completed	CW	CCWF	WF	
Assessment/investigation	Child and family demographics	CW	CCWI	SD	1. EC
Assessment/investigation	Investigations	CW	CCWI	SD	1. EC
Assessment/investigation	Removals	CW	CCWI	SD	1. EC
Assessment/investigation	Reports of abuse/neglect	CW	CCWI	SD	1. EC
Assessment/investigation	Request for intervention	CW	CCWI	SD	1. EC
Assessment/investigation	Screened-in reports	CW	CCWI	SD	1. EC
Assessment/investigation	Child and family demographics	CW	CCWI	SD	2. MC
Assessment/investigation	Investigations	CW	CCWI	SD	2. MC
Assessment/investigation	Removals	CW	CCWI	SD	2. MC
Assessment/investigation	Reports of abuse/neglect	CW	CCWI	SD	2. MC
Assessment/investigation	Request for intervention	CW	CCWI	SD	2. MC
Assessment/investigation	Screened-in reports	CW	CCWI	SD	2. MC
Assessment/investigation	Child and family demographics	CW	CCWI	SD	3. AD
Assessment/investigation	Investigations	CW	CCWI	SD	3. AD
Assessment/investigation	Removals	CW	CCWI	SD	3. AD
Assessment/investigation	Reports of abuse/neglect	CW	CCWI	SD	3. AD

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Assessment/investigation	Request for intervention	CW	CCWI	SD	3. AD
Assessment/investigation	Screened-in reports	CW	CCWI	SD	3. AD
Child outcomes	Entry into care	CW	CCWI	CFO	1. EC
Child outcomes	Exit type	CW	CCWI	CFO	1. EC
Child outcomes	Maltreatment	CW	CCWI	CFO	1. EC
Child outcomes	Recurrence of maltreatment	CW	CCWI	CFO	1. EC
Child outcomes	Re-entry	CW	CCWI	CFO	1. EC
Child outcomes	Time to permanency	CW	CCWI	CFO	1. EC
Child outcomes	Entry into care	CW	CCWI	CFO	2. MC
Child outcomes	Exit type	CW	CCWI	CFO	2. MC
Child outcomes	Maltreatment	CW	CCWI	CFO	2. MC
Child outcomes	Recurrence of maltreatment	CW	CCWI	CFO	2. MC
Child outcomes	Re-entry	CW	CCWI	CFO	2. MC
Child outcomes	Time to permanency	CW	CCWI	CFO	2. MC
Child outcomes	Entry into care	CW	CCWI	CFO	3. AD
Child outcomes	Exit type	CW	CCWI	CFO	3. AD
Child outcomes	Maltreatment	CW	CCWI	CFO	3. AD
Child outcomes	Recurrence of maltreatment	CW	CCWI	CFO	3. AD
Child outcomes	Re-entry	CW	CCWI	CFO	3. AD
Child outcomes	Time to permanency	CW	CCWI	CFO	3. AD
Family supports	Families receiving in-home services	CW	CCWI	KD	1. EC
Family supports	Family needs assessment completed	CW	CCWI	KD	1. EC
Family supports	Re-referral after case closure	CW	CCWI	KD	1. EC
Family supports	Time to case closure	CW	CCWI	KD	1. EC
Family supports	Visits from social worker	CW	CCWI	KD	1. EC
Family supports	Families receiving in-home services	CW	CCWI	KD	2. MC
Family supports	Family needs assessment completed	CW	CCWI	KD	2. MC
Family supports	Re-referral after case closure	CW	CCWI	KD	2. MC
Family supports	Time to case closure	CW	CCWI	KD	2. MC
Family supports	Visits from social worker	CW	CCWI	KD	2. MC
Family supports	Families receiving in-home services	CW	CCWI	KD	3. AD
Family supports	Family needs assessment completed	CW	CCWI	KD	3. AD
Family supports	Re-referral after case closure	CW	CCWI	KD	3. AD
Family supports	Time to case closure	CW	CCWI	KD	3. AD
Family supports	Visits from social worker	CW	CCWI	KD	3. AD
Intake	Children placed	CW	CCWI	SD	1. EC
Intake	Investigation completion	CW	CCWI	SD	1. EC

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Intake	Meeting response times	CW	CCWI	SD	1. EC
Intake	Children placed	CW	CCWI	SD	2. MC
Intake	Investigation completion	CW	CCWI	SD	2. MC
Intake	Meeting response times	CW	CCWI	SD	2. MC
Intake	Children placed	CW	CCWI	SD	3. AD
Intake	Investigation completion	CW	CCWI	SD	3. AD
Intake	Meeting response times	CW	CCWI	SD	3. AD
Out of home care	Exit type	CW	CCWI	KD	1. EC
Out of home care	Length of stay	CW	CCWI	KD	1. EC
Out of home care	Length of stay x age	CW	CCWI	KD	1. EC
Out of home care	Out of home placements	CW	CCWI	KD	1. EC
Out of home care	Existence of permanency plan	CW	CCWI	KD	1. EC
Out of home care	Placement stability	CW	CCWI	KD	1. EC
Out of home care	Placement type	CW	CCWI	KD	1. EC
Out of home care	Running away	CW	CCWI	KD	1. EC
Out of home care	Exit type	CW	CCWI	KD	2. MC
Out of home care	Length of stay	CW	CCWI	KD	2. MC
Out of home care	Length of stay x age	CW	CCWI	KD	2. MC
Out of home care	Out of home placements	CW	CCWI	KD	2. MC
Out of home care	Existence of permanency plan	CW	CCWI	KD	2. MC
Out of home care	Placement stability	CW	CCWI	KD	2. MC
Out of home care	Placement type	CW	CCWI	KD	2. MC
Out of home care	Running away	CW	CCWI	KD	2. MC
Out of home care	Exit type	CW	CCWI	KD	3. AD
Out of home care	Length of stay	CW	CCWI	KD	3. AD
Out of home care	Length of stay x age	CW	CCWI	KD	3. AD
Out of home care	Out of home placements	CW	CCWI	KD	3. AD
Out of home care	Existence of permanency plan	CW	CCWI	KD	3. AD
Out of home care	Placement stability	CW	CCWI	KD	3. AD
Out of home care	Placement type	CW	CCWI	KD	3. AD
Out of home care	Running away	CW	CCWI	KD	3. AD
Well-being	Maltreatment in out of home care	CW	CCWI	KD	1. EC
Well-being	Placement with siblings	CW	CCWI	KD	1. EC
Well-being	Visits with parents	CW	CCWI	KD	1. EC
Well-being	Visits with siblings	CW	CCWI	KD	1. EC
Well-being	Maltreatment in out of home care	CW	CCWI	KD	2. MC
Well-being	Placement with siblings	CW	CCWI	KD	2. MC
Well-being	Visits with parents	CW	CCWI	KD	2. MC
Well-being	Visits with siblings	CW	CCWI	KD	2. MC

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Well-being	Maltreatment in out of home care	CW	CCWI	KD	3. AD
Well-being	Placement with siblings	CW	CCWI	KD	3. AD
Well-being	Visits with parents	CW	CCWI	KD	3. AD
Well-being	Visits with siblings	CW	CCWI	KD	3. AD
Workforce climate and culture	Employee tenure (existing staff)	CW	CWWF	WF	
Workforce climate and culture	Vacancy rate	CW	CWWF	WF	
Workforce climate and culture	Worker turnover (new vs. 2+ years)	CW	CWWF	WF	
Workforce system dynamics	Existing staff experience level	CW	CWWF	WF	
Workforce system dynamics	Existing staff level of education	CW	CWWF	WF	
Workforce system dynamics	Retention rates	CW	CWWF	WF	
Workload	Caseload size (children, families)	CW	CWWF	WF	
Workload	Supervisor caseloads	CW	CWWF	WF	
Workload	Worker caseloads by program area	CW	CWWF	WF	
Program in flow	Age of youth	CW	EFC	SD	4. EA
Program in flow	Demographics of eligible youth in IL	CW	EFC	SD	4. EA
Program in flow	Eligible youth in IL	CW	EFC	SD	4. EA
Program in flow	Entering youth	CW	EFC	SD	4. EA
Program in flow	Geographic distribution of participating youth	CW	EFC	SD	4. EA
Program in flow	Independent living needs assessment	CW	EFC	SD	4. EA
Program in flow	Maltreatment deaths	CW	EFC	SD	4. EA
Services	Court review	CW	EFC	KD	4. EA
Services	Dental care	CW	EFC	KD	4. EA
Services	Medical care	CW	EFC	KD	4. EA
Services	Referrals to community resources and supports	CW	EFC	KD	4. EA
Services	Youth receiving services	CW	EFC	KD	4. EA
Services	Youth receiving transitional living services	CW	EFC	KD	4. EA
Supports/achievements	Case planning occurred	CW	EFC	KD	4. EA
Supports/achievements	Enrollment in/completion of academic/vocational training	CW	EFC	KD	4. EA
Supports/achievements	Financial assistance received	CW	EFC	KD	4. EA
Supports/achievements	Mentoring services received	CW	EFC	KD	4. EA
Supports/achievements	Participation in employment-promoting activity	CW	EFC	KD	4. EA



<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Supports/achievements	Transitional living plan completed	CW	EFC	KD	4. EA
Youth outcomes	In school	CW	EFC	CFO	4. EA
Youth outcomes	JJ involvement	CW	EFC	CFO	4. EA
Youth outcomes	Employed	CW	EFC	CFO	4. EA
Youth outcomes	Stability of living arrangement	CW	EFC	CFO	4. EA
Foster care network in flow	Closed homes (annually)	CW	FCN	SD	
Foster care network in flow	Geographic distribution of new and exiting homes	CW	FCN	SD	
Foster care network in flow	New homes (annually)	CW	FCN	SD	
Foster care network in flow	Who homes are licensed to serve (child demographics)	CW	FCN	SD	
Foster care network outcomes	Children in foster home	CW	FCN	SD	
Foster care network outcomes	Homes with/without placements	CW	FCN	SD	
Foster care network outcomes	Licensed beds vs. children in foster care	CW	FCN	SD	
Foster care network outcomes	Maltreatment in care	CW	FCN	SD	
Foster care network outcomes	Placement disruptions	CW	FCN	SD	
Foster care network outcomes	Reason for closure	CW	FCN	SD	
Foster care network outcomes	Removals	CW	FCN	SD	
Foster care network outcomes	Substantiations	CW	FCN	SD	
Foster parent recruitment & licensing	Applications	CW	FCN	KD	
Foster parent recruitment & licensing	Completion of background check	CW	FCN	KD	
Foster parent recruitment & licensing	Completion of CA/N check	CW	FCN	KD	
Foster parent recruitment & licensing	Completion of Caregiver Core Training	CW	FCN	KD	
Foster parent recruitment & licensing	First inquires	CW	FCN	KD	
Foster parent recruitment & licensing	Home studies completed	CW	FCN	KD	
Child outcomes	School readiness	EL	ECEAP	CFO	1. EC
Exposure to child health services	Child has health insurance	EL	ECEAP	KD	1. EC
Exposure to child health services	Child has medical home	EL	ECEAP	KD	1. EC
Exposure to child health services	Child has dental insurance	EL	ECEAP	KD	1. EC
Exposure to child health services	Child has dental home	EL	ECEAP	KD	1. EC

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Exposure to child health services	Health screenings	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Program quality (Early Achievers metrics)	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Evidence-based, culturally-relevant curriculum	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Instructional quality	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Emotional quality	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Classroom organization	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Daily attendance	EL	ECEAP	KD	1. EC
Family engagement & satisfaction	Family needs assessment	EL	ECEAP	KD	1. EC
Family outcomes	Family needs met	EL	ECEAP	CFO	1. EC
Family outcomes	Access to community resources	EL	ECEAP	CFO	1. EC
Program in flow	Child demographic characteristics	EL	ECEAP	SD	1. EC
Program in flow	Caregiver demographic characteristics	EL	ECEAP	SD	1. EC
Program in flow	Enrollment of children with disabilities/IEPs	EL	ECEAP	SD	1. EC
Program in flow	Program slots	EL	ECEAP	SD	1. EC
Program in flow	Program type	EL	ECEAP	SD	1. EC
Program in flow	Service initiation date	EL	ECEAP	SD	1. EC
Program in flow	Service termination date	EL	ECEAP	SD	1. EC
Workforce capacity	Education	EL	ECEAP	WF	
Workforce capacity	Experience working with young children	EL	ECEAP	WF	
Workforce capacity	Classroom size	EL	ECEAP	WF	
Workforce capacity	Receipt of staff training	EL	ECEAP	WF	
Child outcomes	Knowledge and skills	EL	ESIT	CFO	1. EC
Child outcomes	Positive social relationships	EL	ESIT	CFO	1. EC
Child outcomes	Takes actions to meet needs	EL	ESIT	CFO	1. EC
Child outcomes	Special education designation	EL	ESIT	CFO	1. EC
Exposure to child health and developmental services	Child has medical home	EL	ESIT	KD	1. EC
Exposure to child health and developmental services	Number of days receiving services	EL	ESIT	KD	1. EC
Exposure to child health and developmental services	Numbers served	EL	ESIT	KD	1. EC

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Exposure to child health and developmental services	Received services in timely manner	EL	ESIT	KD	1. EC
Family outcomes	Families understand child's needs	EL	ESIT	CFO	1. EC
Family outcomes	Maltreatment	EL	ESIT	CFO	1. EC
Program in flow	Child characteristics	EL	ESIT	SD	1. EC
Program in flow	Caregiver characteristics	EL	ESIT	SD	1. EC
Program in flow	Eligibility evaluation	EL	ESIT	SD	1. EC
Program in flow	Service initiation date	EL	ESIT	SD	1. EC
Program in flow	Service termination date	EL	ESIT	SD	1. EC
Workforce capacity	Education	EL	ESIT	WF	
Workforce capacity	Caseload size	EL	ESIT	WF	
Workforce capacity	Receipt of staff training	EL	ESIT	WF	
Child outcomes	Cognitive skills	EL	HV	CFO	1. EC
Child outcomes	Behavioral/social skills	EL	HV	CFO	1. EC
Child outcomes	ER visits	EL	HV	CFO	1. EC
Exposure to child health services	Developmental screening	EL	HV	KD	1. EC
Exposure to child health services	Child has health insurance	EL	HV	KD	1. EC
Exposure to development-promoting experiences	Types of supports provided	EL	HV	KD	1. EC
Exposure to development-promoting experiences	Visit frequency	EL	HV	KD	1. EC
Exposure to development-promoting experiences	Use of evidence-based practices	EL	HV	KD	1. EC
Exposure to family health & well-being services	Caregiver receives mental health consultation	EL	HV	KD	1. EC
Exposure to family health & well-being services	Caregiver has exposure to prenatal care	EL	HV	KD	1. EC
Exposure to family health & well-being services	Family needs assessment	EL	HV	KD	1. EC
Family engagement & satisfaction	Program retention	EL	HV	KD	1. EC
Family outcomes	Low birthweight baby	EL	HV	CFO	1. EC
Family outcomes	Maltreatment	EL	HV	CFO	1. EC
Family outcomes	Family needs met	EL	HV	CFO	1. EC
Family outcomes	Breastfeeding	EL	HV	CFO	1. EC
Program in flow	Child demographic characteristics	EL	HV	SD	1. EC
Program in flow	Caregiver demographic characteristics	EL	HV	SD	1. EC
Program in flow	Program slots	EL	HV	SD	1. EC
Program in flow	Service initiation date	EL	HV	SD	1. EC
Program in flow	Service termination date	EL	HV	SD	1. EC

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Workforce capacity	Education	EL	HV	WF	
Workforce capacity	Caseload size	EL	HV	WF	
Workforce capacity	Receipt of staff training	EL	HV	WF	
Assessment of youth's needs	Risk/needs assessment	JJ		KD	3. AD
Assessment of youth's needs	Mental health screener	JJ		KD	3. AD
Assessment of youth's needs	Treatment plan	JJ		KD	3. AD
Assessment of youth's needs	Treatment plan services	JJ		KD	3. AD
Assessment of youth's needs	Risk/needs assessment	JJ		KD	4. EA
Assessment of youth's needs	Mental health screener	JJ		KD	4. EA
Assessment of youth's needs	Treatment plan	JJ		KD	4. EA
Assessment of youth's needs	Treatment plan services	JJ		KD	4. EA
Assessment of youth's needs	Treatment plan date	JJ		SD	3. AD
Assessment of youth's needs	Treatment plan date	JJ		SD	4. EA
Facility assignment	Assessment disposition	JJ		SD	3. AD
Facility assignment	Assessment disposition	JJ		SD	4. EA
Facility quality & safety	Incidents x facility x type	JJ		KD	3. AD
Facility quality & safety	Incidents x facility x type	JJ		KD	4. EA
Family engagement	Family contacts	JJ		KD	3. AD
Family engagement	Family contacts	JJ		KD	4. EA
Re-entry planning	Aftercare plan	JJ		KD	3. AD
Re-entry planning	Service referrals made	JJ		KD	3. AD
Re-entry planning	Aftercare plan	JJ		KD	4. EA
Re-entry planning	Service referrals made	JJ		KD	4. EA
Re-entry planning	Date services initiated	JJ		SD	3. AD
Re-entry planning	Date services completed	JJ		SD	3. AD
Re-entry planning	Date services initiated	JJ		SD	4. EA
Re-entry planning	Date services completed	JJ		SD	4. EA
Rehabilitative programming	Mental health treatment	JJ		KD	3. AD
Rehabilitative programming	Substance use treatment	JJ		KD	3. AD
Rehabilitative programming	Mentor program	JJ		KD	3. AD
Rehabilitative programming	Education and vocational programming	JJ		KD	3. AD

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Rehabilitative programming	Psychosocial skills programming	JJ		KD	3. AD
Rehabilitative programming	EBP slots by community program	JJ		KD	3. AD
Rehabilitative programming	EBP slots by facility	JJ		KD	3. AD
Rehabilitative programming	EBP fidelity scores	JJ		KD	3. AD
Rehabilitative programming	EBP participation	JJ		KD	3. AD
Rehabilitative programming	EBP completion	JJ		KD	3. AD
Rehabilitative programming	Length of stay	JJ		KD	3. AD
Rehabilitative programming	Mental health treatment	JJ		KD	4. EA
Rehabilitative programming	Substance use treatment	JJ		KD	4. EA
Rehabilitative programming	Mentor program	JJ		KD	4. EA
Rehabilitative programming	Education and vocational programming	JJ		KD	4. EA
Rehabilitative programming	Psychosocial skills programming	JJ		KD	4. EA
Rehabilitative programming	EBP slots by community program	JJ		KD	4. EA
Rehabilitative programming	EBP slots by facility	JJ		KD	4. EA
Rehabilitative programming	EBP fidelity scores	JJ		KD	4. EA
Rehabilitative programming	EBP participation	JJ		KD	4. EA
Rehabilitative programming	EBP completion	JJ		KD	4. EA
Rehabilitative programming	Length of stay	JJ		KD	4. EA
Sentencing	Youth demographic characteristics	JJ		SD	3. AD
Sentencing	Sentence type	JJ		SD	3. AD
Sentencing	Sentence length	JJ		SD	3. AD
Sentencing	Transfer to adult court	JJ		SD	3. AD
Sentencing	Status petition types	JJ		SD	3. AD
Sentencing	Youth demographic characteristics	JJ		SD	4. EA
Sentencing	Sentence type	JJ		SD	4. EA
Sentencing	Sentence length	JJ		SD	4. EA
Sentencing	Transfer to adult court	JJ		SD	4. EA
Sentencing	Status petition types	JJ		SD	4. EA

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Staff capacity	Receipt of staff training	JJ		WF	
Staff capacity	Staff turnover	JJ		WF	
Staff capacity	Caseload size	JJ		WF	
Youth & community well-being	Adjudication for new offense	JJ		CFO	3. AD
Youth & community well-being	Disposition for new offense	JJ		CFO	3. AD
Youth & community well-being	Probation revocation	JJ		CFO	3. AD
Youth & community well-being	Education	JJ		CFO	3. AD
Youth & community well-being	Employment	JJ		CFO	3. AD
Youth & community well-being	Mental/behavioral health	JJ		CFO	3. AD
Youth & community well-being	Adjudication for new offense	JJ		CFO	4. EA
Youth & community well-being	Disposition for new offense	JJ		CFO	4. EA
Youth & community well-being	Probation revocation	JJ		CFO	4. EA
Youth & community well-being	Education	JJ		CFO	4. EA
Youth & community well-being	Employment	JJ		CFO	4. EA
Youth & community well-being	Mental/behavioral health	JJ		CFO	4. EA
Youth return to the community	Parole length	JJ		CFO	3. AD
Youth return to the community	Risk assessment	JJ		CFO	3. AD
Youth return to the community	Incongruent release dates	JJ		CFO	3. AD
Youth return to the community	Parole length	JJ		CFO	4. EA
Youth return to the community	Risk assessment	JJ		CFO	4. EA
Youth return to the community	Incongruent release dates	JJ		CFO	4. EA



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