2021 ANNUAL PROGRESS AND SERVICES REPORT (APSR)

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Orignial Submission June 2020; Revised August 2020

CONTENTS

General Information

The federal Administration on Children, Youth and Families (ACYF), Program Instructions ACFY-CB-PI-20-02, requires that all state agencies responsible for administering or supervising the administration of child welfare programs under Title IV-B subparts 1 and 2, and Title IV-E of the Social Security Act to submit an Annual Progress and Services Report (APSR). This is the first APSR related to the 2020 – 2024 Child and Family Services Plan (CFSP).

The Washington State Department of Children, Youth, and Families (DCYF) is a cabinet-level agency focused on the well-being of children. DCYF encompasses several services previously offered through the state Children's Administration (CA), Juvenile Rehabilitation (JR), Department of Early Learning (DEL), Office of Juvenile Justice (OJJ), and Working Connections Child Care (WCCC). These programs include, but are not limited to, Child Protective Services' investigation and Family Assessment Response (FAR), Family Voluntary Services (FVS), licensed foster care and kinship care for children under DCYF placement and care authority, adoption support, Early Childhood Education and Assistance Program (ECEAP) for preschoolers, Home Visiting, juvenile rehabilitation institutions, juvenile community facilities, and juvenile parole services.

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

Mission

Protect children and strengthen families so they flourish.

Vision

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

Values

- Inclusion
- Respect
- Integrity
- Compassion
- Transparency

Guiding Principles

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

The point of contact for the CFSP and APSR is:

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Collaboration

DCYF has a successful structure and culture that supports collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, tribes, courts, and community partners. The Department engages stakeholders in a continuous improvement cycle by encouraging and facilitating ongoing, year-round stakeholder engagement to successfully implement the provisions of the 2020-2024 Child and Family Services Plan (CFSP) and subsequent Annual and Progress Services Reports (APSR). Through this engagement, collaboration, and consultation, DCYF is able to assess the needs of children, youth, and families; use the input to amend strategies; and monitor progress towards achieving outcomes and measures.

The Department, at the state and regional level, consults with a large and diverse group of stakeholders through advisory groups, oversight committees, provider meetings, and other work groups to assess the goals, objectives, and progress on the day-to-day work of the Department. Through ongoing partnership and collaboration, DCYF is better able to utilize resources, identify needs and services, and develop new goals and improvement efforts that will have a positive impact on the children and families served.

The following individuals provided administrative data and other information in this report and/or reviewed a draft or specific sections of this report and provided input:

- DCYF Deputy Secretary of Programs for Children and Families, DCYF
- Director of Child Welfare Programs, DCYF
- Assistant Director of Child Welfare Programs, DCYF
- Child Welfare Programs Adoption Support Program Supervisor, DCYF
- Child Welfare Programs ICPC Program Manager, DCYF
- Child Welfare Programs Adoption Services Program Manager, DCYF
- Child Welfare Programs Concurrent Program Manager, DCYF
- Child Welfare Programs Permanency Planning Program Manager, DCYF
- Child Welfare Programs CFWS Program Manager, DCYF
- Child Welfare Programs Guardianship Program Manager, DCYF
- Child Welfare Programs Intake/Safety Program Manager, DCYF
- Child Welfare Programs Child Protection Services Program Manager, DCYF
- Child Welfare Programs Kinship Caregiver Support Program Manager, DCYF
- Child Welfare Programs Screening and Assessment Program Manager, DCYF
- Child Welfare Programs Foster Care Health Program Manager, DCYF
- Child Welfare Programs Service Array Program Manager, DCYF
- Assistant Secretary of Field Operations, DCYF

- Director of Field Operations, DCYF
- Centralized Services Administrator, DCYF
- Regional Administrators, DCYF
- Regional Quality Assurance/Continuous Quality Improvement (QA/CQI) Administrators, DCYF
- Field CPS and Intake Leads, DCYF
- Director of Tribal Affairs, DCYF
- ICW Program Manager, DCYF
- Licensing Division Policy and Data Administrator, DCYF
- Licensing Division Workforce Development Administrator, DCYF
- Licensing Division Safety Administrator, DCYF
- Licensing Division Provider Supports Administrator, DCYF
- Licensing Division Data and CQI Program Supervisor, DCYF
- Licensing Division Foster Parent Recruitment Program Manager, DCYF
- Licensing Division CPS and SAM Policy Program Manager, DCYF
- Office of Innovation, Alignment and Accountability (OIAA) Supervisor of Data and Reporting, DCYF
- OIAA Performance Data Manager, DCYF
- Statewide QA/CQI Administrator, DCYF
- Practice Consult/Critical Incidents, DCYF
- Senior Manager Enterprise IT Support, DCYF
- Comptroller, DCYF
- Emergency Management Staff Safety Administrator, DCYF
- State Plans Lead, DCYF
- Director of Adolescent Programs, DCYF
- Independent Living Program Manager, DCYF
- Extended Foster Care Adolescent Support Program Manager, DCYF
- Education/ETV Program Manager, DCYF
- Court Improvement Program Director, Administrative Office of the Courts (AOC)
- Senior Research Associate, Washington State Center for Court Research
- Director of Operations, Apple Health Core Connections (AHCC)
- Foster Care Medical Team Supervisor, Health Care Authority (HCA)
- ICW Sub-Committee
- UW Alliance for Child Welfare Excellence

Court Improvement Programs

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

- **Innovative Dependency Court Collaborative (IDCC)**
  IDCC was established in 2019 as a reformation of the Permanency Continuous Quality Improvement Work Group in order to better align the work with the federal Children's Bureau vision and strategies for strengthening families. The committee consists of DCYF and AOC along with representation from the judiciary, tribes, parent allies, youth, caregivers, parent representation, child representation, Attorney

General's Office, CASA/GAL, Juvenile Court Administrators, Family and Juvenile Court Improvement Programs (FJCIP), Casey Family Programs, and Partners for Our Children. IDCC's goals and objectives include:

— Encourage, incubate and spread ideas and efforts to improve outcomes for families.
— Provide a communication loop between IDCC and the field re: innovation.
— Effectively disseminate information about policy changes, practice innovations, barriers and solutions to adaptive challenges in practice.
— Measure and evaluate innovation efforts and their impact.

IDCC meets for half a day every other month and includes two all-day meetings visiting sites around the state. However, since the COVID-19 pandemic, there has been a need to meet more frequently; therefore meeting times have been adjusted to two-hour monthly meetings via a web-based platform to address issues that have arisen due to COVID-19. IDCC assists with implementation of the CIP 2017-2021 Strategic Plan, including the following:

— Development of a workgroup that produced a webinar and resources for training judicial officers, attorneys and court personnel about new regulations regarding Qualified Residential Treatment Program (QRTP) requirements.
— Development of a workgroup to improve caregiver reports provided to the courts and developing a better system for tracking whether a caregiver report was provided.
— Feedback and input on projects and trainings developed through CIP and CITA.
— Feedback and involvement in PIP implementation of strategies and activities with the addition of the DCYF Performance Measurement Administrator attending IDCC.

- **Washington State Fatherhood Interagency Collaborative**
  The Washington State Fatherhood Interagency Collaborative was established at the 2018 Fatherhood Summit and includes public and private partners including DCYF child welfare, early learning, and juvenile rehabilitation, Department of Social and Health Services (DSHS), Department of Corrections (DOC), Department of Health (DOH), WA State Frontiers of Innovation, WA State Fathers Network, Office of the Superintendent of Public Instruction (OSPI), Office of Public Defense, South Seattle Colleges, King County Community Partners for Transition Solutions, Children's Home Society of WA, Divine Alternatives for Dads Services (DADs), and University of Washington. This group of highly committed partners is dedicated to engage fathers earlier, prevent the need for out-of-home placement, and increase safety and well-being of children and youth. In 2019, this collaborative hosted a 2nd Annual Fatherhood Summit , focusing on the Fanning the Fatherhood FIRE (**F**amily Focused, **I**nterconnected, **R**esilient, and **E**ssential) to capture fathers' voice in a meaningful way. Approximately 80 participants attended representing state agencies, medical providers, community service providers, advocacy groups and fathers with lived experience. Highlights from the summit included the needs of fathers at the time of the birth of their child and helping pediatric professionals be effective in helping new parents make a meaningful transition into that role. DCYF will continue to partner with DOC to work on strategic solutions to parent child visitation for incarcerated parents.

- **Finding Fathers in Dependency Cases**
  AOC provides funding for courts to improve reliable, fast, and low-cost DNA testing for alleged fathers in dependency and termination of parental rights cases. DCYF partners with courts at the local level to implement this program. The program operates in seven counties and is expected to be implemented

statewide. Positive impacts from the program are early engagement by fathers, expanded pool of relative placements and resources, earlier case resolutions of all permanency types, and cost reduction.

- **Youth Leadership Summit**
  In 2019, the Supreme Court Commission on Children in Foster Care, co-chaired by the Justice of the Supreme Court and Deputy Secretary of DCYF, co-hosted the 14th annual Youth Leadership Summit in partnership with the Office of Homeless Youth Prevention and Protection Programs Advisory Committee and the Mockingbird Society. At the 2019 summit, youth from across the state proposed the following reforms:
    — Youth-informed evaluation of training for young adult shelter staff.
    — Access to identicards for youth experiencing homelessness.
    — Supportive foster care placements for LGBTQ+ young people in care.
    — Elevate youth voice in foster care case planning documents.
    — Equitable, accurate vulnerability index assessments for young people experiencing homelessness.
    — Expanding master leasing programs for young people experiencing homelessness.
    — Comprehensive, culturally responsive training for foster parents and social workers.

These proposals initiate a year-round effort to bring positive changes that will benefit those who are currently in foster care or homeless, as well as those who have yet to enter the system.

The Office of Adolescent Services was created within DCYF in early 2020 and will work closely with youth to improve systems for adolescents served within DCYF. Strategies and activities contained in the DCYF PIP and strategies in the PFD1 grant will support increasing children and youth voice in case planning and permanency decisions. DYCF's new approach to caregiver recruitment and retention will shift recruitment efforts to attract a diverse pool of racially, ethnically, and culturally diverse caregivers to meet the unique needs of children and youth placed in out-of-home care.

The Youth Leadership Summits are held annually. The 2020 summit will be held in July 2020, will celebrate the 20th anniversary of the Mockingbird Society, and will be the first virtual summit due to the COVID-19 pandemic.

- **Permanency Summits**
  Multi-disciplinary Permanency Summits were held in six counties focusing on topics each jurisdiction chose and included breakout groups with action planning to be followed up with FJCIP Coordinators.
    — Island County—ABA Safety Guide Training and Parental Engagement
    — King County—ABA Safety Guide with breakout group on Early Engagement, Family Time, and Out of Court Planning and Issue Resolution
    — Kitsap County—Family Time, Settlement Conferences, and Meeting Families Where They Are
    — Pierce County—Civility, Parent for Parents, Timely Permanency, and Engaging and Valuing Parents
    — Spokane County—Safety Framework and Family Time
    — Thurston County—Safety Framework

Family First Prevention Services Act (FFPSA)

DCYF has engaged internal and external stakeholders related to implementation and expansion of FFPSA. DCYF continues to partner closely with internal staff, tribes, community providers, constituents, courts,

Washington Health Care Authority (HCA), Casey Family Programs, additional external partners and stakeholders, various groups that represent youth and families, and the DCYF Equity Advisory Committee.

DCYF has had multiple external stakeholder and partner engagements related to expanding voluntary prevention services through FFPSA over the past two years. This has included holding in-person and virtual community meetings across the state. The virtual sessions along with feedback received from the engagement sessions are posted on the **DCYF Prevention webpage.**

In order to incorporate the voice of families and youth, DCYF met with groups such as Parent Allies and Passion to Action and existing advisory committees that provide guidance to DCYF regarding FFPSA . DCYF is early in the implementation process of FFPSA, and continues to look for opportunities to bring our partners to the table on this journey.

Because DCYF believes that prevention can be an important tool to address disparities and disproportionalities, DYCF has engaged two racial/ethnic communities that primarily experience disproportionalities in Washington's child welfare systems – tribal communities and black communities. DCYF leaders have met with the DCYF Tribal Advisory Committee several times regarding expanding voluntary prevention through FFPSA and conducted a survey of tribes to learn about prevention practices that are embraced by their communities that DCYF should consider for funding under this opportunity. Similarly, agency leaders met with the DCYF Equity Advisory Committee and leaders in the black community suggested by the Equity Advisory Committee. DCYF continues dialogue with these two affected communities about prevention supports needed and have identified specific prevention practices for evidentiary review as suggested by these two communities to address disparities and disproportionalities seen in the data and described in the lived experiences of tribal families.

The FFPSA prevention plan has been revised and submitted to the Children's Bureau for review, feedback, and approval. The plan can be viewed on our **DCFY FFPSA Prevention webpage**.

Strengthening Child Welfare Systems: Permanency From Day One (PFD1) Initiative
Washington State has worked closely with the Children's Bureau on revisions to the PFD1 grant submission. DCYF has been approved to move forward on two strategies to improve timeliness to permanency outcomes for children and youth:

- Enhanced Permanency Planning Meetings
- Enhanced Youth Recruitment

Extensive collaboration with internal and external stakeholders has occurred in the development of the PFD1 grant and will continue throughout implementation and evaluation of the strategies. Meetings began in 2018 with problem exploration and data evaluation. Root cause analyses were conducted over a period of months with various stakeholder groups to determine emerging themes and relationships. DCYF staff, stakeholders, parent and youth representatives and tribes participated in meetings to develop a theory of change and the grant intervention strategies. These various voices and perspectives have continued to be involved through the refinement of the grant strategies and finalization of the grant implementation and evaluation plan. There are strong communication efforts in the PFD1 grant to continue to ensure DYCF leadership and field staff, stakeholders, tribes, federal parents, contractors, parents, caregivers, and youth are fully involved in the

development and implementation process, identification of barriers and strategizing solutions that will address barriers to success.

The External Advisory Team will be facilitated by the PFD1 Project Administrator and will meet quarterly to ensure alignment of the bodies of work occurring through various permanency related initiatives and projects happening throughout the state. The External Advisory Team consists of:

- Administrative Office of the Courts (AOC)
- Assistant Attorney General
- CASA
- Casey Family Programs
- Children's Home Society of WA
- Chemical Dependency Provider
- Court Judicial Representative
- DCYF Child Welfare Programs
- DCYF Field Operations
- DCYF QA/CQI Administration
- DCYF Change Management
- DCYF Tribal Representation
- Department of Corrections
- Foster Parent/Kinship Provider
- Foster Parent Association of Washington State (FPAWS)
- DCYF Juvenile Rehabilitation
- Mental Health Provider
- Youth
- Northwest Resources Associates
- Office of Civil Legal Aid
- Office of Public Defense
- Parent Representative
- UW Alliance for Child Welfare Excellence
- UW Court Improvement Training Academy (CITA)

The Implementation Team will be facilitated by the PFD1 Project Administrator and will meet quarterly to implement the interventions and provide key implementation supports. The Implementation Team consists of:

- Child Welfare Programs Director
- PFD1 Project Director
- PFD1 Project Administrator
- PFD1 QA/CQI Program Manager
- Kinship Care/Caregiver Support Program Manager
- Licensing Area Administrator
- Director of Analysis and Research (OIAA)
- Director of Field Operations
- UW Alliance Trainer
- Adolescent Program Manager
- Director of Tribal Relations
- Shared Planning Meeting Facilitator
- Region 1 Program Consultant
- Region 1 QA Administrator
- Region 2 Permanency and CFWS Lead
- Region 3 CFWS Supervisor
- Region 3 Adoption Area Administrator
- Region 4 Deputy Regional Administrator
- Region 5 Deputy Regional Administrator
- Region 6 Area Administrator
- Region 6 Permanency and Well-Being Program Manager
- Intervention office representatives
- Administrative Office of the Courts (AOC)
- Parent
- Youth
- Kempe Center

Casey Family Programs

DCYF and Casey Family Programs have a long standing relationship of collaboration to improve outcomes for children and families by providing technical assistance and funding in many areas of DCYF's work. Some of the items currently being focused on in the 2020 work plan include:

- **Expedited Permanency Practices**
  Casey Family Programs will provide consultation about TPR efforts including information on best practices, data and use of tools, be involved on the Advisory Committee of the PFD1 grant initiative, and provide data and analysis on requested permanency outcomes.

- **Placement Entry Reduction**
  To support the state's effort to reduce entries into out-of-home placement, Casey Family Programs will work with regions to prevent foster care placement by providing funding for housing assistance during CPS Investigation, CPS FAR, FVS and FRS cases.
- **FFPSA Implementation**
  Casey Family Programs will provide support and technical assistance for implementation of FFPSA including assistance in accomplishing necessary policy changes, legislative changes, contract changes, and training for staff and stakeholders to support successful implementation of FFPSA requirements.
- **Targeted Permanency Reviews**
  From October 2018 through December 2019, DCYF received consultation and technical assistance from Casey Family Programs to conduct Targeted Permanency Reviews for a select population of children in out-of-home care. These reviews were used to help inform development of strategies in the PIP.

Racial Equity and Disproportionality

In July 2020, DCYF established a Racial Equity and Social Justice (RESJ) Office that reports to DCYF's Chief of Staff. The RESJ Office, partnering closely with the Office of Tribal Relations, will provide the vision, expertise and accountability mechanisms necessary to make progress on DCYF's commitment to advance racial equity and eliminate racial and ethnic disproportionality and disparities. In 2020, the RESJ Office is developing a Racial Equity and Social Justice Plan designed to eliminate disproportionalities for all groups that experience barriers in the DCYF system. The development of this plan will complement the agency's strategic planning and priorities. The RESJ unit will also be included in the PIP implementation process to embed racial equity into practice and policy changes.

State and local Tribal Advisory Committees

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

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

Program Improvement Plan (PIP)

DCYF has been in the process of PIP revisions with feedback from the Children's Bureau. DCYF has partnered extensively with internal staff and external stakeholders including the Attorney General's Office (AGO), AOC, the Alliance for Child Welfare Excellence, Parents for Parents (P4P), the Health Care Authority (HCA), Apple Health Coordinated Care (AHCC), the Court Improvement Training Academy (CITA), and the Office Public Defense (OPD) in development of the PIP strategies to improve outcomes for children, youth and families. Internal and external partners will also be involved through implementation and monitoring of PIP activities. This will include opportunities for involvement in workgroups, review and analysis of data and provision of feedback at the statewide level with IDCC representatives, tribes, P4P, caregiver groups such as the foster parent 1624 consultation team, and Passion to Action. At the local office level, external stakeholder input from similar representation (court partners, youth, parents, tribes, other stakeholders) will be incorporated into the data analysis reviews after the PIP case reviews are conducted. These opportunities will occur

regularly to discuss trends, incorporate course corrections as needed, and ensure there is a continuous quality assurance feedback loop throughout implementation. In addition, as multiple DCYF policies will be revised as a result of PIP activities, DCYF has an inclusive process of policy revision. This includes reviews of policies by internal and external stakeholders for feedback and input into the policy revisions. Depending on the policy, external stakeholders vary and can include the AGO, other state agencies, Passion to Action and other identified stakeholders. Stakeholders that are required in the policy revision process include human resources, juvenile rehabilitation, tribal relations, and the racial equity team. The revised PIP was submitted to the Children's Bureau on May 29, 2020. The PIP was approved on June 19, 2020 with an effective date of July 1, 2020.

Internal and External Workgroups and Committees

DCYF obtains input from agency staff through many avenues including workgroups and committees. These include, but are not limited to the following; Field Advisory Board (FAB), CFWS leads, intake and safety leads, contracted services leads, and local and statewide QA/CQI committees. Staff surveys are also implemented throughout the year to engage staff in feedback and input into agency goals and priorities.

Input and feedback from external stakeholders is gathered throughout the year from the following workgroups and committees: statewide foster parent committees, Kinship Care Advisory Committee, LGBTQ+ Advisory Committee, Superior Court Judges, AHCC Implementation Team meetings, Family, Youth and System Partnership Roundtable (FYSPRT), Citizen Review Panels, WA State Parent Advocacy Committee, and Critical Incident and Fatality Review teams. Each of these teams identify recommendations for practice improvement.

The Central Case Review Team (CCRT) gathers input and feedback through interviews associated with case reviews. In CY2019, CCRT conducted 105 interviews with mothers, 68 interviews with father, 50 interviews with children and youth, 179 interviews with foster parents, and 49 interviews with other identified individuals (supervisors, extended family members, attorneys, CASA, providers, etc.)

Continuous Quality Improvement and Feedback Loops

All of the opportunities as mentioned above allow for ongoing collaboration on all of the goals and objectives in the CFSP and APSR as the CFSP incorporates components of the various initiatives occurring in child welfare in Washington State including court improvement, FFPSA, the PIP, Adoption Call to Action and PFD1. During these various meetings there is a review of data, discussion of data analysis, discussion of performance strengths and areas needing improvement, and discussion on practice improvements that have been implemented and/or feedback on what additional practice improvements could occur. As workgroups and meetings occur regularly throughout the year, there is an opportunity to provide updates on what suggestions from the workgroups and committees have been implemented and the ability to discuss the outcomes of the suggested improvements.

As implementation of these initiatives continue to move forward, there will be even more opportunities for internal and external stakeholders to collaborate on the implementation of strategies contained in each initiative, review data, and provide opportunities to discuss successes, lessons learned, and to make any program or practice adjustments as needed on an ongoing basis. There is also opportunity for increased internal coordination and alignment on planned activities that will be occurring through the initiatives.

Additional methods of collaboration are included throughout the 2021 APSR.

Assessment of Current Performance in Improving Outcomes

This report provides data from a variety of sources. Data may be reported by an abbreviated or full calendar year, state fiscal year, or federal fiscal year, depending on availability. Data sources, extract dates, and operational definitions are included throughout the document. Data utilized in this report include:

- **Child and Family Services Review (CFSR) Data Profiles**
  These data profiles are generated from the state's AFCARS data files that are submitted semi-annually to the U.S. Department of Health and Human Services. The semi-annual submissions are considered the official data for determining conformity with the CFSR Federal Data Indicators on safety and permanency.

- **infoFamLink Data Reports**
  This is the reporting system for DCYF Child Welfare workforce, which is integrated into our information management system, FamLink. This system contains administrative data reports regarding safety, permanency, and well-being. All DCYF staff including caseworkers, supervisors, regional leadership, and program managers have access to run reports.
  — Priority Performance Measures—derived from FamLink administrative data designed to evaluate practice in child welfare in "real time". Priority Performance Measures include the CFSR data measures such as recurrence of maltreatment, permanency within 12 months, 12-23 months, and 24+ months of placement entry, CPS intake or placement after CPS closure, placement stability, re-entry into care, maltreatment in care, re-entry into care, repeat running, and median length of stay. These measures are updated regularly to account for potential data lag, thus the reflected number may differ slightly from the data profiles provided by the Children's Bureau.
  — Child Welfare Management Dashboard—created through an activity outlined in the PIP to develop a dashboard for DCYF child welfare field leadership to facilitate continuous monitoring of key performance metrics.
  — Monthly Informational Report—comprised of 12 measures related to child welfare that DCYF leadership follows regularly as a consistent method for information sharing and reference about critical components of DCYF business.

- **Dependent Children in Washington state: Case Timeliness and Outcomes 2019 Annual Report**
  This report, published by AOC and Washington State Center for Court Research, reflects all of the juvenile dependency and termination cases that were filed in Washington's courts from January 2000 through December 2019. Court records from the AOC's Superior Court Management and Information System (SCOMIS) were matched with information from DCYFs FamLink system. The complete report can be viewed online here. In addition to the annual report, dependency court performance data is available on a monthly basis for ongoing assessment and monitoring.

- **Central Case Review Team (CCRT)**
  Qualitative data that is generated by reviewing in-home and out-of-home care cases. The CCRT began utilizing the federal On-Site Review Instrument (OSRI) in calendar year 2017. However, federal oversight of the reviews and interviews of key case participants to inform the ratings did not start occurring until calendar year 2018.
  In calendar year 2019, the CCRT reviewed 282 cases in 22 offices. Reviews included 891 key case participant interviews. There were no Region 4 cases reviewed in 2019, as this entire region was part of the CFSR in 2018 and the upcoming PIP reviews in 2020 and 2021.

DCYF Central Case Review Team Office Reviews Calendar Year 2019						
Calendar Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
2019	Newport Omak Moses Lake	Walla Walla Richland Sunnyside Yakima Toppenish	Lynwood Bellingham Everett Sky Valley Friday Harbor	There were no Region 4 cases reviewed in 2019.	Puyallup Lakewood	Vancouver (Columbia) Vancouver (Cascade) Port Angeles Port Townsend Forks Tumwater Shelton
Total Reviews Conducted	30	62	68	N/A	32	90

Data Source: Annual Central Case Review Report CY2019 OSRI, Central Case Review Team

Safety Outcomes 1 and 2

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

	CFSR Round 3	CY 2019 Performance	Status
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	86%	91%	⬆
Item 1: Timeliness of initiating investigations of reports of child maltreatment	86%	91%	⬆
Safety Outcome 2: Children are safely maintained in their home whenever possible and appropriate	64%	68%	⬆
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of- home care	68%	85%	⬆
Item 3: Risk assessment and safety management	65%	68%	⬆

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

Data Source: Washington 2018 CFSR Final Report and Annual Central Case Review Report CY2019 OSRI, Central Case Review Team

Safety Outcome 1: Children Are First and Foremost, Protected From Abuse and Neglect.
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment
This item determines whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face-to-face contact with the child(ren) made, within the time frames established by agency polices or state statutes.

ITEM 1: Timeliness of Initiating Investigations of Reports of Maltreatment						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	85% (131 of 154)	86% (31 of 36)	78% (7 of 9)	86% (25 of 29)	83% (30 of 36)	92% (12 of 13)	83% (26 of 31)
CY2019	91% (135 of 149)	94% (15 of 16)	90% (37 of 41)	89% (34 of 38)	*	100% (15 of 15)	87% (34 of 39)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team						

Statewide, in calendar year 2019, the CCRT found:

- The investigation or assessment was initiated in accordance with state timeframes and requirements in 99% (148 of 149) of the cases.
- Face-to-face contacts with the child(ren) victims were made in accordance with state timeframes and requirements in 84% (123 of 149) of the cases.
- When initiation or face-to-face contact was not made in accordance with state timeframes and requirements, in 46% (12 of 26) cases, it was due to circumstances beyond the agency's control. Circumstances beyond the agency's control can include an inability to locate the alleged victim or victims despite multiple attempts at various locations where the child is believed to be located, concerted efforts were made to locate a child and the agency utilized an appropriate extension per policy after attempts were exhausted within the assigned time frames.
- CCRT statewide themes and patterns include:
    — Sufficient number of IFF attempts are not completed (during the intake timeframe and after intake timeframe).
    — Extensions for IFFs do not include critical thinking regarding why the attempted IFFs were adequate given the circumstances of the case.

Administratively, the table below, from infoFamLink, shows the number of allegations of abuse or neglect that were assigned for assessment within either a 24-hour or 72-hour timeframe for CY2018 and CY 2019.

Timeliness of Initial Face-to-Face with Alleged Victim All Response Times, Statewide					
Year	IFF Within Time Frame	Attempted IFF Within Time Frame	Attempted IFF Within Time Frame (No Visit)	Total Investigations	% IFF and Attempted IFF Compliance
CY2018	56,041 (90.27%)	4,776 (7.69%)	108 (.17%)	62,080	98.14%
CY2019	55,102 (89.91%)	4,719 (7.70%)	86 (.14%)	61,287	97.75%
Data Source: Initial face-to-face timeliness report, CY2018 & CY2019; infoFamLink; June 2, 2020					

Timeliness of Initial Face-to-Face with Alleged Victim, All Response Time, By Region (Includes IFF and Attempted IFF Within Time Frame)						
Year	R1	R2	R3	R4	R5	R6
CY2018	97.69%	96.84%	98.54%	97.75%	98.50%	98.96%
CY2019	98.34%	96.91%	97.82%	97.06%	97.87%	98.32%
Data Source: Initial face-to-face timeliness report, CY2018 & CY2019; infoFamLink; June 2, 2020						

Timeliness of Initial Face-to-Face with Alleged Victim, By Region IFF and Attempted IFF Separated, CY2019						
CY2019	R1	R2	R3	R4	R5	R6
IFF Within Time Frame	91.96%	88.16%	91.62%	86.60%	89.76%	91.04%
Attempted IFF Within Time Frame	6.38%	8.75%	6.2%	10.46%	8.11%	6.92%
Data Source: Initial face-to-face timeliness report, CY2019; infoFamLink; July 30, 2020						

Across the regions, there is not significant variance between IFFs that are completed with the time frame (the alleged victim or victims have been physically seen) and the attempted IFF within time frame (efforts were made to see the alleged victim or victims). There is only a variance of approximately 5% between Region 4 and Region 1. However, this information is correlated to the use of extensions as shown further in this section. We can show that, in general, the regions that have a lower IFF within time frame, have a higher percentage of extensions that are utizlied when attempts have been made to assess the alleged victim or victims within the assigned time frame.

Even though intake rates remained relatively stable between 2018 and 2019, there was a 6% increase in the number of investigations requiring a 24-hour response in CY2019 compared to CY2018 and a 5% decrease in the number of investigations requiring a 72-hour response in CY2019 compared to CY2018.

Overall, DCYF performs well in initiating investigations and face-to-face contact with alleged victims and documentation of those efforts and attempts with a very slight decrease in administrative performance from CY2018 to CY2019. This is an area of focus that has and continues to be emphasized through monitoring of data and practice. It is included in the Child Welfare Management Dashboard utilized by regional leadership as well as on the Monthly Informational Report. The Initial Face-to-Face Timeliness report is a data driven subscription that is automatically generated through the system and is sent to caseworkers and supervisors two times per week and to Area Administrators (AAs) two times per month. In addition to being provided via email or subscription, all of these reports are accessible through infoFamLink.

Analysis of data and CFSR findings identified practice related to the use of extensions to the IFF timeframes as an area of focus for improvement. DCYF policy allows extensions and exceptions to initial face-to-face timelines in limited circumstances. Per DCYF policy 2310 Child Protective Services (CPS) Initial Face-to-Face (IFF) Response, an extension to the initial face-to-face timeline may be used in some circumstances including, but not limited to:

- Child safety may be compromised if an extension is not granted and the extension is approved by the AA. Although this is not one of the most commonly used extensions, an example may be that the victim may be at increased safety risk if contact was made without a more coordinate, planned response. This may be applicable to some highly volatile domestic violence cases.
- A law enforcement officer requests to delay the IFF contact with the child per the County Child Abuse, Fatality, and Criminal Neglect Investigation protocols and the extension is approved by the supervisor.
- Reasonable efforts were made to locate the child and the child cannot be located within the 24-hour and 72-hour timeframe and the supervisor has reviewed the caseworker's efforts to locate the child.

The latter two bullets are, in general, the most commonly used extension reasons.

Per policy 2310, exceptions may be used when:

- Reasonable efforts to locate the child are exhausted.
- The child is deceased.
- The child has moved out of state.
- The allegation involves a facility. The parent of the victim is the legal guardian, and not the subject, and the parent will not give permission for the investigator to interview the child.

The use of exceptions and extensions related to initial face-to-face visits can also be monitored through the Initial Face-to-Face Timeliness report in infoFamLink.
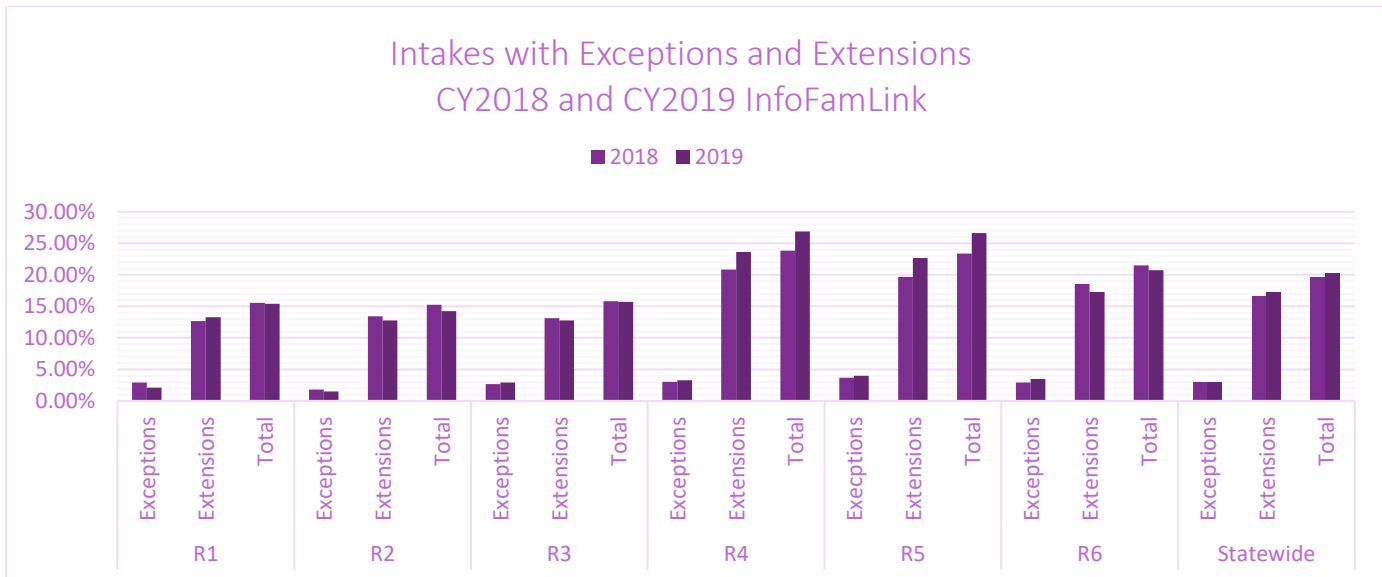
Data Source: Initial face-to-face timeliness report, CY2019; infoFamLink; June 2, 2020

In calendar year 2019:

- For 24-hour response intakes, 23.93% (5,043 of 21,075) received had a documented exception or extension. Of those, 2.39% (503) had a documented exception and 21.54% (4,540) had a documented extension.
- For 72-hour response intakes, 18.43% (7,413 of 40,212) received had a documented exception or extension. Of those, 3.27% (1,306) had a documented exception and 15.17% (6,100) had a documented extension.

- The use of exceptions for all response times increased from 2.89% in CY2018 to 2.96% in CY2019.
- The use of extensions for all response times increased from 16.67% in CY2018 to 17.36% in CY2019.

Assessment of Strengths for Safety Outcome 1

- CCRT data showed that there was a statewide improvement of 6% between CY2018 and CY2019 on Item 1 with all regions having improved performance during that time. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 5% between CY2018 and CY2019.
- Caseworkers are consistently initiating and documenting timely face-to-face visits with alleged victims of child abuse and neglect for 24-hour and 72-hour response times. Administrative data shows a high rate of compliance.

Assessment of Barriers and Areas Needing Improvement for Safety Outcome 1

- The number of child abuse and neglect reports requiring a 24-hour response increased by 6% in CY2019 compared to CY2018.
- Due to geographic size of the regions, extensive travel may cause delays in making timely face-to-face contacts within the assigned response times, especially when subsequent attempts are needed.
- DCYF policy and procedure related to defining reasonable efforts and response requirements, prior to and after the request and approval of an extension or an exception lacks clarity and specificity.
- Extensions may be approved to manage workload due to higher volume of intakes. Caseworkers would benefit from additional support, guidance and skills regarding strategic management to support prioritization of timely face-to-face contacts.
- After-hours is not available in all regions to complete 72-hour responses on weekends when earlier attempts have not located the child.

Implemented Practice Improvements for Safety Outcome 1

- Every region that was reviewed saw an increase in performance from CY2018 – CY2019 on Safety Outcome 1, Item 1. This is believed to be related to the following processes that were put in place in the various regions:
    — Conducting weekly reviews of face-to-face contacts that are non-compliant and emailing the caseworker and supervisor to address the concerns and/or issues surrounding lack of contact.
    — Conducting qualitative reviews around the use of exceptions and extensions in the effort to decrease the use of extensions and exceptions when there are circumstances within the agency's control.
    — Providing weekly or monthly data roll-ups to supervisors and AAs to inform discussions regarding exceptions, extensions, and missed initial face-to-face contacts.
    — One region has implemented a "Gate Keeper" in each office within the region to review extensions and exceptions weekly with at tracking mechanism for when those face-to-face contacts are being made.
    — Some regions are utilizing the support of after-hours staff to continue to make face-to-face contacts after caseworkers have completed and documented reasonable efforts to meet the response time.
- A statewide workgroup has been convened to revise the initial face-to-face policy and clarify expectations around efforts to complete an IFF. Following policy revisions, updated guidance, consistent QA/CQI

processes and revisions to training will be implemented as part of the process. This is in accordance with DCYFs PIP.

Planned Activities Targeted at Improving or Maintaining Practice Improvement for Safety Outcome 1

- Regions will continue to conduct targeted qualitative reviews of initial face-to-face contacts that have not been completed within the times frames, those with exceptions, and those with extensions to do an in-depth review of the circumstances to ensure the appropriate use of exceptions and extensions when reasonable efforts have been made and there are circumstances beyond the agency's control.
- The following PIP strategies will support practice improvement for Safety Outcome 1:
  — Strategy 3.1 includes the development and implementation of clarifying guidance, policy, and practice expectations regarding the use of extensions and exceptions for initial face-to-face contacts along with additional resources and support for the use of administrative and qualitative data to monitor performance.
  — Strategies regarding workforce development include coaching for supervisors and AAs specific to clinical supervision to help strengthen critical thinking skills through the workforce.
- DCYF will utilize PIP performance data to monitor improvement and outcomes.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care
This item determines whether, during a period under review, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

ITEM 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry Into Foster Care							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	74% (70 of 94)	77% (20 of 26)	75% (3 of 4)	84% (16 of 19)	63% (12 of 19)	75% (6 of 8)	69% (13 of 18)
CY2019	85% (62 of 73)	80% (4 of 5)	90% (19 of 21)	85% (17 of 20)	*	83% (5 of 6)	81% (17 of 21)
*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- The agency made concerted efforts to provide or arrange for appropriate services for the family to protect children and prevent their entry into foster care or re-entry into foster care after reunification in 71% (27 of 38) of the cases.
  — This was found as an area of strength in 90% (9 of 10) of in-home cases.
  — This was found as an area of strength in 64% (18 of 28) of out-of-home cases.
- The child was removed from the home without providing or arranging for services and the action was necessary to ensure the child's safety in in 87% (40 of 46) of the cases.
- CCRT statewide themes and patterns include:
  — Lack of providing safety related services to prevent removal.
  — Use and documentation of critical decision making in regards to how the offered safety services address a specific concern.

— Child is not returned home when safety threats are mitigated or could be mitigated with an in-home safety plan.

FamLink data was used to review the use of 72-hour Family Team Decision Making meetings (to be held within 7 days prior to a removal and up to 3 days after removal). Data from January 2020 shows that DCYF conducted FTDMs for only 33% of the 9,697 children in out-of-home care who required an initial FTDM prior to placement or following an emergent placement. The administrative data pulled from Famlink does not accurately reflect the amount of 72-hour meetings completed within the state. Regional data collected indicates number of 72-hour meetings held are consistently and significantly higher than the administrative Famlink report. For example, in Regions 1 and 2, they estimate that the completion rate is closer to 87% - 90%; however, regional data is collected via excel spreadsheets and there is extensive hand counting required to determine quantitative data. There is also variance in how the regions collect the data.   There is a definite need to improve the validity of Famlink administrative reporting processes.   The PIP addresses the inaccuracy of data collection with the development of an improved report. The current report in FamLink only captures children that are currently in out-of-home placement on the date the report is pulled. The report does not account for children who may have never been placed or returned home with appropriate safety planning. Through PIP strategy 3.4, DCYF is looking at establishing a report in FamLink to capture a more quantitative and qualitative review of FTDMs. The report will be looking at the count of FTDMs that occurred, if they occurred within the policy time frames along with if FTDMs are occurring for placement changes and reunifications per policy. The report will also look at parental engagement, race/ethnicity (to address disproportionality), use of safety related tools, tribal member attendance, and meeting outcomes. The goal of the development of this new report will be that regions will no longer have to keep a separate tracking system and to be able to have good qualitative data around the use of FTDMs to assist in practice improvement.   The emphasis for consistent and structured use of FTDMs, as identified in PIP strategy 3.4, is an opportunity for caseworkers to engage with parents and articulate safety concerns and conditions needed to address those identified concerns to prevent out-of-home placement; discuss conditions for return home if placement is needed; identify and support connections for children and parents; and identify individualized services.

CPS Intake or Placement After Case Closure

This measure is the percentage of families who experience a screened-in CPS intake or placement of one or more children within 12 months of case closure. This is a state outcome measure intended to reflect the overall performance of the Washington child welfare system and is broken down by the major program areas of Child Protective Services (CPS), Family Voluntary Services (FVS), Child and Family Welfare Services (CFWS) and Family Reconciliation Services (FRS).

CPS Intake or Placement After Case Closure by Program Area			
Program Area	Timeframe	Desired State Performance	Current State Performance
CPS	Oct 2017 – Sept 2018	20% or less	22.2%
FVS	July 2017 – June 2018	20% or less	31.2%
CFWS	Oct 2017 – Sept 2018	20% or less	24.2%
FRS	Oct 2017 – Sept 2018	20% or less	15.3%
Data Source: Child Welfare Priority Performance Measures, CPS Intake or Placement after Case Closure, infoFamLink			

Re-Entry to Foster Care

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

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

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

CFSR Round 3 Federal Data Indicator: Re-Entry to Foster Care						
	14B-17A*	15A-17B*	15B-18A*	16A-18B*	16B-19A*	17A-19B*
National Performance (at or below)	8.1%	8.1%	8.1%	8.1%	8.1%	8.1%
Washington Risk Standardized Performance (RSP)	5.8%	7.2%	7.1%	7.0%	6.4%	7.3%
Washington Observed Performance	4.7%	5.9%	5.7%	5.6%	5.1%	5.9%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-1-19 (AFCARS) and 12-1-2019 (NCANDS), February 2020

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

On this measure, Washington State's risk standardized performance is statistically no different than national performance on most time frames. The exception is 14B-17A and 16B-19A where Washington State's risk standardized performance was statistically better than the national performance.

DCYF's Priority Performance Measures are complementary data to the CFSR data profile. This measure looks at the percentage of all children exiting during a defined period to reunification or guardianship who return to care within 12 months of exit. These measures look only at Washington State's observed performance and, as they are updated monthly, account for any potential data lag that may exist.

Re-Entry into Care--All LOS by Region
July 2018 - June 2019
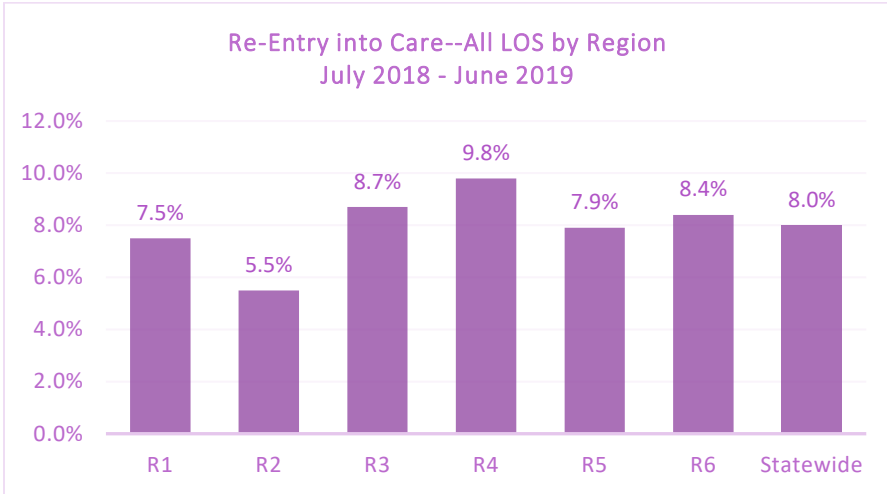
Data Source: Child Welfare Priority Performance Measures, Re-Entry into Care—All LOS, infoFamLink

When data is broken down further by race and age, we can see that American Indian/Alaska Native-Multi children and youth and Black-Multi children and youth re-enter at a higher percentage than any other race as do children who are under 3 months of age.
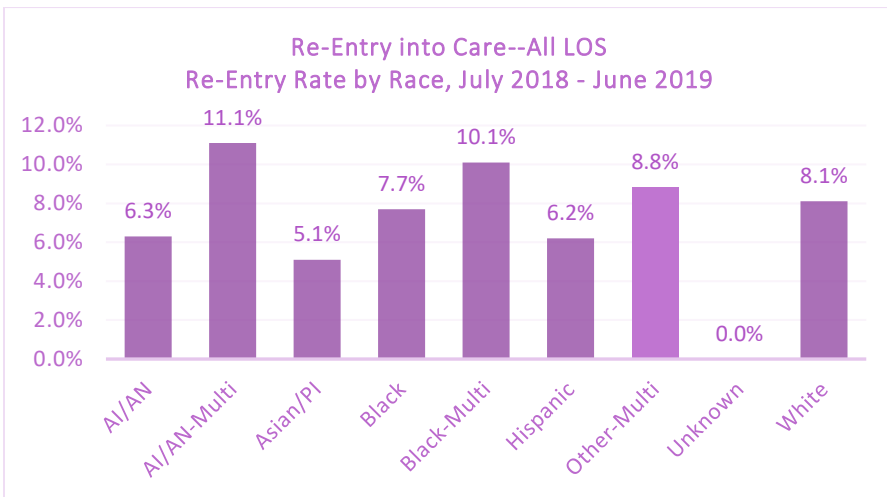
Re-Entry into Care--All LOS
Re-Entry Rate by Race, July 2018 - June 2019

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

Re-Entry into Care--All LOS
Re-Entry Rate by Age at Physical Return
July 2018 - June 2019

Age at Physical Return	Re-Entry Rate
0-3 Month	14.6%
4-11 Months	7.4%
1-5 Years	9.1%
6-11 Years	6.4%
12-16 Years	7.2%
17 Years	8.5%
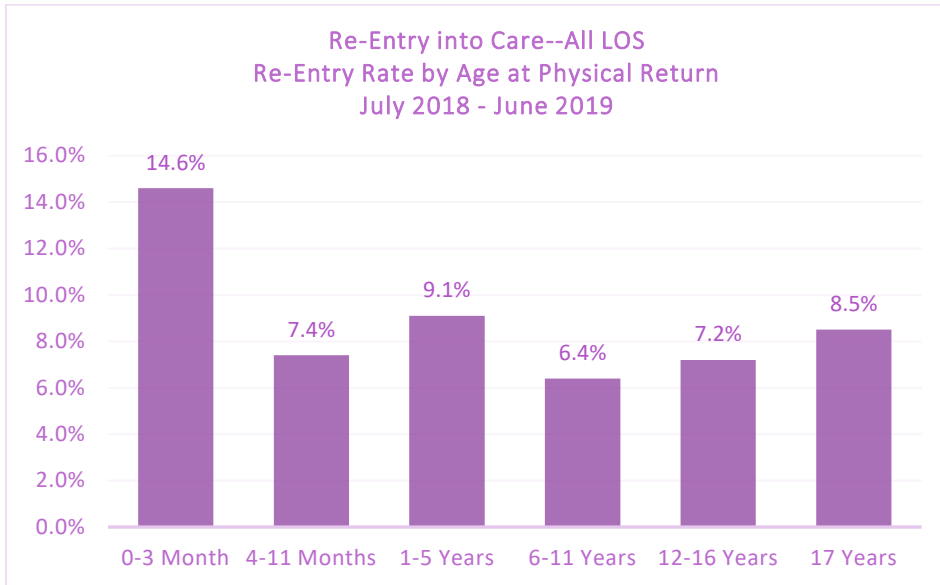
Data Source: Child Welfare Priority Performance Measures, Re-Entry into Care—All LOS, infoFamLink

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

Re-Entry Rate by Length of Stay July 2018 – June 2019			
Length of Stay	Re-Entry Rate	Number of Re-Entries	Total Cases
<8 days	16.0%	143	894
8-65 days	12.1%	82	676
66-365 days	4.7%	27	574
366 to 730 days	5.8%	31	538
Over 730 days	3.3%	48	1,456
Data Source: Child Welfare Priority Performance Measures, Re-Entry into Care—All LOS, infoFamLink			

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

In calendar year 2019, 10.4% (407 of 3,905) of newly established dependencies had a previously dismissed dependency case. [1] In reviewing the time between the previously dismissed and newly established

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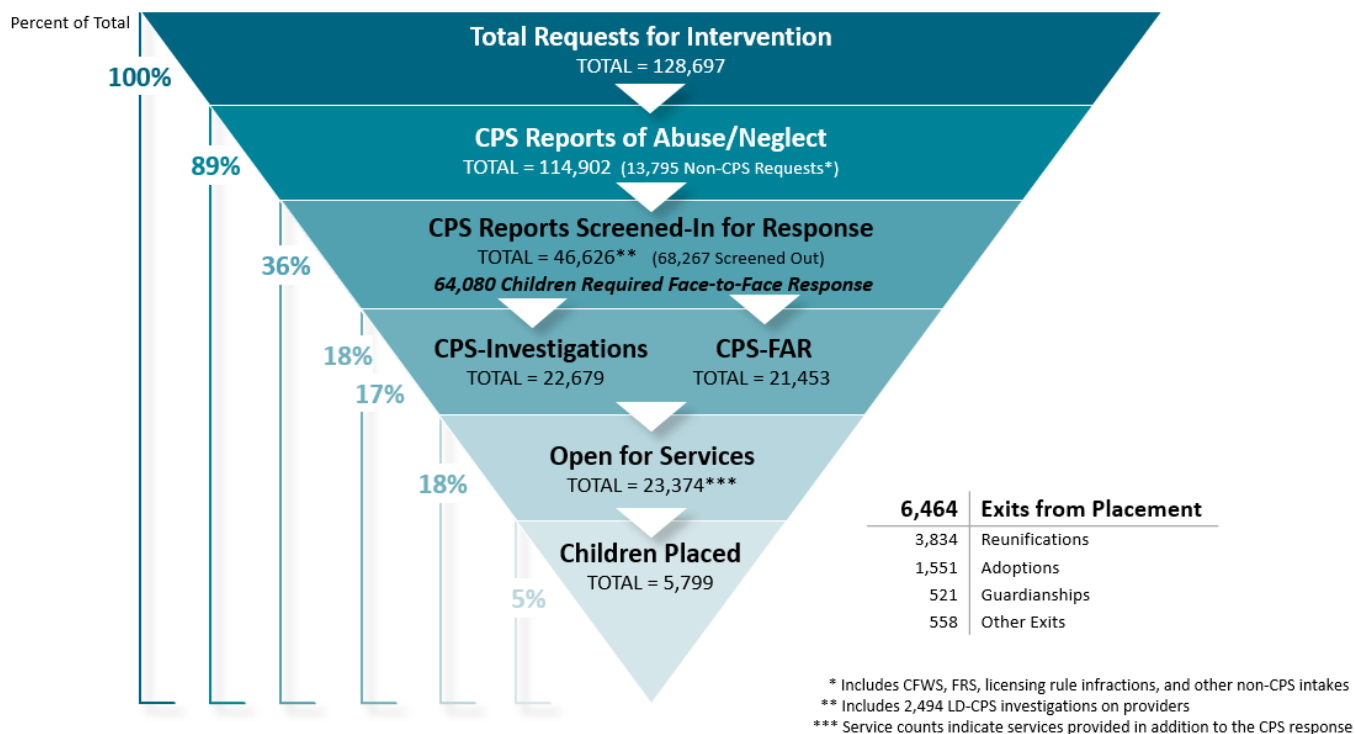[1] Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness – Monthly Updates; January – December 2019; as of December 31, 2019.
Report information for King County Superior Court, State, FJCIP and State excluding FJCIP is temporarily incomplete as of November 13, 2018. King County Superior Court has transitioned to a locally implemented and maintained case management system.

dependency case, 51% (206 out of 407) remained home following previous dismissal more than 24 months before re-entry and 34% (137 out of 407) re-entered care within 12-months of previous dismissal.

Intakes Opened for Services

In CY2019, over 23,000 cases were open for some type of service, with 5,799 entries into out-of-home care to ensure child safety.

Child Welfare Overview CY 2019

Percent of Total

100% — **Total Requests for Intervention**
TOTAL = 128,697

89% — **CPS Reports of Abuse/Neglect**
TOTAL = 114,902 (13,795 Non-CPS Requests*)

36% — **CPS Reports Screened-In for Response**
TOTAL = 46,626** (68,267 Screened Out)
64,080 Children Required Face-to-Face Response

18% — **CPS-Investigations**
TOTAL = 22,679

17% — **CPS-FAR**
TOTAL = 21,453

18% — **Open for Services**
TOTAL = 23,374***

5% — **Children Placed**
TOTAL = 5,799

6,464	Exits from Placement
3,834	Reunifications
1,551	Adoptions
521	Guardianships
558	Other Exits

* Includes CFWS, FRS, licensing rule infractions, and other non-CPS intakes
** Includes 2,494 LD-CPS investigations on providers
*** Service counts indicate services provided in addition to the CPS response

Item 3: Risk and Safety Assessment and Management

This item determines whether, during a period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

ITEM 3: Risk and Safety Assessment and Management						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	65% (168 of 257)	60% (39 of 65)	60% (6 of 10)	74% (28 of 38)	63% (41 of 65)	70% (19 of 27)	67% (35 of 52)
CY2019	68% (193 of 282)	90% (27 of 30)	65% (40 of 62)	69% (47 of 68)	*	59% (19 of 32)	67% (60 of 90)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- The agency conducted an initial assessment which accurately assessed all of the risk and safety concerns for the identified child in foster care and/or any child(ren) remaining in the family home in 76% (69 of 91) of the cases.

- The agency conducted an ongoing assessment which accurately assessed all of the risk and safety concerns for the identified child in foster care and/or child(ren) who remained in the home in 71% (200 of 282) of the cases
- When safety concerns were identified, the agency developed an appropriate safety plan with the family, monitored the plan on an ongoing basis, and updated the safety plan as needed in 50% (15 of 30) of the cases.
- CCRT statewide themes and patterns include:
  — Lack of comprehensive assessments that address all safety concerns and risks.
  — Ongoing assessment of safety of all children in the home for in-home cases, even if the child is not an alleged victim for investigation cases or an identified child for FAR cases.
  — Ongoing assessment of safety of children who remain in the home for out-of-home cases.

Maltreatment in Foster Care

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

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

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

CFSR Round 3 Federal Data Indicator: Maltreatment in Care (Victimization/100,000 Days in Care)			
	FY15*	FY16*	FY17*
National Performance (at or below)	4.44	4.44	4.44
Washington Risk Standardized Performance (RSP)	10.00	9.77	9.35
Washington Observed Performance	7.47	7.29	6.96
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-1-19 (AFCARS) and 12-1-2019 (NCANDS), February 2020			
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, with spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1st – March 31st. "B" refers to the 6-month period April 1st –Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).			

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

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

Maltreatment in Care, Rate per 100,000 Days in Care
January 2018 - December 2018

Region	Rate
R1	8.5
R2	2.5
R3	10.8
R4	7.7
R5	4.6
R6	7.4
Statewide	7.2

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

Rate of Victimization per 100,000 Days in Care by Placement Setting January 2018 – December 2018			
Placement Setting	Rate per 100,000 Days	Number of Victims	Days in Care
Group Care	7.3	5	68,776
Mixed Settings*	11.0	74	671,802
Non-relative FC	6.2	110	1,764,003
Relative FC	6.5	88	1,356,927
* Mixed setting is used when the child did <u>not</u> spend at least 75% of their time in one of the other specific settings, but was in multiple settings during the cohort period. *Data Source: Child Welfare Priority Performance Measures, Maltreatment in Care, infoFamLink*			

Overall, the rate in the state has increased over the last three state fiscal years.

The safety of every child is the primary and foremost goal of DCYF. PIP strategies related to improving caseworker engagement and quality contacts with children, youth, parents and caregivers; thorough and accurate assessments of safety; and appropriate referral and provision of services will assist in ensuring children, youth, and caregivers are receiving the necessary services and supports to decrease the rates of maltreatment in care.

DCYF's Statewide QA/CQI team is considering exploring a more detailed analysis of this measure to identify root cause to be able to address the core issues that are contributing to the performance on this measure.

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

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

Risk-Standardized Peformance (RSP) is used to assess state performance compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control (i.e. ages of children in out-of-home care). This allows for a more fair comparison of each state's performance relative to the national performance.
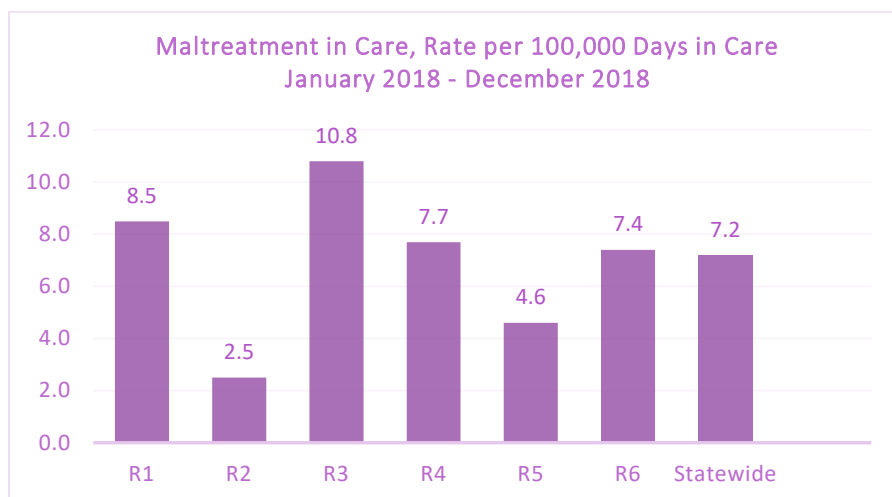
CFSR Round 3 Federal Data Indicator: Recurrence of Maltreatment			
	FY15-16*	FY16-17*	FY17-18*
National Performance (at or below)	9.5%	9.5%	9.5%
Washington Risk Standardized Performance (RSP)	9.1%	10.8%	10.4%
Washington Observed Performance	7.1%	8.4%	8.1%
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-1-19 (AFCARS) and 12-1-2019 (NCANDS), February 2020 **Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, with spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1st – March 31st. "B" refers to the 6-month period April 1st –Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).*			

On this measure, Washington State's risk standardized performance is statistically no different than national performance in FY15-16 and FY17-18. Washington State's risk standardized performance was statistically worse than the national performance in FY16-17.

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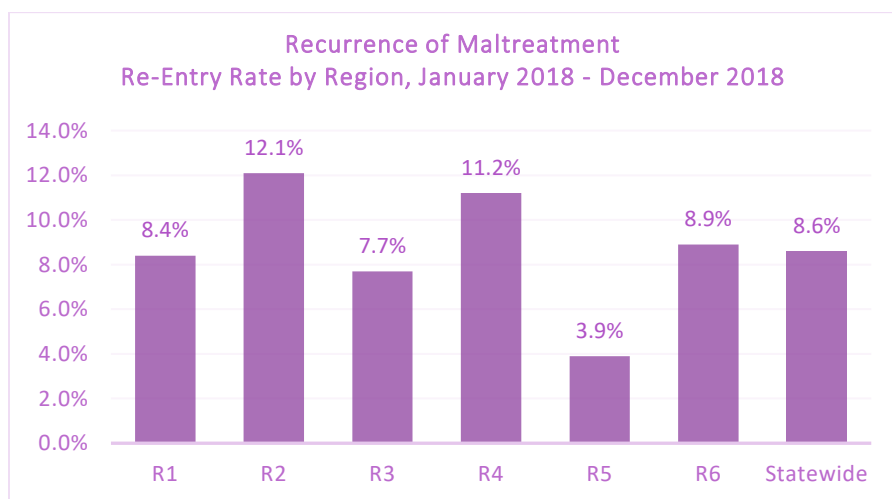
Data Source: Child Welfare Priority Performance Measures, Recurrence of Maltreatment, infoFamLink

When data is broken down further by race, we can see that American Indian/Alaska Native children and youth experience a much higher rate of recurrence of maltreatment than any other race.
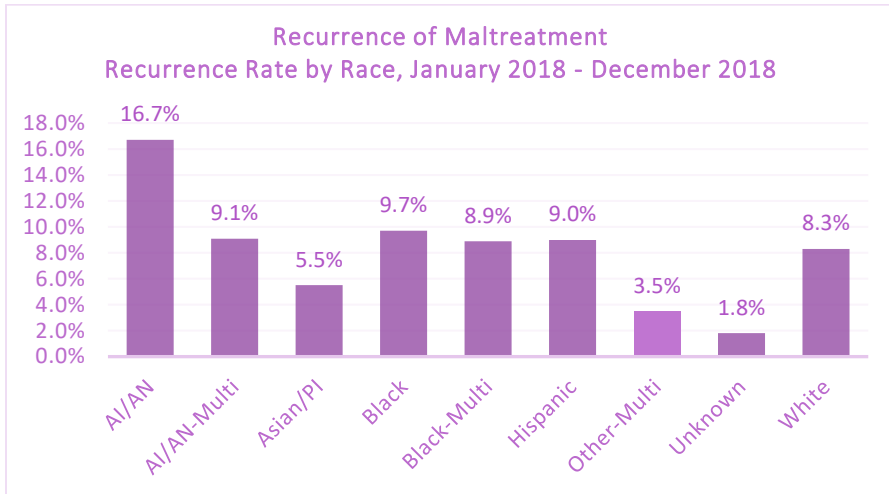
Recurrence of Maltreatment
Recurrence Rate by Race, January 2018 - December 2018

Chart data:
- AI/AN: 16.7%
- AI/AN-Multi: 9.1%
- Asian/PI: 5.5%
- Black: 9.7%
- Black-Multi: 8.9%
- Hispanic: 9.0%
- Other-Multi: 3.5%
- Unknown: 1.8%
- White: 8.3%

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

Recurrence of Maltreatment
Recurrence Rate by Allegation Type
January 2018 - December 2018

Chart data:
- Neglect/Abandonment: 9.8%
- Physical Abuse: 6.8%
- Sexual Abuse/Exploitation: 4.0%
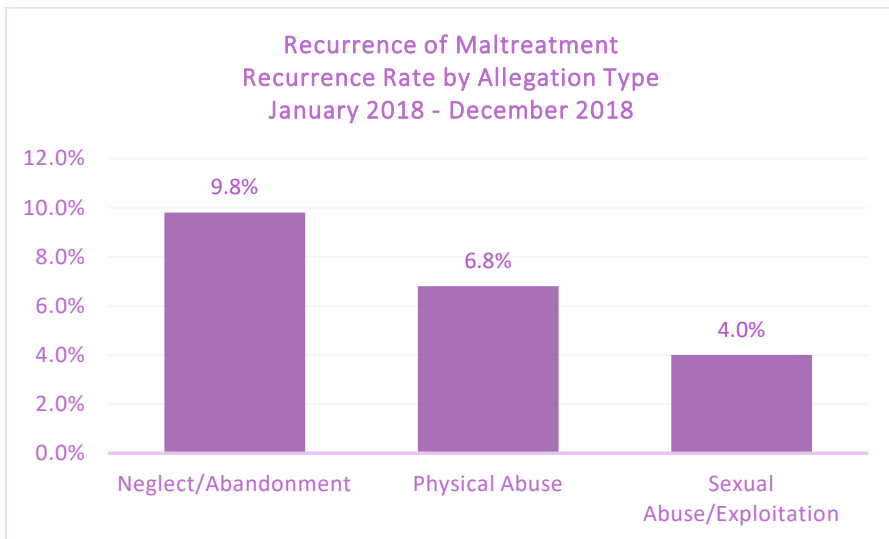
Data Source: Child Welfare Priority Performance Measures, Recurrence of Maltreatment, infoFamLink

For recurrence of maltreatment, allegations of neglect and abandonment are seen at a higher rate than physical or sexual abuse.

DCYF's rates of all founded CPS investigations has steadily increased over the past five years, with 17.16% of investigations receiving a founded finding in SFY2015 and 20.21% of referrals receiving a founded finding in SFY2019.

Based on statistical analysis, the following process measures have shown to influence the outcomes related to recurrence of maltreatment:

- CPS Family Placement Rate
- CPS Timely In-Home Service Provision
- Initial Face to Face in 24/72 Hours
- Timely Investigations

These are all measures that are monitored. There are focused strategies in the PIP to influence these measures including emphasis on initial face-to-face contacts; improvement in frequency and quality of contacts; engagement with children, youth, and families; thorough and accurate assessments of safety and risk; and identification and implementation of timely services to address identified needs of children, youth, families and caregivers.

Assessment of Strengths for Safety Outcome 2

- CCRT data showed that there was a statewide improvement of 11% between CY 2018 and CY2019 on Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care with improvement occurring in each region. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 8% between CY2018 and CY2019.
- CCRT data showed that there was a statewide improvement of 3% between CY2018 and CY2019 on Item 3: Risk and safety assessment and management, although regional performance varied. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 2% between CY2018 and CY2019.
- DCYF has a variety of contracted Evidence Based Practices (EBPs) available to provide support to families, which can be tailored to the family's needs and availability. Services are focused on improving family functioning in order to promote the child's or youth's health, safety, and welfare, allowing children or youth to remain in or return to the family home. All services are delivered in the family home.

Assessment of Barriers and Areas Needing Improvement for Safety Outcome 2

- Caseworkers are not consistently addressing all allegations of abuse and neglect identified in the intake prior to case closure to prevent re-referral for the same concern that may escalate in severity.
- There is a lack of culturally appropriate providers in the regions to include a lack of dual-language providers.
  — It was identified in the 2019 ICW case reviews that there is a lack of in-home evidence-based providers who are Native American.
- There is a lack of agency and community providers in rural areas of the state.
- Imminent risk of placement Family Team Decision Making meetings (FTDMs) are not consistently held prior to placement at the same rate as after placement. Facilitation of these meetings would increase the likelihood of services being offered and prevent placement.
- Safety and risk assessments are not being used to drive decision making around appropriate and individualized services to mitigate identified safety concerns versus utilizing "boiler plate" services.

Implemented Practice Improvements for Safety Outcome 2

- Every region that was reviewed saw an increase in performance from CY2018 – CY2019 on Safety Outcome 2, Item 2. This is believed to be related to the following processes that were put in place in the various regions:
  — Implemented a new caseworker and new supervisor orientation process that includes overview of the federal review measures. This process also includes case reviews during the first year of employment for a caseworker and providing structured feedback to the caseworker, supervisor, AA, and RA on areas of strength and areas needing improvement.
  — Collaborated with court partners and provided education to family court staff on the Safety Framework and creative ways to mitigate safety threats.

- — Implemented consultations to look at cases where children are in out-of-home care and utilizing the Safety Framework and SDM to determine if a child or youth can return home with services to mitigate any identified safety threats that may exist.
- — Implemented pre-filing or triage staffings, utilizing the Safety Framework to identify safety threats, conditions for return home, and development of appropriate safety plans to prevent removal. One office in Region 5 saw a 30% reduction in the filing of dependency petitions and out-of-home placements once pre-filing staffings were adopted.
- — Weekly notifications of EBP provider availability in the regions.

- Region 1 had a substantial increase on Safety Outcome 2, Item 3 from CY2018 – CY2019. They attribute this increase to conducting regional qualitative reviews using the OSRI in non-PIP offices utilizing the same measurement plan as the CCRT. This information is used to provide feedback on areas of strength and areas needing improvement to staff, supervisors, AAs and RAs and assists offices in developing improvement strategies. Region 1 also conducts qualitative health and safety reviews for assessment of safety during monthly contacts and is able to provide feedback based on those reviews to the offices in their region as an area of focus.
- It is also believed that the increase in statewide performance on Safety Outcome 2, Item 3 is related to removal of the copy over function of the safety assessments out of the SACWIS system. This forces workers to reassess safety at every significant decision point and for workers less versed in the safety framework to utilize and practice using the tool rather than copying the information from a prior assessment.
- Regions have initiated a Triage process in which cases are staffed with caseworkers, supervisors, AAs, quality assurance and quality practice staff to discuss services that can be implemented to prevent removal or re-entry into out-of-home care. These processes include utilizing and updating the Safety Assessment and Structured Decision Making (SDM) Risk Assessment.
- Regions are provided weekly information on the availability of services and EBPs in their respective areas.
- Regions have offered and provided Safety Bootcamp training to staff.

Planned Activities Targeted at Improving or Maintaining Practice Improvement for Safety Outcome 2
- A poster is being developed that displays key decision making points in a case where the Safety Framework and SDM need to be completed per state policy. These will be available as a visual reference for staff and will be integrated into supervision and coaching activities.
- The following DCYF PIP strategies will support practice improvement for Safety Outcome 2:
- — Strategy 3.2 includes review and revision of policy and practice expectations related to the Safety Framework, SDM, Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), and Comprehensive Family Evaluation (CFE). This will include guidance and tools to support ongoing knowledge and integration of the Safety Framework and tools across all programs types and throughout the life of a case. This also includes the use of administrative data to monitor performance.
- In this strategy, regions will conduct semi-annual targeted qualitative reviews of timely and accurate completion of the Safety Framework and SDM in all program areas (CPS-Investigations, CPS-FAR, Child and Family Welfare Services—CFWS, and Family Voluntary Services—FVS). These qualitative reviews will be standardized across the regions. Results from these reviews will be used to identify areas for practice focus and

improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas needing improvement for each case reviewed.

- ▪ In this strategy, there will also be monthly safety consultation teams at a leadership level (AAs and supervisors) and between supervisors and caseworkers. These teams (all program types) will review a minimum of one case, specifically focusing on the consistent application of the Safety Framework to guide decision making. These consultation teams will also support integration of learning and practice consistency.

— Strategy 3.5 includes developing and implementing clear, consistent guidelines for staffing pre-dependency filings and complex cases and the use of FTDMs.

— Strategies regarding workforce development including coaching for supervisors and AAs specific to clinical supervision to help strengthen critical thinking skills through the workforce.

— Strategies regarding training, guidance, and supports for caseworkers to engage children, youth, and families and the ability to have honest, meaningful, and difficult conversations related to safety and permanency and appropriate identification of needed services to address individualized needs.

— Strategies regarding training and the development of practice and program specific guides with a lens of incorporating implicit bias and the needs of marginalized populations to address the disproportionalities in the Child Welfare system.

- DCYF will utilize PIP performance data to monitor improvement and outcomes.

Permanency Outcomes 1 and 2

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

	CFSR Round 3	CY 2019 Performance	Status
Permanency Outcome 1: Children have permanency and stability in their living situations	17%	26%	⬆
Item 4: Stability of out-of-home care placement	68%	74%	⬆
Item 5: Establishment of an appropriate permanency goal for the child in a timely manner	60%	69%	⬆
Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangements	23%	35%	⬆
Permanency Outcome 2: The continuity of family relationships and connections is preserved	68%	70%	⬆
Item 7: Placement with siblings	85%	80%	⬇
Item 8: Visiting with parents and siblings in out-of-home care	64%	63%	⬇
Item 9: Preserving connections	82%	85%	⬆
Item 10: Relative placements	81%	79%	⬇

Item 11: Maintaining relationships between the child in out-of-home care and his or her parents	67%	64%	

	Federal Target Achieved		Within 10% of Federal Target		Greater than 10% of Federal Target

Data Source: Washington 2018 CFSR Final Report and Annual Central Case Review Report CY2019 OSRI, Central Case Review Team

Permanency Outcome 1: Children have permanency and stability in their living situations.
Item 4: Stability of Foster Care Placement

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

ITEM 4: Stability of Out-of-Home Care Placement						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	65% (120 of 184)	65% (31 of 48)	67% (4 of 6)	67% (16 of 24)	67% (31 of 46)	73% (16 of 22)	58% (22 of 38)
CY2019	74% (151 of 204)	68% (15 of 22)	70% (30 of 43)	76% (37 of 49)	*	63% (15 of 24)	82% (54 of 66)

*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews.
Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team

Statewide, in calendar year 2019, the CCRT found:

- In 204 cases, the average number of placement settings per child was 1.66. The range of the number of placement settings for all cases was 1 to 13.
- Placement changes during the period under review were planned by the agency in an effort to achieve the child's case goal or meet the needs of the child in 18% (10 of 57) of the cases.
- The child's current or most recent placement setting was stable in 91% (186 of 204) of the cases.
- CCRT statewide themes and patterns include:
  — Children in out-of-home care have unplanned moves due to foster parent requests to have children moved. Foster parents are not equipped to handle children's behaviors.
  — Children in out-of-home care are placed in temporary placements while waiting for appropriate long-term placements.

Placement Stability

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

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

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

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

CFSR Round 3 Federal Data Indicator: Placement Stability (Moves/1,000 Days in Care)						
	16B-17A*	17A-17B*	17B-18A*	18A-18B*	18B-19A*	19A-19B*
National Performance (at or below)	4.44	4.44	4.44	4.44	4.44	4.44
Washington Risk Standardized Performance (RSP)	6.38	6.98	6.95	6.71	6.93	7.53
Washington Observed Performance	5.71	6.30	6.28	6.04	6.26	6.88

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-1-19 (AFCARS) and 12-1-2019 (NCANDS), February 2020

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

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

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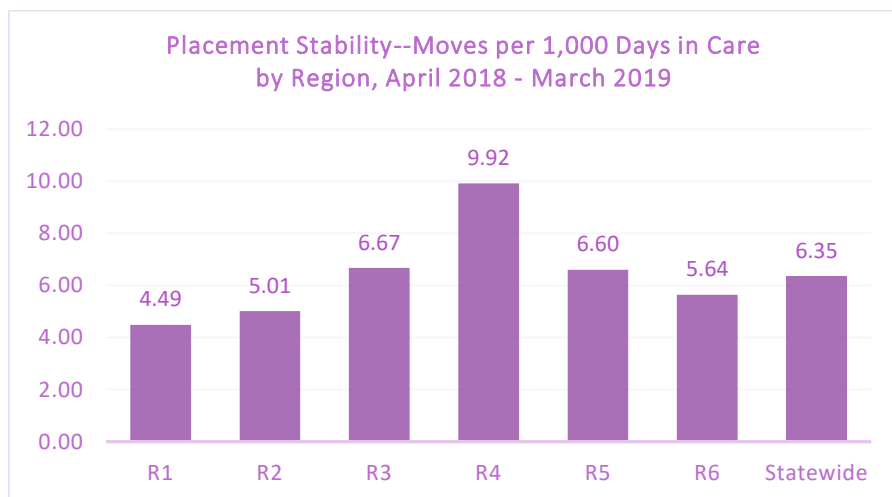
Data Source: Child Welfare Priority Performance Measures, Placement Stability, infoFamLink

The state as a whole is underperforming in this area. In looking at the number of moves in care by placement type, we see that children and youth in Group Care and Mixed Setting** have the highest rate of placement moves. These children and youth generally have greater mental and behavioral health needs. For example, in comparing the foster care population in 2016 to the child Medicaid population, 56% of foster youth have a mental health need as opposed to 20% of the Medicaid child population. Twenty-seven percent of youth over the age of 12 have a substance use treatment need as opposed to 5% of the Medicaid child population and

21% have a specific developmental disorder/intellectual disability compared to 6%.[2] Once in the foster care system, these children and youth can be very difficult to serve and place in quality settings.

Placement Stability—Moves per 1,000 Days in Care Number of Moves and Days in Care by Placement Type, April 2018 – March 2019			
Placement Type	Rate Per 1,000 Days	Number of Moves	Days in Care
Relative FC*	3.55	1,114	314,204
Non-Relative FC	5.95	1,891	317,765
Group Care	11.97	202	16,881
Mixed Setting**	16.05	1,510	94,108
TOTAL		4,717	742,958
Placement setting is defined as the type in which the child has spent at least 75% of their time in care. **Relative FC includes all kin (licensed, unlicensed, and suitable others).* ***Mixed setting is used when the child did <u>not</u> spend at least 75% of their time in one of the other specific settings, but was in multiple settings during the cohort period.* *Data Source: Child Welfare Priority Performance Measures, Placement Stability, infoFamLink*			

In looking at the number of placement moves by age group, we see that the rate of placement moves increases as the child and youth age, with youth age 17 years having two to three times the rate of placement moves as children under age 5. This number increases even further in looking at placement stability in the first 90 days of care. These youth are generally more apt to be placed in the Group Care and in multiple placement settings during a period of time as indicated above.

In prior analyses completed, over 40% of children and youth who experienced hotel stays, which are commonly captured in the Mixed Setting category, were ages 13-17.   At least 94% of those stays were attributed to the need for behavioral and mental health supports and the lack of licensed capacity to provide those supports. Many of the adolescents experiencing hotel stays exhibit behaviors that are difficult to manage safely in a typical foster home and thus require congregate care options. In examining the hotel stays experienced by 105 dependent youth ages 13 – 17 in FY 2018:

- 31.9% of the stays resulted when youth exited county detention centers or crisis residential centers;
- 18.3% occurred after being on the run;
- 14.7% occurred following a group home stay; and
- 12.4% resulted when youth exited hospitals.[3]

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[2] DCYF Family First Prevention Services: Prevention Plan, July 23, 2020; https://dcyf.wa.gov/sites/default/files/FFPSA-Jul20.pdf
[3] Data Source: HB 2008, Caseload Forecast and Licensed Foster Home Capacity, December 2018; https://www.dcyf.wa.gov/sites/default/files/pdf/reports/caseload-fosterhomecapacity2019.pdf

Comparison of Federal Placement Stability Measure and State Stability Measure in First 90 Days in Care by Age at Removal, January 2019 - December 2019

State: First 90 Days in Care   Federal Target

Age at Removal	Federal	State: First 90 Days in Care
0-3 Months	2.59	3.92
4-11 Months	4.39	7.51
1-5 Years	6.30	10.63
6-11 Years	7.47	15.14
12-16 Years	10.99	16.93
17 Years	11.32	22.86

Data Source: Child Welfare Priority Performance Measures, Placement Stability, infoFamLink

At the end of CY2019, there were 5,045 licensed foster homes, a slight decrease in the number of foster home since end of CY2018.[4] There remains unmet need for foster home placements to meet the unique needs of some subgroups of children and youth. This impacts the caseworkers' ability to ensure the best placement match for children to support placement stability. The shortage of adequate number of foster homes for children with high behavioral and mental health needs is also a factor in placement stability as that leads to short-term placements or hotel stays until a more appropriate, longer-term placement setting can be found. This instability can also escalate the child and youth's behaviors resulting in an increased difficulty in finding an appropriate placement.

As of December 31, 2019, 44.7% of all children and youth in out-of-home care in Washington State were placed with kin or relatives. Data suggests that children and youth are more likely to be stable when placed with kin. Some of the barriers to placement with kin that have been identified include:

- Home study referrals are not being completed timely.
- The placement home is unstable and will not pass the home study.
- Caseworkers are reluctant to move a child to an identified relative home if the child has been in a stable foster placement due to concerns of disruption.

We have also recently discovered that relative homes who have become licensed may be incorrectly coded in our FamLink system as licensed foster care versus relative care. OIAA is working with the Licensing Division (LD) to explore this further and determine if any potential data clean up need to be completed to more accurately reflect the number of children and youth in relative care. DCYF continues to explore opportunities to identify and support kinship placements for children and youth.

PIP strategies related to improving caseworker engagement and quality contacts with children, youth, parents and caregivers; appropriate referral and provision of services; earlier referral and identification of relatives through home study referrals and timely completion of home studies; and consistent permanency planning meetings with youth engagement and voice that address placement needs will assist in ensuring children, youth, and caregivers are receiving the necessary services and supports to decrease the rates of placement

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

moves and increase timeliness to permanency. While utilization of congregate care for children and youth in Washington State is low, DCYF has implemented the requirements under FFPSA to continue to limit its use. As of October 1, 2019, child welfare policies and procedures were updated to reflect the FFPSA requirements related to Qualified Residential Treatment Programs (QRTPs). Some of these changes and requirements include that a child or youth must be assessed by a qualified individual and identified as needing a QRTP level of care, courts will review the justification for placement within the first 60 days of a QRTP placement and approve or disapprove the placement at review hearings, and additional oversight and approval from the Deputy Secretary of DCYF for continued placement at certain intervals of placement in a QRTP setting.

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

ITEM 5: Permanency Goal for Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	57% (104 of 184)	54% (26 of 48)	67% (4 of 6)	63% (15 of 24)	43% (20 of 46)	73% (16 of 22)	61% (23 of 38)
CY2019	69% (140 of 204)	59% (13 of 22)	77% (33 of 43)	69% (34 or 49)	*	46% (11 of 24)	74% (49 of 66)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- In 204 cases, the child's primary permanency goal at the time of review was as follows:
  — Reunification in 127 cases
  — Adoption in 86 cases
  — Guardianship in 33 cases
  — Other planned permanent living arrangement in 8 cases
- The permanency plan for the child was established in a timely manner in 80% (163 of 204) of the cases.
- The permanency goal for the child was appropriate to the child's needs for permanency and to the circumstances of the cases in 83% (170 of 204) cases.
- The child had been in foster care at least 15 of the most recent 22 months and a TPR petition was filed in a timely manner or compelling reason not to file a TPR existed in 84% (86 of 102 cases).
- CCRT statewide themes and patterns include:
  — The agency and courts are maintaining reunification as the primary permanent plan or a concurrent plan when reunification is no longer appropriate given the case circumstances.
  — The agency is not filing a petition to terminate parental rights timely.
  — The agency and courts are not ensuring that termination trials are occurring timely after TPR petitions are filed.

PIP strategies related to consistent permanency planning meetings and developing and implementing a statewide standardized process for TPR petition filings will assist in improving outcomes related to this item.

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

ITEM 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	28% (52 of 184)	33% (16 of 48)	50% (3 of 6)	38% (9 of 24)	13% (6 of 46)	23% (5 of 22)	34% (13 of 38)
CY2019	35% (73 of 204)	18% (4 or 22)	51% (22 of 43)	31% (15 of 49)	*	29% (7 of 24)	36% (24 of 66)
*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- The agency and court made concerted efforts to achieve permanency in a timely manner in 34% (68 of 198) of the cases. The following practice was identified:
  — When the primary plan for the child was reunification, the plan was achieved or likely to be achieved within 12 months of entering foster care in 39% (49 of 126) of the cases.
  — When the primary plan for the child was guardianship, the plan was achieved or likely be achieved within 18 months of entering foster care in 21% (7 of 33) of the cases.
  — When the primary plan for the child was adoption, the plan was achieved or likely to be achieved within 24 months of entering foster care in 26% (22 of 86) of the cases.
  — When the primary plan for the child was other planned permanent living arrangement, concerted efforts were made to place the child in a living arrangement that can be considered permanent until discharge from foster care in 50% (4 of 8) of the cases.
- CCRT statewide themes and patterns include:
  — Permanency is delayed as the agency is not completing ongoing assessments of parent's needs, not case planning with parents, and not referring for services timely.
  — Reunification is being delayed as the agency is not completing an accurate reassessment of safety and risk to determine if a trial return home or reunification is viable.
  — Home study referrals are not submitted timely.
  — The themes and patterns related to a delay in permanency correlate to a lack of engagement with parents and a lack of frequent, quality contacts with parents as identified in item 15. Caseworkers are not having in-depth conversations to be able to adequately reassess safety and risk in the parent's home.
- Through deep dives, the following court-related barriers to achieving timely permanency were identified:
  — Children in court ordered placements that DYCF does not find appropriate which can affect timely permanency and placement disruptions.
  — Termination hearings are continued or scheduled months out due to:
    ▪ Court congestion
    ▪ Parent counsel changing
    ▪ Criminal docket has priority
    ▪ Limited number of judges or commissioners

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

This indicator measures whether the agency reunifies or places children in safe and permanent homes as soon as possible after removal. Permanency in 12 months for children entering care has a national performance of 42.7% or more children will achieve permanency within 12 months of entering foster care. National Performance is how the nation as a whole performed on a given date indicator. National performance is used as a reference point to determine if a state performed statistically higher, or no different than the nation after taking into account somem of the factors over which the states have little control.

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

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

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (Entries)						
	14B-17A*	15A-17B*	15B-18A*	16A-18B*	16B-19A*	17A-19B*
National Performance (at or above)	42.7%	42.7%	42.7%	42.7%	42.7%	42.7%
Washington Risk Standardized Performance (RSP)	34.7%	32.6%	33.0%	34.7%	35.9%	35.3%
Washington Observed Performance	34.4%	32.2%	32.6%	34.3%	35.4%	34.9%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-1-19 (AFCARS) and 12-1-2019 (NCANDS), February 2020
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, with spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1st – March 31st. "B" refers to the 6-month period April 1st –Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

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

DCYF's Priority Performance Measures look at the percentage of children entering care during the cohort period that are discharged to reunification, guardianship or adoption within 12 months.
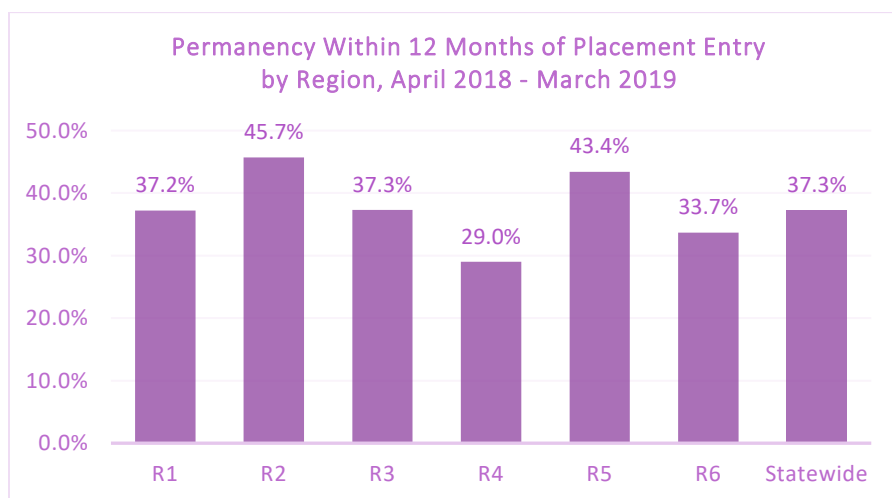
Permanency Within 12 Months of Placement Entry by Region, April 2018 - March 2019

R1: 37.2% R2: 45.7% R3: 37.3% R4: 29.0% R5: 43.4% R6: 33.7% Statewide: 37.3%

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

When we look at discharge type, we can see that of the children and youth who discharge within 12 months, 92.8% are discharged due to reunification, 6.4% of children and youth are discharged due to guardianship, and 0.8% of children and youth are discharged due to adoption.

Permanency Within 12 Months of Placement Entry Number of Children Discharged by Discharge Type, April 2018 – March 2019	
Discharge Type	Number of Children
Adoption	13
Guardianship	113
Reunification	1,622
Total	1,748
Data Source: Child Welfare Priority Performance Measures, Permanency Within 12 Months of Placement Entry, infoFamLink	

In January 2019, Region 2 implemented a strategy focused on permanency planning meetings (PPMs) to improve timely permanency. They ensured PPMs were held every 6 months per policy and added a quarterly less formal staffing to address removal of barriers to permanency beginning when a child or youth has been in out-of-home care for 18 months. By December 2019, Region 2 saw a 19.5% reduction for children in care over 9 months and a 28.7% reduction for children in care over 24 months.

Region 5 hired Permanency Outcome Facilitators (POFs) that facilitate PPMs every four months. The POF ensures that the PPMs address identified needs, how they are being met, and what needs to occur for safe reunification. Due to this process, Region 5 has seen an increase in permanency, particularly an increase in reunifications and adoptions.

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

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

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (12-23 Months)						
	16B-17A*	17A-17B*	17B-18A*	18A-18B*	18B-19A*	19A-19B*
National Performance (at or above)	45.9%	45.9%	45.9%	45.9%	45.9%	45.9%
Washington Risk Standardized Performance (RSP)	36.8%	36.0%	34.5%	35.0%	36.7%	37.5%
Washington Observed Performance	39.5%	38.6%	36.9%	37.8%	39.6%	40.3%
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-1-19 (AFCARS) and 12-1-2019 (NCANDS), February 2020 *Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, with spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1st – March 31st. "B" refers to the 6-month period April 1st –Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).						

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

DCYF's Priority Performance Measures look at the percentage of children who have been in care for 12-23 months as of the first day of a 12-month reporting period who are discharged to reunification, guardianship, or adoption, or are transferred to tribal custody, by or before the end of a 12-month reporting period.

Permanency Within 12 Months for Children in Care 12 - 23 Months, by Region, April 2018 - March 2019

Region	Percentage
R1	39.5%
R2	45.5%
R3	47.7%
R4	26.1%
R5	40.3%
R6	40.0%
Statewide	39.6%

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

When we look at discharge type during this time frame, we can see that 55.2% of children and youth are discharged due to reunification, 8.9% of children and youth are discharged due to guardianship, and 35.9% of children and youth are discharged due to adoption.

Permanency Within 12 Months for Children in Care 12-23 Months Number of Children Discharged by Discharge Type, April 2018 – March 2019	
Discharge Type	Number of Children
Adoption	437
Guardianship	105
Reunification	667
Total	1,209

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

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

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

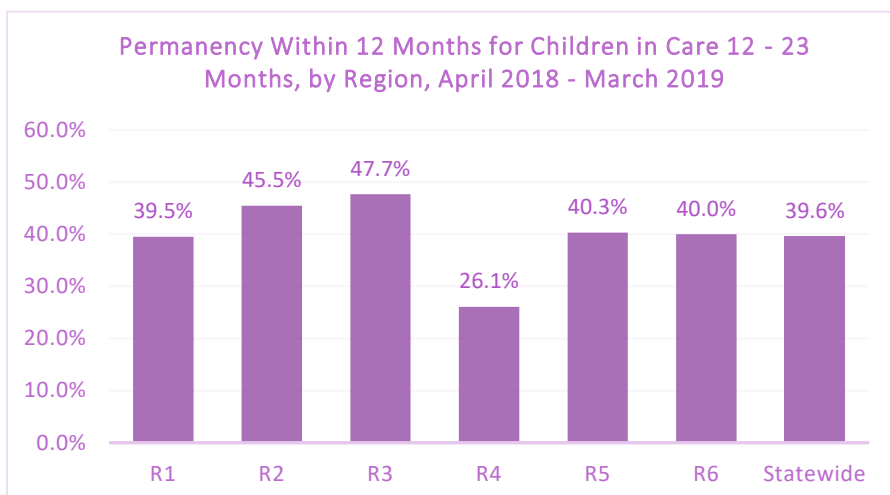| CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (24+ Months)						
	16B-17A*	17A-17B*	17B-18A*	18A-18B*	18B-19A*	19A-19B*
National Performance (at or above)	31.8%	31.8%	31.8%	31.8%	31.8%	31.8%
Washington Risk Standardized Performance (RSP)	31.9%	32.1%	31.0%	30.0%	30.5%	32.4%
Washington Observed Performance	41.%	42.0%	40.4%	39.2%	39.9%	42.8%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-1-19 (AFCARS) and 12-1-2019 (NCANDS), February 2020
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, with spans the 12-month period Oct 1st – Sept 30th. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1st – March 31st. "B" refers to the 6-month period April 1st –Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

On this measure, Washington State's risk standardized performance has ranged from being statistically no different to statistically worse than national performance during the reporting periods.

DCYF's Priority Performance Measures look at the percentage of children who have been in care for 24 months or longer as of the first day of a 12-month reporting period who are discharged to reunification, guardianship, or adoption, or are transferred to tribal custody before the end of a 12-month reporting period.
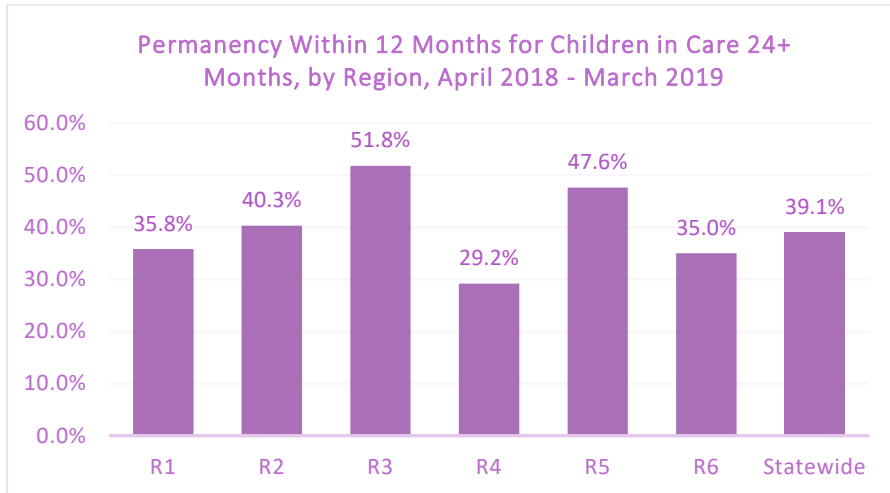
Data Source: Child Welfare Priority Performance Measures, Permanency Within 12 Months for Children in Care 24+ Months, infoFamLink

When we look at discharge type during this time frame, we can see that 34.5% of children and youth are discharged due to reunification, 10.7% of children and youth are discharged due to guardianship, and 54.8% of children and youth are discharged due to adoption.

Permanency Within 12 Months for Children in Care 24+ Months Number of Children Discharged by Discharge Type, April 2018 – March 2019	
Discharge Type	Number of Children
Adoption	790
Guardianship	154
Reunification	497
Total	1,441

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

Length of Stay

Length of stay in out-of-home placement is related to achievement of timely permanency. DCYF strives to return children and youth home as soon as safely possible and, when this is not possible, to place them in an alternative permanent home. The agency monitors the median length of stay for children or youth in out-of-home care.

As of December 2019, there were 8,180 children and youth in out-of-home care more than 60 days and the median was 585 days.[5]

Median Length of Stay for Children in Out-of-Home Care by Region As of December 2019					
R1	R2	R3	R4	R5	R6
596	425	529	702	565	581
Data Source: Child Welfare Monthly Informational Report, February 2020, infoFamLink					

Between October and December 2019, DCYF conducted Targeted Permanency Reviews for 873 children ages 2 through 6 years who were in foster care for two years or in trial return home for over 8 months to determine barriers to permanency. Data from the Targeted Permanency Reviews indicated that supervisors completed monthly supervisory reviews about 83% of the time; however, from the caseworker perspective, supervisors addressed permanency approximately 24% of the time, case barriers approximately 28% of the time and task completion approximately 20% of the time. These percentages indicate that while supervisory reviews are occurring, they may not be meeting the needs of caseworkers to improve outcomes to permanency. Region 2 has initiated strategies focused on supervisory skill building, including enhanced supervisory coaching with support through the Alliance for Child Welfare Excellence. This was coupled with reinforcement of Safety Framework concepts for case-carrying staff and a review of shared planning meetings for documented discussions of safety threats and conditions for return home. Although outcomes cannot be solely tied to one action step, the region has reduced their median length of stay 100 days for children in out-of-home care over sixty days. This promising practice assisted in the creation of PIP strategies related to supervisory coaching activities and an emphasis on utilization of safety and risk tools for decision making.

Administrative data in relation to the Adoption and Safety Families Act (ASFA) further indicates that the filing of TPR petitions timely and/or documentation of a compelling reason to not file a petition is not occurring consistently around the state. This can be correlated to the lack of consistent Shared Planning Meetings, particulary Permanency Planning Meetings (PPMs), throughout the state. PPMs are not occurring per policy at the six month intervals where the permanent and concurrent plan would be discussed. This is also a time when filing for TPR in a timely manner is addressed. There are also various referral and timeline processes with individual AAGs in AGO field offices related to TPR filings that are not consistent across the state. As mentioned above, although supervisory reviews are occurring, they may not be focusing on the items needed in order to improve permanency outcomes and move cases forward.

Children and youth who have been in out-of-home care for 15 of the last 22 months meet the ASFA threshold for filing a termination of parental rights petition or documentation of a compelling reason not to file. As of June 2020, 4,320 children and youth are within the timeline qualifying them for ASFA, and of those, 22.5% (973), are not on a trial return home, do not have a TPR referral submitted to the AGO, and do not have compelling reason documented.

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[5] Data Source: infoFamLink, Child Welfare Management Dashboard

ASFA Compliance		
	Compliant	
Region	Yes	No
Region 1	569 (80.5%)	138 (19.5%)
Region 2	190 (54.9%)	156 (45.1%)
Region 3	488 (86.7%)	75 (13.3%)
Region 4	593 (59.7%)	401 (40.3%)
Region 5	716 (92.9%)	55 (7.1%)
Region 6	791 (84.2%)	148 (15.8%)
Statewide Total	3,347 (77.5%)	973 (22.5%)
Data Source: ASFA Compliance Summary Report, infoFamLink, as of 06/08/2020		

Exits from Out-of-Home Care

As demonstrated in the chart[6] below, the median number of months in care for children and youth exiting care due to reunification, guardianships, and adoptions all slightly increased from 2018 to 2019. The median number of months for youth in care for youth aging out decreased from 2018 to 2019.

Exhibit 18. Median Number of Months of Out-of-Home Care to Exit Outcome
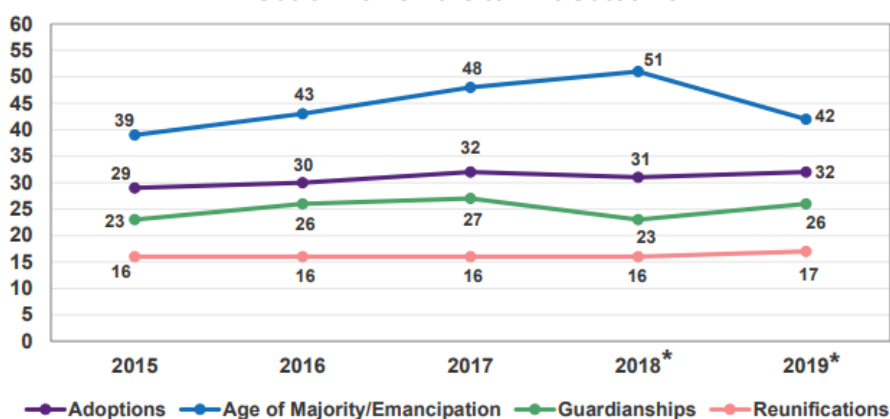
As of December 31, 2019, 1,527 children and youth were legally free statewide. This is a point in time count.

Legally Free Children and Youth by Region							
	Statewide	R1	R2	R3	R4	R5	R6
CY2018	1,898	378	127	302	397	311	383
CY2019	1,527	302	64	202	354	210	337

Of children and youth who were legally free on December 31, 2019:
- 31.8% (485 of 1,527) were legally free less than six months
- 46.2% (706 of 1,527) were legally free for over a year.

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[6] Data Source: Washington State Center for Court Research Dependency Children in Washington State: Case Timeliness and Outcomes 2019 Annual Report.
2018 and 2019 statewide numbers exclude King County.

— For children and youth legally free over a year, 41.5% (293 of 706) were ages 11 years and under and 58.5% (354 of 706) were 12 – 17 years old.

The total number of legally free youth decreased by 371 from 1,898 who were legally free on December 31, 2018 to 1,527 who were legally free on December 31, 2019. Factors contributing to the decrease in number of legally free youth include regions not filing for TPR unless there is an identified adoptive home and some courts not changing the primary plan to adoption or allowing TPR to proceed to give the parent more time to show progress towards case goals.

Reunifications
In CY2019, 87% of children in out-of-home care less than 15-months were reunified with their family and returned to the removal home.

Guardianships
Based on Washington Court data, 355 guardianships were established in juvenile court in CY2019.

Washington State Guardianships	
Type of Guardianship	Number of Children
Non-parental or 3rd Party Custody	232
Title 13 Guardianship Subsidized with RGAP	142
Title 13 Guardianship Unsubsidized	92
Data Source: Out of Home Care Exits and Entries, infoFamLink, CY2019 Guardianship, infoFamLink, CY2019	

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

Title 13 guardianship with IV-E subsidy through the Relative Guardianship Assistance Program (RGAP) are limited in Washington State because subsidy requires IV-E eligibility and is only available to licensed kinship caregivers who meet the definition of relative as defined in RCW 74.15.020(2)(a) or who are defined by tribal code and custom as a relative for Indian children.

Adoptions
In CY2019, 1,548 adoptions were finalized. This was an increase of 17.9% (235 adoption) over the 1,313 adoptions finalized in CY2018. This was largely due to the Electronic Files Specialist (EFS) unit being fully implemented. This unit was established in December 2018 and creates an electronic legally free file and pre-adoption disclosure folder for every child and youth that becomes legally free. The creation and actions of this unit specifically focus on barriers identified by adoption staff. The results of the creation of this unit has been:

• Shortened time between case transfers from CFWS to Adoption.
• Increased timeliness of adoption finalizations.
• Improved consistency of content in legally free cases.
• Allowed adoption workers to immediately begin redaction on cases ready for finalization.
• Identified required documents to adoption workers that must be included in the case prior to finalization.

In April 2019, this unit began focusing on redaction due to a number of cases identified that could move forward to adoption if there was redaction assistance. Redacting disclosure is an identified barrier to adoption that will require additional resources to fully address; however, DCYF is using the EFS unit to help make strides in this arena.

Assessment of Strengths for Permanency Outcome 1

- CCRT data showed that there was a statewide improvement of 8% between CY2018 and CY2019 on Item 4: Stability of foster care placement, although regional performance varied. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 10% between CY2018 and CY2019.
- CCRT data showed that there was a statewide improvement of 12% between CY2018 and CY2019 on Item 5: Permanency goal for child, although regional performance varied. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 8% between CY2018 and CY2019.
- CCRT data showed that there was a statewide improvement of 6% between CY2018 and CY2019 on Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement, although regional performance varied. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 2% between CY2018 and CY2019.
- Region 2 holds a 60-day Shared Planning Meeting (SPM) to establish permanency goal(s) and guidelines for return home. By implementing this process, Region 2 saw a 10% increase in Item 5 between CY2018 and CY2019 and has the highest rating on Item 5 in the state.

Assessment of Barriers and Areas Needing Improvement for Permanency Outcome 1

- In several regions the following barriers were identified:
  — Permanency goals not changed by the court when they are no longer appropriate.
    - Some courts are hesitant to remove the return home goal.
    - Some courts are reluctant to change the permanent plan or proceed with TPR until a permanent home is identified.
    - Some courts are reluctant to dismiss dependencies until a parenting plan is finalized and in place.
  — Judicial officers rotate and there is no required training for information on child welfare dependency or termination actions or federal performance measures.
- There is a lack of training and guidance on how to conduct Shared Planning Meetings (SPMs)[7] including consistency in invitation of all participants, facilitation, items to address and how to document outcomes. SPMs are not being held consistently around the state and are underutilized.
- There is a lack of understanding of the concept of concurrent planning and concurrent plans are not being discussed until much later in the case. One barrier to implementing concurrent planning has been identified as staff discomfort in discussing concurrent plans, particularly adoption and guardianship, while working on a plan for reunification.
- Common barriers to achieving timely permanency throughout the state include a lack of:
  — Timely filing of TPR petitions
  — Timely home study referrals
  — Timely home study completions
  — Discussion of permanent plans with key participants early in the case

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[7] Shared Planning Meeting (SPM) is an overarching term that includes a variety of staffings to engage parents, youth, parents, caregivers, relatives, kin, natural supports and others to provide an opportunity for information to be shared, case plans to be developed, and decision made to support the safety, permanency and well-being of children. Meetings that fall under this umbrella include Family Team Decision Making (FTDM), Permanency Planning Meeting (PPM), Transition Plan for Youth 17 through 20 Years, Commercially Sexually Exploited Children (CSEC), Adoption Planning Reviews and other staffings.

— Application of the Safety Framework, SPM, and other tools to assess for reunification

Implemented Practice Improvements for Permanency Outcome 1
- Several regions are:
  - Conducting regular qualitative case reviews including targeted case reviews, looking at cases where a child or youth has been in out-of-home care for six to nine months to see if the permanency goal is appropriate and efforts are being made towards permanency.
  - Focusing on improving use of the safety assessment to discuss reunification and considerations when determining planning goals. There is also a renewed focus on the use of SPMs more consistently and including the Safety Framework during discussions around permanent and concurrent planning, thus increasing child, youth, parent and caregiver engagement.

Planned Activities Targeted at Improving or Maintaining Performance for Permanency Outcome 1
- Several regions are:
  - Hiring POFs or other identified staff for their offices to facilitate SPMs including invitation of all key case participants and documentation of the meeting.
  - Partnering with local courts on the use of the Safety Framework, language, and asking safety specific questions during hearings.
  - Creating strategies to help caseworkers understand the concept of concurrent planning early in the lifespan of a case.
- The following DCYF PIP strategies will support practice improvement for Permanency Outcome 1:
  - Strategy 4.1 includes the development and implementation of training and resources for facilitators and identified staff who conduct SPMs to reinforce a structured consistent facilitation of meetings. The strategy emphasizes the use of safety and risk tools to guide decision making and adds additional staffings to address barriers to permanency in cases where children have been in out-of-home placement for 15 months or more.
  - Strategy 4.2 includes collaborating with multi-disciplinary partners to develop a common understanding of safety related language, develop training and resources, and implement practice changes to identify active safety threats and provisions for reunification.
  - Strategy 4.3 includes developing and implementing a streamlined process for filing of TPR petitions.
  - Strategy 4.5 includes activities related to improving timely referrals and completions of home studies.
  - Strategies regarding training, guidance, and supports for caseworkers to engage children, youth, and families and the ability to have honest, meaningful, and difficult conversations related to safety and permanency and appropriate identification of needed services to address individualized needs.
- PFD1 strategies including Enhanced Permanency Planning Meetings and Enhanced Youth Recruitment will be implemented in several targeted sites throughout the state. The enhanced permanency planning meeting strategy has been integrated into the PIP.
- DCYF will utilize PIP performance data to monitor improvement and outcomes.
- DCYF will continue to implement the Washington State Adoption Call to Action Plan. See attached Washington State Adoption Call to Action Plan, dated June 11, 2020.

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

ITEM 7: Placement With Siblings							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (98 of 122)	89% (32 of 36)	80% (4 of 5)	82% (9 of 11)	79% (23 of 29)	88% (15 of 17)	63% (15 of 24)
CY2019	80% (103 of 129)	93% (13 of 14)	79% (22 of 28)	76% (22 of 29)	*	74% (14 of 19)	82% (32 of 39)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY 2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- The identified child was placed with siblings who also were in foster care in 44% (57 of 129) cases.
- There was a valid reason located for the child's separation from the siblings in 64% (46 of 72) cases.
- CCRT statewide themes and patterns include:
  — At the initial out-of-home placement, siblings are not placed together due to the limited availability of foster homes or relative placements able to take the sibling group.
  — When siblings are not placed together due to behavioral issues of one of the siblings, once the behaviors have been stabilized, the agency is not making efforts to place the siblings back together. Similar to relative placements, caseworkers are reluctant to move a child who is in a stable placement to a placement with their siblings due to a perception of the move being a disruption.

The Sibling Visit report in infoFamLink helps us identify the number of children in DCYF custody and out-of-home care that are not placed with one or more of their siblings. There are 2,034 DCYF cases with sibling groups in out-of-home care or on trial return home. There are 5,067 children in those cases of which 4,109 are currently in out-of-home placement (the remaining are on trial return home or on the run). Of those children, there are 2,035 children that are not placed with one or more of their siblings:
- 1,057 are not placed with any siblings
- 431 are not placed with 1 sibling of a sibling group
- 417 are not placed with 2 sibling of a sibling group
- 133 are not placed with 3 or more siblings of a sibling group

This information along with the Caregiver Recruitment and Retention Report help us identify the number of siblings that are in care that are not placed with one or more of their siblings in an effort to conduct targeted recruitment efforts in order to place siblings together when safe and appropriate.

Item 8: Visiting with Parents and Siblings in Foster Care

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

ITEM 8: Visiting With Parents and Siblings in Foster Care							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	60% (88 of 146)	59% (24 of 41)	60% (3 of 5)	59% (10 of 17)	63% (22 of 35)	61% (11 of 18)	60% (18 of 30)
CY2019	63% (111 of 177)	71% (10 of 14)	76% (29 of 38)	51% (24 of 47)	*	62% (13 of 21)	61% (35 of 57)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. *Data Source: Annual Central Case Review Report CY 2018 & CY2019 OSRI, Central Case Review Team*							

Statewide, in calendar year 2019, the CCRT found:

- There were concerted efforts to ensure frequency of visitation with the child and the child's mother in 82% (126 of 154) of the cases.
  — The quality of visitation with the child was sufficient to maintain or promote continuity of relationship with the child's mother in 87% (126 of 145) of the cases.
- There were concerted efforts to ensure frequency of visitation with the child and the child's father in 80% (65 of 81) of the cases.
  — The quality of visitation with the child was sufficient to maintain or promote continuity of relationship with the child's father in 82% (64 of 78) of the cases.
- Frequency of visitation occurred between the child and the child's siblings in 65% (45 of 69) of the cases.
  — The quality of visitation with the child was sufficient to maintain or promote continuity of relationship with the child's siblings in 94% (58 of 62) of the cases.
- CCRT statewide themes and patterns include:
  — When siblings are not placed together, the agency is not making concerted efforts to ensure that visitation between siblings is sufficient to promote the continuity of sibling relationships.
  — When parents miss visitation with children, the agency is not making sufficient efforts to assist the parents in removing barriers to visitation.
  — When parents are not available for in-person visitation, such as out of state or incarceration, the agency is not ensuring alternative forms of visitation occur.
  — Similar to Permanency Outcome 1, the themes and patterns related to concerted efforts for visitation between children and their parents correlate to a lack of engagement with parents and a lack of frequent, quality contacts with parents as identified in item 15.
  — It was also noted caseworker may delay in making a referral to a contracted visitation provider and parents or sibling visits are not occurring while waiting for the contracted visits to be picked up a provider.

As indicated in the 2020 – 2024 CFSP, a workgroup was formed to develop a new visitation model, Family Time, to improve and grow visitation practice and resources to meet family needs and increase reunification. The Family Time model was created and implemented statewide. With this implementation, DCYF is anticipating measurable improvements and outcomes regarding visits between parents and their children.

DCYF will soon be able to show data via a web based data system, Sprout, that was final in its roll out March 2020. In September 2020, DCYF anticipates the first statewide data report from Sprout. The data gathered will capture the successes and what areas still need improvements. At that time Performance Based Contracting (PBC) will be implemented for contracted Family Time providers as well.

Data will show:

- 85% of visit referrals are accepted by provider (PBC performance target).
- 85% of visits occur within 5 days of accepted (PBC performance target).
- Attendance rate of parents.
- Punctuality of parents.
- Sprout will also provide a status report on how the providers are doing overall (PBC performance target).

Item 9: Preserving Connections

This item determines whether concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.

ITEM 9: Preserving Connections							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	77% (139 of 181)	65% (31 of 48)	80% (4 of 5)	92% (22 of 24)	84% (38 of 45)	77% (17 of 22)	73% (27 of 37)
CY2019	85% (172 of 203)	82% (18 of 22)	90% (38 of 42)	78% (38 of 49)	*	83% (20 of 24)	88% (58 of 66)
*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY 2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- Concerted efforts were made to maintain important connections the child had in place prior to his or her placement in foster care in 85% (172 of 203) of the cases.
- The tribe was provided with timely notification of its right to intervene in state court proceedings where the child was a member of or eligible for membership in a federally recognized Indian Tribe in 100% (3 of 3) of the cases.
    — The child was placed in foster care in accordance with the placement preferences of the Indian Child Welfare Act (ICWA) or concerned efforts were made to place in accordance with placement preferences in 100% (2 of 2) of the cases.
- CCRT statewide themes and patterns include:
    — The agency does not identify the child's existing connections prior to out-of-home placement in order to maintain those connections once placement occurs.
    — When the agency identifies existing relationships and connections, the agency does not make efforts to maintain those relationships.
    — There is a lack of understanding by caseworkers of the need to identify existing supports for children and youth in care. There is also a lack of ongoing assessment to identify those supports for children and youth who remain in care an extended period of time.

Item 10: Relative Placement

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

ITEM 10: Relative Placement							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	74% (135 of 183)	73% (35 of 48)	100% (6 of 6)	83% (20 of 24)	76% (34 of 45)	73% (16 of 22)	63% (24 of 38)
CY2019	79% (161 of 203)	73% (16 of 22)	88% (38 of 43)	78% (38 of 49)	*	83% (20 of 24)	75% (49 of 65)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. *Data Source: Annual Central Case Review Report CY 2018 & CY2019 OSRI, Central Case Review Team*							

Statewide, in calendar year 2019, the CCRT found:

- The child's current or most recent placement was with a relative in 51% (104 of 203) of the cases.
  - The relative placement was stable and appropriate for the child's needs in 96% (100 of 104) of the cases.
- When a child was not placed with relatives, there were concerted efforts to identify, locate and evaluate maternal resources; however, the maternal resources were ruled out as placement resources in 60% (61 of 101) of the cases.
- When a child was not placed with relatives, there were concerted efforts to identify, locate and evaluate paternal resources; however, the paternal resources were ruled out as placement resources in 63% (60 of 95) of the cases.
- CCRT statewide themes and patterns include:
  - When the child is not placed with a relative, the agency has not consistently completed an ongoing relative search to attempt to locate and inform relatives and evaluate relatives for placement. Some of this is related to a lack of understanding that searching for relatives is an ongoing process throughout the life of a case, not something that is just completed at the initial part of the case. This also correlated to engagement with parents and having in-depth quality conversations including discussions regarding relatives that may be able to provide placement and/or support for the child, youth and family.

Relative Search and Native American Inquiry Referrals (NAIR)

When a relative search is conducted by the Relative Search (RS) unit, each identified adult family member receives a letter regarding their relative child or youth who is placed in out-of-home care. Relatives are asked to respond within 10 days of receipt and to indicate the level of support they desire to provide. Additionally, each letter that is sent from the RS unit asks about additional relatives and if there is any Native American ancestry within their family. This provides an opportunity for DCYF to receive information from extended family members who are not involved in the case but may have a deeper knowledge of the family's history.

Relative Search Inquiries		
	CY2018	CY2019
Total number of relatives notified by mail	93,309	145,318
Relatives interested in placement or providing other support	5,950	10,212
Telephone calls/emails received from relatives	8,653	14,093

Case determined to have Native American heritage based on relative response	64	95
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry		

When they are available, mothers and fathers are asked if their child or youth had Native American ancestry. This inquiry includes asking relatives or other persons who could reasonably be expected to have information when the parent was unavailable.

Native American Inquiries Submitted to NAIR		
	CY2018	CY2019
Referrals received from the field	7,854	4,911
Unable to process because referral received when case is closing or closed	878	1,148
Inquiries completed	3,560	3,176
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry		

The table below indicates the number of inquiries completed by NAIR and the number of children determined to be eligible or members based on Tribal response when:

- A parent or relative indicated possible affiliation with a federally recognized tribe, and
- There was documentation that inquiry letters were sent to all identified tribes, or
- There was other documentation that indicated all tribes were contacted for an ICWA determination.

Native American Inquiries Completed by NAIR		
	CY2018	CY2019
Total letters sent to Tribes (1st, 2nd, and 3rd letters)	22,574	21,447
Children determined to be members based on Tribal response	543	283
Children determined to be eligible for membership based on Tribal response	864	353
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry		

Kinship Placements

DCYF continues to believe that the high rate of kinship placement statewide is due to the emphasis on and recognition of the importance of kinship placements and their overall positive impact on long-term well-being and resiliency. This focus has positively impacted the rate of placement with kin. As of December 31, 2019, 44.7% of all children and youth in out-of-home placement were placed with kin or relatives.

Item 11: Relationship of Child in Care with Parents

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

ITEM 11: Relationship of Child in Care With Parents						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	63% (85 of 134)	62% (23 of 37)	50% (2 of 4)	59% (10 of 17)	69% (22 of 32)	59% (10 of 17)	67% (18 of 27)

CY2019	64% (103 of 160)	63% (5 of 8)	66% (23 of 35)	64% (29 of 45)	*	63% (12 of 19)	64% (34 of 53)

No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews.
Data Source: Annual Central Case Review Report CY 2018 & CY2019 OSRI, Central Case Review Team

Statewide, in calendar year 2019, the CCRT found:

- There were concerted efforts to promote, support and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother in 69% (105 of 153) of the cases.
- There were concerted efforts to promote, support and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father in 67% (52 of 78) of the cases.
- CCRT statewide themes and patterns include:
    — The agency is not consistently ensuring that parents are invited to, and encouraged to participate, in activities outside of visitation to preserve positive, nurturing relationships.
    — Similar to Permanency Outcome 1, the themes and patterns related to concerted efforts for visitation between children and their parents correlate to a lack of engagement with parents and a lack of frequent, quality contacts with parents as identified in item 15. Per Policy **4420.Health and Safety Visits with Children and Youth and Monthly Visits with Parents and Caregivers,** caseworkers should be having discussion about the parent's interest and participation in normal childhood activities. In-depth discussions with parents are not occurring on a consistent basis in order to maintain those connections outside of formal visitations.

Assessment of Strengths for Permanency Outcome 2
- CCRT data showed that there was a statewide improvement of 3% between CY2018 and CY2019 on Item 8: Visiting with parents and siblings in foster care, although regional performance varied. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 4% between CY2018 and CY2019.
- CCRT data showed that there was a statewide improvement of 8% between CY2018 and CY2019 on Item 9: Preserving connection, although regional performance varied. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 11% between CY2018 and CY2019.
- CCRT data showed that there was a statewide improvement of 5% between CY2018 and CY2019 on Item 10: Relative placement, although regional performance varied. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 6% between CY2018 and CY2019.
- CCRT data showed that there was a statewide improvement of 1% between CY2018 and CY2019 on Item 11: Relationship of child in care with parents, although regional performance varied. As Region 4 was not reviewed in CY2019, if you remove their results from CY2018, the statewide improvement is 2% between CY2018 and CY2019.

Assessment of Barriers and Areas Needing Improvement for Permanency Outcome 2
- Identified barriers to placing siblings together include:
    — Lack of placement resources for sibling groups, particularly large sibling groups.
    — Caseworkers do not want to disrupt a stable placement and move a child to place siblings together.

- Challenges related to kinship placement primarily relate to caseworker's lack of follow-up with relatives who have identified interest in providing placement and assessing them as a placement resource (this includes providing respite).
- While a relative search is conducted upon a child's entry into out-of-home care, caseworkers are not conducting ongoing searches for relatives throughout the case. The lack of ongoing relative search efforts by caseworkers has much to do with the time it takes caseworkers to contact and assess a relative.

Implemented Practice Improvements for Permanency Outcome 2

- DCYF has implemented Family Time statewide. This model provides an opportunity to engage parents earlier for visits that support bonding and provide an environment where parents feel supported. The goal of Family Time is to increase and enhance the parent's engagement and create a positive experience for parents and children. The fully implemented Family Time model is anticipating an increase in the number and timeliness of reunifications and is showing strength in maintaining family connections.

Planned Activities Targeted at Improving or Maintaining Performance for Permanency Outcome 2

- A statewide theme regarding Family Time and sibling's visits pertains to the availability and quality of documentation and data. As of March 2020, the new web based data system, Sprout, has been fully rolled out in regards to Family Time and sibling visits. Sprout is interfacing with FamLink and is providing the contracted visitation agency with more detailed data in regards to visitation and other services provided to families. Sprout will also assist DCYF in identifying improvements in needed areas and provide data that reflects the status of DCYF compliance with policy timelines. Quality of visitation will continue to be evaluated by case reviews. Sprout in conjunction with FamLink will help assess the impact of timely, frequent visitation on permanency. DCYF is looking forward to a statewide data pull in September 2020 to evaluate Sprout success. At that time, DCYF will also be implementing the PBC metrics to assist the providers in timeliness of accepting or rejecting visit referrals as well as timeliness of the first visit that has to happen within five days of receiving the referral.
    — Family Time with the support of Sprout will be able to show in data collection the continued support the families will have or need in order to keep their family bond.
- Policy 4251.Relative Search and Notifcation will be updated to better reflect the roles and responsibilities for each staff assigned to a case (i.e. caseworker, supervisor, Relative Search Specialist) to provide stronger guidance around practice expectations.
- The Relative Search Inquiry Team is working with IT on the addition of a Relative Search icon to the FamLink desktop, with the goal of all relative search contact case notes being easily located under this icon. This will allow a reader to quickly review all contact efforts made, versus the current process of doing a case search of all case notes labled Relative Search or Relative Contact. This will help provide consistency of documentation and ease for caseworkers to locate information to follow-up on relative inquiries.
- The following DCYF PIP strategies will support practice improvement for Permanency Outcome 2:
    — Strategies regarding training, guidance, and supports for caseworkers to engage children, youth, and families through frequent, high quality contacts.
    — Strategies regarding the consistent use of SPMs including FTDMs and PPMs to engage children, youth, parents and caregivers in case planning and decision making. Consistent use of these meetings with an emphasis on participant inclusion allow for opportunities for children to maintain relationships with siblings, parents, and other identified community supports.

— Strategy 4.5 includes activities related to improving timely referrals and completions of home studies for earlier identification and engagement of relatives and kin to provide placement or maintain connections with the child and youth in out-of-home care.

- DCYF will utilize PIP performance data to monitor improvement and outcomes.

Well-Being Outcomes 1, 2 and 3

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

	CFSR Round 3	CY 2019 Performance	Status
Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs	47%	44%	⬇
Item 12: Needs and services of child, parents, and foster parents	50%	51%	⬆
Item 13: Child and family involvement in case planning	62%	53%	⬇
Item14: Caseworker visits with child	80%	74%	⬇
Item 15: Caseworker visits with parents	53%	48%	⬇
Well-being Outcome 2: Children receive appropriate services to meet their educational needs	94%	90%	⬇
Item 16: Educational needs of the child	94%	90%	⬇
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	54%	59%	⬆
Item 17: Physical health of the child	59%	64%	⬆
Item 18: Mental/behavioral health of the child	60%	67%	⬆
🟩 Federal Target Achieved	🟧 Within 10% of Federal Target	🟥 Greater than 10% of Federal Target	
Data Source: Washington 2018 CFSR Final Report and Annual Central Case Review Report CY2019 OSRI, Central Case Review Team			

Well-being Outcome 1: Families Have Enhanced Capacity to Provide for Their Children's Needs
Item 12: Needs and Services of Child, Parents and Foster Parents
This item determines whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services.

ITEM 12: Needs and Services of Child, Parents and Foster Parents						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	52%	54%	50%	47%	49%	35%	63%

	(132 of 256)	(35 of 65)	(5 of 10)	(18 of 38)	(32 of 65)	(9 of 26)	(33 of 52)
CY2019	51% (144 of 282)	67% (20 of 30)	53% (33 of 62)	49% (33 of 68)	*	41% (13 of 32)	50% (45 of 90)

*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews.
Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team

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

*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews.
Data Source: Central Case Review Team

Statewide, in calendar year 2019, the CCRT found:

Child:
- A formal or informal initial and/or ongoing comprehensive assessment was conducted to assess children's needs in 89% (251 of 282) of the cases.
    — In-home cases –79% (62 of 78)
    — Out-of-home cases—93% (189 of 204)
- Appropriate services were provided to meet the children's identified social/emotional development needs in 77% (131 of 170) of the cases.
    — In-home cases—82% (40 0f 49)
    — Out-of-home cases—75% (91 of 121)

Mother:
- A formal or informal initial and/or ongoing comprehensive assessment was conducted to assess mother's needs in 73% (188 of 256) of the cases.
    — In-home cases—75% (54 of 72)
    — Out-of-home cases—74% (134 of 184)
- Appropriate services were provided to meet the mother's identified needs in 75% (181 of 241) of the cases.
    — In-home cases—77% (53 of 69)
    — Out-of-home cases—74% (128 of 172)

Father:
- A formal or informal initial and/or ongoing comprehensive assessment was conducted to assess father's needs in 64% (188 of 256) of the cases.
    — In-home cases—63% (39 of 62)
    — Out-of-home cases—65% (99 of 153)
- Appropriate services were provided to meet the father's identified needs in 69% (124 of 179) of the cases.
    — In-home cases—73% (37 of 51)
    — Out-of-home cases—68% (87 of 128)

Foster Parent:
- A formal or informal initial and/or ongoing comprehensive assessment was conducted to assess foster or pre-adoptive parent's needs in 87% (174 of 200) of the cases.
- Appropriate services were provided to meet the foster or pre-adoptive parent's needs to provide appropriate care and supervision of the child in their care in 75% (113 of 151) of the cases.

- CCRT statewide themes and patterns include:
  — Lack of documentation regarding efforts to locate, assess, or engage or re-engage parents.
  — Lack of assessment of all of the parent's needs to determine services that might enable the mother and father to safely parent their child(ren). There is a tendency to offer standardized services that do not address the individualized needs of the parent.
  — Not assessing or engaging other adults acting as caregivers, such as parent's partners.
  — The decline in this item statewide is related to the decline in performance on Item 15 statewide. Caseworkers are not consistently engaging in frequent, quality contacts with mothers and fathers in order to assess their needs. Region 1 increased by 13% on this item and also had a 6% increase on Item 15 as well and was the only region to show an increase on Item 15.

While performance for Item 12 has varied from year to year, it has steadily hovered around 50% with the eastern part of the state having slightly higher performance. Anecdotal data infers that stronger performance in Regions 1 and 2 is the outcome of stronger relationships between the agency and caregivers and the agency and communities. Regions 1 and 2 have been reliant on strong relationships to compensate for the lack of resources in more rural and less populated areas. These relationships appear to support stronger awareness of community resources and more developed skillsets in partnering with caregivers.

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

ITEM 13: Child and Family Involvement in Case Planning							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	61% (153 of 250)	59% (38 of 64)	70% (7 of 10)	68% (25 of 37)	56% (35 of 62)	67% (18 of 27)	60% (30 of 50)
CY2019	53% (146 of 276)	64% (18 of 28)	59% (34 of 58)	47% (32 of 68)	*	50% (16 of 32)	51% (46 of 90)
*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- Concerted efforts were made to involve the child in the case planning process in 71% (120 of 169) of the cases.
  — In-home cases—58% (34 of 59)
  — Out-of-home cases—78% (86 of 110)
- Concerted efforts were made to involve the mother in the case planning process in 67% (167 of 250) of the cases.
  — In-home cases—69% (49 of 71)

— Out-of-home cases—68% (118 of 179)
- Concerted efforts were made to involve the father in the case planning process in 55% (109 of 198) of the cases.
  — In-home cases—55% (33 of 60)
  — Out-of-home cases—55% (76 of 138)
- CCRT statewide themes and patterns include:
  — Not having case planning conversations about pertinent items related to safety, permanency, and well-being.
  — Lack of understanding that children school age and above need to be involved in case planning.
  — It has been noted that when we are meeting with children and parents, we are not discussing the items needed in those conversations that would garner information pertinent to case planning and progress, such as needs of the children, service goals, progress in services and services that are needed that are not currently being provided.
  — Caseworkers are not including evidence of how services are addressing the identified needs in Court reports. There is a need to shift from compliance-based thinking about case planning and services to identification and providing services that are tailored to address specific safety threats and other identified needs.

Item 14: Caseworker Visits with Child

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

ITEM 14: Caseworker Visits With Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (205 of 257)	71% (46 of 65)	80% (8 of 10)	89% (34 of 38)	80% (52 of 65)	81% (22 of 27)	83% (43 of 52)
CY2019	74% (201 of 282)	83% (25 of 30)	74% (46 of 62)	79% (54 of 68)	*	72% (23 of 32)	69% (62 of 90)
*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- The frequency of visits between the caseworker and the child(ren) was sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) in 88% (247 of 282) of the cases.
  — In-home cases—71% (55 of 78)
  — Out-of-home cases—94% (192 of 204)
- The quality of the visits between the caseworker and the child(ren) was sufficient to address issues pertaining to the safety, permanency, and well-being of the child(ren) in 79% (223 of 282) of the cases.
  — In-home cases—68% (53 of 78)
  — Out-of-home cases—83% (170 of 204)
- CCRT statewide themes and patterns include:

— All items are not routinely discussed with the child during health and safety visits (e.g. a conversation about safety, what is happening with their case, or case goals that are pertinent to the child, etc.).

Administratively, DCYF does well in this area, particularly with children in out-of-home care. In CY 2019, DCYF completed monthly health and safety visits with the child(ren) in out-of-home care 97.52% of the time. This is an area of focus that has and continues to be emphasized through monitoring of data and practice. It is included in the Child Welfare Management Dashboard utilized by regional leadership as well as on the Monthly Informational Report. The CFWS Monthly Social Worker Visits report is a data driven subscription that is automatically generated through the system and is sent to caseworkers and supervisors weekly and to AAs two times per month. In addition to being provided via email or subscription, all of these reports are accessible through infoFamLink.

In April 2020, a new CFWS In-Home Health and Safety report was developed to identify the high-risk in-home dependent children that were not on the CFWS Monthly Social Worker Visits report. These included children who were returned home during shelter care status or have court structure but are not placed in out-of-home care. This will allow field leadership and staff to better track children who have been visited during the month and children who have not been visited during the month.

DCYF will continue to emphasize and monitor frequency of monthly visits and is implementing strategies in the PIP to improve engagement, quality of contacts, and documentation.

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

ITEM 15: Caseworker Visits With Parents							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	51% (117 of 228)	53% (32 of 60)	78% (7 of 9)	53% (17 of 32)	46% (26 of 56)	48% (12 of 25)	50% (23 of 46)
CY2019	48% (126 of 265)	59% (13 of 22)	50% (29 of 58)	49% (33 of 68)	*	35% (11 of 31)	47% (40 of 86)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- The frequency of in-person visits between the caseworker and the mother was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals in 66% (164 of 250) of the cases.
  - In-home cases—76% (54 of 71)
  - Out-of-home cases—61% (110 of 179)

- The quality of the visits between the caseworker and the mother was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals in 74% (177 of 240) of the cases.
  — In-home cases—76% (53 of 70)
  — Out-of-home cases—73% (124 of 170)
- The frequency of in-person visits between the caseworker and the father was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals in 56% (111 of 198) of the cases.
  — In-home cases—65% (39 of 60)
  — Out-of-home cases—52% (72 of 138)
- The quality of the visits between the caseworker and the father was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals in 69% (118 of 171) of the cases.
  — In-home cases—68% (36 of 53)
  — Out-of-home cases—69% (82 of 118)
- CCRT statewide themes and patterns include:
  — Not meeting in-person with parents and other adults in caregiving roles such as parent partner to have a comprehensive discussion of the case.
  — Lack of staff understanding that when parents are incarcerated locally, caseworkers need to be meeting with them in-person on a regular basis.
  — All items are not routinely discussed with parent during conversations (e.g. needs of their child, services goals, progress in services, services needed that are not provided, etc.)

FamLink administrative data shows extremely low rates of monthly visits with parents. During CY2019, caseworker compliance with monthly in-person visits was 2.4% for mothers and 1.3% for fathers on in-home cases and 12.8% for mothers and 6.9% for fathers on foster care cases. DCYF believes that this data under-represents actual performance due to documentation issues, and this is supported by CCRT findings that reflected higher performance with completion of in-person visits with parents.

In a 2019 staff survey, staff listed the primary barrier for completing monthly in-person contacts with both mothers and fathers were that they were unable to locate the parent. Other top barriers included lack of response to contact request, workload, and the parent not contacting the caseworker.

DCYF will implement strategies in the PIP to improvement engagement, quality of contacts, implement process and procedures designating positions in the region who will be responsible for conducting missing parent searches.

Assessment of Strengths for Well-being Outcome 1
- Monthly visits with children and youth are a priority for CFWS caseworkers and case planning and assessment is often completed during these visits.
- Contacts are leveraged during health and safety visits to ensure caregiver needs are being met.
- Foster parent consultation team meetings (1624) and Recruitment, Development and Support (RDS) meetings are reported by regions to be helpful in staying connected to caregivers and identifying and addressing their needs.
- R1 saw increases on all measures related to Well-Being Ouctome 1. They attribute this increase to conducting regional qualitative reviews using the OSRI in non-PIP offices utilizing the same measurement

plan as the Statewide case review team. This information is used to provide feedback on areas of strength and areas needing improvement to staff, supervisors, AAs and RAs and assists offices in developing improvement strategies. Region 1 also conducts qualitative health and safety reviews and is able to provide feedback based on those reviews to the offices in their region as an area of focus.

Assessment of Barriers and Areas Needing Improvement for Well-being Outcome 1

- Additional emphasis needs to be added to involvement of children, youth, and parents in case planning. Not only is this part of the comprehensive assessment of need, but also a way to engage children, youth, and parents in discussions around safety and permanency as well as action steps to achieve a timely permanent plan.
- In some of the more rural areas of Washington, regions report that transportation and service availability is an issue. This is particularly true when trying to access linguistically and culturally responsive services.
- Monthly visits with mothers and fathers continues to be an area needing improvement, which has a large impact on other items. When caseworkers are visiting with parents they are not having quality, meaningful discussions regarding case planning, identification of barriers and needs, and discussing in behavioral terms, what conditions needs to be met in order for a child or youth to return home.
- Incarcerated parents do not have the same access to reach out to caseworkers and are often not invited or unable to attend shared planning meetings.
- Timely SPMs are not consistently occurring across the state. SPMs provide an opportunity to include children, youth, parents, and caregivers in case planning.

Implemented Practice Improvements for Well-being Outcome 1

- Region 5 held kinship resource fairs at their two largest offices. Kinship caregivers were invited to attend to learn about resources and services available from DCYF, other state agencies, and community partners.
- Several regions send out regional communications and resource information packets to kinship caregivers.
- Regions have implemented training on caregiver engagement and documentation.
- In 2019, there was an increased focus on regularly scheduled SPMs, including some regions hiring dedicated facilitators.

Planned Activities Targeted at Improving or Maintaining Performance for Well-being Outcome 1

- Regional strategies include:
    — Training for new staff that focuses on the importance of caregiver engagement, building awareness of caregiver resources, and understanding how caregiver engagement and supports is reported in the CFSP and APSR and measured on the OSRI.
    — Using health and safety visits to identify and address caregiver needs.
- The following DCYF PIP strategies will support practice improvement for Well-being Outcome 1:
    — Strategies regarding training, guidance, and supports for caseworkers to engage children, youth, and families through frequent, high quality contacts.
    — Strategy 2.3 includes the development and implementation of a consistent statewide process, guidance and resources for locating and engaging parents whose whereabouts are unknown or who are incarcerated.
    — Strategy 4.4 includes strengthening the use of P4P to increase earlier engagement with parents in the child welfare process.
    — Strategies regarding the consistent use of SPMs including FTDMs and PPMs to engage children, youth, parents and caregivers in case planning and decision making.

- PFD1 strategies including Enhanced Permanency Planning Meetings and Enhanced Youth Recruitment will be implemented in several targeted sites throughout the state.
- DCYF will utilize PIP performance data to monitor improvement and outcomes.

Well-being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs
Item 16: Educational Needs of Children

This item determines whether the agency made concerted efforts to assess children's educational needs at the initial contact with the child or on an ongoing basis, and the identified needs were appropriately addressed in case planning and case management activities.

ITEM 16: Educational Needs of Children							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	93% (147 of 158)	98% (42 of 43)	83% (5 of 6)	95% (19 of 20)	95% (37 of 39)	91% (20 of 22)	86% (24 of 28)
CY2019	90% (149 of 166)	100% (20 of 20)	94% (30 of 32)	89% (33 of 37)	*	95% (21 of 22)	82% (45 of 55)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. *Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team*							

Statewide, in calendar year 2019, CCRT found:

- Concerted efforts were made to accurately assess the child(ren)'s educational needs in 96% (159 of 166) of the cases.
  — In-home cases—100% (13 of 13)
  — Out-of-home cases—95% (146 of 153)
- Concerted efforts were made to address the child(ren)'s educational needs through appropriate services in 84% (84 of 100) of the cases.
  — In-home cases—91% (10 of 11)
  — Out-of-home cases—83% (74 of 89)
- CCRT statewide themes and patterns include:
  — Limited monitoring of IEP to assess if child's needs are being met.
  — When a child is identified as having educational needs, they were not referred to educational advocacy or birth to three services.

In 2019, negotiations occurred to amend the data sharing agreement to allow for DCYF to use the Office of Superintendent of Public Instruction (OSPI) information gained from the interface agreement to build reports that will help the Education/ETV Program Manager, regional education leads and child welfare field supervisors track educational progress of children in out-of-home care and support caseworkers in making appropriate referrals and follow-up for educational services.

Child Health and Education Tracking (CHET) Educational Domain[8]
Every child that enters and remains in out-of-home care for 30 days or more receives a CHET screen. The CHET screening identifies each child's long-term needs at initial out-of-home placement by evaluating their well-

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

being and includes the domain of education. The education domain includes children and youth between six and 18-years old. The statewide completion rate for the education domain in CY2019 was 98%.

Graduation Rate for Children and Youth in Foster Care
For the class of 2019, 46.2% of Washington State youth in foster care compared to 80.9% of their non-foster care peers[9] graduated from high school. Twenty-one percent remained enrolled in school after the fourth year to persist in obtaining their high school degree.

Currently, one of the strongest supports for students in foster care is the Graduation Success program through Treehouse; however, due to insufficient funding, their programs and services do not extend statewide at this time. The goal is to have their services in every school district in the state within the next five years. DCYF strongly collaborates with OSPI and Treehouse, supports their goals, and advocates for full funding for their program.

OSPI and DCYF are continually working to improve their data share agreements. The most recent addendum signed in 2019 allows DCYF to use OSPI education data to build internal statewide and regional reports to assess progress of students across the state, by DCYF regions and drill down to office and unit level. This will allow DCYF to focus on areas needed for staff education trainings or support specific school collaborations to improve individual outcomes for children and youth in out-of-home care.

DCYF is involved in several advisory groups and committees that are looking at graduation rates of foster youth from varied directions and with specific partnerships. The education program manager is a DCYF representative of:
- The Superintendent's Special Education Advisory Committee (SEAC)
- The Graduation: A Team Effort (GATE)
  — Under the umbrella of Building Bridges, OSPI and partners across the state, the GATE initiative is a collective effort, aligned with Building Bridges primary recommendations, that coordinates and shares what is working across systems that serve youth and families. The goal of the initiative is to increase high school graduation rates by developing and sustaining a dropout prevention/intervention system and reengaging youth who have dropped out. The Building Bridges workgroup convenes annually as the GATE Steering Committee and provides guidance, policy alignment and recommendations to increase graduation rates for all of Washington's youth. A smaller group of representatives from core agencies (i.e. DCYF, Workforce Training and Education Coordinating Board, educational services districts, and school districts) meet monthly to develop DPIR strategies and coordinate available resources.
- Project Education Impact (PEI)
  — Beginning in October 2017, a coalition of state agencies and nonprofit organizations came together to identify strategies to improve educational outcomes. A 2018 proviso codified their charge, directing DCFY in collaboration with OPSI, the Office of Homeless Youth (OHY) and the Washington Student Achievement Council (WSAC) to convene a workgroup with aligned nonprofit organizations to "create a plan for children and youth experiencing foster care and homelessness to facilitate

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

educational equity with their general student population peers and to close the disparities between racial and ethnic groups by 2027."

Treehouse Educational Advocacy Program[10]

The Treehouse Educational Advocacy Program is a public-private partnership and collaboration with OSPI, DCYF and Treehouse. The program provides short-term interventions intended to have long-term impacts that result in youth graduating from high school. There are 14 Education Advocates co-located in DCYF offices across the state who collaborate with caseworkers, caregivers and schools to improve education outcomes for youth in out-of-home care.

The primary identified goal areas of the program are:

- Educational Progress
- Access to School-Based Services
- School Enrollment
- School Discipline

From July 1, 2019 – December 31, 2019:

- Treehouse received 792 referrals for youth to the Educational Advocacy Program.
    — Of those referrals, 78% were from the DCYF caseworker, 13% from the CHET screener, 8% from tribes/other, and 1% from school personnel. This was a 4% increase from the number of referrals received in the prior program year.
    — 734 youth were served through the Educational Advocacy Program.
- Statewide there were more than 1,000 additional middle school-aged youth (King County only) and high school-aged youth served by Treehouse in Treehouse's Graduation Success program.
- Education Advocates provided 545 Information and Referral (I&R) interventions.
    — That breaks down to 283 youth-specific I&R contacts delivered to 160 unique youth and 262 general knowledge I&R interactions.
- Education Advocates provided 37 trainings, workshops and presentations statewide for 774 attendees including caseworkers, caregivers, CASA/GAL, Education Liaisons, community providers and school personnel. These training, workshops and presentations address a variety of topics such as school enrollment, special education, discipline and general trainigns on how to be the best educational advocate for children and youth. All of the trainings, workshops, and presentations are based on State and Federal education laws. Treehouse also provides youth advocacy trainings as requested.

Assessment of Strengths for Well-being Outcome 2

- Based on CCRT data, DCYF is assessing educational needs and providing appropriate services 90% of the time. Assessment of needs is occurring at the highest rate, with 96% of children and youth reviewed receiving an assessment to identify educational needs.
- OSPI user interface allows education data to populate FamLink, allowing improved caseworker access to key education information. Addendums are in development for this data sharing agreement to improve data collection and monitoring.
- Many training opportunities are available to staff regarding identifying and addressing educational needs including:

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[10] Data Source: Treehouse Educational Advocacy Program Mid-Year Report 2019-20

— In-person training to staff and community members built into the Treehouse Education Advocacy contract.
— An online education training and accompanying tip sheet developed with the intent that training could be readily accessible and completed in a unit meeting.
— Regional education leads and DCYF Education/ETV Program Manager are available for training and individual consultation.

Assessment of Barriers and Areas Needing Improvement for Well-being Outcome 2

- Continue to strengthen documentation of education needs and services to meet those needs.
- Caseworkers need to increase referrals for services to Treehouse for advocacy and follow up with the school/district regarding special education services when needs are identified.
- The additional training on education services as stated above is not mandated or part of the new DCYF caseworker onboarding. This is due to the fact that there is a large amount of material covered through RCT, SCT, and the current mandatory training. There are educational components covered in RCT. This information is being transferred to an e-learning platform with some additional information included from the education program manager.

Implemented Practice Improvements for Well-being Outcome 2

- Addendum to data sharing agreement between DCYF and OSPI to build reports to track data and outcomes.
- The Graduation Success program offered through Treehouse expanded to additional counties in March 2019 to include Benton, Clark, Skagit, Snohomish, Thurston, Whatcom, and Yakima Counties. Not all school districts are served in every county.

Planned Activities Targeted at Improving or Maintaining Performance for Well-being Outcome 2

- Education/ETV Program Manager will review and revise education policy with language and guidance around the Every Student Succeeds Act (ESSA) and best determination decisions that occur whenever a student moves schools. This will include guidance on addressing this information specifically in SPMs.
- Joint outreach in collaboration with OSPI to school district staff and DCYF caseworkers through emails, listservs, in-person trainings and networking opportunities.
- Participation on the Project Education Impact (PEI) state policy workgroup where leadership and program managers of state and nonprofit agencies come together to strategize and support working for education equality for children and youth experiencing out-of-home placement or homelessness.
- The education program manager is working with FamLink trainers to develop an e-learning training about how to enter education (early learning, K-12, and postsecondary) information into the caseworker database. This is part of the RCT and the goal is to embed additional practice tips in the training regarding why gathering and assessing education information is mandated and beneficial.
- The following DCYF PIP strategies will support practice improvement for Well-being Outcome 2:
    — Strategies regarding training, guidance, and supports for caseworkers to engage children, youth, and families through frequent, high quality contacts.
    — Strategies regarding the consistent use of SPMs including FTDMs and PPMs to engage children, youth, parents and caregivers in case planning and decision making.

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

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

*No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews.
Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team

Statewide, in calendar year 2019, the CCRT found:

- Physical health care needs of the children were accurately assessed in 85% (197 of 233) of the cases.
  — In-home cases—62% (18 of 29)
  — Out-of-home cases—88% (179 of 204)
- Appropriate services were provided to children to address all identified physical health needs in 86% (184 of 214) of the cases.
  — In-home cases—77% (17 of 22)
  — Out-of-home cases—87% (167 of 192)
- Dental health care needs of the children were accurately assessed in 78% (153 of 197) of the cases.
  — In-home cases—0% (0 of 1)
  — Out-of-home cases—78% (153 of 196)
- Appropriate services were provided to children to address all identified dental health needs in 73% (142 of 194) of the cases.
  — In-home cases—0% (0 of 1)
  — Out-of-home cases—74% (142 of 193)
- There was appropriate oversight of prescription medications for the child's physical health needs in 89% (92 of 103) of the cases.
- CCRT statewide themes and patterns include:
  — Lack of documentation regarding one or both of the required dental exams.
  — Staff lack of awareness that two dental exams are required each year.

Child Health and Education Tracking (CHET) Physical Health Domain
The physical health domain includes an initial Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) exam and results are documented in the completed CHET report. The statewide completion rate for the physical health domain in CY2019 was 97%. When children and youth do not receive an EPSDT exam during the CHET process, the need for an EPSDT exam is included in the "Items Needing Follow-up" section of the report. These items can then be tracked by the caseworker and caregiver and can be referred to AHCC for care coordination efforts as appropriate.

Item 18: Mental/Behavioral Health of the Child

This item determines whether the agency addressed the mental/behavioral health needs of the children.

ITEM 18: Mental/Behavioral Health of the Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	67% (99 of 148)	73% (27 of 37)	86% (6 of 7)	78% (14 of 18)	73% (27 of 37)	26% (5 of 19)	67% (20 of 30)
CY2019	67% (97 of 145)	75% (12 of 16)	69% (18 of 26)	58% (19 of 33)	*	74% (14 of 19)	67% (34 of 51)
No Region 4 cases reviewed in 2019 as the entire region was part of the 2018 CFSR and the upcoming 2020 and 2021 PIP reviews. Data Source: Annual Central Case Review Report CY2018 & CY2019 OSRI, Central Case Review Team							

Statewide, in calendar year 2019, the CCRT found:

- Mental/behavioral needs of the children were accurately assessed in 83% (120 of 145) of the cases.
    — In-home cases—77% (27 of 35)
    — Out-of-home cases—85% (93 of 110)
- Appropriate services were provided to address the children's mental/behavioral health needs in 70% (98 of 141) of the cases.
    — In-home cases—71% (25 of 35)
    — Out-of-home cases—69% (73 of 106)
- There was appropriate oversight of prescription medications for the child's mental/behavioral health issues in 97% (29 of 30) of the cases.
- CCRT statewide themes and patterns include:
    — Mental/behavioral health services were not referred or there was a delay in the referral.

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

The emotional and behavioral health domain includes an assessment of emotional and behavioral health using validated tools. Results from the assessment are used to develop an appropriate case plan and assist in placement decisions for the child. The statewide completion rate for the emotional and behavioral health domain in CY2019 was 98%.

Per the 2018 Washington State Final Report in response to the five-year grant administered to DCYF from the Children's Bureau for provision of CHET and OMH screens, the following information was discovered through analysis[11]:

- Between July 2014 and August 2018, 3,000 trauma screens were completed for children and youth ages 7-17 upon entry into foster care.
    — Approximately 27% of those children and youth had a trauma symptom-related need identified.
    — Approximately 10% of those children and youth with clinical levels of symptoms of traumatic stress would not have had their mental health needs identified prior to 2014.
- 5,544 children and youth were still in care at six months and received a follow-up screen. Those children and youth who received a screen indicating an untreated mental health need were about twice as likely to receive mental health services in the period around the screen.

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[11] 2012 Trama Grantees Washington State Final Report, September 2018

- Approximately 63% of all children and youth had a mental health need identified upon entry into foster care.
- Approximately 60% of children and youth whose screening results indicated a possible mental health need received services.
- The mental health needs of children and youth changed over time.
  — 25% of children and youth that had no mental health concerns coming into care, continued to have no concerns 6 months into care
  — 35% of children and youth that had mental health concerns coming into care continued to have mental health concerns 6 months into care
  — 28% of children and youth with identified mental health concerns improved from the time of coming into care to the six month screen
  — 12% of children and youth with identified mental health concerns deteriorated from the time of coming into care to the six month screen

This report was completed in collaboration with the University of Washington and RDA and compiled data from multiple sources including CHET database data, OMH spread sheet data, behavioral health data from ProviderOne, and other sources specific to this grant request.

DCYF is assessing what specific aggregate information can be pulled directly from the CHET database that can be reviewed more regularly.

Coordination of Care for Physical and Behavioral Health Concerns

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

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

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

AHCC also reviews claims data on all members which generates reports that trigger outreach based on needs including but not limited to:

- ER visits
- Inpatient hospital stay
- A need of ABA services or WISe services but are not receiving them
- Pregnancy
- Suicide attempts

- Other risk factors

Some of the identified barriers to AHCC completing a review of the CHET screen with caregivers include:

- Connecting with caregivers and caseworkers
- Having accurate contact information
- AHCC not having access to FamLink demographic data

DCYF is working with AHCC and HCA to finalize a data sharing process for FamLink information including the ability for caregiver contact information to go daily to Coordinated Care so that they can more quickly and effectively communication with caregivers.

Apple Health Core Connections (Managed Care Plan) Children and Youth Served CY 2019	
Health Care Coordination	7,924
Care Management	1,379
Health Care Coordination Tasks Completed by CCW Member Services	17,392
Number of Unique Members who Received Mental Health Services	5,436
Data Source: Health Care Authority, Coordinated Care of Washington (CCW)	

Fostering Well-being (FWB) Children and Youth Served CY 2019	
Received Care Coordination Services for Physical, Behavioral, and Co-Occurring Concerns	1,743
Care Coordination Tasks Completed	1,023
Medicaid Fee for Service Prior Authorization Denial Issues Resolved	24
Data Source: Fostering Well-Being (FWB)	

Fostering Well-being (FWB), Regional Medical Consultants Children and Youth Served CY 2019	
"At Risk Statements" – Possible Child Physical and Behavioral Risk Prior to Adoption	70
Chart Note Reviews – Medication and Treatment Plans*	59
General Consultations Provided to Caseworkers and Caregivers	411
*Completed at the request of the caseworker. *Data Source: Fostering Well-Being (FWB)*	

Oversight of Prescription Medications

In 2019, CCW utilized the Second Opinion Network (SON) process instead of their internal Psychotropic Medical Utilization Review (PMUR) process. CCW did a comparison of the PMUR and SON and found that their PMUR process provided limited additional impact and increased concerns regarding duplication of reviews and risk of provider abrasion. The SON process is comparable to PMUR and alerts CCW to the same potential issues of the PMUR. The SON process provides a medication review and triggers a referral to CCW for health care coordination on any member who goes through SON and has any follow up recommendations or psychosocial recommendations. CCWs care coordination team then works to connect the child or youth with services and treatment in addition to their prescribed medications. In CY2019, CCW had over 700 children and youth receive reviews through the SON.

Wraparound with Intensive Services (WISe) Utilization

WISe is an approach to help Medicaid-eligible children, youth, and their families with intensive mental health care. Services are available in the home and community settings and offer a system of care based on the individualized needs of the child or youth. WISe is available to Medicaid-eligible children and youth from birth to age 21 that meet access to care standards (standards used by mental health agencies to get the right level of services to individuals). In SFY2019, 5,389 WISe screens were conducted for an unduplicated total of 4,645 Medicaid eligible children and youth. DCYF was one of the largest referral sources for WISe programs, and 1,024 (19%) of the referrals came from DCYF. Between April 2018 and March 2019, a total of 4,656 youth received WISe across the state.

Washington State Family Youth System Partner Round Tables (FYSPRT)

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

Assessment of Strengths for Well-being Outcome 3

- DCYF partners with HCA and AHCC to provide oversight of prescription medications for children and youth in out-of-home care. Based on CCRT data, oversight of prescription medications is a strength for DCYF.
- CCW representatives are in the offices to answer questions and assist in access to care issues.
- DCYF is utilizing the BRS and WISe program concurrently to increase service intensity for children and youth who have high-level and complex needs.

Assessment of Barriers and Areas Needing Improvement for Well-being Outcome 3

- Follow-up for the second (six-month) preventative dental exam is consistently an area needing improvement statewide.
    — There is a lack of quantitative data available to caseworkers to track and identify children and youth who have and have not received preventative health care, including dental exams.
    — Caregivers have expressed reluctance to schedule the second dental exam at the time of the child's initial dental visit because of the potential that the child may not be placed with them six months in the future.
- There is a need to develop a mechanism for Continuous Quality Improvement (CQI) related to access and availability of mental health services for children, youth and families involved with the child welfare system.
- CHET program can only be utilized for children and youth who are in out-of-home placement via a court order.
- WISe capacity and accessibility varies county by county.
- There is difficulty in developing services in smaller, rural communities.
- High-level (residential treatment) mental health and Substance Use Disorder (SUD) services are only available through Medicaid and private insurance. This is separate from contracted services available through BRS.
- There is a lack of focus on well-being outcomes as priority efforts are aimed at safety and permanency outcomes.

Implemented Practice Improvements for Well-being Outcome 3

- Beginning July 2019, in collaboration with HCA, DCYF began authorizing use of DCYF contracted BRS and WISe concurrently in a highly coordinated effort. BRS is a temporary intensive support and treatment program for foster children and youth with high-level complex service needs who are in the care and authority of DCYF. DCYF contracts with BRS providers to deliver services, including placement, that are intended to stabilize foster children and youth and assist them in transitioning to less intensive or restrictive services and achieving their permanent plan.

- In order to retain and expand DCYF contracted service provider capacity, as of October 2019, DCYF has increased Evaluation and Treatment payment rates.
  - 5.8 % increase for mental health counseling rates under Professional Services template contracts with masters level therapists.
  - 5% rate increase for all services under Psychological and Psychiatric Services with MD, DO, PhD, and ARNP level providers which include psychological evaluation, neuropsychological testing battery and neurobehavioral status exam, parenting evaluation, psychotherapy, and family and group therapies.
  - DCYF also established a payment mechanism to compensate the Psychological and Psychiatric Services contractors for actual case related travel time.

- Several regions are:
  - Conducting qualitative case reviews in non-PIP offices to create action plans for identified areas of improvement.
  - Implementing onboarding processes for new staff with a focus on federal outcomes and an understanding of case review and OSRI.
  - Piloting in a single region the use of CHET staff to conduct developmental screens for FVS cases with case carrying staff present and with parental permission.
  - Conducting Triage staffing to provide consultation for children and youth who have high-level and complex needs.
  - Working closely with community providers to increase local service capacity and improve access to services.
  - Meeting quarterly with mental health and domestic violence providers to discuss areas of concern and how to decrease barriers to service accessibility.

Planned Activities Targeted at Improving or Maintaining Performance for Well-being Outcome 3

- DCYF will work with HCA and CCW to build monthly reporting capacity for children and youth who are referred to the SON for psychotropic medication reviews.
- DCYF HQ will coordinate with regional QA/CQI staff and AAs to support caseworkers and caregivers in activities to assist in getting EPSDT and dental exams completed that were postponed due to COVID-19.
- The following DCYF PIP strategies will support practice improvement for Well-being Outcome 3:
  - Strategy 3.6 includes increasing knowledge and application of the screening and assessment tools utilized to assess children's physical, dental and mental/behavioral health needs; increasing awareness and use of care coordination; and implementation of data collection and monitoring of physical and dental health service access for children and youth.
  - Strategy 3.7 includes partnering with other state agencies and community providers to develop a mechanism for data collection and monitoring, identification of barriers to access, and

development of plans to improve access and availability to mental/behavioral health services for children, youth and families.

Statewide Information System

Item 19: Statewide Information System

DCYF's statewide information system, FamLink, is available statewide to all department staff and is fully operational at all times, with the exception of brief maintenance and operations down time, which are scheduled during slow operational hours and coordinated with after-hours and centralized intake to ensure backup operations are in place while the system is down. FamLink supports consistent casework and business practices to assure that information is available to all caseworkers statewide and that children and their families will receive the same level of quality services in every community throughout Washington.

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

- Tribes
- Independent Living Services Providers
- Office of the Children and Family Services Ombuds
- Attorney General's Office
- Community Services
- Foster Care Med Team
- Foster Care Trainers and Recruitment
- Department of Social and Health Services

Adoption and Foster Care Analysis Reporting System (AFCARS)

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

AFCARS SUBMISSION TIMELINESS ERRORS				
Data Element	2018 B Errors	2019A Errors	2019B Errors	2020A Errors
FC-22 Removal Transaction Date	78 Errors (0.54% failing)	56 Errors (0.39% failing)	65 Errors (0.46% failing)	81 Errors (0.60% failing)
FC-57 Foster Care Discharge Transaction Date	161 Errors (5.5% failing)	148 Errors (5.0% failing)	161 Errors (5.15% failing)	176 Errors (5.37% failing)
Data Source: DCYF AFCARS Submissions Reports				

Demographic Characteristics

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

- Intake screening – physical abuse of a child under the age of four (4); and

- Overcapacity/waivers – foster home licensing when a child is being placed that is outside the demographics of the license capacity.

The new AFCARS rules, published in the Federal Register on May 12, 2020, will modify race/ethnicity to align with NYTD values for race/ethnicity. The new AFCARS rules have been under additional review and modifications at the federal level, so work within FamLink has not yet been started. Once these rules are finalized, Washington will begin development or modifications of our existing AFCARS to support the new rules and specific data collection elements.

Status and Permanency Goal

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

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

Documentation of Placement Entry, Changes and Closing

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

Average Lag in Placement Entry, By Days			
Calendar Year	Average Lag in FamLink Services Entry	Average Lag Child Location Application	Average Lag in Placement Entry
CY2017	18	*	18
CY2018	16	1*	14
CY2019	15	1	12
*Child Location Application implemented April 2018. Data Source: Lag Placement Entry Detail, infoFamLink			

| Entry of Placement Events			
	07/01/2017 – 06/30/2018	07/01/2018 – 06/30/2019	CY2019
Total Placement Events Entered	16,963	18,174	17,255
Entered Via Child Location Application	1,492 (8%)*	9,014 (49.5%)	9,312 (54%)
Entered directly via PET Tool	15,473 (92%)	9,160 (50.5%)	7,943 (46%)
Entries Made Within 3 days	7,139 (42%)	11,581 (64%)	11,206 (65%)
*Child Location Application implemented April 2018. Data Source: Lag Placement Entry Detail, infoFamLink			

Placement Entry Data for CY 2019			
	Placement Moves	Removals	Total
Total Placement Events Entered	11,902 (68%)	5,353 (31%)	17,255 (100%)
Entered through Child Location Application	6,366 (36%)	2,946 (17%)	9,312 (54%)
Entered directly via PET Tool	5,596 (32%)	2,407 (13%)	7,943 (46%)
Data Source: Lag Placement Entry Detail, infoFamLink			

Data indicates that as the use of the Child Location Application has increased so has the percentage of placements entered within the three-day time policy time frame. As of CY2019, 54% of placement events were entered using the Child Location Application within one day of placement. Of the total placement events entered, 65% (11,206 of 17,255) were made within the three-day policy time frame. Of total placement events entered within the three-day policy timeframe, 83% (9,312 of 11,206) of those were entered using the Child Location Application. One of the barriers of timely entry may be related to providers being created in the DCYF system. If a provider has not been created and given a provider number, they will not show up in the Child Location Application for the placement to be entered. This happens most frequently with relative placements and there may be delays in getting a provider number created. As the process generally involves multiple individuals and units to get a provider created, it can become complex and cause delays in placement entry. As DCYF does not know specficically what is causing the delays in placement entry and consistent use of the Child Location Application, PIP strategy 1.4 will utilize the placement lag data entry report in combination with field focus groups to identify the barriers related to placement entry and identify and implement solutions to resolve those barriers.

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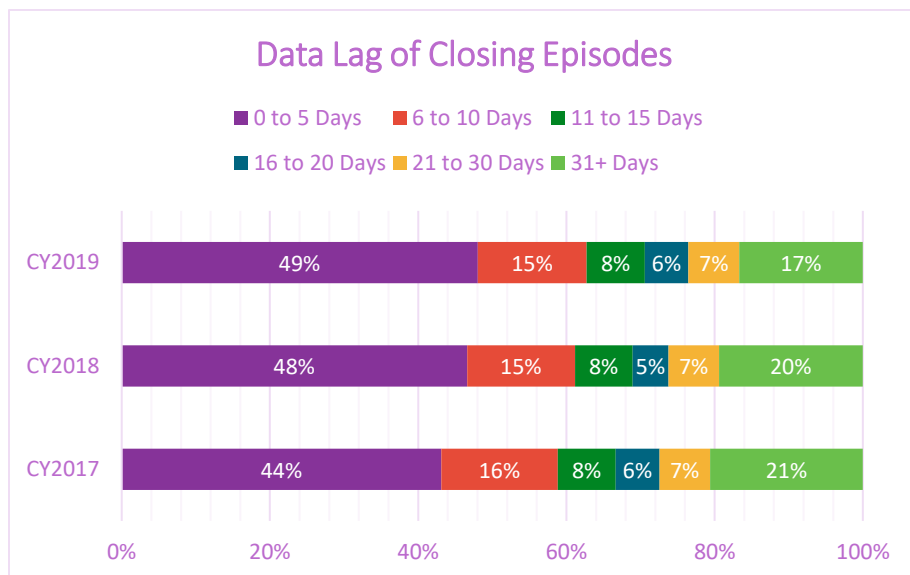
Data Source: Data Lag in Closing Episodes, infoFamLink

Data Quality

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

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

Washington's Data Quality plan builds on existing data quality efforts spanning from federal reporting data (e.g. AFCARS) to targeted case reviews (e.g. Intake, ICW, case review, etc.) and identifies planned data quality initiatives.

Technical Assistance

The Child Welfare focused TechTraining Team consists of 10 collaborative individuals:

- Six field TechTrainers across the state who provide learning opportunities using multiple modalities (one-on-one training, group training, online training and micro-learnings) on a variety of child welfare applications including, but not limited to: FamLink, mobile applications, iPhone Usage, virtual connectivity, database usage, and all Microsoft products.
- Two Curriculum Specialists who develop, test and pilot technical training material in multiple modalities including online and mobile resources, and eLearning modules for all enterprise applications used by DCYF.
- The Training Technician provides support for all modalities of training including video production and manages the LMS system used statewide.
- The Technology Training Manager leads coordination and implementation of long-term technical training roadmap strategies and cross-organizational technical training development.

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

Assessment of Strengths for the Statewide Information System (FamLink)

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

Assessment of Barriers and Areas Needing Improvement for the Statewide Information System (FamLink)

- Timely placement entry continues to be an area needing improvement.

Implemented Practice Improvements for the Statewide Information System (FamLink)

- Enhancements identified to increase usage and effectiveness of child location remain in the development backlog. Some types of placement events (new providers or relative placements) may lag past three days due to system edits enforcing business requirements for documenting a placement event.
- The DCYF Licensing Division is currently working with stakeholders and internal teams to streamline processes in foster care licensing and home studies, partnering with the IT Division to procure and implement a new Foster Parent Application Portal solution.
- Improvements were made to access of the OurKids app, which is now refactored as a responsive web page instead of a native mobile application, allowing access from computers or mobile devices. This removed the need for the Maas360 wrapper to be installed on the foster parents' phone, which was causing a barrier to access. Data is protected on entry through Secured Access Washington (SAW).

Planned Activities Targeted at Improving or Maintaining Performance for the Statewide Information System (FamLink)

- AFCARS changes – new AFCARS rules published 5/12/2020.
- The National Electronic Interstate Compact Enterprise (NEICE) development and implementation for FFPSA. This will improve timeliness of placements and permanency across stateliness by streamlining and automating the ICPC paperwork process to a more efficient, economical, and effective automated data exchange.
- A court interface is one of the new interfaces required under the 2016 CCWIS rules. In 2007, state law passed requiring the Administrative Office of the Courts (AOC), in consultation DCYF and AGO, to compile an annual report providing information about dependent children whose cases did not meet statutory guidelines for achieving permanency. This partnership created a shared ownership for improved outcomes for children involved in the child welfare and court systems. The development of an automated exchange through an interface between FamLink and the court's electronic data system will streamline a heavily person dependent process and provide timely, accurate data into FamLink to allow better tracking of timelines toward permanency.
- The following DCYF PIP strategies will support practice improvement for Well-being Outcome 3:
  — Strategy 1.4 includes reinforcement of the use of the Child Location Application; identifying barriers for lack of timeliness of placement entry; and working with fiduciary, IT and regional staff to make alterations to the Child Location Application and Placement Entry Tool to address those identified barriers.

Case Review System

Item 20: Written Case Plan

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

The CCRT found that, of the cases reviewed during CY2019, 78% (86 of 110) of out-of-home cases had involved children and youth in case planning. Mothers were identified as being involved in case planning in 66% (118 of 179) of the out-of-home cases and fathers were identified as being involved in case planning in 55% (76 of 138) of the out-of-home cases.

Barriers to tracking and monitoring child, youth, and parent involvement in case planning includes:

- The state is unable to determine how many case plans are completed timely and with the family's involvement.

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

- Currently, other than documentation and information gathered through participant interviews, DCYF does not have a process to consistently track child, youth, and parent involvement in the development of the case plan.

The implementation of PIP strategy 4.1 and the PFD1 grant is designed to improve performance in this area. Shared Planning Meetings (particularly Permanency Planning Meetings) are an opportunity to engage children, youth, parents, and caregivers in the case planning process. Training is being developed along with guides to to provide a structured, consistent format to these meetings. Through the PFD1 grant, there will be fidelity reviews of the facilitation of the meetings but also in documentation to ensure that information is being captured in the FamLink system. We anticipate seeing improvements in this item through this process.

Item 21: Periodic Reviews

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

As of December 2019, there were 8,176 children and youth in out-of-home care. AOC and Washington State Center for Court Research track all of the juvenile dependency and termination cases that were filed in Washington's courts, with the exception of King County as noted in the data charts. King County Superior Court case information and activity is temporarily incomplete as of November 30, 2018. King County transitioned to a locally implemented and maintained case management system and there have been some challenges with getting their court data to interact with the data provided from AOC and the Washington State Center for Court Research. There are continual discussions occurring and it is believed that data will be able to be provided by the end of 2020. Court records from the AOC's Superior Court Management and Information System (SCOMIS) are matched with information from the DCYF's FamLink system.
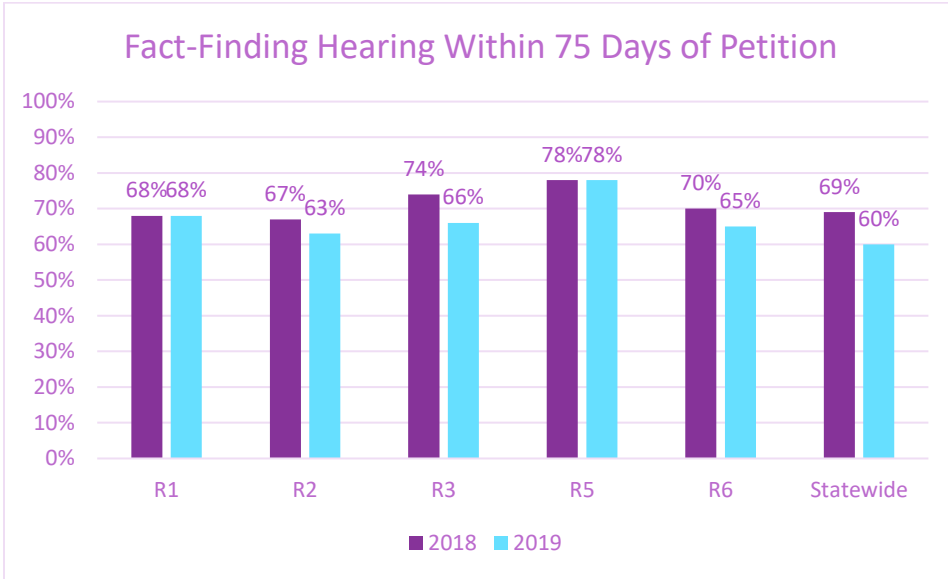
Fact-Finding Hearing Within 75 Days of Petition

2018 and 2019 statewide numbers exclude Region 4 (King county).

Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018 and CY 2019
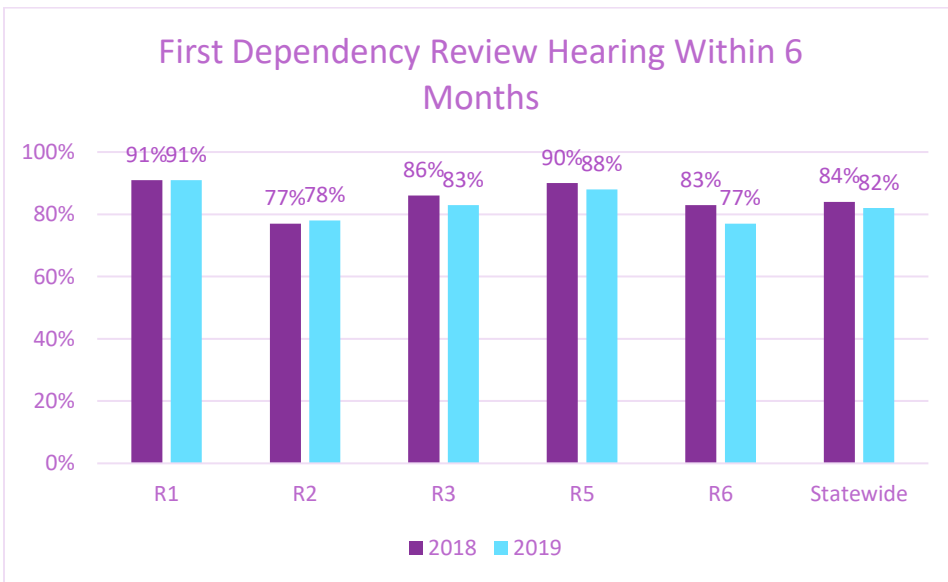
First Dependency Review Hearing Within 6 Months

2018 and 2019 statewide numbers exclude Region 4 (King county).

Data Source: Washington State Center for Court Research Dependency Interactive Data; First Review Hearing – Monthly Updates; CY2018 and CY 2019

All Review Hearings Held Within 6 Months of Previous Hearings

2018 and 2019 statewide numbers exclude Region 4 (King county).

Data Source: Washington State Center for Court Research Dependency Interactive Data; All Review Hearing Counts – Monthly Updates; CY2018 and CY 2019

Item 22: Permanency Hearings

First Permanency Planning Hearing Within 12 Months

2018 and 2019 statewide numbers exclude Region 4 (King county).

Data Source: Washington State Center for Court Research Dependency Interactive Data; Perm Planning 12mnth – Monthly Updates; CY2018 and CY 2019

All Permanency Planning Hearings Within 12 Months of Previous Hearing

Region	2018	2019
R1	93%	94%
R2	91%	92%
R3	89%	90%
R5	96%	96%
R6	91%	94%
Statewide	91%	94%

2018 and 2019 statewide numbers exclude Region 4 (King county).

Data Source: Washington State Center for Court Research Dependency Interactive Data; All Perm Planning Hearings – Monthly Updates; CY2018 and CY 2019

Item 23: Termination of Parental Rights (TPR)

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

Number of Termination of Parental Right Petitions (TPR) Filed CY 2017 - CY2019

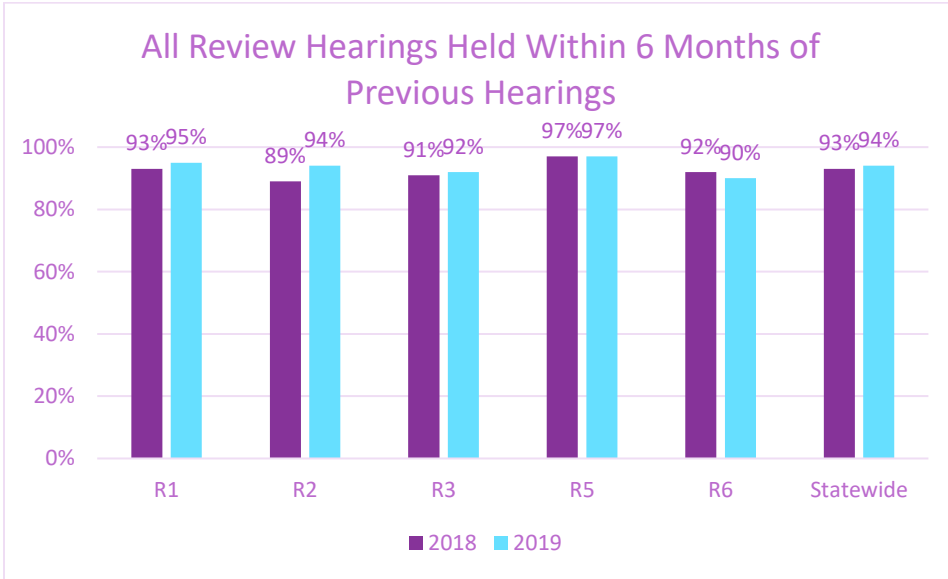| Year	State
CY2017	2049
CY2018	1901
CY2019	1354

2018 and 2019 statewide numbers exclude Region 4 (King county).

Data Source: Washington State Center for Court Research Dependency Interactive Data; Termination Petitions – Monthly Updates; CY2018 and CY 2019

The following charts depict the county rankings in the state of TPR petitions filed within 15 months, broken down by region. This information is beneficial in determining local efforts and colloboration needed with judicial partners in each individual jurisdiction.

County Ranking - TRP Petition Within 15 Months
Region 1 - CY2019

County Ranking - TRP Petition Within 15 Months
Region 2 - CY2019

**County Ranking - TRP Petition Within 15 Months
Region 3 - CY2019**
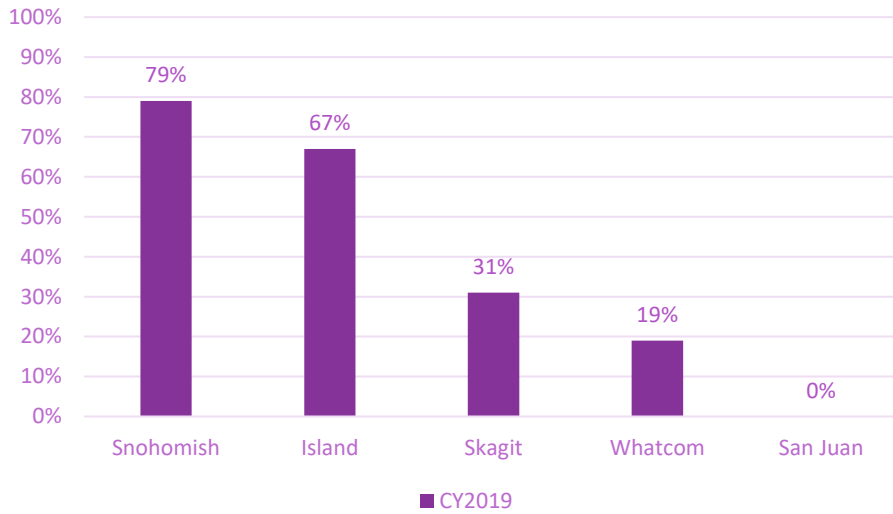
**County Ranking - TRP Petition Within 15 Months
Region 5 - CY2019**

County Ranking - TRP Petition Within 15 Months
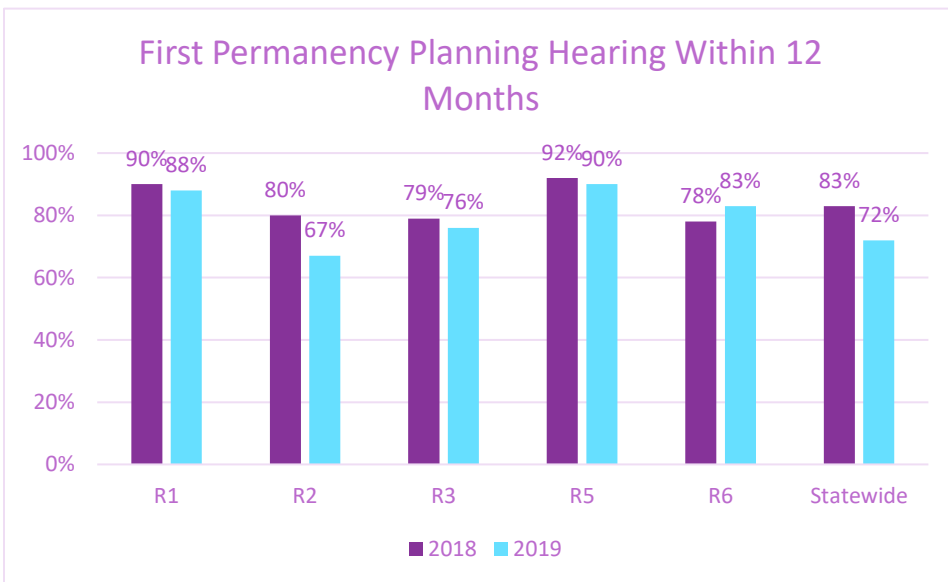## Region 6 - CY2019
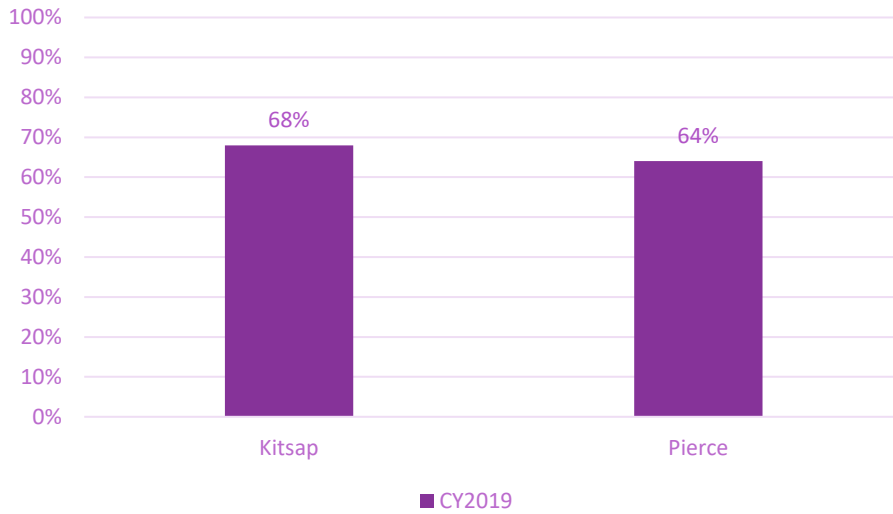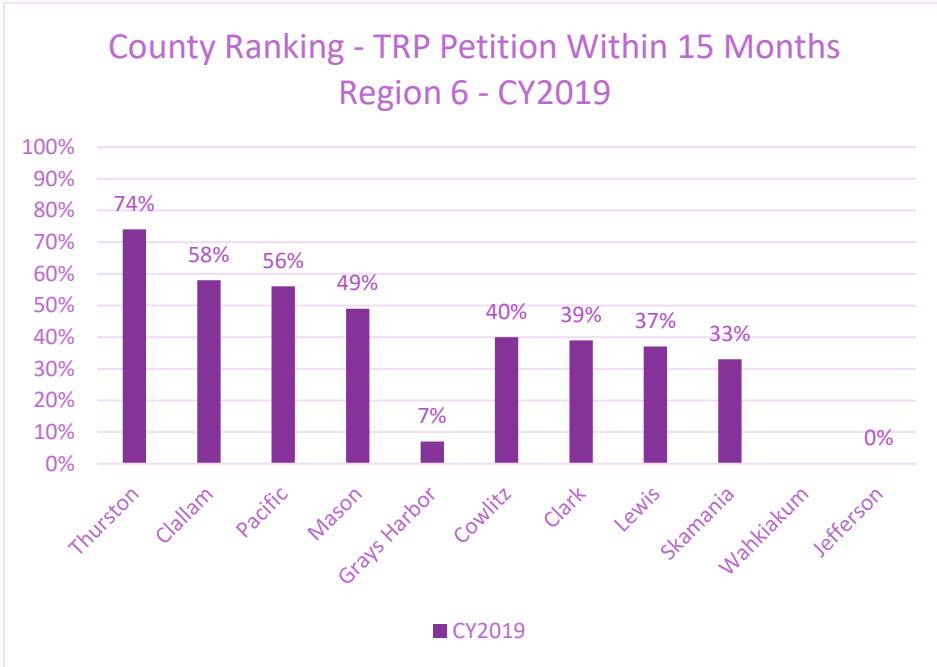
2019 numbers exclude Region 4 (King county).

Data Source: Washington State Center for Court Research Dependency Interactive Data; County Rankings – Monthly Updates; CY2019

Of the cases reviewed by the CCRT in CY2019, 84% (86 of 102) of the cases where a child had been in foster care at least 15 of the most recent 22 months or met other ASFA criteria for termination of parental rights, had a TPR petition filed in a timely manner or a compelling reason not to file TPR existed.

The following chart depicts a point in time measure for children entering care in the past 22 months and who have been in out of home care at least 15 of those 22 months. The due date for the filing of the termination of parental rights petition is calculated from the dependency filing date.

The period under review (PUR) is September 10, 2018 – July 10, 2020.
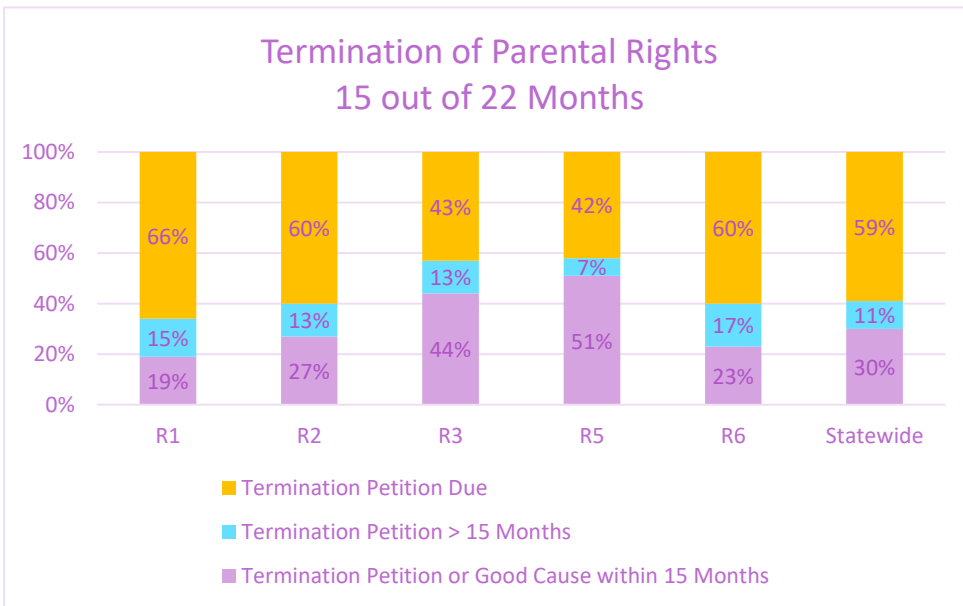
Termination of Parental Rights
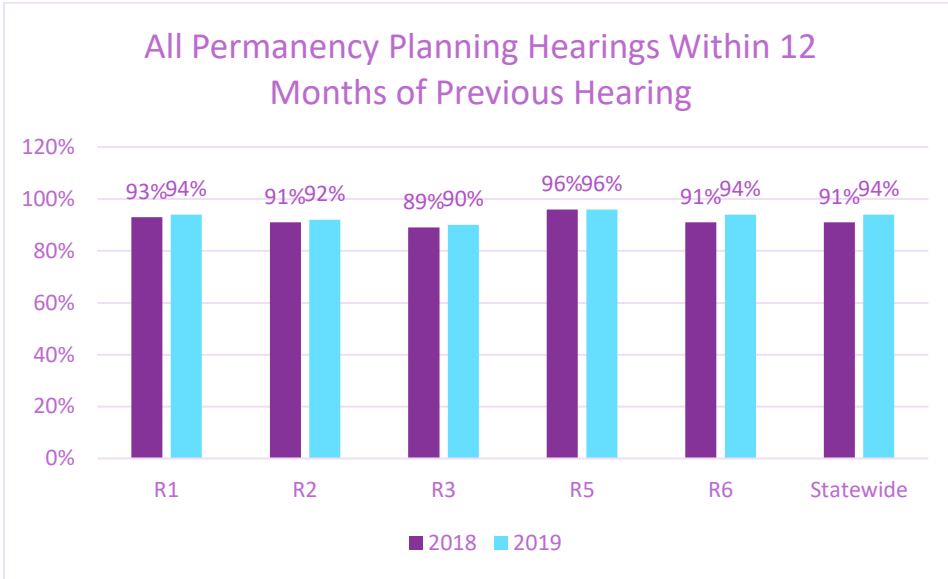## 15 out of 22 Months

Numbers exclude Region 4 (King county).

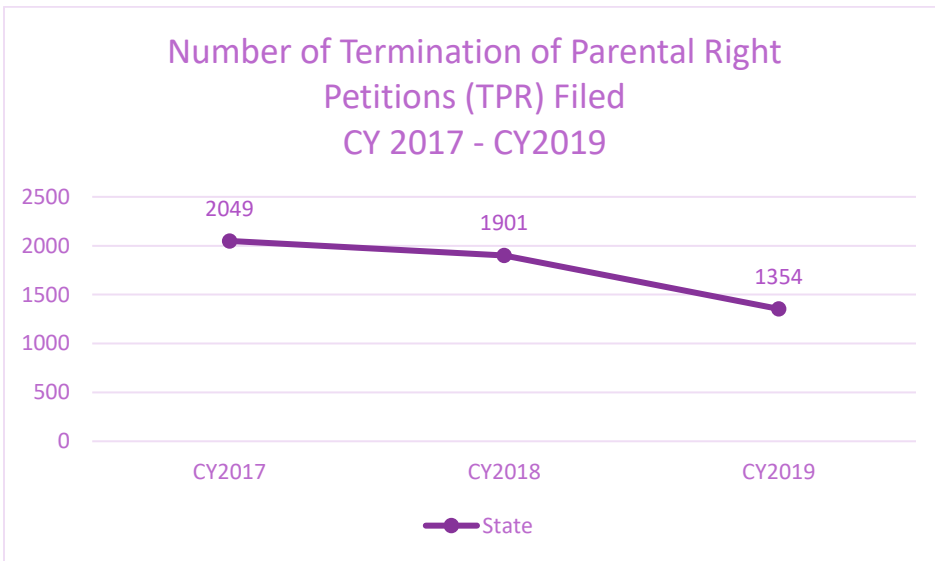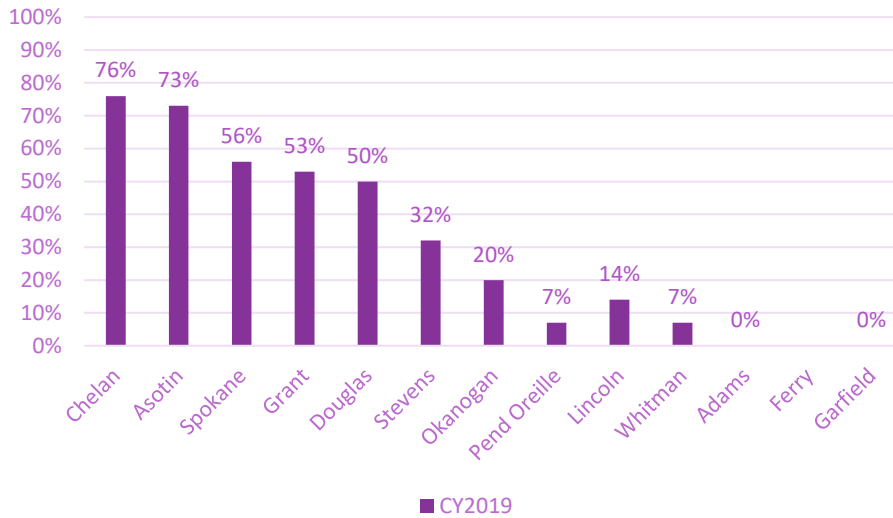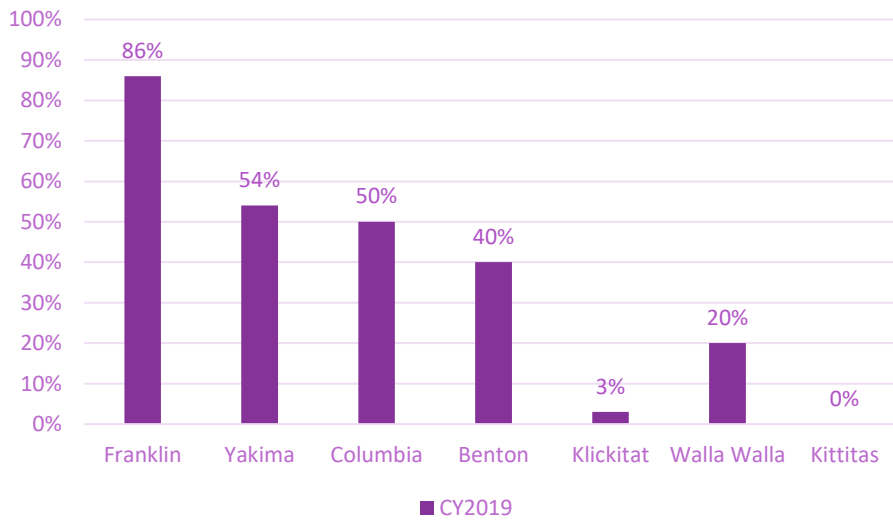*Data Source: Washington State Center for Court Research Dependency Interactive Data; TPR 1522 – Monthly Updates; CY2018 and CY 2019; Point in Time Count; PUR 09/10/2018 – 07/10/2020; FamLink Data Extract 07/10/2020*

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

The infoFamLink Caregiver Court Hearing Notification report indicates that for CY2019, approximately 6% of caregivers received adequate and timely notification of hearings as documented in FamLink, which is believed to be significantly underreported.

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

ITEM 24: Caregiver Court Hearing Notification			
Court Name	Adequate and Timely Notice was Given to the Child's Caregiver		The Court Received a Caregiver Report
	YES	NO	
Adams	-	-	-
Asotin	-	-	-
Benton	441	1	5
Chelan	431	-	13
Clallam	372	7	43
Clark	62	1	60
Columbia	-	-	-
Cowlitz	459	-	84
Douglas	-	-	11
Ferry	36	-	-
Franklin	264	-	21
Garfield	-	-	-
Grant	-	-	7
Grays Harbor	738	-	137
Island	131	-	34
Jefferson	66	2	1
King	-	-	-
Kitsap	972	1	31
Kittitas	-	-	-
Klickitat	147	-	4
Lewis	495	2	32
Lincoln	-	-	-
Mason	388	1	16
Okanogan	-	-	1
Pacific	-	-	6
Pend Oreille	-	-	-
Pierce	2,765	1	346
San Juan	18	-	1
Skagit	-	-	25
Skamania	28	-	8
Snohomish	2,045	-	296
Spokane	2,463	14	39
Stevens	256	1	19

Thurston	1,145	-	61
Wahkiakum	-	-	-
Walla Walla	231	-	2
Whatcom	-	-	-
Whitman	-	-	51
Yakima	156	-	53
Grand Total 2019	14,109	31	1,407

Data Source: Washington State Center for Court Research Dependent Children in Washington State: Case Timeliness and Outcomes, 2019 Annual Report

While reporting on this outcome has improved, there is a gap between the number of dependency hearings where notice to the caregiver should have been given and the documentation of whether adequate notice was given. Additional training has been and will continue to be provided to improve data collection. There is also a multidisciplinary workgroup being developed to improve this process.

Assessment of Strengths for the Case Review System
- Interactive court data is available to DCYF and court personnel on a monthly basis. This data assists in identifying timeliness concerns and administrative errors.

- Each region utilizes various methods to monitor timely filing of TPR petitions and accurate documentation of compelling reasons to not file a TPR petition. The report is distributed monthly to AAs and DRAs, which includes cases and children with: compelling reasons documented to ensure they remain appropriate, no petition for TPR documented or no compelling reason documented for cases open 10-12 months and over 12-months, and referral for TPR submitted to AGO but no documentation of a petition being filed. This report is utilized to have discussions with supervisors and caseworkers regarding identifying the barriers to timely filing of termination petitions. This report is also used to assist office and regional leadership to identify where additional collaboration is needed with indivudal jurisdications and court partners.

Assessment of Barriers and Areas Needing Improvement for the Case Review System
- The filing of a TPR petition is complex and involves multiple parties including DCYF and legal system partners. Timely filing of TPR petitions continues to be an area needing improvement, in part due to the referral method varying for each county and being dependent upon the AAG process.
- The AAG may return the request for termination petition to the assigned caseworker within the AAG's 45-day review period. When the referral has been returned, the assigned caseworker must address the identified needs and resubmit the referral for TPR to the AGO; which restarts the 45-day timeframe for AAG review. Currently there is no consistent system for collecting data to assess the impact of these processes on delay of filing TPR.
- DCYF does not have reliable quantitative data that reflects statewide practice for timely notification of hearings to caregivers. While FamLink does allow for tracking of this information, the location of the documentation is not intuitive for caseworkers and the check box is very rarely marked. This will be addressed through the multidisciplinary Caregiver Report Workgroup as described in Planned Activities Targeted at Improving or Maintaining Performance for the Case Review System.
- As of January 2020, 24 out of 39 Washington counties are collecting and reporting data to AOC regarding adequate and timely notification of hearings to caregivers. The majority of the counties currently not collecting and reporting data are smaller court jurisdictions. AOC gathers updated data each month and

continues to request data from the non-reporting counties. Currently there is no timetable for these counties to begin reporting data.

Planned Activities Targeted at Improving or Maintaining Performance for the Case Review System

- A Caregiver Report Workgroup is being formed with AOC, OPD, the Office of Civil Legal Aid (OCLA), and DCYF to develop a uniform process for reporting caregiver reports provided to the court.

- The following DCYF PIP strategies will support practice improvement for the Case Review System:
    — Strategy 4.1 includes the development and implementation of training and resources for facilitators and identified staff who conduct SPMs to reinforce a structured consistent facilitation of meetings. This strategy also implements a process where caseworkers will file an affidavit with the court recommending reunification if no safety threats are identified or can be mitigated in the home and the next court hearing is more than 60 days away.
    — Strategy 4.2 includes collaborating with multi-disciplinary partners to develop a common understanding of safety related language, develop training and resources, and implement practice changes to identify active safety threats and provisions for reunification.
    — Strategy 4.3 includes developing and implementing a streamlined process for filing of TPR petitions.
    — Strategies regarding training, guidance, and supports for caseworkers to engage children, youth, and families and the ability to have honest, meaningful, and difficult conversations related to safety and permanency and appropriate identification of needed services to address individualized needs and case planning.

Quality Assurance System

Item 25: Quality Assurance System

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

System Functioning – Operating Where Services Are Provided

Washington's QA and CQI processes are operating across the state in each of the regions. The HQ QA/CQI section consists of one central case review team (one supervisor and seven staff), two QA/CQI managers (statewide implementation lead and data analyst), fatality review team (one supervisor and three staff), constituent relations (one supervisor and three staff), one targeted review specialist, and the Statewide QA/CQI Administrator. There were changes in leadership during CY2019 with a change in personnel for the Statewide QA/CQI Administrator and the case review supervisor.

Each regional QA/CQI team, like the HQ QA/CQI section, gather and analyze data from a variety of internal and external stakeholders including, but not limited to:

- Foster parent meetings
- Court meetings
- Tribal meetings

DCYFs Central Case Review Team (CCRT) is fully operational across the state and is currently active in all regions. Results from case reviews are utilized by local offices to develop plans and strategies to implement practice improvement strategies. Practice improvements related to child safety have the highest priority. The

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

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

System Functioning – Standards to Evaluate the Quality of Services

In 2019, the HQ QA/CQI section adopted a new approach to continuous feedback and improvement. While an office case review is being conducted, the QA/CQI data analyst gathers quantitative data regarding that particular office performance. The data analyst reviews the same time period as the period under review for the onsite case review. Quantitative information is gathered from Info FamLink, along with information from the fatality reviews which were conducted at that office and the calls received by the Constituent Relations team during the last year. Within three weeks of the office case review, a data analysis meeting is held with the RA, DRA, AA, and regional QA/CQI manager. Data indicators are utilized in combination with the strengths and areas needing improvement identified during the onsite case review. During the data analysis meeting, information is gathered from the office and regional management to identify specific areas where further in-depth root cause analysis is required. In the future, information will also be gathered from external stakeholders from the office catchment area such as judicial partners, parents, youth, tribal partners, and service providers. After analysis of all of the information available, a practice improvement planning meeting will be conducted with the office AA and supervisors in order to identify areas of focus for the office over the coming three to six-month period and in alignment with the DCYF PIP.

System Functioning – Identifies Strengths and Needs of Service Delivery System

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

- Case Review
- CFSR Data Profile
- Ad Hoc Reviews: Each of the six regions conduct ad hoc reviews. The process is regionally driven and implemented differently depending on staff resources and specific office or regional needs. Most recently ad hoc reviews have been utilized to review newly hired staff at intervals of 3, 6, and 9 months post initial hire and training.
- Targeted Reviews: From October 2018 to December 2019, the Department conducted a targeted permanency review with consultation and technical assistance from Casey Family Programs. The review focused on children aged 2 to 6 in out-of-home care over two years (873 children) or children aged 2 to 6 in a trial return home over eight months (204 children). The Targeted Permanency Review provided additional data that confirms what previous data analysis and review has identified, but also provided

information in regard to specific barriers to permanency. Regional QA/CQI teams will conduct targeted reviews at the office, unit, worker, or program level when a specific targeted review need is identified.

- Monthly Supervisory Reviews: Supervisors meet monthly with each caseworker to complete a qualitative supervisory review and provide clinical direction on all cases assigned to the caseworker. DCYF utilizes a set of standardized tools for CPS, DLR-CPS, CFWS, and FVS supervisors to gather consistent information during these reviews. Monthly supervisor reviews are documented in FamLink through case notes or the integrated supervisory review tool. Regional QA/CQI leads are able to generate quantitative monthly reports to monitor trends regarding the completion of supervisor reviews and results are distributed to office and regional leadership. In addition, regional QA staff in each region conduct a qualitative review of completed supervisory reviews. The review process varies by region and is driven by the needs for improvement within each region, office, or unit. An analysis of the quality of the supervisory reviews is conducted in order to identify individual areas of improvement. Strategies are implemented with supervisors in order to improve their clinical supervision of cases in the areas of safety, permanency, and well-being.

- The 2019 ICW Case Review was facilitated by the Office of Tribal Relations in collaboration with the CCRT and conducted by a team of reviewers, comprised of tribal representatives, RAIO representatives, Casey Family Programs, court partners, Alliance Trainers, and DCYF caseworkers and managers. A random sample of 138 cases was reviewed across all 6 regions. The goal of the review was to evaluate compliance with Washington State and federal ICWA, the quality of culturally competent case management for Indian families, and enhance staff development and understanding of ICWA. The 2019 ICW Case Review Tool was comprised of 43 questions that are divided into eight practice areas. Five sections are devoted to ICW compliance and quality of practice, and the last three sections focus on child safety, well-being and permanency.

Some practice areas identified as strengths with a review rating of 80% or higher included:

   — Comprehensive ancestry charts for the purposes of inquiry and comprehensive genealogical information was gatherd from parents and relatives in 85% (83 of 98) of applicable cases.
   — The placement preference was identified, assessed for suitability and the child or youth was placed with the Tribe's preferred placement or the placement was assessed for suitability and not followed due to safety or well-being concerns with the child and there were efforts to resolve the concerns in a timely and collaborative manner with the Tribe and a resolution was reached in 94% (31 of 33) of applicable cases.
   — Risk and safety threats for children and youth in out-of-home placement were adequately idenitifed, assessed, and addressed in 89% (99 of 111) of applicable cases.

Some practice areas idenitified as areas needing improvement with a review rating of 70% or below included:

   — Completion of referral to the Native American Inquiry (NAIR) unit and initial inquiry
   — Ongoing active efforts to provide and engage the mother and father in services
   — Collaboration with Tribe(s) in case planning

There were statewide systemic issues and recommendations for improvement including Native American Evidence Based Providers (EBPs), ICWA case identification, ICWA training, and worker retention. The full 2019 Statewide ICW Case Review Report can be seen **here**. You can also review individual regional ICW case review reports **here**.

- Employee Turnover: In 2017, Child Welfare Field Operations began a 5-year cooperative agreement with the Quality Improvement Center for Workforce Development (QIC-WD). The goal of the QIC-WD is to test promising workforce interventions and study the connection and impact turnover has on outcomes for children and families. CWFO began implementation of telework as a workforce intervention in the summer of 2019. The offices that were involved in the early implementation of telework reported an easier and smoother transition during COVID-19 when workers began teleworking primarily. Support was available to help transition all of the offices into a telework environment. Along with studying the impact of telework in the child welfare workforce, CWFO is also collaborating with the QIC-WD to study several selection tools that could be implemented in the internal hiring process. CWFO identified the hiring process as an area of opportunity for growth. The goal of testing the hiring selection tools is to identify pre-employment assessments that could be used during the recruitment process to better identify candidates that are more likely to be successful and retained within the child welfare profession.
- Individual Performance Evaluation Plans: DCYF utilizes performance reviews for all employees. Performance reviews are directly related to identified expectations for each employee and for meeting the goals of DCYF. Frontline staff are measured on the services they provide to children and families. Strengths and needs of individual workers are identified annually to support the work DCYF does in transforming lives by providing a quality service delivery system.
- The results of the review processes, data analysis meetings, and implemented strategies are provided with various levels of leadership within DCYF.
  — DCYF Strategic Leadership Team
  — DCYF Executive Leadership Team
  — DCYF Child Welfare Leadership Team

System Functioning – Provides Relevant Reports

As part of the CQI process, DCYF provides relevant reports to both internal and external stakeholders. The following are examples of relevant reports shared to ensure the functioning of the state's system. Reports provided include:

- Local office case review reports.
- Monthly informational report.
- Washington Center for Court Research.
- Indian Child Welfare (ICW) case review report.

Assessment of Strengths for the Quality Assurance System

- Use of the OSRI tool has allowed DCYF to better identify strengths and areas needing improvement in our system. Utilization of the seven practice outcomes to better frame our work and the language is becoming part of DCYF culture. Consistent use of the tool and language allows:
  — QA/CQI staff to better communicate findings at the leadership level, front line level, and with external stakeholders.
  — More visibility and understanding of the available data, as well as, an understanding of DCYF performance and underlying issues.
- The increased use of reports with the level of detail at the case level allows DCYF to better identify practice improvement strategies.

Assessment of Barriers and Areas Needing Improvement for the Quality Assurance System

- Because the child welfare system is extremely complex, DCYF cannot focus on just one data report. DCYF utilizes data from multiple sources and the more data you offer, the more complicated understanding the data can become. To mitigate this risk and support a consistent understanding of performance, the recently identified set of data points through the Child Welfare Management Dashboard will allow users access to the same set of data at the same point in time.
- The Quality Assurance System as this time remains separated by division and is not integrated across DCYF as a whole agency. There are discussions about integrating the Quality Assurance sections within the various division under one umbrella; however, there are other areas of division alignment which are a higher priority during this stage of transition.

Implemented Practice Improvements for the Quality Assurance System

- As part of the DCYF's CQI process, ongoing evaluation of implemented program improvement strategies to improve practice and service delivery for children and families is conducted to determine if the strategies are effective.

Planned Activities Targeted at Improving or Maintaining Performance for the Quality Assurance System

- CCRT will conduct reviews throughout the DCYF PIP offices to measure improvements on outcomes related to the PIP strategies.
- PIP strategies include ongoing QA/CQI processes for monitoring at the state, regional, and local office level including, but not limited to, review of administrative data, review of qualitative data, and targeted case reviews.

Staff and Provider Training

Item 26: Initial Staff Training

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

Regional Core Training

The initial staff training is known as Regional Core Training (RCT) and is provided through a contract with the University of Washington's (UW) Alliance for Child Welfare Excellence (Alliance). RCT is Washington State's foundational training designed to prepare newly hired caseworkers with the basic knowledge, skills, and understanding of child welfare. RCT is a comprehensive training and coaching program containing multiple sessions, which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals. DCYF and the Alliance continue to improve RCT through the work of the statewide RCT workgroup. This group has met regularly to review evaluation data, to discuss major curricular changes and to strategize on-going implementation and field support. Through the work of this team, RCT expanded from 6-weeks to 8-weeks in January 2019, with the support of DCYF leadership. The expansion included individual and small group learner centered skill development opportunities, adult and child interviewing simulation, court simulation, program-specific learning, and expanded course content. The Alliance also adopted the Debriefing with Good Judgment model as the method to provide targeted feedback to RCT participants. The workgroup developed several marketing tools for the updated RCT, including a one-page supervisory desk guide to RCT and a standardized cohort calendar template.

In CY2019, 44 sessions of RCT were provided and 295 trainees completed those sessions.[12]

DCYF has been fortunate to develop a collaborative partnership between the Alliance and Technology Services. The partnership has grown from supporting Alliance coaches and RCT attendees through co-training and FamLink coaching in the field, to the development of FamLink eLearning and a new FamLink training environment. The Alliance can now offer RCT attendees a FamLink training environment in which the RCT Case Scenario lives. Through ongoing development of the new FamLink training environment, Alliance coaches guide RCT attendees through experiential, relevant, and immersive learning in FamLink, helping new caseworkers build bridges and transfer skills from the training environment to real-life cases. This provides caseworkers an opportunity to gain insight into the impact that documentation has in their daily practice with children and families. This new training environment provides caseworkers the ability to share their knowledge and skills with each other and gain confidence in their skills in an error-safe environment. As of June 2020, caseworkers will experience case assignments and activities tailored to CPS investigations, CPS/FAR, FVS, or CFWS programs within the training environment from day one of RCT. Activities within the training environment have been embedded into the curriculum to maximize the transfer of learning and skill development of the caseworker during their time in RCT. Caseworkers that have used the environment enjoyed their experience and felt it was very helpful. They enjoyed the opportunity to have a common case with their peers and everyone had an opportunity to document information.

Initial Staff Training for Tribal Staff

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

Tribal caseworkers are encouraged to attend any available trainings and participate along with DCYF caseworkers and supervisors.

Home Study Training Track Sessions

The Licensing Division (LD) developed and implemented a three-day Home Study Training Session for 23 new staff. This onboarding training was to prepare and educate newly hired staff to meet the performance standards for the home study process and understand the interconnectivity of program partners.

Most feedback from the Home Study Training session participants were positive and the training was informative. Participants identified the LGBTQ+ presentation as a positive learning experience but more time was needed for case specific situations or questions. Additionally, FamLink training, although helpful, had not been delivered in a timely manner and participants expressed the need to have this training immediately upon hire. The Home Study Training Track sessions will be offered more frequently to adequately and promptly prepare new hires for their roles.

Item 27: Ongoing Staff Training
DCYF contracts with the Alliance to offer ongoing or in-service training to caseworkers and supervisors. Following the completion of RCT, DCYF caseworkers must successfully complete specific trainings within the

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[12] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2019; April – June 2019; July – September 2019; October – December 2019.

first and second year of employment or existing caseworkers must complete specific trainings within one year of transferring to a new position. The mandatory training guide is in the process of being revised. All mandatory training is tracked through the Learning Management System (LMS). This system is currently being upgraded. There is not a required number of training hours for each employee once the mandatory training is completed.

The Alliance offers over 100 in-service training through multiple modalities including a traditional classroom setting, video conferencing, and eLearning. In CY2019, DCYF workforce completed 3,225 in-service classroom trainings and 1,106 eLearning trainings[13]. Supervisors have access to staff training records and are required to review their staff's training annually during their Performance and Development Plan (PDP) to ensure that mandatory training requirements are met. New in-service trainings are continually developed to meet the needs of the workforce and training is reviewed annually to ensure that outdated training is archived. Each new or updated in-service training is developed through a workgroup process involving Alliance curriculum developers, coaches and DCYF subject matter experts. Often new training workgroups include external stakeholders including tribal members, partner agencies and caregivers.

New training released in CY2019 included:

- Addressing Child Safety Throughout the Life of the Case
- Trauma Informed Engagement
- Debriefing with Good Judgement for Supervisors
- Impacts of Parental Mental Health on Child Safety
- Advanced Micro aggressions for Supervisors: Guiding Staff through Cross Cultural Conflict
- Cultural Competence: Understanding Implicit Bias and the Impact of Racial Stereotyping
- LGTBQ+
- Harm Reduction Planning with Substance Using Families
- LGTBQ – Enhancing Resiliency
- Suicide Prevention
- De-escalating Skills for Administrative Professionals (eLearning)
- Service Referral (eLearning)
- MedCon (eLearning)

Alliance Coaching
Coaching sessions provided by the Alliance are skill-based and are an effective method in responding to and providing immediate attention to the DCYF workforce. In CY2019, the Alliance provided 607 sessions of coaching to 1,203 DYCF staff.[14]

Child Welfare Training and Advancement Program (CWTAP)
CWTAP is a partnership between DCYF, the Alliance, and participating public universities including Eastern Washington University, UW School of Social Work (Seattle), and UW School of Social Work and Criminal Justice (Tacoma). Washington State provides qualified participants with specialized field education focused on casework in select DCYF offices. The field experience centers on topics such as abuse and neglect prevention,

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[13] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2019; April – June 2019; July – September 2019; October – December 2019.

[14] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2019; April – June 2019; July – September 2019; October – December 2019.

protective services, permanency planning, solution-based casework and competency in working with diverse populations. Once students complete their MSW studies, they commit to seeking employment with DCYF and agree to work for a time period equal to the time they received assistance.

Supervisor Core Training

Supervisor Core Training (SCT) is administered through a contract with the Alliance and is Washington State's foundational training designed to prepare newly hired supervisors with the basic knowledge, skills, and understanding to enhance and grow their careers in child welfare. SCT must be completed within one year of hire. SCT is a competency-based training program and covers topics including:

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

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

SCT is delivered every three months. In CY2019, 38 supervisors completed SCT.[15] SCT will be revised based on legislation and the DCYF PIP that will include a focus on reflective supervision. An identified SCT workgroup will begin this work with the development of curriculum guidelines that will be used in improving the content and delivery of SCT.

Area Administrator Core Training

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

Regional Licensing Learning Sessions

The Licensing Workforce Team developed and implemented learning sessions for Regional Licensors and Child Placement Agency (CPA) Licensors. The identified issues were the inconsistency in home studies, the length of time for approval of a license and the expectations of what is required. These issues impact the permanency of children in out-of-home care.

The learning sessions were offered in two different locations, Tacoma and Spokane, to cover both the western and eastern portions of Washington. There were 133 participants that included regional licensors, CPA licensors and supervisors. All six regions were represented as well as over 80% of the CPA's across the state.

The learning sessions increased collaboration between regional and private agency licensors. The participants came away with a better understanding of home study requirements, risk mitigation, and verification of

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[15] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2019; April – June 2019; July – September 2019; October – December 2019.

information provided by applicants. The knowledge gained will create home studies that are more thorough and decrease the length of time for the approval process. This will have a positive impact on the well-being of children in out-of-home care and achieving their permanency.

Regional Advisory Groups

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

Training Evaluation

Partners for Our Children (POC) at the University of Washington School of Social Works is the evaluation parnter for the Alliance for Child Welfare Excellence. The training evaluation approach is informed by implementation research, recognizing that improved client outcomes are impacted by the competencies of the workforce, organizational drivers (such as data systems and administrative support) and agency leadership. The implementation of RCT is monitored and guided by a statewide workgroup with broad representation from DCYF program leaders, regional staff, Alliance curriculum developers, coaches and evaluators. The RCT workgroup gathers input, reviews data and makes recommendations to optimize the achievement of the goals of the training. The evaluation includes multiple sources of data to inform continuous improvement over time including:

• Observations of RCT sessions by subject matter experts to provide feedback.
• Observations of skill-based sessions in child and adult interviewing to refine learning objectives o Curriculum and instruction.
• Trainee surveys throughout the course for self-assessment of skills and feedback on course delivery.
• Weekly feedback session with coaches and curriculum developers regarding delivery and content, pacing and sequencing of learning.
 • Follow-up surveys with RCT graduates and their supervisors regarding the transfer of learning and continuing training needs.
POC collects, analyzes and discusses data findings at a statewide workgroup with representation from DCYF program and field staff.

From April – June 2020, 57 attendees attended RCT virtually. Ninety-two percent (53 of 59) of those attendees completed the mid-point survey:

RCT Mid-Point Survey Findings, April – June 2020	
Survey Question	Average (1 = Strongly Disagree, 5 = Strongly Agree)
The coaches have supported me in developing the knowledge and skills I will need to be successful in the field	4.49
The pacing of RCT instruction supports my learning.	4.17
I feel confident to participat in group discussions on Webex.	4.25
Data Source: Alliance for Child Welfare Excellence, Workforce and Caregiver Training Quarterly Report, Quarter 4: April – June 2020	

From the same cohort, 51% (29 of 59) of the attendees completed the post survey. The top three competencies participants had the highest confidence on (out of 3 points) were the following:

- I understand racial disproportionality in child welfare and efforts to improve equity and culturally competent practice. (2.79)
- I understand the effects of maltreatment and neglect on infant, child, and youth development. (2.76)
- I can use FamLink to search for information and complete documentation on my cases (2.63)

There is no data that conclusively shows that staff are well-prepared, however, the qualitative data provides a foundation to continually improve the training to better prepare staff. There is a continuous quality improvement effort underway to listen to feedback from coaches, curriculum team members, DCYF program leads and administrators, trainees and their supervisors. There are mechanisms to update the curriculum in response to changing federal, state and agency policies and recommendations of our DCYF program leads and experts in the field across all regions.

Item 28: Foster and Adoptive Parent Training

Caregiver Core Training

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

CCT is a competency-based training available to all potential foster parents, kinship caregivers and suitable other caregivers. CCT is mandatory in order to become a caregiver licensed directly by DCYF and totals 24-hours of training. The 24-hour training is made up of eight sessions, each three hours long, and a field experience. CCT can be taken either online or in the classroom.

In CY2019, 642 caregivers completed in-person CCT and 1,270 caregivers completed CCT through eLearning.[16]

Partners for our Children (POC) completed the CCT Evaluation dated February 2020. The report indicates that currently about two thirds of CCT trainees are completing their courses on line. There is a heavy reliance on training efficacy from trainee survey responses. Those trainees that have responded report positively about their experience. The training content and experience is captured in the survey and the department would seek to measure knowledge and training application through observation and interviews during placement situations. Assessing if the caregiver is able to apply the knowledge in successful ways that best serves children and youth and keeps the placement stable will be crucial for positive child outcomes and caregiver retention.

Increased and ongoing communication is needed for caregivers so they have access to coaching supports as needs arise or to help support youth placements.

Caregiver In-Service Training

Once licensed, foster families are required to complete additional training hours known as Caregiver In-Service Training. Licenses are issued for a three-year period. In the first licensing period, 36 hours of in-service training are required. In the second licensing period, foster parents are required to complete 30 hours of in-service training and in the third and all subsequent licensing periods, 24 hours of in-service training is required. During the first two licensing periods, the foster family must select at least one training from each of the core

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[16] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2019; April – June 2019; July – September 2019; October – December 2019.

competency categories (Understanding and Working within the Child Welfare System, Child and Family Management and Caregiver Self-Awareness and Development) and one training must be focused on cultural issues. Newly licensed foster parents are provided the Foster Parent Continuing Education Tool, which identifies the number of caregiver in-service trainings hours required and the acceptable types of trainings. In-service training requirements are the same for Department-licensed and child placing agency-licensed homes, though child placing agencies may have increased training requirements for specific programs.

In CY2019, caregivers completed 6,369 in-service trainings through multiple modalities including in-person training, eLearning, webinars and videos. The Alliance also provided 70 coaching sessions to 170 caregivers in CY 2019[17].

New training releases in CY2019 included:

- Kinship 101 Coaching Sessions: Information for Relatives and Suitable Others
- Advanced Adoption Training: The Effect of Trauma and Loss on Adopted Children
- Caregiving for Children with Physically Aggressive Behavior Concerns
- Coaching for Caregivers Supporting Children Who Have Experienced Trauma
- Coaching for Emerging Caregiver Needs
- Coaching for Placement Security
- Coaching for Positive Discipline
- Coaching for Building Attachment with the Child in Your Home
- LGBTQ+ Connecting (eLearning)
- Pregnant and Parenting Youth (eLearning)
- Recruitment and Retention Partners (video)
- Adolescent Transition Planning for Caregivers (eLearning)

Foster Parent Survey

Due to COVID-19, both data collection and report writing for the 2019 Foster Parent Survey have been significantly impacted. This presented some challenges, as the Quality Control (QC) Specialists who do phone interviews as well as the primary report author are mostly retirees who are at elevated risk. All administrative processes, such as purchasing, ordering supplies and technical support have been slowed substantially, and communications necessarily takes more time as well. The estimation for the finalization of data collection and report is over three weeks past normal delivery.

Office of the Family and Children's Ombuds Report 2019

The Office of the Family and Children's Ombuds (OFCO) 2019 report indicates levels of specialized training for foster parents and state workers that should be considered for future training needs. There were 932 complaints received and 928 investigations completed which involved 1,398 children. Although child safety concerns have decreased, the report indicates that there has been an increase in complaints regarding agency conduct or services. Through interviews with DCYF staff, it is reported that there is an increase of children entering the system and out-of-home care with developmental disabilities, involvement with the juvenile justice system, advanced autism and serious mental health issues. These identified population changes into

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[17] Data Source: Alliance for Child Welfare Excellence Workforce and Caregiver Training Quarterly Reports: January – March 2019; April – June 2019; July – September 2019; October – December 2019.

the system can be addressed in specialized curriculum through training and field experts to support the knowledge of both caregivers and state staff.

In order to prepare or equip these caregivers, there must be training, tools and resources to be able to receive a new placement with challenging behaviors or maintain a placement. The report identified that last year that there were 1,514 placement exceptions (use of hotel stays and DCYF offices as emergency placements) involving 282 children, an increase from years past and believed to be emotionally harmful to the youth. The systemic issue identified is that placement resources are ill equipped to meet the needs of all children and youth in state care. As identified earlier, the population of youth entering the system is changing and if caregivers are properly and thoroughly trained to support challenging behaviors of children including in home supports to maintain a placement, the disruption of children or cause for hotel stays should decrease. The report indicates that lack of placements may not be tied to a lack of foster homes but potentially that the existing caregivers may not be fully equipped to appropriately and confidently care for today's youth.[18]

A trend analysis was completed for LD on children and youth who were placed in a hotel between January 2016 and June 2019. The following takeaways were found:

- The high users of hotel stays (high user is defined as 4 or more nights) account for 35% of the population of children and youth who are placed in hotels (258 children and youth), but account for 83% of all hotel stay events (3,451 hotel stay events).
- The results when looking at prior placement history is mixed; however, prior BRS and hospital stays seem to be associated with more hotel stays.
- 50% of the high user hotel stayers ends up in BRS placement sometime after their first hotel stay event.
- The child characteristic category (based on information from AIRS) that is most associated with a high number of hotel stay groups is the physically/verbally threatening/aggressive group. 42% of those in the high users group were indicated on this characteristic. A child or youth displaying Oppositional Defiant Disorder (ODD) behaviors were also more likely to be in the higher utilization group.
- Those children with no behavior problems tended to be in the lowest hotel stay group (low user is defined as 1 night).
- Males and black youth also tended to be in the higher hotel stay group.

One of the goals for the recruitment and retention program is to reduce the utilization of placement exceptions for children and youth. This work is in process and LD is hiring Targeted Recruitment Specialists who will be tasked with exploring the root cause of needing to utilize placement exceptions. LD is working on the development of a report that can capture the demographics and location of children and youth experiencing these placements. LD will also explore what supports caregivers would need to maintain children in a home-type setting. This will include recommendations around additional training and supports needed.

Foster Home Provider Closures

The Licensing Division is looking at expanding the current feedback options around why foster care providers have decided to close their licenses and how these decisions to close may be linked to training or support deficits. While data on closures is currently collected from foster care providers, a more robust data collection mechanism is needed to understand the "why" behind many of these closures. For example, from December 2019 through March 2020 there were 271 closures. Of those 271 closures, 73 were identified as "Child Specific

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[18] Data Source: Office of the Family and Children's Ombuds, 2019 Annual Report

Placement" homes. Expansion of this category to include specific response options that can identify possible gaps in supports and training will help the Licensing Division gain a deeper understanding of the challenges that foster care providers face and where they need further support and training.

Assessment of Strengths for Staff and Provider Training

- Initial and ongoing training for the workforce and caregivers is reviewed regularly through use of qualitative and quantitative feedback data to improve curriculum and delivery of training.
- In general, post-survey of RCT participants indicate moderate to high confidence levels in caseworkers having the knowledge and skills for caseworker practice.

Assessment of Barriers and Areas Needing Improvement for Staff and Provider Training

- There are limits of Washington State's Learning Management System (LMS) reporting. The current LMS has inconsistent data on users, making it difficult to get accurate reporting on training participation.

Implemented Practice Improvements for Staff and Provider Training

- The learner's experience has been a driving factor in the improvement of the Alliance Catalog of courses. In the past year, the Alliance has:

  — Added spotlights to the main website page, and to each audience page so learners can see the most recent developments and releases quickly and easily.
  — Created direct emailing via Constant Contact to alert caregivers to newly available webinars each month so they can continue training while sheltering at home.
  — Enabled advanced course catalog search features including by audience, modality, distance from your address, date range, and most recently via an easy to read calendar.

Planned Activities Targeted at Improving or Maintaining Performance for Staff and Provider Training

- The Alliance has developed a Learner-Centered Coaching Model that will be integrated into DCYF practice beginning with AAs and supervisors to support implementation of identified PIP strategies. Training and coaching will be approached as a tiered learning process with the goal of first engaging DCYF supervisors in the coaching process themselves and then to develop skills on how to coach their staff around identifying barriers to practice outcomes. Coaching for new supervisors will be incorporated into the SCT revisions with a strong emphasis on clinical supervision and requirements for use of the supervisory review tool.
- The Alliance will provide program specific targeted training and coaching implementation to assist DCYF with upcoming implementation of specific PIP strategies
- The Alliance is working on the development of a QA/CQI process to improve quality of the training content and delivery.
- The Alliance will provide quarterly and year-end data. The quarterly report document/information is currently being assessed and will be updated with DCYF leadership.
- The Alliance and DCYF will be working on an LMS upgrade scheduled to launch in fall 2020. The Alliance, through its QA/CQI process, is working to streamline data reporting. The Alliance is also exploring an application programming interface to integrate the LMS data and Alliance catalog data system.
- LD is interested in broadening the current process of evaluating the effectiveness and transfer of learning for initial staff training. Current recommendations are to implement process, post-training, and longitudinal evaluations of all initial staff training based on the Kirkpatrick model of learning evaluation (Kirkpatrick, 1994).

Service Array

Item 29: Array of Services

In Round 3 of the CFSR reviews completed in 2018, Washington was rated as an area needing improvement on this systemic factor. Although Washington can demonstrate an array of services available around the state, we acknowledge that the array is not sufficient to meet the needs of children and families. During the statewide assessment, stakeholders reported waiting lists and a limited number of providers offering mental health services, psychological evaluations, individual and family therapy, evidence-based programs, services for co-occurring mental health and substance abuse disorders, and inpatient substance abuse treatment.

Combined In-Home Services By Program SFY2016 and SFY2018 Comparison						
Combined In-Home Services	SFY2016			SFY2018		
Program Types	Total	Adult	Children	Total	Adult	Children
Family Preservation Services (FPS)	6,844	2,670	4,174	10,756	4,293	6,472
Crisis Family Intervention (CFI)	997	465	532	688	325	363
Functional Family Therapy (FFT)	2,242	951	1,291	2,669	1,115	1,554
Homebuilders	2,360	909	1,451	2,368	949	1,419
Incredible Years (IY)	1,315	609	706	1,658	729	929
Parent-Child Interaction Therapy (PCIT)	597	226	371	643	232	411
SafeCare	1,546	720	826	1,764	846	918
Positive Parenting Program (Triple P)	4,333	1,650	2,683	4,612	1,769	2,843
Promoting First Relationships (PFR)	1,088	533	555	1,431	707	724
Unduplicated Total	18,901	7,867	11,034	22,999	9,649	13,350

NOTE: Client list generated from FamLink Service Referral Participant table in conjunction with other FamLink tables to identify service referrals that are associated with a payment for a combined in-home service. Adults are >=18 years old on the date of the first SFY 2016 paid service; Children are <18 years old on the date of the first SFY 2016 paid service.

Data Source: FamLink, 2019

Between SFY2016 and SFY2018, the majority of programs included in the Combined In-Home Services have increased the number of services provided. There were 4,098 more clients served in SFY2018 than in SFY2016.

Item 30: Individualizing Services

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

Assessment of Strengths for Service Array

- DCYF has developed an online services guidance tool for available Evidence Based Practices (EBPs) to help caseworkers better match identified needs to available services. This resource currently focuses on contracted EBPs. DCYF anticipates expanding this resource to cover placement supports and other services.

- DCYF, in partnership with DSHS Research and Data Analysis (RDA), continues to complete research and analysis related to service effectiveness to understand the impact of service provision on outcomes for

children and families. Once the research and analysis is complete, the results will be included in future rounds of information gathering. This will include the tracking of feedback by location and stakeholder group, thereby completing the feedback loop and identifying root causes of any barriers to services. These feedback loops will occur on a regular basis as identified in PIP Strategy 3.7.

- Service usage for combined in-home providers increased between SFY2016 and SFY2018.

Assessment of Barriers and Areas Needing Improvement for Service Array

- Timely access to mental health and SUD services through Medicaid contracted service providers, particularly for children and youth who are in-home non-dependent, and parents who are not member of AHCC program. DCYF is working closely with HCA/DBHR around their SUD programming and initiatives. Systemically, SUD services have only been integrated into all of the managed care plans since January 2020, along with mental health.
- Limited number of acute in-patient psychiatric hospitals and long-term psychiatric residential treatment bed capacity through Medicaid contracted providers within the state, impacting access to mental health service and placement stability of child welfare involved children and youth.
- Knowledge about what DCYF services and resources are available to families:
    — Increase clarity on when services can be offered.
    — Improve consistency on what services are available throughout the state.
- Difficulty in developing service availability in rural parts of the state.
- Access to transportation for parents to participate in services.
- Systemic understanding of the service capacity needs. DCYF Child Welfare Programs is exploring methods to work with DCYF staff and community partners to document, analyze, and improve the process of:
    — Identifying service needs for families by using data from providers and from FamLink
    — Authorizing services
    — Obtaining services

Implemented Practice Improvements for Service Array

- DCYF is in the process of rolling out Performance Based Contracting (PBC) for all client service contracts. PBC standards include:
    — Service standard—number and/or description of service and products to be provided to clients, reporting of services and products provided, and number of clients served.
    — Quality—contract incorporates quality measures and clearly defined data matrix and target.
    — Outcomes—include clearly defined outcomes and target goals.
- DCYF has an identified a single MCO with AHCC specifically designed to serve children and youth in foster care, children and youth in adoption support, young adults in extended foster care (18-21 year olds), young adults 18-26 who aged out of foster care on or after their 18th birthday, and children and youth reunified with their parents (eligible for 12 months after foster care ends). The AHCC program provides care coordination services to children, youth, parents, caregivers and caseworkers to support navigating Medicaid contracted services to improve timely access to appropriate services. As of January 2019, all Medicaid contracted services including physical and behavioral health integrated under the AHCC program.

Planned Activities Targeted at Improving or Maintaining Performance for Service Array

- There are several initiatives around SUD programming:

— Harvard Performance Lab is assisting in developing and proof testing of a concept for early prevention and connection to pregnant and parenting SUD services programs from an early point of contact. This is a year-long project.

— Through FFPSA, pregnant and parenting services as prevention will be in the third cohort group after implementation.

— DCYF received funding for an SUD Program Manager in the Child Welfare Programs Division to develop the full SUD program across the state.

- DCYF is expanding the service options available within the Combined In-Home service contract to assist parents with direct supports to address contextual issues such as:

  — Identifying affordable housing.

  — Accessing community mental health services, substance use disorder treatment, and other community-based resources.

  — DCYF is exploring web-based application to manage referrals, assessments, and billing of service sets including Combined In-Home Services.

- The following DCYF PIP strategies will support practice improvement for service array:

  — Strategy 3.7 includes partnering with other state agencies and community providers to develop a mechanism for data collection and monitoring, identification of barriers to access, and development of plans to improve access and availability to mental/behavioral health services for children, youth and families.

  — Strategies targeted at engagement of children, youth, and parents; thorough and accurate assessments utilizing safety and risk related decision making tools; and consistent use of SPMs will assist caseworkers in identifying family needs in an effort to individualize services and case plans.

Agency Responsiveness to the Community

In Round 3 of the CFSR reviews completed in 2018, Washington was rated as in substantial conformity on this systemic factor.

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

Washington has a strong culture and structure of collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, tribes, courts, youth, parent and parent representatives, and community partners at both at the regional and state level. Meaningful engagement occurs throughout the development, implementation and monitoring of DCYF's CFSP, APSR, PIP, and agency strategic planning. Engagement also occurs through the continuous improvement cycle, which includes defining the problem, assessing the problem, planning strategies for improvement, implementing improvement strategies, and monitoring results.

DCYF collaborates and consults with diverse groups of stakeholders through advisory groups, oversight committees, provider meetings, and improvement initiatives. Regularly scheduled meetings are held with specific stakeholder groups, including but not limited to, courts, tribes, behavioral health representatives, youth, parent representatives, foster parents, kinship caregivers, contracted providers, and internal staff to assess the needs of children and families to monitor progress towards achieving identified outcomes and measures. Through this stakeholder feedback, DCYF is able to identify areas of strength, areas needing improvement, discuss best practices, and develop strategies for improvement.

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

DCYF publishes a variety of legislative, federal, program and OIAA reports on the department's internet site.[19]

Item 32: Coordination of CFSP Services with Other Federal Programs
DCYF engages in ongoing coordination of services with other federal or federally assisted programs serving the same population. The Title IV-E program is coordinated with other programs available to children in the state of Washington funded under titles IV-A (TANF), IV-B (Child Welfare Services), XVI (Supplemental Security Income), XIX (Medicaid), and II (SSA) of the Social Security Act in accordance with all appropriate provisions under federal law. Examples of this coordination include, but are not limited, to:

- Coordination with the DSHS Economic Services Administration (ESA) of concurrent benefits for Title IV-E eligibility and TANF child-only eligibility for children placed in kinship caregivers.
- Supporting tribes in their delivery of child welfare services through IV-E agreements.
- Coordination with the Office of Homeless Youth Prevention Programs (OHYPP) at the Department of Commerce.
- Memorandum of Understanding with DCYF, ESA and statewide Housing Authorities.
- DCYF obtains information from federal and state databases through data-sharing agreements. Examples of database access includes:
    — ACES (determines eligibility, issues of benefits, management support, and data sharing)
    — SEMS (DSHS Division of Child Support)
    — UTAB (Unemployment Tax and Benefit system)
    — Department of Health Vital Statistics
    — eJAS (Basic Food and Employment System)
    — VIPS (vehicle registration database)
    — Federal Bureau of Prisons Inmate Locator

DCYF will continue to engage internal and external stakeholders in the development, implementation and monitoring of the CFSP, APSR, PIP, PFD1 initiative, FFPSA, strategic planning and other performance improvement initiatives.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally
Item 34: Requirements for Criminal Background Checks
DCYF Licensing Division (LD) ensures state standards are applied equally to all foster family home and childcare institutions through the use of standardized materials and processes, consensus building within LD, and CQI activities.

Only fully licensed foster home and childcare institutions are claimed by the State for federal funding reimbursement. Placements in approved, unlicensed kinship caregiver homes are important to maintain family

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[19] Department of Children, Youth and Families Internet site, OIAA, Reports, **https://dcyf.wa.gov/practice/oiaa/reports**

connections; however, IV-E and IV-B funding is not claimed for these homes unless the kinship caregiver completes the licensing process. Unlicensed kinship placements are required to have a home inspection, complete the home study, and pass a background check that includes FBI fingerprints and, if applicable, an out-of-state child abuse and neglect check.

Policy 45274. Placements with Unlicensed Relatives or Suitable Persons requires the assigned caseworker to make a home study referral to the LD within 30 days of the start of the placement. The referral includes an application completed by the caregiver and proof that background checks were submitted. A report was developed in FamLink that identifies all children placed in unlicensed homes that do not have a complete home study or a home study in process. As of March 2020, there were 445 unlicensed caregivers in need of a home study referral to the LD.[20]

There is an effort to license more kinship caregivers in Washington State. LD has identified which items in the Washington Administrative Code (WAC) do not pertain to safety and "non-safety waivers" can be used to license kin who otherwise might not be able to become licensed. In March 2020, statewide feedback was requested regarding additional WAC that may not directly pertain to safety. The feedback is being compiled and discussed by the kinship task force. The expanded list of WACs able to be waived with the use of "non-safety waivers" will be finalized by December 2020.

Foster Parent Licensing

Washington State general licensing standards for families submitting an initial application requires the following for each individual 18-years of age and older residing in the home:

- Background check conducted by DCYF Background Check Central Unit (includes a FamLink check for child abuse and neglect history, an FBI fingerprint based background check from the national crime identification database, and a Washington State Patrol (WSP) criminal background check).
- An out-of-state child abuse and neglect history check from all other states where the individual lived for persons who have lived outside of Washington State in the proceeding five years.

A WSP criminal background check is required for any household members ages 16 through 17. Additional licensing requirements include an approved home study/family home inspection, CPR and First Aid training, HIV/AIDS training, and completion of orientation and CCT.

At the end of CY2019, there were 5,045 licensed foster homes, a slight decrease from the 5,052 licensed foster home at the end of CY2018.[21]

During 2019, LD examined business processes, tasks and staff capacity within the various sections of LD across the state. Four out of the six regions participated in field-testing and temporarily specialized maintenance work so that assessment staff could focus solely on completing home studies and licenses to see if that improved timeliness and increased productivity. While the field tests did not produce the outcomes LD was hoping for, it did help gain a deeper understanding of the work. This resulted in the decision to move the vast majority of maintenance tasks to the safety and monitoring section. The assessment section will lose minimal FTEs as a result of this transition, allowing more FTEs whose primary responsibility is to complete home studies and licenses. It is anticipated that this transition will be completed by July 1, 2020.

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[20] Data Source: Unlicensed Caregivers in Need of Home Study, infoFamLink, March 2020
[21] Data Source: DCYF infoFamLink; Data as of December 31 of the identified year

Number of DCYF and Private Agency Licensed Foster Homes		
Calendar Year	# of First New Licenses Issued In Calendar Year	# of Renewal Licenses Issues in Calendar Year
CY2018	1,175	605
CY2019	1,138	667
Data Source: Count of DCYF Licensed Providers by Location and Type and Licensing Timeliness Report, CW Licensing Metrics (data warehouse), infoFamLink		

Application and assessment materials maintained and utilized by LD are consistent statewide. A Lean event was held in February 2019 to review the home study application and required forms and streamline whatever paperwork possible. The outcomes of the group included:

- Discontinuing four (4) forms.
- Changing two (2) forms.
- Leaving six (6) forms the same.

The application and assessment materials required decreased by approximately 50%.

A file checklist is used by home study licensors to ensure that licensing standards are applied equally to all family foster homes, including kinship homes, going through the licensing process. The checklist identifies all licensing requirements based on rules, regulations, federal law, and guidelines. The checklist is used to confirm that the application form, background information, and collection of additional information is complete. The home study licensor remains in contact with the applicant through the entire process and works closely with the family to ensure the application does not have any missing or invalid information. When the checklist and all application materials are complete, the home study licensor finalizes the written home study using the standard template. All of these materials are forwarded to the LD licensing supervisor who must review and approve all files prior to the foster family's approval for licensure. This approval must be completed, with a signature on the license itself, and an approval in FamLink before a family can receive placement and payment. The FamLink system will not allow a family to have a license finalized, or payment made to a family, prior to receiving supervisory approval in the FamLink system. This review ensures standards are being applied equally across the state. Homes that do not meet standards are denied a license (new applications) or their license is revoked (existing licenses). In 2019, 12 families were denied a license, and one family was revoked.

Timeliness of licensure completions have ranged, on average, from 130 to 153 days. The LD continues to complete research and analysis to assess variables that contribute to the amount of time a home study and/or licensure takes. It is hypothesized that this is a multi-faceted, systemic issue.

Child Care Institutions

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

There are five supervisors statewide who oversee 22 regional licensors who regulate group care facilities in each region. Supervisors review all checklists and application materials prior to licensure approval or denial, which ensures standards are being applied equally across the region. All checklists and application materials are maintained in a hard copy file for each agency and are available for review at any time to verify any questions or disputes about the licensing or relicensing process.

All group care facilities contracted for BRS receive a biannual health and safety monitoring visit from the regional licensor, as well as a comprehensive program review midway through their three-year licensing period. The comprehensive review includes a standard review tool used statewide. The review team consists of, at a minimum, representatives from LD, DCYF field operations, contracts, and BRS staff. The team may also include other agencies as appropriate (Developmental Disabilities Administration, FWB nursing staff, etc.). In 2019, 26 comprehensive reviews were completed. Of those 26 licensed providers, 18 were completed at group care facilities. The remaining eight comprehensive reviews were completed at CPAs.

FFPSA was embraced by Washington State in 2019. Initially, Regional Licensing staff expressed concerns regarding the extensive requirements of accreditation. The LD provided technical assistance to providers as Contracts worked with Qualified Residential Treatment Programs (QRTP) requirements to become accredited. A form titled Family First Prevention Services Act Evidence of Compliance is used for all QRTP providers[22]. As of April 2020, there are only two sites that still need to be accredited. Contracts is working diligently to finalize the accreditation process, as required.

Renewal of Foster Family Home License

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

Renewal of Child Care Institutions

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

Quality Assurance

The provider home study review has been conducted annually through a random sample of provider files selected from the total population of home studies completed by LD during the six-month period under

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[22] Family First Prevention Service Act QRTP Requirements, **https://www.dcyf.wa.gov/sites/default/files/pdf/FFPSA-QRTPRequirements.pdf**

review. In 2019, the Innovation and Quality team, within LD completed an evaluation of the review. Internal stakeholder feedback reported the review was:

- Ineffective,
- Cumbersome,
- Subjective,
- Inconsistent,
- An inefficient use of staff time, and
- There was an overall feeling that the results were shared in a punitive manner versus being helpful to improve practice.

It was determined, based on the review and collaboration, the home study review should not take place in 2019. The review time period was instead used to develop a thoughtful approach to the review that would increase efficiency and achieve the specific purpose which is to:

- Review current practice,
- Identify strengths and areas of improvement,
- Analyze trends and
- Develop recommendations that will increase consistency in family assessments and promote best practice.

The methodology developed largely includes the review team itself. Previously, the review was completed by different staff based on geographical location. This may have contributed to subjectivity, as the same team did not review all of the files. In addition, staff were assigned by their supervisors or administrators to participate. This approach does not solicit persons who are inherently interested in achieving the identified purpose.

The 2020 home study audit team is comprised of licensors and/or home study writers, supervisors, and program management staff. Staff in Assessment and Regional Licensing were asked to submit an interest response form to be on the 2020 statewide home study audit team. The applicant's supervisor must endorse participation. Interest response forms were reviewed by program management for acceptance to the team. The team has 17 members identified, plus the review team lead. The review team will review home studies and files from all over the state. The formation of the review team will increase review validity because it will be the same team reviewing all files statewide. As the review team is volunteering for this process, engagement and productivity will likely increase as well.

The audit tool was reviewed by the audit team, CQI and the Statewide Foster Care Administrator. Feedback regarding the tool was incorporated for the 2020 review. There are 14 established questions in this review which evaluate practice by measuring compliance with key elements of DCYF policy. They are based on previous audit findings as well as federal requirements.

Using audit results, LD will:

- Identify and analyze practice trends, both strengths and areas needing improvement.
- Make recommendations in an effort to improve practice.
- Develop action plans to address areas of improvement.

Two independent evaluators will review each home study and file. The home study audit lead will compare the tools after each provider (home study and file) has been reviewed twice. If the evaluators do not have consensus on each question/item, a third evaluator or the audit lead will review the home study and/or required document(s) to answer the item(s) in question.

Based on the outcome of the review, each region will be tasked with developing an action plan to address any areas of improvement (defined as lower than 80% performance, when the sample size is greater than four). Action plans will be compiled to monitor progress annually.

The provider home study review will occur during the summer months of 2020. The period under review is October 2, 2019 through March 31, 2020.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

DCYF has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children who need a foster or adoptive home. In addition, Washington's statewide diligent recruitment plan is fully operational. Presently, DCYF utilizes two foster parent recruitment and retention providers; Eastern Washington University's (EWU) Fostering Washington program who serves Region 1 and 2 and Olive Crest's Fostering Together program serving Regions 3, 4, 5 and 6. The current contracts end June 30, 2020 and DCYF will be implementing a new approach to caregiver recruitment and retention beginning July 1, 2020.

The present structure for contracting out the recruitment and retention services has been in place for approximately twelve years. While the relationships and collaborative efforts have been successful at times, the current structure has not procured the results DCYF needs. There are notable inefficiencies and an overarching disconnect when it comes to the placement needs for children in out-of-home care and the families being recruited by the contracted providers. The providers have focused efforts on general recruitment strategies with limited attention to targeted and child-specific recruitment that is vital.

While examining the current population of children placed in out-of-home care, DCYF recognizes there are gaps in available resources. This challenge is particularly acute for the targeted populations of children and youth:
- Racially, ethnically, and culturally diverse;
- LGBTQ+,
- Sibling groups,
- Medically fragile,
- Children with complex physical, emotional, and behavioral needs.

A particular area of relevance is the dire need of placement resources for children experiencing complex physical, emotional, and behavioral needs who require special supervision and a skilled caregiver. Children in this category often experience multiple placement episodes to include hotel, office, and night-to-night stays. These crisis placements have increased during the past several years. Placement disruptions like these continue to exacerbate the problem and have detrimental impacts on the child.

Crisis Placement Utilization	
Calendar Year	Hotel/Office Bed Nights Per year
CY2018	1,460
CY2019	1,650
Data Source: AIRS Monthly Report Summary, 2018 & 2019	

Relatively few children are experiencing crisis placements. The 1,650 placement episodes in hotels or offices were for 317 children. Diligent efforts to address this systemic issue are underway. The first step involves establishing the data and finding ways to track difficult to place children utilizing crisis placements. DCYF is currently working on identifying child characteristics for children experiencing these crisis placements. Once

demographics are able to be captured, DCYF can analyze this data for increased recruitment efforts (ex. include age, gender, race/ethnicity, geographic location, mental health/behavioral needs, legal status).

Caregiver focus groups were held throughout the fall of 2019, one in each of the six regions. Groups consisted of a multidisciplinary team of caregivers (both kinship and foster), the Alliance, CASA/GAL program, DCYF placement coordinator, Foster Care Maintenance, 1624/RDS Region leads, Kinship Care and Caregiver Support Program Manager, and the Community Engagement team. The purpose of the focus groups was to identify current resources and supports benefitting caregivers, as well as identifying gaps in resources and support. A separate focus group was held with CPA representatives from the Washington Association for Children & Families. Results from the focus group assisted in the development of the caregiver recruitment and retention approach, specifically as it related to supports caregivers need.

Themes from the groups found that caregivers receive the following support and resources that are invaluable:

- Community based supports from various non-profit organizations help to support children placed in out-of-home care across the state.
- Support groups that include training and provide child care.
- Communication within the caregiver community via social media.
- Mockingbird HUB Home model and desire to have this support across the board.
- Trauma focused trainings are being provided/coordinated within the community (outside of the Alliance) that are noted to be extremely helpful to caregivers.
- Peer support received by an individual who has "lived-experience" as a caregiver is vital in providing support to foster and kinship caregivers.

Themes from the groups found that caregivers need more resources and support in the following areas:

- Caregivers expressed a continued need to be valued, respected, and included by DCYF staff.
- Communication about resources and the consistent availability of resources.
- Inefficient processes that impact caregivers.
- Significant lack of timely and quality services for children placed in out-of-home care.
- Lack of licensed child care providers who will accept children in DCYF care.
- Crisis response for kinship and foster caregivers in need.

With these considerations in mind, DCYF is moving forward with a new approach to the current recruitment and retention structure. The model will include bringing recruitment functions internally, while continuing to contract for retention and support. DCYF will hire Community-Focused Targeted Recruitment Specialists who will collect, assesses, and evaluate data that is geographically specific to areas within the assigned region to drive recruitment efforts and strategies unique to the community. The Targeted Recruitment Specialists will build community partnerships to implement data driven targeted recruitment efforts. DCYF will have a contract for caregiver retention and support services for caregivers and engage community partners in the procurement process. Additionally, DCYF will develop an interagency agreement with the Office of Family and Children's Ombuds to assist in facilitating communication and conflict resolution between caregivers and DCYF staff at the regional level.

DCYF's Caregiver Recruitment and Retention program will align with the agency's strategic plan to eliminate racial disproportionately. This program will have diligent reviews by DCYF's Racial and Equity

Disproportionality team and support the "All children, All families[23]" practice model in embracing LGBTQ+ children and caregivers.

The program focus will be to:

- Increase recruitment of diverse, quality caregivers that can meet the needs of children placed in out-of-home care.
- Improve retention rates of caregivers by ensuring they receive timely support, access to resources, and mentoring.
- Keep children within their community when placed in out-of-home care.

With the focus on data-driven targeted recruitment, DCYF will achieve the following outcomes:

- Increase the number of caregivers who are racially, ethnically and culturally diverse.
- Increase the number of caregivers who can accommodate sibling groups.
- Increase the number of caregivers for medically fragile children.
- Increase the number of caregivers for children with extensive emotional, behavioral and physical needs.

With the changes to retention and support services for caregivers, DCYF will achieve the following outcomes:

- Improve placement matching experience by creating a direct connection between placement coordinators, recruitment staff, contracted providers, child placing agencies, and licensing division that includes the use of technology. DCYF is currently working on implementing an online provider portal that will assist in accomplishing this.
- Provide caregiver supports and effective resource sharing/collaboration (ex. respite and childcare) in order to prevent placement disruptions.
- Provide interpersonal intervention for kinship and foster caregivers to reduce miscommunications to improve caregiver satisfaction and retention rates.

RDS teams guide these efforts and develop regionally-based, targeted recruitment strategies with the local offices. These multi-disciplinary teams are coordinated by DCYF and engage the expertise of Olive Crest and EWU recruitment and retention staff, CPAs, the Alliance, tribes, foster parents, community partners and other stakeholders. Approximately 33 RDS groups meet monthly or semimonthly across the state. RDS facilitators have adopted a standing agenda to ensure consistency within the various meetings. Each meeting is unique and encompasses the culture and diversity of that area and local DCYF office.

In an effort to be data-driven, a caregiver recruitment and retention dashboard was developed and went live November 2019. There are internal and external viewing options for this report, so it can be shared at RDS team meetings and continue to meet DCYF's confidentiality requirement. The Caregiver Recruitment and Retention Report was designed to assist DCYF staff and partners in using data to drive practice. This report illustrates key information from five domains:

- Caregivers
- Placements
- Removals and Exits from Care
- New Applications and Licenses

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[23] **https://www.hrc.org/campaigns/all-children-all-families**

- Foster Home Closures

Data can be filtered by region, office catchment area, county, zip code and school district; allowing the individual(s) to see information pertaining to existing resources and needs for a particular geographical area. For example, the report will be able to show how many children were placed in county versus out-of-county during their initial placement episode. Certain counties may find out-of-county placements occur at a high frequency and can identify strategies to keep children placed within their community.

Recruitment efforts have continued to include general recruitment, targeted recruitment, child-specific recruitment and collaboration with community, tribes, youth alumni, CPAs, faith-based organizations and local business. The recruitment and retention contractors are regionally located to better align with local communities and to establish recruitment strategies based on the needs and goals identified by each RDS team.

DCYFs recruitment efforts focus on foster and adoptive families who:

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

Olive Crest and EWU are in the final year of their existing contracts. Each agency is continuing recruitment efforts targeting diverse families to meet the unique needs of children who enter the foster care system in Washington. Priority populations in our recruitment efforts to address the needs of racially and ethnically diverse children are Native American, Black and Hispanic families. DCYF strives to have quality caregivers who reflect the race/ethnicity of children placed in out-of-home care. As the figure below indicates, this is an area that needs to be strengthened. Implementation of the new targeted recruitment approach will put much needed attention and resources into working on diversifying our current pool of caregivers.

Race/Ethnicity of Children in Out-of-Home Care Compared to Race/Ethnicity of Licensed Caregivers – 2020	
American Indian/Alaskan Native (includes multi-racial AI/AN) Children	1,123
Foster Homes with AI/AN Caregiver	196
Hispanic Children	1,240
Foster Homes with Hispanic Caregiver	529
Black Children (includes Black-Multiracial)	1,459
Foster Homes with Black Caregiver	336
Total Children of Color	4,212
Total Foster Homes with a Caregiver of Color	1,219
Caregiver counts include State, CPA and Tribal homes.	
Data Source: Minority, Licensed Providers by Location and Type and Relative vs. Non-Relative, infoFamLink, January 1, 2020	

DCYF, Olive Crest, and EWU provide ongoing recruitment efforts supported by the State Recruitment Information Center (SRIC). The SRIC has been operational for nearly 15 years. The SRIC provides DCYF's recruitment contractors with an effective tracking of prospective foster and adoptive families from the point of inquiry through completion of the foster care licensing process as well as information regarding foster parent support group utilization. The recruitment and retention contractors employ current or former foster parents as recruiters. Olive Crest Liaisons and EWU Resource Peer Mentors (RPM) work with potential foster

families and provide support for caregivers to complete the required pre-service training, licensure requirements, and assistance understanding and navigating the child welfare system.

Prospective foster families who respond to recruitment messages are allowed to choose the licensing agency that best fits the needs of their family. Families can be licensed through LD, a private CPA or a Tribal agency. DCYF offers an incentive program to CPAs when licensing a new family. CPAs must submit verification on a monthly basis, and if the home is determined to meet requirements, then the CPA receives a small incentive per license issued. During 2019, the CPAs continued recruitment efforts to license more foster homes to support the needs of all children entering out-of-home care. Thirty-three CPAs continue participation in this effort, with 362 new foster homes licensed in 2019. Of those 362 foster homes, 27% (98 out of 362) are reported with a racial or ethnic background other than White.[24]

Statewide Recruitment Information Center (SRIC)

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

Contracted recruitment and retention staff are assigned prospective foster and adoptive parents within the SRIC database. Assignment dates, points of contact, and recruitment events are captured when the liaison/RPM enters within the SRIC database. Inquiries are coded by intake source to include DCYF website, NWAE/AUSK website, SRIC Hotline, and Other. The Other section is used when an individual inquiry is made directly to a DCYF staff member or liaison/RPM. The inquiries, also referred to as prospective foster parents (PFP), can be broken down by geographical location to include regions and counties. The database provides vital information as to the amount of interest in fostering, as well as further areas to develop that are not having as much activity. The SRIC database assists liaison/RPMs in directing their recruitment efforts. In addition, the SRIC database capture the PFPs disclosed race and ethnicity.

SRIC Regional Intake Breakdown CY2019						
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
1,380	779	1,304	1,492	1,350	1,687	7,992

For CY2019, there were almost 8,000 PFP entered into the SRIC database. Information gathered on the demographics also captures their geographical location. Information below shows where the majority of them reside across Washington State.

SRIC Prospective Foster Parent Inquiries, High-Producing Counties CY 2019		
County	Total Prospective Foster Parents	Percentage of Total
King County	1,135	15.17%
Pierce County	1,004	13.42%
Snohomish County	822	10.99%
Spokane County	745	9.96%
Clark County	553	7.39%

[24] Data Source: Contracted CPA Foster Home Recruitment Report, infoFamLink, CY2019

Thurston County	390	5.21%
Kitsap County	287	3.84%
Yakima County	277	3.70%
Benton County	241	3.22%
Whatcom County	209	2.79%
Cowlitz County	168	2.25%
Skagit County	154	2.06%
Clallam County	142	1.90%
Grant County	141	1.88%
Chelan County	130	1.74%
Grays Harbor County	111	1.48%
Lewis County	103	1.38%

Data Source: Northwest Resources Associates, State Recruitment Information Center (SRIC); Inquiries by prospective foster parents, CY2019

The SRIC database continues to gather information on racial and ethnic backgrounds of families who submit an inquiry about becoming a foster parent. During 2019, the SRIC reflected similar results as compared to the previous year with some minor variances.

There was an increase in the use of category "Prefer Not to Disclose" which in 2017 was 30.2%, 2018 was 36%, and 2019 was 44.7%. Previously, concerns were noted with the increased use of prefer not to disclose. During the previous year, DCYF was able to remedy this by eliminating the option of "Prefer Not to Disclose" from the inquiry questionnaire filled out by the prospective foster parent. However, category use has continued to increase due to the contract staff entering information into the SRIC and not having the race/ethnicity information available at the time. The liaison/RPM is entering "Prefer Not to Disclose/Unable to Determine" and not going back to update the record once additional information is obtained.

Prospective Foster Parent Race and Ethnicity									
	Calendar Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Spanish Speaking	Race/ Ethnicity Total
African American	2018	29	10	44	119	117	63	0	382 (5.2%)
	2019	28	16	31	137	114	70	-	399 (4.8%)
Asian/Pacific Islander	2018	19	9	39	75	40	44	0	226 (3.1%)
	2019	16	9	26	69	52	43	-	216 (2.6%)
Caucasian	2018	632	298	498	497	600	777	0	3,302 (44.8%)
	2019	641	329	431	452	498	664	-	3031 (36.7%)
Latino/Hispanic	2018	105	155	90	82	66	74	22	594 (8.1%)
	2019	132	172	80	95	86	82	-	651 (7.9%)
Middle Eastern	2018	3	2	9	15	3	3	0	35

								(0.5%)
	2019	5	4	6	10	10	6	-	42 (0.5%)
Native American	2018	33	11	31	21	35	42	0	173 (2.3%)
	2019	41	32	27	35	35	57	-	227 (2.7%)
Prefer Not to Disclose	2018	530	148	539	458	407	573	-	2,655 (36.0%)
	2019	566	255	740	683	625	821	-	3694 (44.7%)
Statewide Grand Total	2018	1,351	633	1,250	1,267	1,268	1,576	22	7,367
	2019	1,429	817	1,341	1,481	1,420	1,743	0	8,260

Data Source: Northwest Resources Associates, State Recruitment Information Center (SRIC); Inquiries by prospective foster parents, CY2018 & 2019

In order to obtain the most accurate data available related to race and ethnicity, DCYFs foster parent recruitment program manager will work with the contractors on gathering information of an individual's race and ethnicity and ensuring this is accurately reflected in the database. In addition, DCYF will look at providing additional options to the race and ethnicity selections utilized by the SRIC to include multi-race choices. DCYF Targeted Recruitment staff will be entering PFP instead of the contracted providers starting July 2020, so the issues around "Prefer Not to Disclose" will be resolved within the next twelve months

The way PFPs have been managed and entered into the SRIC database has proven to be a challenge. The volume of PFPs added to the system is high, which makes it difficult for contract staff to provide individual support and tracking during the licensing process. Information is not consistently documented in the system making it difficult to gage PFP progress, track targeted areas of care, identify issues within the licensing pipelines, and status of completion.

The upcoming retention and support contract will include supporting PFP and kinship caregivers through inquiry, initial training and submission of their licensing applications, this will continue to be documented in the SRIC system. The new contract outlines data collection and reporting expectations, so that additional information can be gathered and reported frequently. Data collected will be synthesized to gain a deeper understanding PFP inquiry status and outcomes.

Licensed and Kinship Caregivers and Diversity

DCYF strives to place children with kinship caregivers (relative and fictive kin) who are able to preserve the child's family connections, cultural values, along with emotional and community ties. When a kinship caregiver is unavailable, it is essential that DCYF has a diverse pool of quality caregivers able to meet the unique needs of children placed in out-of-home care.

DCYF has demonstrated a strong and ongoing commitment to place children with kinship caregivers. As seen in the table below, in 2019 DCYF placed children with kinship caregivers 44.7% of the time; a slight increase from the previous year. Although the information from year to year did not change drastically, in almost every race/ethnicity category captured there was an increase in kinship placements from the previous year.

Race/Ethnicity of Children Placed by Relative/Non-Relative Placements						
	Non-Relative		Relative		Total	
Race/Ethnicity	2019	2020	2019	2020	2019	2020

White/Caucasian	2,466 (56%)	2,238 (57%)	1,952 (44%)	1,700 (43%)	4,418	3,938
Native American	184 (55%)	147 (51%)	152 (45%)	139 (49%)	336	286
NA Multiracial	538 (56%)	455 (54%)	421 (44%)	382 (46%)	959	837
Black	453 (58%)	373 (52%)	329 (42%)	339 (48%)	782	712
Black Multiracial	458 (58%)	426 (57%)	337 (42%)	320 (43%)	795	746
Asian/Pacific Islander	104 (53%)	103 (54%)	93 (47%)	87 (46%)	197	190
Hispanic	737 (55%)	646 (52%)	590 (45%)	598 (48%)	1327	1,244
Other Multiracial	111 (47%)	108 (54%)	124 (53%)	92 (46%)	235	200
Unknown	6 (40%)	6 (38%)	9 (60%)	10 (62%)	15	16
Total	5,057 (56%)	4,502 (55%)	4,007 (44%)	3,667 (45%)	9,064	8,169

Data Source: Relative versus Non-relative Placements, infoFamLink, Date in time pull as of January 1st of identified year

Race/Ethnicity of Children Placed by Relative/Non-Relative Placements – As of 01/01/2020 Breakdown by Region

Region 1

Race/Ethnicity	Non-Relative	Relative
Native American	46.9%	53.1%
Native American Multiracial	59.0%	41.0%
Asian/Pacific Islander	100.0%	0.0%
Black	63.0%	37.0%
Black Multiracial	62.1%	37.9%
Hispanic	54.0%	46.0%
Other Multiracial	54.8%	45.2%
White	65.4%	34.6%

Region 2

Race/Ethnicity	Non-Relative	Relative
Native American	93.3%	6.7%
Native American Multiracial	50.0%	50.0%
Asian/Pacific Islander	50.0%	50.0%
Black	59.5%	40.5%

Race/Ethnicity	Non-Relative	Relative
Black Multiracial	47.6%	52.4%
Hispanic	45.5%	54.5%
Other Multiracial	59.1%	40.9%
White	93.3%	6.7%
Region 3		
Race/Ethnicity	Non-Relative	Relative
Native American	56.4%	43.6%
Native American Multiracial	61.9%	38.1%
Asian/Pacific Islander	58.5%	41.5%
Black	61.6%	38.4%
Black Multiracial	46.3%	53.7%
Hispanic	54.8%	45.2%
Other Multiracial	48.1%	51.9%
White	56.4%	43.6%
Region 4		
Race/Ethnicity	Non-Relative	Relative
Native American	53.5%	46.5%
Native American Multiracial	41.3%	58.7%
Asian/Pacific Islander	53.3%	46.7%
Black	50.1%	49.9%
Black Multiracial	54.2%	45.8%
Hispanic	45.9%	54.1%
Other Multiracial	46.4%	53.6%
White	48.3%	51.7%
Region 5		
Race/Ethnicity	Non-Relative	Relative
Native American	47.4%	52.6%

Native American Multiracial	51.0%	49.0%
Asian/Pacific Islander	60.5%	39.5%
Black	59.1%	40.9%
Black Multiracial	53.0%	47.0%
Hispanic	52.9%	47.1%
Other Multiracial	61.1%	38.9%
White	53.7%	46.3%
Region 6		
Race/Ethnicity	Non-Relative	Relative
Native American	45.5%	54.5%
Native American Multiracial	62.3%	37.7%
Asian/Pacific Islander	31.3%	68.8%
Black	66.7%	33.3%
Black Multiracial	64.2%	35.8%
Hispanic	68.7%	31.3%
Other Multiracial	54.2%	45.8%
White	61.8%	38.2%

Data Source: DCYF FamLink Data Warehouse; Relative versus Non-relative Placements; As of January 1st 2020

When breaking down the information by regions, areas to explore begin to emerge. For example, in Region 2, of the Native American children and youth placed in out-of-home care, 93% were placed with a non-relative caregiver while only 6.7% were placed with a relative. This would be an area to further explore why there is such a disparity in this particular region when compared to others.

At the beginning of 2020, DCYF had 5,050 licensed foster homes. Of those licensed foster homes, including state, CPA, or tribal, 24% were considered to be a minority home. Minority home is defined by a caregiver, either primary or secondary, identifying with a race category outside of Caucasian.

Race/Ethnicity of Licensed Foster Homes							
	Foster Home		Private Agency Foster Home		Tribal Licensed Foster Homes		Total	
	As of 01/01/2019	As of 01/01/2020	As of 01/01/2019	As of 01/01/2020	As of 01/01/2019	As of 01/01/2020	As of 01/01/2019	As of 01/01/2020
Any Minority Home	20.7% (663)	21.7% (701)	27.9% (513)	27.9% (504)	100% (14)	82.4% (14)	23.5% (1,187)	24% (1,219)
Any Native American Providers	108	102	116	82	13	13	237	197

Any Black/African American Providers	237	192	189	143	1	1	427	336
Any Hispanic Providers	421	335	264	195	1	2	686	532
Any Asian Providers	97	86	114	108	0	0	211	194
Any Hawaiian/Pacific Islander Providers	44	41	28	25	0	0	72	66

Data Source: Licensed Foster Homes by Minority and Licensed Provider Report Summary, infoFamLink, Date in time pull as of January 1st of identified year
This report does not provide a sub-group for 143 mixed-race minority families contained within the population of any minority families.

Of the children placed in out-of-home care as of January 1, 2020, 4,231 had a race/ethnicity outside of Caucasian. Of those children, 46% were placed in kinship care and the rest were placed in licensed care. With only 24% of licensed foster homes identifying with a caregiver outside of Caucasian, this presents a disproportionate amount of children of color compared to caregivers of color.

As of 01/01/2020, there were 1,211 homes where at least one primary to secondary contact associated with the provider during the licensed period has a race that is not "White/Caucasian" or is Hispanic and any race. Percentaged per region for this timem frame were as follows:

- Region 1 – 12.55%
- Region 2 – 13.3%
- Region 3 – 12.06%
- Region 4 – 19.74%
- Region 5 – 24.36%
- Region 6 – 18.0%

Breaking this down by region provides an ability to show areas of need. LD will be utilizing each regional specific data and honing in on specific data points as the Targeted Recruitment Specialist program is launched.

Washington Adoption Resource Exchange (WARE) Resources
Between January and December 2019, there were 120 children registered on WARE and a total of 308 children served. Children are considered served by the exchange if they had an open case during the time period. That includes children were were active on the photolisting site, where families can connect with social workers, as well as children who were on hold pending a status change, such as if achild was awaiting an ICPD placement transition to occur. Of the 308 children served during this period, 121 now have a placed status for recruitment purposes, indicating that they have physically moved into their home of choice. Additionally, of those children served:

- 56.49% were ages 12 or older.
- 44.16% were minority youth.
- 62.99% were males.
- 34.41% were females.
- 2.60% identified as transgender.

Purchase of Services (POS) Contracts
During CY2019, caseworkers requested a total of 22 POS contracts. For the contracts requested during that time:

- Three children were adopted.
- Six children were never placed into out-of-home care.
- Four children disrupted from identified placement.
- Nine contracts remain active and the children are in their identified placement.

Washington State Adoption Call to Action

In June 2019, the Children's Bureau launched a call to action to develop strategies across all jurisdictions to achieve timely permanency for children and youth waiting to be adopted. DCYF convened a team of internal staff and external partners in community mental health, private placement agencies, and recruitment agencies such as NWAE and WWK. From this initiative, DCYF established a total of six strategies related to the barriers to permanency in Washington. Multiple themes where identified including:

- Lack of timeliness for completion of redaction for disclosure to adoptive families.
- Lack of a pathway to facilitate placement with home studied families who primarily wish to adopt.
- Lack of a pathway to support all families interested in adoption of dependent children and youth.
- Minimal youth-directed recruitment strategies.
- Lack of understanding within the BRS community regarding permanency and their role in establishing permanency.
- Need to provide in-home evidence-based intensive therapies in identified adoptive homes where a child or youth's behaviors have been identified as a barrier to finalizing an adoption.

Since the inception of the Adoption Call to Action, DCYF has been able to make progress in all six areas. DCYF now has additional staff assisting with the redaction of disclosure provided to adoptive families. As the additional staff was approved in April 2020, there are no current statistics on how this strategy is impacting the timeliness of disclosure being provided to adoptive families. Two of the strategies are directly tied to the approval of the PFD1 Grant. These strategies involve providing a pathway to facilitate placement with home studied families and means of supporting all families interested in adopting dependent children and youth. Despite this barrier, steps have been made to launch the plans upon final approval of the grant plan. Contracts with NWAE are in process as this agency will be the conduit to direct and support families interested in adopting from foster care as well as directing families to either private agencies or to DCYF for completion of a home study. NWAE will provide a portal of home studied families that will be easily accessible to DCYF staff and tracked through collaboration with private agencies and LD. NWAE will facilitate three statewide Reverse Matching events as part of the contract as a means of providing an additional youth-led recruitment strategy but is also pending the approval of the grant plan.

In conjunction with the strategy to provide a pathway to support all families interested in adoption of dependent youth, a sub-strategy was established to address the backlog in LD of families who wish to adopt only and not be licensed. At the present time, there is a significant need for licensed families and this is the primary focus of LD. LD is unable to process and complete the adoption home studies as quickly as DCYF would like so a plan to contract for completion of the pending adoption home studies has been enacted.

The strategy to address the lack of understanding of permanency in the BRS community is in process. A plan to provide the various BRS agencies and foster homes with training on the importance of their support in positive permanency discussions as well as a better understanding of recruitment is not able to be implemented at this time. The barrier to this measure involves the time involved for BRS staff and foster parents to take the necessary time away from the facilities and youth. To counter this barrier however, an FAQ specific to the In-Depth Profiles facilitated by NWAE is currently in process and will be distributed to all contracted BRS

agencies. In addition, a potential eLearning may be developed that will not take a significant amount of time away from the facilities or homes. The eLearning will need to be looked at further to include the Alliance.

The final strategy involving the utilization of evidenced-based therapeutic services to address child and youth's behavioral barriers continues to be in process. Much of this strategy is dependent upon a clearer understanding of the availability of funds from various budgets. Once a determination of funding is established, Adoption Support will be able to initiate contracts with local evidence-based adoption competent agencies.

See attached Washington State Adoption Call to Action Plan, dated June 11, 2020.

Item 36: State Use of Cross-Jurisdictional Resources for Permanency Placements
Interstate Compact on the Placement of Children (ICPC) Referrals to Washington for Placement
Timely completion of home studies through ICPC is an identified barrier. Washington is required to have a home study and placement approval from another state prior to placement. The Safe and Timely Interstate Placement of Foster Care Act of 2006 requires states to complete home studies within 60 days. If the home study is not complete in 60 days, the Act requires the receiving state to provide a preliminary report to the sending state indicating the reasons for delay. From January through December 2019, 30% of home studies from another state were completed, or a preliminary report was received within 60 days. Washington has limited control over how timely another state provides a home study. DCYF's ICPC unit regularly requests status checks to other states on outstanding home studies.

In CY2019, Washington received 906 referrals with 177 adoptive placements identified from other states. During 2019, 93 children achieved permanency through adoption.

ICPC Referrals to Washington State for Placement			
Calendar Year	Total ICPC Referrals Received	Potential Adoptive Placement Identified	WA ICPC Adoptions
CY2018	890	159	87
CY2019	906	177	93
Data Source: PQR 1438, infoFamLink, CY2018 & CY2019			

The following table identified the number of interstate requests into specific regions in Washington State. The percentage and number of home studies or preliminary reports that met the 60 days or less timeframe.

Timely ICPC Home Study Decisions Provided by Washington to Sending State in 60 Days or Less								
CY	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	HQ	Total
CY2018	51% (69)	14% (25)	27% (76)	19% (52)	22% (88)	26% (122)	33% (1)	49% (433)
CY2019	52% (94)	32% (25)	67% (73)	72% (92)	47% (87)	56% (122)	100% (4)	55% (497)
Data Source: PQR 1438, infoFamLink, CY2018 & CY2019								

The HQ ICPC Program Manager will continue to strategize with LD and the DCYF data team regarding the reasons for delays, identify issues, and create a plan to increase the completion of timely placement decisions.

Interstate Compact on the Placement of Children (ICPC) for Adoptive Placements

DCYF Referrals to ICPC for Adoptive Placements Out-of-State		
	CY2018	CY2019
Total WA Out-of-State ICPC Referrals	1,069	901
ICPC Permanent Adoptive Placements	194	199
WA Children Placed in ICPC Permanent Adoptive Placement	127	112
WA Children Achieved Permanency through Adoption in ICPC Placements	105	131

Count of ICPC Placement Referrals by Race and Ethnicity		
	CY2018	CY2019
Asian/Pacific Islander	9	12
Black	87	79
Black Multiracial	86	84
Hispanic	126	124
American Indian/Alaska Native	27	31
American Indian/Alaska Native Multiracial	109	77
Other Multiracial	17	26
White/Caucasian	455	466
Unknown	13	2
Data Source: PQR 1438, infoFamLink, CY2018 & CY2019		

In CY2019, DCYF sent 901 interstate requests to other states. Potential adoptive placements were identified for 112 youth. During CY2019, 131 Washington children and youth had interstate adoptions finalized. This adoption number can span over different calendar years as not all children placed within a year are adopted in the same year. In Washington State, permanency is achieved in other ways other than adoption. Guardianship and reunification with a parent are frequently achieved through ICPC; however, these permanent plans are not easily captured in the current ICPC data. ICPC is strategizing a way to capture these numbers for Washington State children and youth placed out-of-state.

Assessment of Strengths for Foster and Adoptive Parent Licensing, Recruitment and Retention

- In Round 3 of the CFSR reviews completed in 2018, Washington was rated as in substantial conformity on this systemic factor.
- LD has standards that are applied equally to all foster family homes and childcare institutions. The state has monitoring processes in place to ensure standards are met.
- Washington's comprehensive state criminal history record check goes above and beyond federal requirements (inclusion of adverse and negative action information from licensed programs and Washington courts dispositions that may not be reflected in the in-state or national background check result).
- Washington has diligent recruitment plans in place with contracted providers. Recruitment activities targeted at recruiting families that reflect the race and ethnicity of the children in care are being completed at the local level.
- DCYF has a POS provision to allow minimal permanency barriers for children placed out of state.
- The majority of cross-jurisdictional placements are with relatives.
- DCYF ICPC has positive relationships with ICPC offices in other states.

Assessment of Barriers and Areas Needing Improvement for Foster and Adoptive Parent Licensing, Recruitment and Retention

The following have been identified as possibly contributing to the delay in timeliness of home study completion and licensure:

- The results of an internal study showed the administrative and family engagement tasks required in a home study account for approximately 36% of licensor's time.

- — Administrative and engagement tasks take a lot of time for licensors and home study writers who are balancing their other responsibilities that include: researching relevant databases, interviewing the family, completing the clinical assessment and writing the home study.
- An increased effort to license more kinship caregivers because kinship caregivers are unexpectedly caring for children and often require additional guidance and support through the licensing process.
- The significant amount and redundancy of paperwork requirements.
- The backlog of home studies pending on worker's caseloads. Backlog is defined as home studies that have been pending over 120 days. This backlog requires monthly contacts, re-assessment of progress and continued engagement.
- The home study is inconsistent, inefficient and there are unwritten rules that workers are consistently trying to sort out and follow. Home studies are almost entirely qualitative which leads to inefficient data. Different subjects are located within different section of the home study and some subjects are redundant as they are located in more than one area. As a reader, it is unclear where the information came from (applicant report, paperwork or licensor assessment). Unwritten rules comes in several forms including historical memos about practice, supervisor expectations and regional differences. These "rules" are often unknown by all staff. Every person reviewing the home study has a different expectation of what must be addressed and how.
- In calendar year 2019, there was 29% turnover rate within Assessment, the program responsible for completing home studies and issuing licenses.
  - — Historically, the LD has had a low turnover rate. In 2019, it is thought that the increase in turnover was largely due to promotional opportunities and retirement. For verification and improvement purposes, vacancy and retention rates are now being consistently tracked.

Background checks:

- The background check process lacks automation, relies on other governmental agencies to facilitate the process and is dependent on the applicant, child placing and group care agencies to complete the comprehensive background check in a timely manner.

Recruitment and Retention Efforts:

- Caseworkers have inconsistent knowledge about recruitment strategies and policies. Some caseworkers are not informed about the policy related to WARE registration for children who are not in permanent placements or know about the ability to present a child at consortium after the termination of parental rights petition has been filed.

ICPC:

- Timely completion of home studies by receiving states for Washington placed children and youth.
- Continued development of the use of ICPC Border agreement.

Implemented Practice Improvements for Foster and Adoptive Parent Licensing, Recruitment and Retention
The following efforts have been made to address the identified factors related to timeliness of home study completion and licensure:

- A decision package was submitted to help initiate a change in business process and develop the Caregiver Engagement Unit (CEU). The CEU will be a specialized team responsible for engaging families and providing technical assistance for the administrative process. The business process change is in development, with

the goal of earlier engagement and timely completion of administrative tasks required for licensure. Once those goals are met, the complete application will be assigned to a home study licensor to write the home study and issue the license.

- LD IT developments – the Foster Care Provider Portal. The Foster Care Provider Portal will allow applicants to enter and maintain their own information. The licensing application and packet was streamlined using the Lean process. This will also contribute to successful development within the portal. The CEU will monitor the progress and assist the family with timely completion of administrative tasks. This will be supported via use of the Portal system. This is estimated to be commpleted by the end of 2021.
- The home study guide was reviewed by a statewide focus group, updated by the LD CQI team, and an interim guide was released in January of 2020. The updated guide will help with consistency and reliability of the home study. However, the home study itself is due for updating as it has not been evaluated since development. The home study is being revamped using predictive science research, consultation and input from internal and external stakeholders. The format will be complete August 2020 with a goal of implementation in 2021.

Recruitment and Retention Efforts:

- The present structure of RDS is currently under review. An internal project team comprised of LD, Child Welfare, and the Office of Community Engagement representatives has been formed to analyze this work. The project, facilitated by the Office of Organization Change Management, will work to develop recommendations regarding the continuation, re-development, implementation and execution of statewide functions related to RDS teams and collaboration with internal and external partners.
- Specialized adoption training is made available and offered throughout the state. This training is required for adoption staff, but is voluntary for CFWS caseworkers who may keep case after termination of parental rights.
- NWRA and WWK provide ad hoc trainings on their respective recruitment methods.
- DCYF identified a lack of understanding of available recruitment strategies available in Washington. The field nor community partners such as CASA or the courts have a consistent or clear understanding of the when, where and why of recruiting for an adoptive family for children/youth in need of a permanent home. To combat the lack of knowledge in this area, two help documents have been constructed to address the lack of knowledge in the field and community regarding recruitment methods. The ultimate hope is that these documents will provide consistent and written information on what the different recruitment methods provide, when to request the service, and how to access the service.
  — NWRA is in process of completing a flyer specific to the In-Depth Profiles to ensure information is widely available to field staff.
  — Monthly consortium meetings are a recruitment method. Numerous monthly reminders are sent out to the adoption management team, LD supervisors, and private agencies to remind them of the upcoming consortium. Participation is hit or miss internally and externally. Many private agencies no longer participate as they are now fostering agencies and no longer provide private adoption home studies. Due to field feedback, a review of efficacy for this recruitment strategy is in process and will include a task force to potentially reformulate how consortium is provided.

ICPC:

- In 2019, ICPC staff provided a mandatory training to field staff in every region. This training addressed real impacts of ICPC including barriers, timeliness and how to achieve permanency out of state. This training was well received by field staff.

- In February 2020, ICPC Program Manager completed a data analysis of outgoing ICPC placements. Part of this data analysis looked at ICPC youth in placements for 6 months, collaborating with field staff on the permanent plan and looking to ensure DCYF had the appropriate ICPC home study to complete that plan. As an outcome of data analysis, field staff submitted adoption ICPC requests promptly when requested which could result in more timely permanency. Some barriers for legally free youth's permanency is that some states will not complete an adoption home study prior to termination of parental rights.

Planned Activities Targeted at Improving Foster and Adoptive Parent Licensing, Recruitment and Retention

- The LD continues to analyze strategies to improve timeliness of licensure. The LD seeks to complete 70% of licensures in 120 days or less.
- DCYF is in the early stages of automating the background check process. Completion date is unknown at this time due to budgetary constraints and resources needed to fully implement an automated system.
- DCYF is implementing a new approach to foster and adoptive home recruitment and retention. The program will focus on a data-driven, intensive recruitment approach targeting specific populations of caregivers to meet the diverse needs of children and youth. DCYF will continue to partner with external agencies to provide retention and support within the various communities statewide. DCYF will hold annual Caregiver Focus Groups to hear from caregivers about supports and resources available, and determine issues and concerns impacting caregiver retention.
    — The emphasis will be on collecting data, analyzing and assessing information for the continuous quality improvement of the caregiver recruitment and retention program. The goal is to ensure that all efforts made are effective, measureable, and produce results.
- ICPC will continue to collaborate with LD regarding ICPC home studies and timeliness.
- ICPC will work with IT staff to get a resource assigned for development work on the National Electronic Interstate Compact Enterprise (NEICE).
- PFD1 strategies including Enhanced Permanency Planning Meetings and Enhanced Youth Recruitment will be implemented in several targeted sites throughout the state.
- The following DCYF PIP strategies will support practice improvement for Foster and Adoptive Parent Licensing, Recruitment and Retention:
    — Strategy 4.5 includes activities related to improving timely referrals and completions of home studies.
    — LD is working with OIAA to determine if there can be the development of a report to capture the data needed to show performance related to completion of timely home studies throughout the state.
- DCYF will continue to implement the Washington State Adoption Call to Action Plan. See attached Washington State Adoption Call to Action Plan, dated June 11, 2020.

COVID-19 Impacts Related to Outcomes and Systemic Factors

Proclamations instituted by Washington State's Governor:

- On February 29, 2020, Proclamation 20-05 was issued, proclaiming a State of Emergency exists in all counties of Washington in response to the COVID-19 pandemic.
- On March 12, 2020, Proclamation 20-08 was issued, instituting a closure of school facilities in King, Pierce and Snohomish Counties.
- On March 13, 2020, Proclamation 20-09 was issued, expanding the closure of school facilities across the state of Washington. This Proclamation was extended and remains in effect until June 19, 2020.

- On March 23, 2020, Proclamation 20-25 was issued, instituting a Stay Home, Stay Healthy order throughout the State of Washington.
- On March 26, 2020 Proclamation 20-33 was issued, instituting a suspension of in-person visitation requirements.

DCYF saw a significant decrease in reports of child abuse and neglect due to the outbreak of COVID-19. Within a week after the Washington State Governor closed schools in mid-March 2020, there was a 42% decrease in calls to the hotline. DCYF has encouraged the community to report child abuse and neglect throughout the Stay Home, Stay Healthy order with the understanding that access to mandatory reporters due to closures and social distancing declined. During this time, completion of timely CPS investigation and timely CPS FAR assessments has increased substantially due to a decrease in workload.

Timely Completion of CPS Investigation and CPS FAR Assessments – Statewide – By Month							
	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020
Timely CPS Investigations	64.4%	66.4%	74.8%	86.7%	90.2%	90.8%	91.3%
Timely CPS FAR Assessments	83.1%	84.8%	85.1%	91.3%	94.3%	95.4%	95.7%
Data Source: Child Welfare Management Dashboard, infoFamLink, as of 08/15/2020							

In regards to initial face-to-face visits, DCYF staff were encouraged to conduct a simple assessment prior to making home visits or having visits in the office including asking: if anyone in the household is currently sick; has anyone in the household been in contact with anyone known to have COVID-19; and if anyone in the household has underlying health conditions. Based on the response to those questions, staff will work with their supervisors to determine appropriateness of visits. Staff and supervisors will also look at the case specific circumstances and county health department recommendations for determining the best course of action.

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

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

On March 31, 2020 an emergency procedure was put into place in response to the Washington State's Governor's Proclamations 20-33 and 20-05. The requirement that monthly health and safety visits for children, youth, parents and caregivers must be face-to-face was temporarily suspended with the exception of cases that are assessed as high risk or where there is an active safety threat. Visits were allowed to be completed through videoconferencing. If videoconferencing capabilities were not available, staff were to travel to the location where the child and youth was located, call the parent and/or caregiver, and speak to the child or youth with observation through a window or from a distance of at least six feet.

In mid-May 2020, procedures were modified to address transition back to face-to-face contact with recommendations for scheduling, asking screening questions related to COVID-19, and practicing social

distancing during the contact. DCYF has also been working with the Emergency Operations Committee (EOC) on making Personal Protective Equipment (PPE) available to staff.

The provision for in-person Combined In-home Services (CIHS) was also suspended during this time. Providers were asked to use telephone and videoconferencing capabilities to provide on-going support for children, youth and families; maintain weekly or twice weekly communication; and support families in obtaining access to telephone and videoconference technologies. Exceptions to the suspension of in-person provision of services included families with an imminent risk of out-of-home placement.

During the COVID-19 pandemic, most Courts throughout the state have not held in-person hearings. Video conference hearings were held when possible. Some Courts have continued hearings and cases until the fall of 2020 which will impact timely permanency outcomes. On April 30, 2020, the Supreme Court of Washington issued an order related to the following:

- Shelter care hearings are emergency matters. Courts and all parties in shelter care hearing shall make their best efforts to make it possible for these hearing to be heard by video or in-person provided social distancing and other public health measures are observed.
- Courts are encouraged to hear non-emergency matters and have the authority to hear those matters by video, telephone, other means that do not require in-person attendance provided that parties are suitably able to participate.
- No default for dependency fact-finding, termination fact-finding, or Title 13 guardianship fact-finding shall be entered until a reasonable time after courthouse-based operations resume if they require personal service and in-person court appearances.
- Any court-ordered in-person visitation shall mandate the specific health, safety and welfare protocols that must be followed.
- Courts are encouraged to consider whether parents were out of compliance with service plans due to the COVID-19 emergency and whether such plans shall be extended.
- Exceptional reasons pursuant RCW 13.34.070(1) exist to continue all dependency fact-finding hearings that are set until a reasonable time after courthouse-based operations resume.
- Juvenile courts may find that the COVID-19 pandemic is a basis to find good cause exception until RCW 13.34.145(5)(a) not to order DCYF to file a TPR petition.

In response to the statewide school closure proclamations, DCYF, OSPI, and Treehouse coordinated a COVID response statewide webinar with 100 participants and held regional webinars with 30-50 attendees each. These meetings were scheduled and held within the first month of school buildings being closed to answer questions and provide guidance on moving forward. At the end of the school year and beginning of the following school year, regional follow up meetings will be held with DCYF regional education leads, district Foster Care Liaisons, and Treehouse manager.

The DCYF HQ Education/ETV Program Manager will reach out to field staff, asking for updates regarding the following:

- Were youth on track prior to the COVID-19 pandemic?
- Do youth have the resources needed to meet their school's distance learning plans?
- What additional supports are needed?
- Are summer remediation efforts needed to make up high school credits?

During the COVID-19 pandemic, caregivers were encouraged to set up a telehealth account through AHCC for children and youth in their care. Due to COVID-19, many dentist and physician offices were closed and not seeing patients unless it was for emergent purposes. This has caused delays in children receiving EPSDT and preventative dental exams.

CHET processes were temporarily revised to eliminate in-person screening and to take into account limited access to records and other systems such as medical and education. The revised processes included use of alternative methods of communication to complete the developmental and social/emotional screens, scheduling telehealth appointment for identified physical health needs, and building in processes for CHET reports that may to be followed beyond the 30-day time frame.

To ensure there was no disruption to the delivery of core trainings due to COVID-19 and the Washington State Stay Home Stay Healthy order, both workforce and caregiver training demanded an immediate conversion to an on-line delivery method. Through collaboration with the Alliance, DCYF identified which mandatory in-service trainings would be prioritized and delivered through WebEx. The Alliance fully converted the 8-week RCT, including statewide simulation to a webinar format. Since March 16, 2020, the Alliance has been providing bi-monthly statewide RCT cohorts. SCT also underwent conversion into a webinar format starting in April 2020. After-hours core training was converted from video conference to webinar. In addition to mandatory in-service trainings, the Alliance has continued to offer virtual coaching with supervisors and staff across the state. Collaborative meetings continue to be offered virtually.

In March and April 2020, LD developed an interim licensing process, the Initial Foster Care License for Kinship Caregivers, to address the impacts of the COVID-19 on the foster care system. This license was developed under the authority of RCW 74.15.120 which allows the State to grant an Initial License for up to 90 days while caregivers work through the full licensing process. In April, the Licensing Workforce Team developed and implemented training related to this new licensing process. The training was delivered virtually through WebEx on April 23, 2020. Over 140 participants attended the session.

The training curriculum was based on the policies and procedures for an Initial License that went into effect April 24, 2020. The learning objectives were related to developing a better understanding of the purpose and requirements of an Initial License, the associated policies and procedures and the denial process.

Participants were provided with information on eligibility and virtual interviewing as well as on how to complete a virtual inspection of a caregiver's home. Consulting and coordinating with child welfare were covered in the curriculum as well as how to complete a background check during the COVID-19 pandemic. Training requirements, forms to be completed and the FamLink process were presented as well as the bases for a denial of the Initial License.

COVID-19 is having a significant impact on Washington's child welfare and foster care system, and it is likely that the circumstances will become much worse. In response to COVID-19 and the Governor's Stay Home Stay Health Order, the following temporary actions have been put in place:

- 24-hour hotline that connects caregivers to the DCYF Licensing Division Support Team.
- Emergency foster care waiver and exception process.
- Virtual visits and inspections.
- Initial licenses for kinship providers.
- Development of a process to build a pool of temporary residential youth workers.

The COVID-19 pandemic slowed or closed many of DCYF's contracted electronic fingerprint vendor and local law enforcement agencies. This prevented or significantly delayed providers from completing the required fingerprint-based background check. Washington State's Governor Proclamation 20.31 allowed DCYF to consider approving providers who pass a name-based background check while their fingerprints were pending. This proclamation did not waive the federal requirement to complete fingerprints, but allowed the department to assess individuals, including relatives, to care for children placed out-of-home. This also aligned with the federal Stafford Act Flexibility for Criminal Background Checks approved by the Department of Health and Human Services Administration for Children and Families to allow states to complete name-based background checks for conditionally approving providers during this pandemic.

On March 30, 2020, interim guidance was created that suspended ICPC placement requests based on considerations and recommendations by the Centers for Disease Control and Prevention (CDC) and Health Care Authority's Regional Medical Consultants (RMC) to slow the spread of COVID-19. Two exceptions to the suspension included:

- Facility-based placements.
- Children and youth that are currently experiencing stays in hotels.

As ICPC placements were suspended during this time, DCYF does not have the exact number of children and youth this impacted as they were not tracked. There was a 2 ½ month interstate placement suspension and there may be some correlation with permanency delays as interstate placements should be stable prior to entering into a permanent plan and most states use the best practice guidelines of six months of placement stability. There isn't specific data that shows that this interim guidance has had an impact on permanency outcomes. There are also other factors that have impacted delays in peramency including placement restrictions in other states, closures, court related delays, and challenges in transitioning to telework.

The COVID-19 pandemic has also had a significant fiscal impact on the state and across the country. On May 13, 2020, Governor Inslee issued Directive 20-05 freezing hiring, personal services contracts and equipment purchases with limited exceptions. DCYF will pursue exceptions to hiring, contracts and services consistent with the Governor's directive. Over the next few months and through the next legislative session, Washington State will be having to make some extremely difficult decisions as we address the need for statewide budget reductions. This is likely to impact availability of services and resources to support families at a time when unemployment and stress is increasing across the board, but also for our most vulnerable children and families. In addition, the majority of state employees will be experiencing furloughs; one day per week for the month of July 2020 and then one day per month through at least November 2020. The furloughs will require prioritization of key tasks and will impact the amount of and timelines for work that will be able to completed.

Update on Plan for Enacting the State's Vision

Over the course of the next year, DCYF will focus on implementation of strategies related to the identification and implementation of a practice model, Family Time, PFD1, ACTA and the CFSR-PIP. Additional strategies and activities related to FFPSA will be identified as the prevention plan is finalized.

Goal 1: Child Welfare Practice Model
Washington recognizes the importance of an effective practice model that is grounded in the values, principles, relationships, approaches, and techniques that support timely achievement of safety, permanency, and well-being outcomes and provides the foundation to develop a more competent and supported workforce. Washington adopted Solution Based Casework in 2007 and implemented the safety framework in

2011. The state will be assessing the current practice model to determine if it will be maintained or if the Department will select and implement a new model.

Adopt and implement a consistent child welfare practice model that is trauma-informed, safety-focused, family-centered, culturally-competent and create consistency and accountability in practice.		
	Begin Date	Projected Completion
Hire a dedicated full time position to lead the process of reviewing the current practice model and assessing for potential change.	08/01/2019	09/30/2020
Identify an external entity, such as Casey Family Programs or Capacity Building Center for States, to provide consultation and assist in the assessment of the current practice model and potential for change.	10/01/2020	12/31/2020
Establish framework for assessing current system and research practice models and practice model elements for implementation.	10/01/2020	03/31/2021

Progress Update:
To date, the Child Welfare Practice Model Administrator has not been hired. Recruitment efforts have been underway since the end of 2019. The impact of COVID-19 has delayed the process along with the hiring freeze issued by Washington State's Governor in response to anticipated state budgetary shortfalls. The Child Welfare Practice Model Administrator position has been approved to move forward for recruitment and efforts are underway to fill this position in 2020.

Goal 2: Timely Permanency
Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, and strengthening engagement and teaming of parents, children and youth, foster and kinship caregivers, court partners, and service providers.

Improve timely referrals for and completion of home studies.		
	Begin Date	Projected Completion
LD will reduce the requirements of the home study packet to be completed by the kinship care provider.	07/01/2020	09/30/2020
HQ program manager will develop and provide guidance to Adoption AAs and Adoption Support Consultants regarding the requirements for home study updates to avoid time spent processing requests that are not required. Use administrative data to track home study update requests and identify strategies for practice improvement.	07/01/2020	09/30/2020
A short-term workgroup will be convened to establish a consistent, statewide home study referral process within child welfare to support the timely submission of home study applications. The workgroup will be comprised of HQ program managers, Child Welfare staff and LD staff.	10/01/2020	12/31/2020
When LD has been unable to successfully engage a kinship family in the home study process, the home study worker will complete a declaration to the court regarding the diligent efforts made.	01/01/2021	03/31/2021
A workgroup comprised of LD policy, quality, and data staff, administrators and supervisors will develop a consistent process for early identification of families where there may be barriers to approving a home study. This team, working with HQ child welfare program staff, AAs, and supervisors, will develop a process for resolving home study barriers.	04/01/2021	06/30/2021

In collaboration with court partners identified through IDCC (including parent allies, parent attorneys, judicial officers and FJCIP coordinators), develop a process for court inquiry re: home study referral status including: • Appropriate language for court inquiry regarding home study referral status. • Development of a plan for evaluating whether court inquiry into home study referral and completion improves case timeliness and permanency outcomes.	04/01/2021	06/30/2021
Implement process including: • Within FJCIP jurisdictions, at review hearings judicial officers will ask about the status of the home study referral and completion until the home study is completed. The judicial officer will inquire if any updates to the home study are needed. • If a home study referral is not completed, a hearing related solely to status of the home study referral will be set by the court within 30 days. • If the caseworker completes the home study referral prior to the status hearing, they will complete an affidavit to the court of completion and the hearing will be vacated. • The caseworker shall update the court of the status of the home study at subsequent review hearings (Approved, Denied, In Process, Barriers to Completion)	07/01/2021	Ongoing
A sampling of recorded review hearings will be reviewed in FJCIP jurisdictions to determine if Court is inquiring about the home study. This information will be utilized along with data obtained through AOC and DCYF on home study completion and permanency outcomes.	10/01/2021	03/30/2022
Based on data obtained, if practice shows promising outcomes on permanency, then process for home study referral and home study completion inquiry will be implemented within the remaining PIP office jurisdictions that are not FJCIP jurisdiction and then, using a targeted and data-driven approach, within other jurisdictions around the state.	04/01/2022	Ongoing
LD will implement a process to complete an initial foster-family home license to care for specific children for a period not to exceed 90 days.	04/01/2022	06/30/2022

Progress Updates:

This strategy was modified from the CFSP to align with the DCYF PIP.

LD conducted a Lean event in February 2019 to review the home study application and required forms and streamline whatever paperwork possible. The outcomes of the group included:

• Discontinuing four (4) forms.
• Changing two (2) forms.
• Leaving six (6) forms the same.

The application and assessment materials decreased by approximately 50%. This is a DCYF PIP Strategy.

Increase recruitment of foster homes, and expand support resources to caregivers with the goal of improving timely permanency for children and youth in out-of-home care.		
	Begin Date	Projected Completion
Implement DCYF's new approach to recruitment and retention program, which includes both internal and external services.	07/01/2020	Ongoing
Initiate hiring process for DCYF community-based Targeted Recruitment Specialist.	07/01/2020	12/31/2020
Execute Retention and Support Services contract to external community partners to provide support to kinship and licensed caregivers across the state.	07/01/2020	12/31/2020
Through utilization of RDS teams facilitated by DCYF staff: • Increase number of homes licensed for ages 0-5, and caregivers able to care for this children short or long-term. • Increase number of homes licenses for three children or more (accommodate siblings). • Increase the number of ethnically and racially diverse homes available to care for children in foster care. Increase the number of Native American homes.	07/01/2020	06/30/2024

Stakeholder feedback will be gathered identifying recruitment strategies for: • Caregivers of color. Team members would include foster parents of color, community partners, CPAs, Alliance training staff, and CQI/Data staff. • Native American families. Team members would include tribes, Native American foster parents, community partners, CPAS, Alliance training staff, and CQI/Data staff. • BRS providers. Team members would include current BRS providers, BRS level foster parents, medically fragile foster homes, CPAs, Alliance training staff, and CQI/Data staff. Annual caregiver foster groups will be held statewide in order to assess and gage services needs and delivery.	10/01/2020	Ongoing
Retention of caregivers will continue to be received through data, feedback from DCYF advisory groups and the annual Foster Parent Speak survey, which includes kinship and licensed caregivers.	Currently Occurring	Ongoing

Progress Update:

DCYF launched its new approach to Caregiver Recruitment and Retention. DCYFs plan includes contracting out Retention and Support Services while hiring internal Targeted Recruitment Specialists. A competitive solicitation process was initiated in April 2020 for the caregiver recruitment and retention program and Requested for Proposals were received and reviewed. As of June 16, 2020, the successful bidder for the Retention and Support Services Contract is the Alliance for Child Welfare Excellence. The goal is to begin the contract on July 1, 2020; however, there is a personal/professional service contract freeze in Washington State due to projected budgetary shortfalls as a result of the COVID-19 pandemic. DCYF is going through the exemption and approval process with the Office of Financial Management (OFM) for this contract and hiring Targeted Recruitment Specialist positions.

Improve timeliness and monitoring of critical pieces of work that impact timely permanency.		
	Begin Date	Projected Completion
Support facilitation of Permanency Summits to be held in six FJCIP counties in 2019. Information from the 2018 CFSR review will be included in the data to be shared during the summit.	Complete	
DCYF will participate on the Innovative Dependency Court Collaborative (IDCC) which will include ongoing communication that supports a shared understanding and alignment of work across the child welfare system including: • Use data to identify issues and engage counties with low percentage of children and youth achieving permanency to work with local partners on solutions. • Identify counties with high percentage of children achieving timely permanency and review their processes.	09/01/2019	Ongoing
In alignment with the Washington State Court Improvement Program Strategic Plan, DCYF with partner with CIP and AGO to track and identify: • Critical dates associated with termination referrals. • Timely and accurate recording of compelling reasons in court orders. • Best methods for tracking court continuances.	09/01/2019	06/30/2023

Progress Updates:

This strategy was modified to align with the Court Improvement Program Strategic Plan.
Multidisciplinary Permanency Summits were held in six counties in 2019, focusing on topics each jurisdiction chose and included breakout groups with action planning to be followed up with FJCIP Coordinators.

County	Focused Topic(s)

Island County	ABA Safety Guide Training Parental Engagement
King County	ABA Safety Guide Training Early Engagement Family Time Out of Court Planning and Issue Resolution
Kitsap County	Family Time Settlement Conferences Meeting Families Where They Are
Pierce County	Civility Parents for Parents (P4P) Timely Permanency Engaging and Valuing Parents
Spokane County	Safety Framework Family Time
Thurston County	Safety Framework

DCYF participates on IDCC. In 2019, a workgroup was formed that developed and produced a webinar and resources for training judicial officers, attorneys and court personnel about new regulations regarding Qualified Residential Treatment Program (QRTP) requirements.

Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.		
	Begin Date	Projected Completion
The Alliance, in consultation with HQ program managers, will revise current permanency planning training curriculum for caseworkers and supervisors to ensure it comprehensively covers practice related to key permanency outcomes including, but not limited to: • Identification of safety threats, strengths, needs, and protective factors. • Conditions for return home. • Child/youth safety, well-being and permanency needs. • Permanency goal and concurrent planning goal(s). • Case planning and action steps.	10/01/2020	12/31/2020
The Alliance, in partnership with HQ program managers, will train permanency planning facilitators, FTDM facilitators, and others responsible for facilitating Permanency Planning Meetings to reinforce consistent, structured facilitation of permanency planning meetings. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	10/01/2020	03/31/2021
Permanency planning facilitator, or other regional designee, will coordinate meetings and invite participants, including parents, children, caregivers, and other members of the child's team to develop case plans with specific action plans to support timely progress.	01/01/2021	Ongoing
In alignment with the PFD1 grant, an Enhanced Permanency Planning Meeting strategy will be implemented in 9 identified treatment offices (Centralia, Kelso, OICW, MLK, King East, Spokane Central, Spokane North, Spokane Valley, and Wenatchee) for early targeted intervention. A permanency planning meeting will occur within 30 days from the Fact Finding hearing, at 3 months and at 90-day intervals until permanency is achieved.	10/01/2020	09/30/2023
Designated HQ or regional staff will observe one meeting per facilitator every six months for quality and model consistency and provide feedback to the facilitator.	01/01/2021	Ongoing
The assigned caseworker will complete an updated Safety Assessment prior to the permanency planning meeting to inform discussion of safety threats and conditions for return home during the meeting.	01/01/2021	Ongoing

If it is determined that an active safety threat no longer exists or can be mitigated in the home and the next court hearing is more than 60 days away, an affidavit recommending reunification will be submitted to the court within two weeks of the staffing, rather than waiting for the next hearing, unless court authorization already exists.	04/01/2021	Ongoing
Caseworkers will staff cases at 9 and 12 months with the AA and supervisor if the child has been in out-of-home care for 9 months and reunification is the primary or concurrent plan but not imminent (within 60 days). If a change in the permanent plan is needed, caseworkers will schedule a permanency planning meeting and submit an updated court report to the court requesting a change in the permanent plan.	04/01/2021	Ongoing
If a child has been in out-of-home care for 15 months, the staff will coordinate an interim case planning staffing to address barriers to permanency. This case staffing will be held in between the permanency planning meeting(s) at 90-day intervals from the permanency planning meeting date(s) until permanency is established.	04/01/2021	Ongoing

Progress Update:

This strategy was added for alignment with the DCYF PIP and PFD1 grant.

DCYF has been working closely with the Children's Bureau on revisions to the PFD1 grant. The two grant strategies have been approved along with the implementation of a Randomized Control Treatment evaluation model through the Kempe Center. Final revisions are underway with expected implementation of the PFD1 grant strategies beginning in September 2020. DCYF is currently in the process of recruitment of seven facilitators that will serve the PFD1 treatment offices. This is a DCYF PIP strategy and a PFD1 strategy.

AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.		
	Begin Date	Projected Completion
Establish a short-term workgroup with statewide child welfare and statewide AGO representation to assess termination referrals and termination filing and to establish a consistent statewide process that includes the following: • A single referral form for statewide use • Standardized referral packet requirements • Review process by AGO • Who to include in communication when the referral is submitted, denied, or filed • Timeframes for submission and resubmission when required elements are missing • Prioritization of referrals • Consistent communication chain with designated parties when termination referrals are not legally sufficient to file • Development of training and guidance to support implementation	07/01/2020	09/30/2020
The workgroup established will establish a consistent data report for use at the local, regional, and statewide level that incorporates process and timeliness tracking. DCYF and the AGO will be able to utilize the report to identify at the office and regional level where and why TPR referrals are not occurring.	10/01/2020	12/31/2020
The workgroup established will establish a semi-annual process to evaluate statewide implementation and progress.	10/01/2020	12/31/2020
Incorporate review of data related to the filing of and hearings for termination petitions into the quarterly data review conducted at IDCC in order to evaluate progress toward timely filing and identify other barriers for systemic improvements.	01/01/2021	Ongoing
DCYF staff and AGO staff in collaboration with AOC and other system partners will develop a training session for the AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion.	04/01/2021	06/30/2021

Using data related to timeliness of TPR filing and identifying FJCIP Courts where there is the highest delay in filing of TPR within or past 15 months, FJCIP Coordinators, in partnership with DCYF, AOC, and AGO, will hold stakeholder meetings within those court to review data, evaluate processes and determine what efficiencies can be implemented to improve timeliness to TPR filing.	07/01/2021	12/31/2021
Delays in TPR filing will be monitored at a local level to determine if change in processes are effective.	01/01/2022	Ongoing

Progress Update:

This strategy was added for alignment with the DCYF PIP.

Implementation of this strategy will begin in the first quarter of the PIP. This is a DCYF PIP strategy.

Increase earlier and more frequent parent engagement in the child welfare process and improve outcomes by strengthening the use of P4P.		
	Begin Date	Projected Completion
In collaboration with P4P provider, provide increased knowledge and understanding for regional leadership, AAs, supervisors and caseworkers through field communication, guidance, presentations at local offices, and RCT training about P4P and partnering with parent allies to increase engagement with parents. This will occur in jurisdictions where P4P is currently operating and in jurisdictions, if/when expansion of the program occurs. Information will include: • Roles and responsibilities in relation to partnership between caseworkers and parent allies. • Barriers to engagement. • Best practice of engagement. • P4P evaluation and outcomes. • P4P service model. • How caseworkers can access and utilize the service. • How the P4P program works to reduce stigma for parents and caseworkers.	01/01/2021	06/30/2021
In collaboration with P4P staff, identify key P4P and engagement related data points to identify practice strengths and improvements needed to support use of P4P including: • Number of referrals/connections that occur from caseworkers to the program. • Participation by caseworkers in presenting at Dependency 101 classes. • Number of staffings and/or meetings that P4P is presenting at and in which offices/regions. • Number of parents engaged in the program. • Parent engagement and parental participation in case planning.	01/01/2021	03/31/2021
Based on the data collected, focus groups will be conducted with caseworkers and parent allies in the P4P jurisdictions where DCYF referrals to the program is low to gather information about barriers to use of P4P within those jurisdictions. Data will also be used and incorporated into coaching activities as described in the Workforce Development goal area.	04/01/2021	09/30/2021
Based on information gathered and data review, DCYF HQ and regional leads, P4P leaders/representatives, and key stakeholders such as parent attorneys, CASA/GAL, and parents will meet bi-annually to discuss trends, areas of strength, barriers and identified areas of improvements. The team will develop a plan to address identified concerns including targeted outreach to jurisdictions where DCYF referrals to P4P are low and parental engagement outcomes are low to increase awareness, knowledge and usage of the program, and discussions regarding expansion into additional jurisdictions and additional supports needed.	10/01/2021	Ongoing

Progress Update:

This strategy was added for alignment with the DCYF PIP.

Work has not yet begun on this strategy. This is a DCYF PIP strategy.

Increase placement stability and permanency for legally free children and youth through strategies that incorporate youth involvement in case planning and recruitment.		
	Begin Date	Projected Completion
Caseworkers will develop, revisit and update an individualized recruitment plan with legally free children and youth not in a permanent home.	10/01/2020	09/30/2023
Caseworkers who work directly with legally free children and youth will be trained on youth engagement, having difficult conversations, and utilizing youth input for case decisions.	10/01/2020	03/30/2021
DCYF will contract with Northwest Resource Associates (NWRA) for Reverse Matching Recruitment (RMR).	06/01/2020	12/31/2020
NWRA will have monthly contact with LD, tribes and private agencies to identify placement resources for youth.	01/01/2021	09/30/2023
Youth will be contacted to participate in recruitment events and assist with placement resources.	01/01/2021	09/30/2023

Progress Update:

This strategy was added for alignment with the DCYF PIP and PFD1 grant.

DCYF has been working closely with the Children's Bureau on revisions to the PFD1 grant. The two grant strategies have been approved. Final revisions are underway with expected implementation of the PFD1 grant strategies beginning in September 2020. DCYF is currently in the process of contracting with NWRA (who also currently oversee the Adoption Exchange); however, due to Directive 20-05 issued by Washington State's Governor (as mentioned in the COVID-19 section), DCYF is going through the necessary process to request an exemption to move this personal services contract forward. This is a PFD1 strategy.

The objective related to increasing funding for BRS providers that was originally in the CFSP was removed at this time due to budgetary restrictions and an unknown financial forecast for Washington State due to the COVID-19 pandemic.

Goal 3: Comprehensive Assessment and Response

Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, and strengthening engagement and teaming of parents, children and youth, foster and kinship caregivers, court partners, and service providers.

Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.		
	Begin Date	Projected Completion
Establish a short-term workgroup comprised of statewide program managers and designated regional staff to: • Review policy and practice requirements related to the Safety Framework and SDM, Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), Comprehensive Family Evaluation (CFE), and required case planning activities, to identify opportunities for streamlining and practice efficiency. • Make recommendations to align timeframes to support practice.	07/01/2020	09/30/2020

• Revise and disseminate policy and procedures to reflect changes in timeframes.		
Workgroup established will revise, develop and redistribute tools and guides to increase and support ongoing integration of caseworker, supervisor, and AA knowledge of the Safety Framework and skill in applying information from the safety and risk assessment tools across all program types. Establish and implement expectations for use.	10/01/2020	12/31/2020
In collaboration with DCYF, the Alliance will implement training on the application of the Safety Framework and risk assessment to supervisors, AAs, and Alliance coaches. Training will first be completed with all current supervisors and AAs and then will be made available on a quarterly basis for new AAs and supervisors.	10/01/2020	12/31/2020
QA/CQI and/or designated regional staff will train AAs and supervisors in the use of administrative data reports to monitor compliance with the timely completion of safety assessments, SDM, and other safety-related data points.	10/01/2020	12/31/2020
AAs and supervisors, with support from regional QA/CQI staff and other designated regional staff, will complete semi-annual, office-based targeted case reviews focused on the implementation of the Safety Framework across all case types. Results will be used to identify areas for practice focus and improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	01/01/2021	03/31/2021
Supervisors and AAs will participate in monthly safety consultation teams, staffing cases from different programs facilitated by designated regional staff or Alliance coaches to support integration of learning and practice consistency.	01/01/2021	Ongoing
Supervisors will facilitate monthly safety consultation teams, staffing a minimum of one case with their units, focusing on consistent application of the Safety Framework to guide decision making (all programs), and supporting integration of learning and practice consistency.	01/01/2021	Ongoing
Supervisors will provide coaching and guidance to caseworkers specific to the application of safety assessment, and planning and provision of services using skills and resources identified and developed in the Workforce Development goal area.	01/01/2021	Ongoing
The Alliance in consultation with HQ program managers, QA/CQI staff, and identified field staff will develop and provide a multi-modality training and skill development system addressing implementation of the Safety Framework throughout the life of a case for out-of-home cases.	04/01/2021	06/30/2021

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

Implementation of this strategy will begin in the first quarter of the PIP. In addition, DCYF will be establishing a dedicated statewide Safety Program Manager position to support safety strategy implementation and practice improvements. This is a DCYF PIP strategy.

Hold case consultations prior to filing of dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services to keeping children safety with their parents.		
	Begin Date	Projected Completion
A statewide team inclusive of Child Welfare Programs, QA/CQI, and designated regional staff will participate in a short-term workgroup to: • Develop clear, consistent guidelines for identifying pre-dependency filing and complex cases that will be staffed. • Identify consistent core team members. • Develop a decision-making process that is based on the Safety Framework. • Develop a tool for documentation and related guidance documents for core team members and staff presenting a case to be used to guide the staffing.	07/01/2020	09/30/2020

• Establish and implement a statewide QA process to be used to identify practice trends, coaching, training, and support needs.		
RAs will identify the specific individuals within the regions who will staff the cases.	07/01/2020	09/30/2020
Identified teams will participate in training regarding the process provided by a team comprised of the HQ program manager, regional QA/CQI lead, and regional safety lead to support consistent implementation and documentation. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	10/01/2020	12/31/2020

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

Implementation of this strategy will begin in the first quarter of the PIP. This practice has started in some areas across the state. Strategy implementation and emphasis will be on consistency and quality of practice. This is a DCYF PIP strategy.

DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.		
	Begin Date	Projected Completion
Establish a short-term multi-disciplinary workgroup of IDCC subgroup members, FJCIP coordinators, field AGO, HQ program managers, DCYF field, Court Improvement Training Academy (CITA), the Alliance, and other identified stakeholders to: • Develop a crosswalk of DCYF Safety Framework, safety principles and existing court safety-related training and guidance. • Identify impacted/related procedures and forms. • Identify supportive resources available (i.e. safety framework posters for courtrooms) • Make revisions (as needed) to current judicial/multi-disciplinary Child Safety Framework training as determined through the crosswalk including guidance for judges on specific questions related to safety threats and conditions for return home to be addressed at every court hearing.	10/01/2020	12/31/2020
With support from the Capacity Building Center for Courts, a multidisciplinary group including CIP, DCYF, AGO, the Court Improvement Training Academy (CITA), and the Office of Public Defense (OPD) will develop an evaluation action plan for a Hearing Quality Project related to the application of the Safety Framework in court hearings including, but not limited to: • Baseline assessment of current court practice, specific to discussions of safety and family time. • Implementation assessment of how judges/multidisciplinary court teams have made changes to practices based on prior safety guide trainings. • Assessment of how current practice is related to specific CFSR outcomes of interest in a sub sample of sites. • A structured evaluation process that includes professional services, parent surveys, court observation, court case file review, and administrative data.	07/01/2020	12/31/2020
Implement training, post-training supports such as peer exchanges and coaching, and supportive resources (including handouts, tools, and posters) in FJCIP jurisdictions to include: • Providing information on updates to safety training and schedule of available trainings at the annual dependency training for judicial officers and FJCIP Coordinators • Providing training to judges, multi-disciplinary partners, AGOs, and DCYF staff in FJCIP jurisdictions that have not completed the training, that identify safety principles that will be discussed at every Court hearing.	01/01/2021	09/30/2021

	Begin Date	Projected Completion
• Providing supportive resources to those who have already been trained per any changes or adjustments to the training curriculum.		
Once the training is completed, incorporation of the concepts learned and practiced in the training will occur including: • Judges asking questions related to safety threats and conditions for return home • Attorneys asking questions within the Safety Framework • Caseworkers submitting with their Court Report an updated safety assessment with the current active safety threat(s) clearly articulated. The Court Report will include conditions for return home, which clearly delineate what behavioral change, and supports are necessary to achieve reunification.	01/01/2021	Ongoing
AAs and supervisors, with support from HQ and regional QA/CQI staff, PFD1 grant staff, and other designated regional staff, will complete semi-annual, office-based targeted case reviews that will include review of Court Reports and Safety Assessments for documentation of current safety concerns, conditions of return home, and permanency planning. Review results will be presented to all staff and used to identify areas for practice focus and system improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	04/01/2021	06/30/2021
Information obtained from the Hearing Quality Project evaluation will be used to determine improvement in outcomes related to the application of the Safety Framework in the Courts and to develop a plan to follow-up with additional support for areas that are not showing improvement in outcomes or fidelity to the application of the Safety Framework.	10/01/2021	06/30/2022
DCYF and AOC will evaluate the Court Report to determine opportunities and strategies for improving documentation and communication regarding safety-related decision making and conditions for return home.	07/01/2022	06/30/2024

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

A multi-disciplinary group including DYCF, AOC, AGO, OPD, CITA, and judicial officers met with the Capacity Building Center for Courts on 05/14/2020 and 05/19/2020 to begin the process of developing the evaluation action plan for the Hearing Quality Project related to the application of the Safety Framework. This is a DCYF PIP strategy.

Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.		
	Begin Date	Projected Completion
Increase caseworkers' and caregivers' knowledge and understanding of Child Health and Education Tracking (CHET) and Ongoing Mental Health (OMH) programs and referral pathways to CCW for identified care coordination needs so that more children are referred to services timely. This communication will be completed through: • Providing program information in the DCYF Digest. • Providing program information to the field through regional leadership. • Including CHET and OMH program information in the Caregiver Connection on-line newsletter.	07/01/2020	09/30/2020
OMH staff will add additional questions related to preventative physical and dental health to the OMH screening process that occurs when a child has been in out-of-home care for 6 months. OMH staff will ask the caregiver and/or youth being screened about past and future scheduled Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental exams including dates (if known) of appointments reported. OMH staff will: • Provide notification to caseworkers of identified needs.	10/01/2020	Ongoing

	Begin Date	Projected Completion
• Provide written information to the caregiver of the child's identified needs. • Email the OMH report to CCW existing care coordination inbox when care coordination needs are identified during the OMH process. • Include reported information in the OMH case note that is uploaded into FamLink.		
HQ program staff will update data sharing agreement with HCA to obtain child specific fee for service dental claims data.	01/01/2021	03/31/2021
HQ program staff will work with OIAA to operationalize existing data from CCW and HCA reports that identify children who are due and past due for EPSDT and dental exams and develop a report that can be utilized by HQ and DCYF field staff.	04/01/2021	06/30/2021
The Alliance, in consultation with HQ program staff, will update information related to CHET and OMH in the existing RCT including: • Increase understanding that information in the screens/reports are actionable items that need to be followed up on • How to utilize recommendations in the CHET and OMH screens/reports • How to refer a child with identified care coordination needs to CCW	04/01/2021	06/30/2021
Regional QA/CQI will pull data reports monthly and provide to AA's, supervisors, and caseworkers. Regional QA/CQI will provide technical assistance on use of the report including assisting caseworkers with identifying children and youth who are not up to date for physical and dental health care services. Based on information in the report, caseworkers will coordinate with caregivers to make the necessary appointments as indicated in the report. Percentage of children and youth showing late or missed appointments will show a decrease over time, as appointments are made timely.	07/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

AHCC is making adjustments to the monthly "Gaps Report" to improve the usefulness of the data. It is anticipated that this data will be available and used to identify children who missed EPSDTs during COVID-19. DCYF is continuing to work with AHCC for access to the AHCC secure portal. This access will allow DCYF staff to see health related information such as immunization and medications. Barriers to current access include assurance of HIPAA protections for certain types of information such as behavioral and reproductive health information. This has been identified as a priority of work between DCYF and CCW. DCYF has been working to update the data sharing agreement in order to receive client specific information to be able to readily identify children and youth in need of a EPSDT and dental exam. DCYF will continue to partner with HCA to develop communications for DCYF staff and caregivers. This is a DCYF PIP strategy.

Improve availability and access to services to address children, youth, and their family's behavioral health through data collection, analysis, and integration with systemic partners.		
	Begin Date	Projected Completion

Establish a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified program leads to establish a mechanism that ensures all MCOs are responsive through care coordination to specialized needs of children, youth, and adults involved in the child welfare system including, but not limited to:
 • Data collection to be provided to HQ program managers to assess trends, gaps and barriers for development of further strategies with partners including
   — Behavioral Health Service Network Adequacy Reports from HCA for all Managed Care Organizations (MCOs).
   — Behavioral health service penetration rates for each county.
 	
 • Development of processes and procedures including
	10/01/2020	12/31/2020

— Streamlined communication method for caseworkers to make referrals to Care Coordination service. — Clear and streamlined process to report and track when barriers to accessing care are identified by DCYF caseworkers.		
DCYF will participate in the HCA SAMSHA grant activities to develop therapeutic foster homes for children and youth pending entry into or transitioning out of in-patient behavioral health treatment.	10/01/2019	09/30/2020
Coordinate with HCA to review the annual behavioral health PIP plans submitted by managed care plans. All five managed care plans must pilot a behavioral health intervention that is evidence-based, research-based, or promising practice recognized by the Washington State Institute for Public Policy (WSIPP)	10/01/2019	09/30/2020
HQ program managers will develop and implement a Service Array Assessment survey bi-annually to caseworkers and supervisors to identify available services and supports in each region and barriers to access.	10/01/2020	Ongoing
Provide and implement support and guidance to supervisors and caseworkers to increase utilization of continuum of care of behavioral health care to include: • Develop and disseminate resources and guidance on how to access the continuum of behavioral health care services for children, youth, and families involved in the Child Welfare system. • Guidance on how to access behavioral health (BH) care coordination when there are barriers and challenges to access of services. • Guidance on process to follow when there is a waitlist or service is not available.	01/01/2021	06/30/2021
Supervisors will provide coaching and guidance to caseworkers specific to access to services and identifying and addressing barriers through identified process in using skills and resources identified and developed in the Workforce Development goal area.	01/01/2021	Ongoing
For DCYF contracted services, DCYF will expand regularly scheduled quarterly Combined In-Home meetings with regional program managers/leads and HQ program managers to include Professional Service, and Psychiatric and Psychological services to improve alignment and process of referral and services provision. The meetings will be utilized to: • Develop a unified approach to inform field staff of service capacity and availability in the regions. • Develop a communication plan on referral and availability of services (including e-mail communications, brown bag lunch series, regional provider meetings). • Data presentation and discussion of data. • Develop plans for addressing service gaps and needs.	01/01/2021	Ongoing
On a biannual basis, HQ Program Staff will meet with HCA and CCW to: • Discuss data obtained, identifying trends, behavioral health usage needs and provider capabilities; • Identify service needs by specific areas for provider development; • Expand utilization of telehealth service availability.	07/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

DCYF is coordinating with HCA to receive PIP plans from all five MCOs. To date, DCYF has only obtained the PIP from CWW/AHCC. DCYF will continue to work to obtain the other additional PIP plans. DCYF will participate in five plan meetings to discuss the needs of child welfare families in regards to behavioral health services. DCYF has also initiated discussions with HCA regarding obtaining data from the five MCOs.

DCYF continued development of therapeutic foster homes under the SAMSHA grant. DCYF has produced a Request for Information and identified three possible providers who expressed interest in building therapeutic foster care capacity. DCYF also posted and hired a Therapeutic Foster Care specific project manager. This is a DCYF PIP strategy.

Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.		
	Begin Date	Projected Completion
A short-term workgroup comprised of HQ program staff, identified regional staff, and an after-hours AA will develop and implement clarifying guidance regarding extensions and documentation requirements, including but not limited to: • Reasonable efforts and documentation to reflect those efforts, to locate children prior to using unable to locate extension. • Required documentation for law enforcement/community protocols extension. • Additional victims identified on an existing intake. • Assessment that child safety may be compromised. • Determining that the child is not available for IFF.	07/01/2020	09/30/2020
The workgroup established will revise policy related to initial face-to-face responses to address: • Caseworker consultation with their supervisor as soon as they believe an extension or exception will apply. • Expectation that supervisors will only approve extensions or exceptions if they meet the criteria per policy. • Guidance for attempts to locate, supervisor consultation and documentation once an extension has been approved.	07/01/2020	09/30/2020
Regional QA/CQI staff will provide training and technical assistance to AAs and supervisors regarding the use of the administrative IFF data report to monitor compliance with IFF practice requirements.	07/01/2020	09/30/2020
Supervisors and AAs will use the IFF data report weekly to identify children who need to be seen, status of extensions and consistency with policy. The supervisor or AA will provide direct feedback and guidance to assigned caseworkers if delays or concerns are noted.	07/01/2020	Ongoing
Regional QA/CQI staff will review a sample of all extensions across the region monthly to assess for quality and consistency with policy using a standard format. Immediate practice or safety concerns will be communicated to the AAs and supervisors. Regional performance will be rolled up and reported to the RA monthly.	10/01/2020	Ongoing
In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607, Guidelines for Reasonable Efforts to Locate Children and/or Parents, to reflect clear practice expectations regarding efforts to locate alleged victims of child abuse and neglect.	10/01/2020	12/31/2020
HQ program manager, designated regional staff, and Alliance will review training curricula and update as needed for clarity and alignment with revised policy and practice related to extensions and exceptions. This includes, but is not limited to, RCT, SCT, CPS program training and CFWS program training and multi-modality skill development.	10/01/2020	06/30/2021

Progress Update:

This strategy was added for alignment with the DCYF PIP.

Three workgroup meetings have been held with HQ program managers, LD, OIAA, statewide QA/CQI staff, statewide case review staff, regional QA/CQI, AAs and quality practice staff. Meetings have been held on 05/07/2020, 06/04/2020 and 06/15/2020 with a pending meeting scheduled for 06/30/2020. This group is in the process of defining reasonable efforts and making policy change recommendations to Policy 2310 Child Protective Services (CPS) Initial Face-to-Face (IFF) Response. This is a DCYF PIP strategy.

Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.

	Begin Date	Projected Completion
OIAA staff in collaboration with FTDM leads and the HQ program manager will develop an FTDM shared planning meetings report. Data will be provided monthly to AAs and supervisors for use in monitoring completion of FTDMS and identifying practice improvements.	10/01/2020	12/31/2020
Statewide FTDM program manager and regional FTDM leads will review a minimum of one FTDM shared planning meeting report for pre-placement FTDM's at their statewide meeting focused on practice and quality of documentation. Information gained from these reviews will be used to inform support needs, including training and consultation for facilitators to ensure consistent practice and adherence to the FTDM model.	10/01/2020	Ongoing
HQ program managers, in collaboration with regional leads, will review the FTDM practice guide for alignment with safety and permanency practice expectations and update as needed. Develop practice guides and resources regarding FTDMs for caseworkers, parents, children, and other key participants.	01/01/2021	03/31/2021
Supervisors will review FTDM documentation and outcomes for consistency of safety-related decision-making, prior to approving a dependency petition for filing.	01/01/2021	03/31/2021
FTDM supervisors will observe a minimum of one pre-placement/72 hour FTDM per facilitator per quarter and provide direct feedback regarding meeting facilitation for safety and use of clear language that parents understand.	01/01/2021	Ongoing
Designated regional staff will observe one pre-placement or 72-hour FTDM per office per quarter and provide feedback to the facilitator, caseworker and supervisor regarding application of the Safety Framework and engagement of the family in discussions of safety and safety-related case planning.	04/01/2021	Ongoing

Progress Update:

This strategy was added for alignment with the DCYF PIP.

Work has not yet begun on this strategy. This is a DCYF PIP strategy.

Goal 4: Engagement with Families, Caregivers, and Case Partners

Support and empower families through early and ongoing collaboration and partnering with family team members, recognizing family as experts, which should reduce recurrence of maltreatment and risk of delayed permanency.

Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.		
	Begin Date	Projected Completion
Staff will be identified at the office level to track to ensure all identified staff have completed the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" (Capacity Building Center for States).	10/01/2020	12/31/2020
DCYF RAs, DRAs, AAs and HQ program staff, designated regional staff, regional QA/CQI staff, and Alliance coaches will complete the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" and will review the corresponding resources.	10/01/2020	12/31/2020
All supervisors will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."	01/01/2021	03/31/2021
All caseworkers will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."	01/01/2021	06/30/2021

	Begin Date	Projected Completion
Quality Matters resources will be disseminated to staff and supervisors as part of training and incorporated into supervision and coaching activities provided by supervisors, Alliance coaches and designated regional staff. Resources include: • Supporting Quality Contacts Through Supervisor-Worker Coaching • Defining Quality Contacts • Quality Contact Casework Activities Worksheet • Reference Guides for Videos These resources include information regarding building an agenda framework for caseworker contacts including assessment of safety, risk and permanency, placement needs and stability, maintaining family and social connections and relationships, progress on case plans and objectives, physical and mental health needs, development and behavioral needs, educational progress and needs, exploration of resources to support identified needs, and next steps.	01/01/2021	Ongoing
A team of HQ and field staff will revise monthly visit policy to reflect agency priority for engagement, aligning policy language with the framework.	01/01/2021	03/31/2021
RAs will communicate policy and practice expectations around quality in-person contacts to staff in the regions through electronic messaging provided from HQ.	01/01/2021	03/31/2021
AAs will review practice expectations at office staff meetings, including expectations of an in-depth discussion regarding the family safety concerns, conditions for return home, and case planning for permanency.	01/01/2021	03/31/2021
Supervisors, designated regional staff, and Alliance coaches will provide ongoing coaching and support regarding engagement to caseworkers.	01/01/2021	Ongoing
The six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families will be integrated into RCT and SCT and will be completed within the first 90-days of employment.	04/01/2021	06/30/2021

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

Work has not yet begun on this strategy. This is a DCYF PIP strategy.

Develop and implement a new parent-child visitation model and infrastructure with the goal of increasing early positive parent engagement in service planning and completion.		
	Begin Date	Projected Completion
Implement field test of the web-based data system for visit (Family Time) referrals to streamline the visit referral process and improve the quality of data related to visits. All referrals for visits will be required to be submitted through the system. In addition, documentation for visits will be entered into and maintained this system. Caseworkers will be able to extract visit reports and review visitation information and documentation.	Completed	
Refine the web-based data system as needed based upon field test results and implement statewide.	Completed	
Finalize development of the Family Time visit model including: key elements of the model, establishing a measurement process, establishing a process for maintaining model fidelity, and developing the evaluation process	Completed	
Train staff and providers on the visitation model.	Completed	
Implement the Family Time visit model statewide.	Completed	
Define and implement a protocol for assessing safety and making decisions about level of supervision during visits to ensure that visitation moves from supervised to monitored to unsupervised where appropriate. Train staff and providers on application of safety assessment tool to visit supervision level and the protocol for supervision level.	01/2021	03/2021

Progress Update:

Family Time was implemented statewide. DCYF is anticipating measurable improvements and outcomes regarding visits between parents and their children. DCYF will soon be able to show data via a web based data system, Sprout, that was final in its roll out March 2020. In September 2020, DCYF anticipates the first statewide data report from Sprout. The data gathered will capture the successes and what areas still need improvements. At that time Performance Base Contracting (PBC) will be implemented for contracted Family Time providers as well.

Implement a new, structured case planning framework for in-home and FAR cases to improve assessment and engagement with parents and children and to better support identification and provision of services that target family needs.		
	Begin Date	Projected Completion
Revise policy and practice regarding case planning for in-home/FAR cases to require the caseworker to coordinate a case planning meeting involving the parents/caregivers, children as developmentally appropriate, caseworker and other participants as identified by the family. Supervisor participates if there is a current safety threat.	10/01/2020	12/31/2020
HQ program managers, regional leads, supervisors, and caseworkers will collaborate to develop a guide and template for completion of the case planning meeting to support practice consistency.	10/01/2020	12/31/2020
HQ program manager and IT will establish a unique case note code to be used for documenting the in-home or FAR case planning meeting.	10/01/2020	12/31/2020
The Alliance, in consultation with HQ program manager and regional leads, will review current training curriculum for guidance and expectations regarding case planning on in-home and FAR cases, and revise curriculum as needed to align with revised policy and practice.	10/01/2020	12/31/2020
The Alliance, in consultation with HQ program staff and identified regional staff, will develop and implement a multi-modality training and skill development for case planning structure to in-home and FAR caseworkers and supervisors.	01/01/2021	03/31/2021
HQ program manager and OIAA staff will develop an administrative data report for supervisors to track timely completion of case plan.	01/01/2021	03/31/2021
Supervisors will provide coaching and guidance to caseworkers specific to the development of case plans and identification of safety-related services using skills and resources identified and developed in the Workforce Development goal area.	01/01/2021	Ongoing
Review of case plans on in-home and FAR cases to assess for provision of safety-related services will be incorporated into semi-annual targeted case reviews.	01/01/2021	03/31/2021

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

Work has not yet begun on this strategy. This is a DCYF PIP strategy.

Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.		
	Begin Date	Projected Completion
To facilitate the collection of quantitative data and simplify documentation, the HQ program manager will work with IT to reconfigure options for "parent contact" documentation codes within FamLink.	07/01/2020	09/30/2020
In order to capture parent visits for both in-home and out-of-home care, HQ will provide a monthly report to regional QA staff showing which parents are not linked to a child in	07/01/2020	Ongoing

FamLink. Regional QA will provide technical support on properly linking parents with each child with whom they are associated.		
Identified HQ and regional program staff will monitor and support staff in conducting monthly quality contacts through analysis of qualitative and quantitative data. Quantitative data include administrative data reports in infoFamLink including Monthly Health and Safety Visits with Child and Monthly Caseworker Visits with Parents. Qualitative data will be gathered through case reviews.	07/01/2020	09/30/2020
Regional program staff will provide direct feedback on strengths, areas needing improvement, and any program barriers to frequent and quality contacts with parents and children to caseworkers, supervisors, and AAs based on the qualitative results from ongoing case reviews and the QA/CQI feedback process.	07/01/2020	Ongoing
Regional QA/CQI staff will disseminate InfoFamLink data reports monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the reports to inform performance and areas for practice improvement and coaching: • Monthly Caseworker Visits with Parent • In-Home FVS Health and Safety Visits • FAR & Investigation Intake Detail	01/01/2021	Ongoing

Progress Update:

This strategy was added for alignment with the DCYF PIP.

One meeting has been held with HQ program manager, OIAA, IT staff, and other identified QA/CQI staff to being work on reconfiguring parents contact codes in FamLink. This workgroup is currently in the process of reviewing the current coding structure. Parent-worker visits for out-of-home cases is a data point included on the Child Welfare Management Dashboard. Inclusion of this data has raised awareness of practice and performance. This is a DCYF PIP strategy.

Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.		
	Begin Date	Projected Completion
In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607 Guidelines for Reasonable Efforts to Locate Children and/or Parents to reflect clear practice expectations regarding efforts to locate parents and children requiring monthly contacts.	10/01/2020	12/31/2020
Designate an existing position within each region responsible for conducting missing parent searches in an effort to reduce the amount of time a caseworker spends trying to locate parents who are unknown or whose whereabouts are unknown.	01/01/2021	03/31/2021
Establish a short-term workgroup comprised of QA/CQI staff, HQ program managers, caseworkers, supervisors, and locator staff to develop a consistent process and clear roles for locating parents and children post initial contacts and provide guidance to locator staff, caseworkers, and supervisors of the process and roles.	01/01/2021	03/31/2021
HQ program managers will create and make available to caseworkers and supervisors guidance for locating parents incarcerated in jail and prison; establishing and maintaining engagement; locating and contacting a parent's Department of Corrections (DOC) counselor and providing opportunities for incarcerated parents to participate in case planning. DOC will be engaged to provide consultation in the development of the processes and documents.	04/01/2021	06/30/2021

Progress Update:

This strategy was added for alignment with the DCYF PIP.

Work has not yet begun on this strategy. This is a DCYF PIP strategy.

Goal 5: Competent and Support Workforce

Improve safety, permanency, and well-being outcomes for children, youth, and families through development of a unified approach to skill-building to support supervisors, therefore staff feel more competent and supported.

Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.		
	Begin Date	Projected Completion
All AAs and supervisors will engage in individualized skill development and training on evidence-informed coaching using a theory of change and model identified by the Alliance. New supervisors will receive this training as part of Supervisors' Core Training (SCT), and AAs and existing supervisors will receive this through stand-alone individualized skill development and training.	07/01/2020	09/30/2021
DCYF will conduct twice-yearly surveys of caseworkers and supervisors to track needs and trends in supervision and to provide data on items such as perceptions of skill development, support, and effectiveness to drive outcomes.	10/01/2020	Ongoing
AAs and supervisors will participate in a minimum of two coaching sessions following the training on evidence-informed coaching, with a focus on providing feedback that integrates a reflective supervision approach. The first session will take place within 1 month of the completion of training and the second session will take place within 6 months of training.	10/01/2020	03/30/2022
AAs and supervisors will participate in office or region-based group reflective sessions quarterly with Alliance coaches to identify and problem solve practice barriers in a peer environment.	10/01/2020	Ongoing
AAs will observe one supervisory session per supervisor every six months and provide feedback regarding adherence to the coaching model.	07/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

Implementation of this strategy will begin in the first quarter of the PIP and will be implemented in a staged approach throughout the regions. This is a DCYF PIP strategy.

Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.		
	Begin Date	Projected Completion
Establish a short-term workgroup comprised of HQ program staff, one experienced supervisor and one developing supervisor from each region, designated regional staff, and the Alliance, to: • Revise policy and procedure regarding supervision to reflect a stronger emphasis on clinical supervision. • Develop program-specific guidelines for monthly formal supervision and coaching. • Make recommendations regarding changes to the FamLink supervisory tool and requirement for use. • Review and update guidance for use of the supervisory tool to include how the data available from the tool can inform clinical discussions.	01/01/2021	03/30/2021
HQ program staff, designated regional staff, and the Alliance will develop and disseminate complementary program-specific and practice issue-specific guides that can be used to facilitate critical practice discussions with staff, incorporating implicit bias and the needs of marginalized populations.	01/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP.

The Statewide QA/CQI team conducted a targeted review of supervisory reviews in Region 4. RAs, DRAs, Regional QA/CQI staff, the Assistant Secretary of Field Operations and the Director of Field Operations also conducted targeted qualitative reviews of supervisory reviews. Those review found that there was a lack of consistency around the state regarding what was documented in the supervisory reviews and a noted lack of information reflecting the clinical supervision by the supervisors. Based on those findings and discussion, it was indicated that work on this strategy needs to occur sooner than originally identified. Workgroup participants are being determined so that work can begin on this strategy. This is a DCYF PIP strategy.

Improve supervisory proficiency in utilizing individual staff and unit outcome indicators as a tool for guiding clinical supervision and achieving improved agency outcomes.		
	Begin Date	Projected Completion
Field Operations leadership, in consultation with DCYF's Office of Innovation, Alignment, and Accountability (OIAA), will identify a limited set of key administrative data points that will be used by regional managers and supervisors in clinical supervision to monitor and drive outcomes across the state.	Completed	
The key data points referenced will be made available to supervisors and administrators via a management dashboard in infoFamLink that will show data at the office, region and state levels. Administrators and supervisors will be trained in the interpretation and application of the data.	Dashboard Completed and in refinement stages	
On a monthly basis, RAs, DRAs, and other key regional staff will focus on a rotating subset of the key data points: • To identify good practice driving observed strong outcomes. • To identify practice in need of improvement. • To specify strategies for improving outcomes where needed. • To observe changes in performance over time.	10/01/2020	Ongoing
RAs and DRAs will incorporate data themes from discussions into regional supervisory coaching activities.	10/01/2020	Ongoing

Progress Update:

This strategy was added for alignment with the DCYF PIP.

The key administrative data points have been identified. They include the following:

- Parent-Worker Visits
- Child Health & Safety Visits
- Children in Out-of-Home Care
- Entries
- Exits
- Initial Face-to-Face Timeliness
- Median Length of Stay
- Supervisor Review
- Timely CPS Investigations
- Timely CPS FAR Assessments
- Timely Placement Documentation

In February 2020, the Child Welfare Management Dashboard went live in infoFamLink. This dashboard provides these key administrative data points at the state, regional, and office levels. OIAA continues to work with regional staff to ensure that these identified metrics are useful and providing accurate data sets. This is a DCYF PIP strategy. The Child Welfare Management Dashboard is used in regular discussions with regional leadership to inform practice improvement. Office leaders (AAs and supervisors) use the dashboard to be able to drill down into office level specific performance data to identify areas of strength and areas of

focus to improve office level practice. At this point, the dashboard drills down into the office level; however, there is work being completed with the goal of being able to drill down into unit and worker specific data over time. Regional QA/CQI administrators and staff provide support, guidance and technical assistance regarding use of the dashboard.
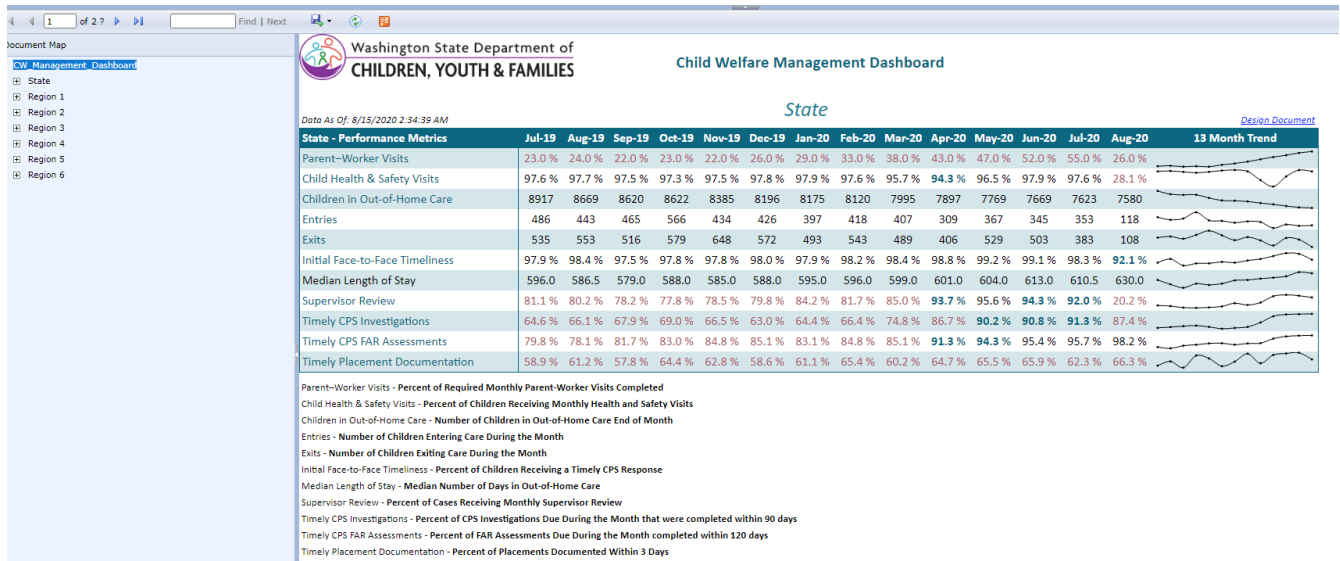
Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known.		
	Begin Date	Projected Completion
Regional QA/CQI staff will disseminate the Placement Lag Entry data report monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the report to inform performance and areas for practice improvement.	07/01/2020	Ongoing
RAs will communicate policy and practice expectations around timely placement entry and use of the Child Location Application through electronic messaging provided from HQ Child Welfare Programs.	07/01/2020	09/30/2020
Policy and practice expectations for placement entry will be communicated to fiduciary staff to support timely completion of payment. Communication will be through electronic messaging provided by HQ Child Welfare Programs	07/01/2020	09/30/2020
Guidance and resources regarding the use of Child Location Application will be disseminated to staff. Communications will be tailored to a specific area of responsibility.	07/01/2020	09/30/2020
HQ program staff, regional QA/CQI and other identified regional staff will use the Placement Lag Entry report to determine which offices/units/workers are not consistently using the Child Location Application. Focus groups with those identified offices/units/workers and fiscal staff will be conducted to determine barriers to using the Child Location Application.	01/01/2021	06/30/2021
Establish a short-time workgroup of HQ program staff, fiduciary staff, IT, OIAA and identified region staff that will use administrative data and information obtained from focus groups to address barriers to full implementation: • Identify modifications needed, if any, to the Child Location Application to improve functionality of placement entry. • Update guidance and resources regarding the use of the Child Location Application to support full implementation. • Update policy to reflect changes in practice regarding child placement entry.	04/01/2021	06/30/2021

Progress Update:

This strategy was added for alignment with the DCYF PIP.

Timely documentation of placement has been included as a data point in the Child Welfare Management Dashboard. This has raised visibility and awareness of practice and performance. Continued implementation of this strategy will begin in the first quarter of the PIP. This is a DCYF PIP strategy.

Program Support

Research, Evaluation, Management Information System, and Quality Assurance Systems

Washington's SACWIS system, FamLink, records administrative data that is used in the creation of reports which are used to identify practice strengths, capture key required data elements that ensure practice requirements are being met, and support ongoing practice improvements. Reports are made available through infoFamLink and staff at all levels of the agency have access to nearly all of the reports. Reports include both summary and case-level detail format and are routinely used by staff at all levels of the agency, including caseworkers, field managers, supervisors, regional and HQ program staff and QA leads to support good practice related to child safety, permanency and well-being.

OIAA is focused on developing and providing comprehensive, accessible reports to support practice improvements. In addition to standard reports, item specific data reports are available on request to support specific quality assurance, practice improvement and CQI activities at the state, region and office levels. OIAA also provides data analysis to DCYF leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics.

Examples of reports developed or modified in calendar year 2019 by OIAA include:

REPORTS DEVELOPED OR MODIFIED, CY2019				
Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented
Restrictive Service Codes Usage Data	infoFamLink	Modified	Request was made to make report more useful by adding the Fiduciary Name and remove columns of old regional structure	January 2019
Adoption Support Eligibility	infoFamLink	New	This report provides details of all youth in Washington States Department of Child, Youth and Family (DCYF) ages 17.5 to 21 years of age who are eligible for Adoption Support subsidy and includes payment information when the family has chosen to receive the subsidy. This will allow Adoption Support workers to know which children on their caseload are coming to adulthood.	January 2019

Education Report	infoFamLink	Modified	Corrected education report to include all children requiring education plan and all education plans.	February 2019
Emergency Child Welfare Provider Location Report	infoFamLink	New	Report was created to identify the location of all placement providers to make available to DCYF during emergent situations to allow for appropriate response. The report does not list the names of placed children, however it does include the current count of DCYF placements and non-DCYF placements for each provider.	April 2019
Emergency Early Learning Licensed Provider Location Report	infoFamLink	New	Details the location of all currently licensed child care providers in FamLink, to allow for appropriate response during emergent situations. This report does not list the number of children currently receiving child care for each provider.	April 2019
Relative versus Non-Relative	infoFamLink	Modified	To make it easier for workers to be able to identify children in this report who are also in the ProviderOne (Medical Coverage) system. The ProviderOne Id was added to the report.	May 2019
Paying through Provider and not through Client Report	infoFamLink	Modified	To give fiscal staff more information about payments being paid through the provider: Amount authorized for payment; Comments associated with the authorization; Amount paid	May 2019
Extended Foster Care Youth Report	infoFamLink	Modified	To help the Extended Foster Care leads, added Primary Worker/Office/Region to this report to allow them to select only the cases that they are responsible for; the placement worker responsible for the Health & Safety visits will also remain in the report. SSI eligibility has also been added to the report.	May 2019
Workload FTE Summary	infoFamLink	Modified	This report has been modified to automatically change the primary child assignment to	June 2019

			calculate as .5 when there is a second child assignment made for a courtesy worker, ensuring that CFWS cases with courtesy supervision are not receiving double counts in the workload ratio.	
CW Metrics	infoFamLink	Modified	It was discovered that there were issues with how some of the performance measures were displaying in the CW Metrics. Solution: • All non-case carrying offices were removed from the display • Offices displaying as 0.0, if there are no cases qualifying for a performance measure, they no longer display as red • The Health and Safety and Initial Face to Face performance goals were added to display as 95% • The average compliance for measures are now accurately displaying the performance	June 2019
Child Welfare Licensing Metrics	infoFamLink	New	This report shows key child welfare licensing indicators with a 13-month trend line for the number of homes, new licenses, total capacity, closures, moves, pending licenses and many more. This can be filtered by license type (DLR/CPA), region, office, and unit as needed.	July 2019
Lag Placement Entry Detail	infoFamLink	New	This report provides the detail data to help understand the Lag in Placement Entry and where the greatest lag is allowing you to focus attention on where there is need for improvement	July 2019
Care Provider Utilization Report	infoFamLink	New	This report was designed to allow for the user to have an understanding of individual provider utilization during a period of time. This includes: the number of placements, care days,	July 2019

			minimum/maximum placements,	
Priority Performance Measures – New Metrics	infoFamLink/RDA	Modified	New Measures were added to the PPMS: • Maltreatment in Care • CPS Intake or Placement after Case Closure(CPS) • CPS Intake or Placement after Case Closure(FVS) • CPS Intake or Placement after Case Closure(FRS) • CPS Intake or Placement after Case Closure(CFWS) • Median Length of Stay • Re-Entry into Care – All LOS	July 2019
Permanency Monitoring Report	infoFamLink	New	This report comparison of many indicators within practice that connect to Permanency Some key components include: • Time frame since last parent social worker visit • Pending ICW Status • Time frame since last parent child visit • Children in care past 12 months with no termination referred, no compelling reasons documented, and not in a trial return home	September 2019
TPR Within 15 Months	infoFamLink	Modified	Columns added to this report are specific to the dates in which: • Termination of Parental Rights (TPR) referral is made to the AAG • TPR petition is filed with the Court • Guardianship Petition is filed with the Court The goal of adding these elements is to assist in being proactive and identifying barriers to achieving permanency.	October 2019
Monthly Supervisor Review	infoFamLink	Modified	Updated the report to include all cases that were open the entire previous month regardless of whether or not	October 2019

			the case has closed in the month the report is being run in (approximately 300 were missing) and updated the report to remove non case carrying social workers from having a supervisory review required	
Shared Planning Permanency Compliance	infoFamLink	Modified	Modifications were made to the calculation for the next meeting needed was calculating accurately based off the removal date and the last meeting that occurred	October 2019
Unlicensed Caregiver Needing Home study	infoFamLink	Modified	Corrected report to include all unlicensed caregivers, as those coded as NOT A CCA HM PLCMT – TRKG ONLY was not being included	October 2019
Initial Face to Face	infoFamLink	Modified	The updates within the Initial Face to Face detail report were made in connection with the Child and Family Services Review, Safety Outcome 1, regarding Timeliness of Initiating Investigations. The columns that have been added include: • Hours/days from intake to IFF completed • Date of last Attempted IFF • Location of last Attempted IFF • Count of attempted IFFs • Updates to the overdue hours to only show when an IFF is over due	October 2019
Monthly Social Worker Visits with Parent	infoFamLink	Modified	This summary report was simplified in an effort to see compliance for Region and Office in these key areas: • Social Worker Visits with Father • Social Worker Visits with Mother • Social Worker visits with Parents • Social Worker Parent visits by Race	November 2019
Guardianships	infoFamLink	New	This detail report allows the user to identify the Guardianships that are in	November 2019

			effect during the date range selected on the report. Within the report, you can see key elements pertaining to these children, such as: • Child Demographics • Guardianship Type • Provider One ID • RGAP Eligibility • Effective Dates	
Caregiver Recruitment and Retention Report	infoFamLink	New	This report provides data to help illustrate current needs (as identified in child placement/removal information) and resources (as located in provider information) for children placed in out of home care. This report has two Summary views available (no detail data), one that can be used for internal discussion and one that can be used for external meeting, including our local Recruitment, Development and Support (RDS) meetings with community partners. The external report meets confidentiality requirements, which ensure we do not share counts of children under 10 for a specific demographic. The Caregiver Recruitment and Retention Report can be looked at on a Statewide level, in addition to being narrowed down to Region, Office, County, Zip Code, and School District.	November 2019
Child Benefits Coordination	infoFamLink	New	This report provides data to help identify children in out of home care that are/are not receiving SSI payments, in comparison with IV-E status.	December 2019
Courtesy Supervision Assignments	infoFamLink	New	This summary view provides data regarding the number of cases being sent out for courtesy supervision, by region/office and where cases are being received for courtesy supervision assignment, by region.	December 2019

FAR and Investigation Intake Detail	infoFamLink	Modified	We have worked collaboratively with field QA staff to determine the different fields that could be added to support this report in being a tool to help focus efforts based off case need in Investigations and FAR. This detailed report identifies key indicators that can help ensure there is focus on safety for families in our CPS program: • Identifying if a Service Referral was made • Detecting completed Safety Assessments and noting dates of launching, and approvals (Worker and Supervisor) • Detecting completed SDM and noting dates of launching • Determining if the intake has a completed health and safety documented • Noting if an extension was made regarding the timeliness of the FARFA/IA	December 2019
Data Source: Department of Children Youth and Families, OIAA, Data and Reporting Team; List of Developed Reports-Calendar Year 2019; April 2020				

Technical Assistance

Washington State has received technical assistance (TA) from various sources during CY2019 including:

- Casey Family Programs
- Quality Improvement Center for Workforce Development (QIC-WD)
- Capacity Building Center for States
- Capacity Building Center for Courts
- Children's Bureau

The focus of TA during CY2019 was in the development of the FFPSA Prevention Plan, PFD1 grant plan, and DCYF PIP. TA assisted in ensuring alignment was occurring in the development of these plans to advance the goals contained in our CFSP. Upcoming TA in CY2020 will include work planning with the Center for States to assist in implementation of the PIP, visual mapping of technical assistance and support of the various initiatives that are occurring in Washington State to continue to support alignment of implementation, and implementation support for the PFD1 grant. The Capacity Building Center for Courts will assist in the development and implementation of the Hearing Quality Project identified in the PIP and the Plan for Enacting the State's Vision related to incorporating consistent safety language in court processes and hearings.

HQ program managers continue to be a resource to regions and field offices on specific program and practice areas. They use data and feedback to assess performance, training and support needs. The CCRT members work with regional case review program consultants to provide training to the field in regard to the use of the OSRI tool, tool content, metrics, inter-rater reliability, and action planning. HQ QA/CQI members are a resource to regional QA/CQI staff in data analysis, providing targeted reviews, and providing direct feedback on areas of strength and areas needing improvement on performance and practice.

Quality Assurance

See *Quality Assurance System* section.

Update on Service Descriptions

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart I)

Child Welfare Caseworker Services
The child welfare caseworker services below are supported in part by Title IV-B, subpart I funding:

- Child Protective Services Investigations (CPS) and Child Protective Services Family Assessment Response (CPS FAR)
- Child and Family Welfare Services (CFWS)
- Family Voluntary Services (FVS)
- Family Reconciliation Services (FRS)
- Caseworker supervisor

Geographic area: These services are available statewide.

Contracted Services
The contracted services below are supported by Title IV-B, subpart I funding:

- **Crisis Family Intervention (CFI)**
  CFI is a brief, voluntary service directed to preserve, strengthen and reconcile families or caregivers in conflict. CFI is available to families and youth ages 12 – 18 years old involved with DCYF when there is conflict between youth and their caregiver or the caregiver requests support with an at-risk youth.
  Geographic area: This service is available statewide.
- **Foster Care Support Goods and Services**
  Concrete goods or services needed to support safe, stable placement or help maintain placement in foster care. Examples include bedding, furniture, car seats, safety locks, etc.
  Geographic area: This service is available statewide to all licensed and unlicensed caregivers who are providing care for children placed by DCYF.
- **Evaluations and Treatment**
  Evaluations and treatment are contracted services provided by DCYF when no other evaluation or treatment service is available. DCYF uses these services to assess and address mental health and behavioral health needs to support improved safety, stability and permanency.
  Geographic area: This service is available statewide.

The transition to a single MCO through AHCC may impact the usage of this service as DCYF is expecting and encouraging an increase in use of care coordination, which will increase access to services provided through Medicaid.

Services for Children Adopted from Other Countries

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

In Washington State, there is a Post Adoption Support Coalition that meets regularly to address issues that impact adoptive families. Members of the coalition are parents who adopted privately, internationally, and from the child welfare system. The group meets to identify resources available to all adoptive parents, not just parents adopting from the child welfare system. Agencies that provide services to families that adopt from other countries participate in this program. In addition to this group, there are support groups available.

Washington State has a private agency called Parent Trust that works with all parents. There is a publicly available website and phone number. Staff are available to address a number of parenting related topics. This service is available to all parents.

DCYF child welfare program staff and community mental health providers participate in the National Adoption Competence Mental Health Training Initiative (NTI). This training provides information on the mental health needs of youth adopted internationally, domestically and from child welfare.

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

DCYF staff meet regularly with the Adoption Success Committee. This committee consists of CCW, adoptive parents, adult adoptees, HCA, agencies that facilitate in-state and international adoptions and a private community residential establishment program. Informational publications, trainings and a media list has been developed to share information with adoptive parents on resources and supports available to all state adoptive families. This committee meets regularly to assess progress, review documents and plan for future goals.

In CY2019, there was one disrupted international adoption in Washington State.

International Adoptions Disrupted in Washington State				
Year	Country	Agency	Reason for Disruption/Dissolution	Plan
2018	China	Unknown	Child was removed due to physical abuse.	Adoption
2018	Canada	Unknown	Child was removed due to neglect by adoptive parents.	Return Home
2018	Mexico	Unknown	Child was removed due to allegations of physical abuse.	Return Home
2019	China	Holt International	Child was removed due to allegations of physical abuse and neglect.	Return Home—child has been reunified and case closed

Services for Children Under the Age of Five

DCYF has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. Reports of substance exposed newborns require a within 24 hours or 72 hours.

Children under the age of five are, by definition, highly vulnerable, which is considered by Child Abuse Intake staff when determining the response time for a report. That main criteria that is different for this vulnerable population is that when the concerns meet the any of the criteria listed below, it is assigned an CPS Investigation response as these criteria are FAR disqualifiers:

- Allegations of injury on a non-mobile infant, birth to 12 months regardless of the explanation about how the injury or bruise occurred.
- Physical abuse to a child under age of four
- Abuse or neglect reported by a physician, or medical professional on a physician's behalf, regarding a child under age five.
- Child is under age 6, or has a significant developmental disability and is unsupervised/alone or cared for by parent(s)/caregiver who is incapacitated.

DCYF caseworkers are required to assess safety, well-being, and distinct individual developmental needs on an ongoing basis while children are placed in out-of-home care. Ongoing assessment are made to match children to a permanent family with the skills and abilities to meet their short and long-term needs. Individualized plans are created to ensure referrals to appropriate services.

DCYF uses the CHET Program to assess all children, including those from birth to five years old, to identify well-being needs of the child within the first thirty days of entering out-of-home care. If developmental or mental health concerns are identified, a direct referral is made to local service providers. OMH uses the CHET behavioral health screening tools to re-screen children and youth ages 3 to 18 years old every six months for behavioral health symptoms. The Ages and Stages Questionnaire-Social-Emotional (ASQ-SE) is used for children 36-months to 66-months. In addition, information is shared with caregivers and used by caseworkers to develop an effective case plan and help identify an appropriate placement for the child.

Caseworkers have a variety of services accessible to them for children birth to 5 years old to address developmental needs, including placement stability, early permanency support and planning, and well-being needs. Services utilized include, but are not limited to:

- **Early Support for Infants and Toddlers (ESIT)**

  Early intervention services are designed to enable children birth to 3 with developmental delays or disabilities to be active and successful during the early childhood years and in the future. This is operated through Part C of the Individuals with Disabilities Education Act (IDEA).

- **ChildFind**

  Referrals are made for children age three to five when developmental concerns are identified.

- **Early Childhood Intervention and Prevention Services (ECLIPSE)**

  Developmentally appropriate therapeutic programming for families and children who have endured risk factors consistent with exposure to childhood trauma. Services include developmental and behavioral screening, comprehensive assessment and treatment planning, monthly home visits, and center-based day treatment.

- **Best for Babies Court Docket**

  Modeled on the national Zero to Three Infant-Toddler Court Team structure, the court focuses on front-loading services to infants (0-3 years) and their parents to preserve the infant-parent bond, promote child well-being, and reduce time to permanence.

- **Early Childhood Education Assistance Programs (ECEAP) and Headstart**

  ECEAP is for children ages 3 to 4 years old and Headstart is for children 3 to 5 years old. Early Head Start is available for pregnant women and children birth to age 3. These programs provide early learning childcare or preschool to support the child's development and learning.

- **Home Visiting**

  Voluntary, family-focused services offered to expectant parents and families with new babies and young children to support the physical, social and emotional health of the child.

- **Parent Child Interaction Therapy (PCIT)**

  Evidence-based treatment for young children with behavioral problems, providing in a coaching model in which therapists can observe interactions between parents and children and provide in-the-moment coaching on skills.

- **Incredible Years**

  Parenting skills targeting behavior management and healthy child development. Services are provided either in a peer group setting or in-home. Length of service depends on child's age and can range from 8 to 21 weeks. Services families with children birth to 12 years old.

- **Nurse Family Partnership (NFP)**

  Specially trained nurses that regularly visit young, first-time moms and moms-to-be, starting early in the pregnancy, and continuing through the child's second birthday. Nurses provide support and advice on safety caring for the child.

- **Promoting First Relationships (PFR)**

  Promotes children's social-emotional development through responsive, nurturing caregiver-child relationships. Providers use practical, in-depth, effective strategies for promoting secure and healthy relationships between caregivers and young children, ages birth to 5 years old.

- **Triple P (Positive Parenting Program)**

  Parenting intervention to increase the knowledge, skills and confidence of parents and reducing the prevalence of mental health, emotional, and behavioral problems in children.

- **HOMEBUILDERS®**

  Provides intensive, in-home crisis intervention, counseling and life-skills education for families who have children at imminent risk of out-of-home placement.

- **SafeCare®**

  Research-based parenting program for families with children ages birth to 5 years' old who are at-risk of have been reported for child abuse or neglect.

Regional Core Training (RCT) stresses the importance of assessing safety and developmental needs of children ages 0 to 5 years old, and appropriately addressing identified needs in case planning and case management activities.

Infant Mental Health for Children Aged Birth to Five Years Old

The Infant Mental Health program is mindful of the many challenges and strengths of families with young children. Research shows that early experiences matter. This program promotes healthy social and emotional development early in life.

The caring team of therapists all have expertise in infant/child development and family relationships and create a treatment plan that supports the whole family. They work closely with parents or caregivers, often in their own home, to help them develop the confidence and skills to care for and bond with their children. They also offer "wraparound" services, helping clients connect to resources such as housing, food, diapers, assistance navigating government agencies, and more.

Psychotropic Medication Review for Children Birth to Five Years Olds
DCYF partners with the HCA and AHCC to provide oversight of prescription medications for children and youth in out-of-home care.

See *Oversight of Prescription Medications* section and attached Health Care Oversight and Coordination Plan: (5) Oversight of Prescription Medications for additional information.

Legally Free Children Birth to Five-Years Old
DCYF is not able to collect data on whether legally free children are in their permanent home, but it is a goal to be able to collect that information. DCYF analyzes legally free cases by assessing length of time from termination of parental rights to adoption finalization to determine strategies that will improve permanency for children. Over 90% of children aged birth to 5 years old and legally free for over one year are placed in permanent homes without adoption finalizations. Causes for delays in finalization include:

- Court Appeals.
- Delay in timeliness of home study completion.
- Adoption Support subsidy negotiations.

DCYF developed a PIP strategy to create a streamlined process for termination referrals statewide, the creation of a consistent data report to track timeliness and process tracking of termination filings, and partnerships with the courts to evaluate processes and determine efficiencies that can be implemented to increase timeliness to permanency. DCYF also has a PIP strategy to improve the timeliness of home study referrals and completions as that has been identified as a barrier to achievement of timely permanency. The PIP and PFD1 strategy related to Enhanced Permanency Planning Meetings is anticipated to further improve timely permanency by identifying and addressing barriers to permanency earlier in the case when possible.

Efforts to Track and Prevent Child Maltreatment Deaths
Washington State's Critical Incident Case Review unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. If DCYF previously provided services to the deceased or severely injured child within the past 12 months, Washington state law requires the requirement for a review. The composition of the committees is established in state law. The law requires the department to select committee members who are professional experts in fields relevant to the dynamics of the case under review. These fields include:

- Law enforcement
- Pediatrics
- Child advocacy
- Parent education
- Mental health
- Child development
- Chemical dependency

- Domestic violence
- Indian child welfare
- Infant safe sleep

The purpose of these reviews is to evaluate DCYF's delivery of services to the family, as well as the system response to the identified needs of the family. This evaluation or review of DCYFs services, and community response to concerns about child abuse and neglect issues in a family, helps to identify areas for improvement through education, training, policy and legislative changes. Final reports are published online[25] and a compilation of reports is shared with the appropriate Washington State legislative committees. The review committees can propose recommendations to DCYF to address policy, practice or systemic issues identified during the review process. DCYF makes a concerted effort to implement the review recommendations.

Children under age three, due to their age and development, are the most vulnerable to serious injury or death from abuse. In CY2019, 80% of the children who suffered near fatal injuries or died from abuse of neglect related injuries were three years old or younger. Forty (40%) percent of the cases reviewed were open when the child died from abuse or neglect related injuries or suffered a non-accidental near fatal injury. This is a significant decrease from the prior year. In CY2018, 88% of the child fatalities and near fatalities occurred on open cases. In consecutive prior years, Sudden Infant Death Syndrome (SIDs)/Sudden Unexplained Infant Death (SUID) was the most common cause of death for infants and toddlers ages birth to three years and was the most common cause of death resulting from child maltreatment. Co-sleeping, bed sharing with a parent, or unsafe sleep environments were contributing factors in the SIDS/SUID child fatalities. In 2019, DCYF conducted one (1) child fatality review following the death of a child who died in an unsafe sleeping environment. This is a sharp decline from prior years. Blunt force trauma (inflicted injury) was the most common cause of death among infants and toddlers.
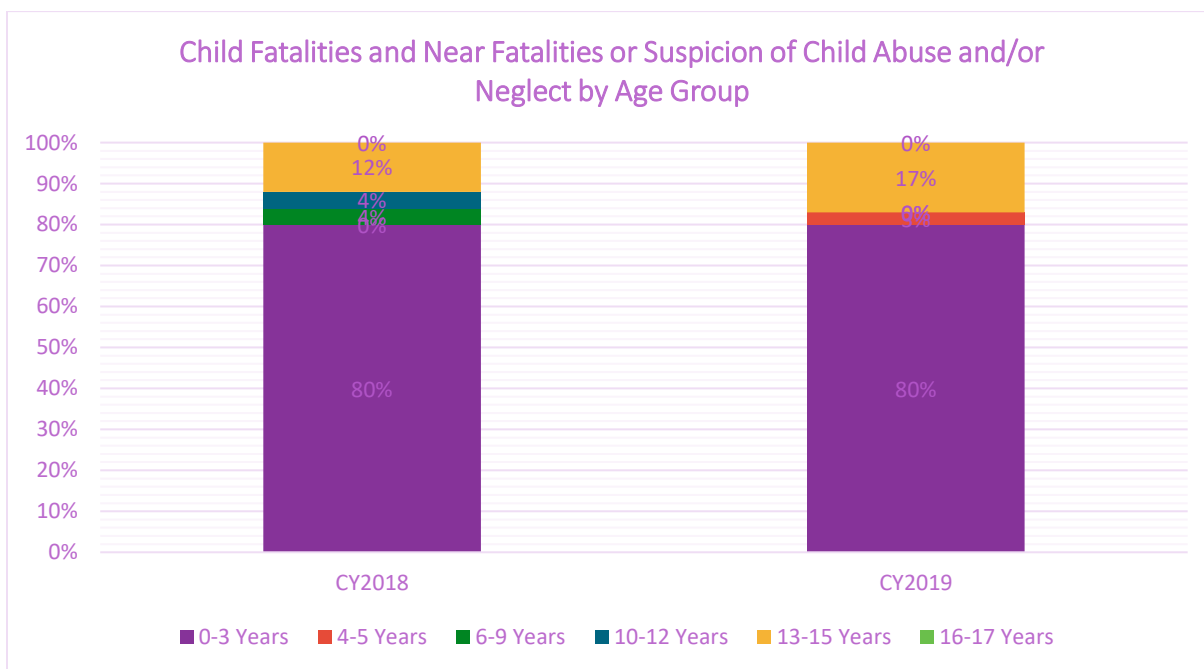
Data Source: DCYF Fatality/Near-Fatality Review Log, CY2018 & CY2019

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[25] Department of Children, Youth and Families, Child Fatality and Serious Injury Reports,
https://www.dcyf.wa.gov/practice/oiaa/reports/child-fatality/child-welfare

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

- DCYF has an Infant Safety and Plan of Safe Care policy that requires a plan of Safe Care when a newborn is identified as substance affected by a medical practitioner or is born to a dependent youth. This policy requires DCYF staff to complete the safe sleep assessment at each health and safety visit for children up to 12 months old in addition to the first in-person meeting and at each placement. This policy revision originated from recommendations made during fatality reviews conducted by the Critical Incident Review unit. The purpose of these recommendations is to increase infant safety, particularly safety in sleep environments.
- The Critical Incident Review unit continues to provide Lessons Learned training throughout offices in the state. This training is also provided to newly hired social workers at RCT. Versions of this training are also provided to new workers in areas such as supervision, intake reporting and licensing. Lessons Learned identifies common errors in practice in child fatalities and near fatalities cases. Particular attention is paid to risk and safety of infants and children under three years of age. This training is presented to small work units of 10 to 15 staff to encourage active group interaction. This training is tailored to intake workers, supervisors and licensing staff.
- Infant and toddler safety is a central part of DCYFs Safety Boot Camp training. This statewide training was introduced in 2016. Segments of the curriculum focus on assessing safety to infants and children under three years old. Specifically covered are abusive head trauma, which is a common cause of death of infants and children under the age of three in cases reviewed by fatality review committees. Bruising and other suspicious injuries to infants is also covered. The Safety Boot Camp curriculum includes information on sentinel injuries on infants. Identification of sentinel injuries may lead to actions by social workers to prevent more serious or even fatal injuries inflicted by caregivers in the future.
- The child fatality review process ultimately strives to reduce the number of child fatalities by identifying and suggesting possible remedies to issues in policy and practice. The review committees make recommendations from the issues and concerns raised in the reviews. The recommendations can be targeted to an office or often have larger statewide implications. For example, from a reviewed case of a toddler who died from inflicted trauma, the Committee recommended that DCYF Intake AAs, the statewide Intake program manager and the statewide CPS program manager review all screened out intakes received from medical providers. This objective of these reviews is to specifically evaluate intake from medical providers who called to report an injury involving a child younger than four years of age in which the medical provider concluded the injury was consistent with the explanation given.
- DCYF obtains data on child fatalities from a variety of sources. The following sources are used to gather information related to child maltreatment fatalities and reports this data to the National Child Abuse and Neglect Data System (NCANDS):
  — Washington State's SACWIS system (FamLink).
  — DCYF's Administrative Incident Reporting System (CAAIRS).
    - CAAIRS is a standalone database of information regarding all critical incidents involving DCYF clients and staff, including information on child fatalities.
  — Coroner's Offices.
  — Medical Examiner's Offices.
  — Law Enforcement agencies.
  — Washington State Department of Health, which maintains vital statistics data, including child deaths.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, subpart 2)

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

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

Service Decision Making Process for Family Support Services

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

Populations at Greatest Risk of Maltreatment

Children birth to five-years old is the population at greatest risk of maltreatment. In reviewing placement removal data as of June 2020, 43% of children in out-of-home care and in trial return homes are ages birth to 5 years old. Of that 43%, the breakdown is as follows:

- Under age 1—17%
- Age 1—20%
- Age 2—19%
- Age 3—16%
- Age 4—15%
- Age 5—13%

With this breakdown, we can see that children ages birth to three years old make up the largest portion of the at-risk population.

DCYF has developed policies and practices in relation to working with this high-risk population.

- 41211.Safety of Newborn Children Act—DCYF child welfare employees must accept an intake of a newborn transferred (abandoned) under the Safety of Newborn Children Act
- 1135.Infant Safety Education and Intervention
    — Newborn: Plan of SafeCare
    Caseworkers must complete a plan of SafeCare with families when newborns are identified as substance affected by a medical practitioner, identified as having withdrawal symptoms resulting from prenatal drug and alcohol exposure, or born to dependent youth.
    — Birth to six months: Period of PURPLE Crying
    Caseworkers must discuss with parents and caregivers about their knowledge and understanding of "Period of PURPLE Crying" and caseworkers and LD must provide educational materials to any parents or caregivers who have not received the information.
    — Birth to One Year: Infant Safe Sleep
    Caseworkers must conduct a safe sleep assessment where the child primarily resides when placing an infant in a new placement setting or completing a CPS investigation involving a child birth to one year. LD will review the safety sleep environment for infants in licensed and unlicensed placements.

DCYF policy 2200.Intake Processes and Response indicates that allegations will be screened in for physical abuse to a child under the age of four, abuse or neglected as reported by a physical or medical professional regarding a child under age five, an injury or bruise on a non-mobile infant regardless of explanation of injury, and a newborn exposed to substances.

Community and Stakeholder Input and Involvement

The three Citizen Review Panels review information on the data and information on the population at greatest risk of maltreatment and provide recommendations. The Plan of Safe Care group is a diverse collaboration that is led by DCYF, HCA, DOH, the Division of Behavioral Health and Recovery (DBHR), and the Parent-Child Assitance Program (PCAP). Members of the group include tribal representatives, medical providers and child welfare. The group reviews data, and based on that data, determined to start pilot programs in a rural and a metropolitan area with the highest needs. The group is also requesting to work with a tribe due to Native American and Alaska Indian children disproportionaltey being reported to child welfare. The focus of the Plan of Safe Care is to connect services with families who give birth to substance exposed infants who do not meet criteria for a child welfare intervention. Local school districts have Early Learning Coalitions that include child welfare to discuss concerns related to this population and focus services to the highest needs areas. OIAA is working on creating a pathway to connect services with pregnant families who are impacted by substance use. In December 2019, DCYF was awarded a renewal grant to implement the Preschool Development Grant Birth Through Five (PDF B-5) to strengthen and build integrated services across early learning and child welfare and expand programs for children. This provides DCYF the opportunity to implement Early ECEAP for 144 infants and toddlers and their families in 10 Washington communities and will improve early learning opportunities for children and families involved in child welfare.

Additional services and supports available for this population can be found under *Services for Children Under the Age of Five*.

Kinship Navigator Funding
In Washington State, the Department of Social and Health Services Aging and Long-Term Support Administration (DSHS-ALTSA) manages the statewide Kinship Navigator program and collaborates with the Area Agencies on Aging (AAA), which provide kinship navigator services in conjunction with community

partners. The Washington State Kinship Navigator program currently serves 30 counties and seven tribes and hosts a website that includes information about the program.

Utilizing the Kinship Navigator funding, DCYF, in partnership with DSHS-ALTSA and the University of Washington School of Social Work/Partners for Our Children (POC), began conducting a rigorous evaluation of the current Kinship Navigator program in October of 2018. A copy of the evaluation plan is attached and describes how the evaluation's quasi-experimental design meets, at a minimum, the promising practice criteria. Additionally, the evaluation plan describes how Washington State is defining and collecting safety, permanency and well-being outcomes. Washington State's baseline data will be available by the end of FY2019. In FY2019, Kinship Navigator grant funding is being used to build program infrastructure and consistency and to sustain and strengthen the program evaluation that began in FY2018.

In FY2018 and FY2019, the following deliverables were established and completed:

- Finalized an assessment to identify the essential components of Washington's kinship navigator model.
- Completed a review of program advertising including county websites and kinship navigator promotional materials.
- Held three focus groups with kinship navigators including one with kinship navigators who support tribal communities and two with kinship navigators who support nontribal clients.
- Held four focus groups with kinship caregivers including two groups that were conducted exclusively in Spanish.
- Completed interviews with representatives of tribal and nontribal service agencies frequently utilized by kinship navigators.
- Completed a survey of child welfare workers who provide services to formal kinship caregivers.
- Developed and implemented a fidelity measure.
- Disseminated the statewide kinship survey with responses returned to the UW-POC evaluation team. Survey analysis will be completed by September 2020.
- Supported three in-person trainings for kinship navigators. An additional in-person training will occur in September 2020. Between in-person trainings, the kinship navigators at the intervention sites have been supported with one-on-one training, monthly check-ins and cross-site support.
- Established intervention and control sites
    — Intervention counties in FY2018 include Thurston and Yakima counties.
    — In FY2019, Pierce and Benton counties were added to the intervention cohort.
    — Control counties in FY2019 include Clark, Cowlitz and Wahkiakum counties.
    — Additional control counties were added in FY2019 and include Snohomish, Grant, Adams, Lincoln, Douglas, Chelan and Okanogan.[26]
- Finalized the needs assessment tool and began implementation by intervention sites in May 2019.[27]
- Identified and implemented extensive updates to the GetCare administrative data and reporting system used by the kinship navigators. Updates will support ongoing data matching and IV-E reporting requirements.

Updates to deliverables in process:

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[26] The number of control counties is greater than the number of intervention counties due to population density and the need to maintain baseline equivalency.

[27] Washington State is not sharing the needs assessment tool at this time to ensure that our control sites do not access the assessment which could damage the integrity of the overall evaluation.

- Focus groups with formal kinship caregivers will be completed by September 2020.
- At least one focus group will be held with kinship caregivers before September 2020 to ensure equitable representation of caregivers of color.
- Statewide outreach campaign for formal and informal caregivers was started in FY 2018 and will continue into FY 2020. The statewide outreach campaign will focus on developing a baseline community awareness of the kinship community, their needs and core services available including the kinship navigator program.
- A kinship-focused analysis of the Washington State Healthy Youth Survey will be completed in June 2020.
- Strengthening of toll free resource connections including WA 2-1-1 began in FY 2019 and will continue into FY 2020.
- DCYF and DSHS-ALTSA hoped to launch a state-managed kinship care website in FY 2019; however, due to costs and agency communication strategies, we are no longer pursuing this deliverable.
- We did not use grant funding to support 0.2 FTE for DCYF or ALTSA.
- The Kinship Care Oversight Committee (KCOC) subcommittee has not met regularly; however, subcommittee members have been involved in other activities in which they have received updates and have been provided opportunity to inform and guide the progress of the evaluation.

DCYF, ALTSA and POC have established a team that will be participating in the Evidence Building Academy offered by the Children's Bureau in 2020.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The monthly caseworker visit grant is used to improve the quality of monthly caseworker visits with children who are in foster care under the care and custody of the State, with an emphasis on improving caseworker decision making on the safety, permanency, and well-being of foster children and on activities designed to increase retention, recruitment, and training of caseworkers. DCYF spends these funds on caseworker mobile devices and access, cameras, laptops, and contracted supervised visits to increase caseworker retention and improve frequency and quality of documentation for monthly contacts with children. Funds continue to be used to equip caseworkers with mobile technology and contracted supervised visits with transportation.

Monthly Caseworker Visits With Child							
Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
FFY2018	97.90%	96.98%	98.33%	97.36%	97.98%	98.04%	97.84%
FFY2019	98.25%	97.12%	98.05%	96.80%	97.97%	97.07%	97.57%
Data Source, Monthly Health and Safety Visits with Child, FFY2018 & FFY2019, as of June 2020							

Additional Services

Adoption and Legal Guardianship Incentive Payments
DCYF uses the adoption incentive funds for a variety of services and utilizes a payment tracking system to track expenditure of funds. DCYF anticipates receiving future adoption and guardianship incentive funds. As authorized under Title IV-B and Title IV-E of the Social Security Act, DCYF uses the adoption and guardianship incentive funds for a variety of services as outlined below:

- Technical assistance to promote more adoptions and guardianships out of the foster care system, including activities such as pre- and post- adoptive services and activities designed to expedite the adoption and guardianship process and support adoptive and guardianship families.
- Training of staff, foster families, and potential adoptive parents or guardians on adoption and guardianship issues to support increased and improved adoptions and guardianships.
- Recruitment of relative, foster, and adoptive homes.

- Services that fall under the DCYF CFSP and APSR.

Post Adoption Supports

DCYF provides support to families that receive services through Adoption Support. These supports include:

- Medical coverage (Medicaid).
- Up to $1,500 per child for reimbursement of adoption related expenses.
- Pre-authorized counseling, which includes evidence-based practice in-home treatment or individualized counseling.
- A monthly cash payment, if applicable.
- Training through the Alliance and AHCC.

DCYF continues to update the Adoption Support internet website to provide more information to families who are interested in or who have adopted an Adoption Support eligible child.

Post Guardianship Supports

DCYF provides supports to qualified relatives through the Relative Guardianship Assistance Program (R-GAP).

- Medical coverage (Medicaid).
- Up to $2,000 per child for reimbursement of guardianship related expenses.
- Evidence-based in-home parenting interventions.
- A monthly cash payment.
- Training through the Alliance and AHCC.

Adoption Savings

Due to the adoption savings, DCYF has increased the service array available to adoption and guardianship caregivers. These services include:

- Parental counseling.
- In-home counseling, including EBPs:
    — Promoting First Relationships
    — Incredible Years
    — Triple P
    — SafeCare®
    — Functional Family Therapy (FFT)
- The use of one-time only funds for emergent family circumstances and the availability of intensive in-home wrap-around services when mental health intensive services are no longer available or not appropriate for a family.

In 2019, adoption savings funds have been used to hire a Relative/Suitable Other Foster Care Rate Assessor. This position completes a mock rate assessment of unlicensed relatives and suitable others to ensure there is equity in the adoption assistance negotiation process. Washington State law requires that the adoption support maximum rate not exceed the rate the child would receive if in foster care. Prior to hiring this position, negotiation for relatives and suitable others were not comparable.

Funds were also used for adoption staff training and equipment that resulted in more efficient and expeditious negotiations for adoption assistance.

Additional trainings and conferences were scheduled and others were in the contract phase when arrangements were put on hold due to the Stay Home, Stay Safe regulations resulting from COVID-19. DCYF is exploring providing statewide training virtually.

In order to expend available funds, the following is what is being considered to utilize the funds during the next fiscal year:
- Relative Suitable Other Positions (ongoing)
- Evidence-Based Practices (ongoing)
- Catastrophic one-time only payment to assist post-adoptive parents during death, catastrophic weather or medical/emotional events (ongoing)
- Staff training (ongoing)

Beginning in August 2020, there is a monthly screening process to provide exceptional financial support to pre- and post-adoptive families. Support will include:
- After-care services for adopted youth leaving residential treatment and returning to the family home
- Extraordinary costs needed to promote permanency (i.e. ramps, van conversions, bathroom conversations, etc.)
- Exploring the use of funds for state share, if any, for FY2020, as permitted within the latest guidance for adoption savings.

For initiation in FY2020/2021:
- Use of family centered contract or financial share to provide support for post adoptive families who need help in managing children with extreme behavioral and mental health needs
- Managing web-based training for parents and adoption providers who were not able to participate due to COVID-19 restrictions

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

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

Contracted Independent Living Services FFY2019				
Dependent Youth 15-21 in Care SFY19	Dependent Youth 15-21 Reached a Perm Plan/Aged Out	Potential Eligible Youth	Youth Served Reported by IL Provider Year End Report FFY19	% of Youth Served
1772	2224	3996	1877	46.9%

The IL program is voluntary. The caseworker refers the youth to services and the IL provider makes attempts to contact and engage the youth into services. Most providers do not have a waitlist. Some providers may use a waitlist if they receive multiple referrals at the same time in order to stagger the requests so they have staff available to complete the intake process.

Calendar Year 2019 Activities

The Adolescent Programs Division was established within DCYF and staff that worked with youth transitioned from the Child Welfare Programs Division to the new division in early 2020. The Adolescent Programs Division is looking at the services youth receive and how they integrate into the vision of the new division and integration with activities occurring within other state agencies.

In October 2019, Washington State increased the age of eligibility of Independent Living Services (ILS) to 23 years of age without additional federal or state contribution. Lack of funding for the program continues to be a major barrier to ensuring that all eligible youth are served adequately. Updates were made to FamLink to link client service level data performed by contracted IL providers.

The program is in the middle of implementing Performance Based Contracting (PBC) and is holding stakeholder meetings with internal and external partners multiple times per month, working through that process. The inclusion of Positive Youth Development (PYD) language into the IL contract will not occur this next contract cycle as stated in the CFSP. DCYF is requesting PYD training for staff, caregivers and providers. Once the training and PYD language is developed, the language will be incorporated into the contract.

Youth Engagement

The Office of Youth Engagement developed a work plan, as identified in the CFSP, which included the following:

- Building shared understanding to establish a meaningful youth engagement framework.
- Enabling and tracking longitudinal progress against the framework.
- Launching high-quality youth engagement projects to scale new programs.
- Invite other state agencies to a learning community to explore meaningful youth engagement at scale.

To track progress, the Office of Youth Engagement is contracting with Chapin Hall at the University of Chicago to work with young people, staff and partners on a theory of change and logic models to support meaningful youth engagement in state agency systems, informed by ACYF-CB-IM-19-03 to support engaging, empowering, and utilizing family and youth voice in all aspects of child welfare to drive case planning and system improvement.

The Office of Youth Engagement, working in partnership with State Parks, has invited the other state agencies into an ongoing conversation about youth engagement strategies and systems across state government. While the most recent meeting was postponed due to the COVID-19 pandemic, 11 state agencies participated in the first meeting and found several areas of overlap and potential partnership.

Working in collaboration with the Mockingbird Society and DCYF's Passion to Action (P2A) advisory group, the Office of Youth Engagement is connecting young people with DCYF Information Technology (IT) staff to pursue two significant projects that have come from these young people. One is to put a "My Voice, My Story" document, written by the young person themselves, into the child welfare case file in order to inform future foster families and staff about key important facts in each young person's life. A second is to create a "Know Your Rights" app, consistent with the current information of DCYF's "Your Rights, Your Life: A Resource for Youth in Foster Care", which informs young people about their rights in child welfare and other DCYF programs.

In order to build shared understanding, DCYF has worked with young people to put on professional development sessions for adults, and is prepared to do more of this activity[28]. Other young people were scheduled to offer training sessions at conferences which have been cancelled due to the COVID-19 pandemic, and other online trainings have been scheduled over the next few months.

NYTD Data Collection

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

- NYTD elements.
- Quarterly reports.
- Capturing the IL service delivery to youth.

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

- Creation of a "What is NYTD" eLearning course for staff.
- Creation of updated NYTD flyers for youth and staff.
- Created of NYTD letters for BRS providers to allow the survey team to speak to youth in their facilities and group homes.
- Utilizing monthly NYTD lists to inform staff of which youth are in the 17-year-old population who will be contacted by the survey team. The list is used for staff to connect with youth and discuss the importance of participating in taking the survey.

DCYF has requested RDA to conduct an analysis of the NYTD data and to create a user-friendly report that can be shared with stakeholders and the field. There are beginning discussions of incorporating the NYTD data into regular CQI practices. Once conversations occur, DCYF will build a plan for addressing the use of the data and how DCYF will share the data internally and with external stakeholders.

Washington State NYTD Data Snapshot FY2014 – FY2018

It was discovered that all records with an open NYTD service regardless of age of the youth were part of our bi-yearly submissions. This created false data as the Data Snapshot shows that DCYF serves youth up to the age of 28 and 39% of the youth are in foster care. Data Cleanup was required and for this current submission, DCYF limited the age of the youth to 24, and the number of youth dropped by 400.

The IL Program Manager is beginning discussions with the Director of Adolescent Programs on how to increase the completion of the Casey Life Skills Assessment by staff. According to the Data Snapshot, The Independent Living Needs Assessment completion rate is 27%. IL providers are completing the assessment for youth who are in the IL program. If a youth is not participating in IL, the responsibility is on the caseworker to complete the assessment with the youth. This will be something that will be and area of focus in the upcoming year. DCYF is just now being able to collect data on completion rate of the Casey Life Skills Assessment by the IL provider as we are now able to link contracted IL services to a youth in the FamLink system. This data will be reported in next year's annual report. There are barriers identified in completing the Casey Life Skills Assessments. These include:

- DCYF relies heavily on IL providers to complete the assessment

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[28] One example can be seen at https://www.k12.wa.us/student-success/support-programs/reengaging-reducing-dropouts/gate-equity-webinar-series

- FamLInk has not been updated to support the assessment version created in 2012
- Staff are not familiar with the assessment

Policies have been updated to emphasize the importance of the Casey Life Skills Assessment and how to use it to support case planning. Caseworkers are also encouraged to access caseylifeskills.org.

According to the Data Snapshot, Follow-Up Population (21 year-olds, FY 2018), 77% of the youth reported that they have Medicaid coverage. Efforts to improve this outcome include the following:

- During the NYTD survey calls, the survey team explains to youth that they have medical coverage to age 26. Additionally, the team supplies the contact information to AHCC.
- Teaming with AHCC to conduct a pilot in several regions (has been put on hold due to COVID-19):
  — Connect aging-out youth directly with AHCC staff by DCYF caseworker and youth completing a health form and providing it to AHCC prior to the youth's transition meeting.
  — AHCC will review the information collected from the youth and the caseworker to help determine which plan the youth is eligible for and help navigate to an alternative medical plan if necessary.
  — AHCC staff will contact the youth independently to provide an overview of health care benefits, conduct a health screening and connect to services if any are identified.
- AHCC is conducting a COVID-19 outreach campaign to all AHCC members above the age of 18 to connect with youth and provide a description of services available to the youth and options on how to receive the services through Telehealth. During the calls, the care coordinators are connecting the youth to services as they are identified. The outreach has received positive reviews by the youth.
- IL program manager and providers partner with managed care liasions in each region to assist in connecting with youth regarding their health care coverage.
- **Per Policy 43104. The Transition Plan**, health care coverage is discussed and information about Medicaid coverage and accessing that service is provided. This information is generally covered in Shared Planning Meetings (particularly Permanency Planning Meetings), which we know are not occurring consistently in the state. PIP strategy 4.1 related to Permanency Planning Meetings along with implementation of the PFD1 grant should assist in increasing awareness in this area as there will be focus around youth engagement in those meetings and ensuring that all applicable items are discussed and covered, including transition planning.

See attached NYTD Data Snapshot FY2014 – FY2018.

Coordination of Services with Other Federal and State Programs
The Adolescent Programs Division works closely with the Office of Juvenile Justice (the staff agency for Washington's State Advisory Group (SAG)) which is also positioned within DCYF. Over this past year, OJJ Staff and the Adolescent Program Manager have collaborated to identify services for youth in the child welfare and juvenile justice systems and worked to identify avenues for reducing the number of youth within each system.

- Washington's SAG, staffed by OJJ, has identified alternatives to detention, re-entry and transition, and behavioral health as their areas of focus for spending the Federal Title II funds awarded to the state. At present, there are no transitional living programs, funded by Washington's SAG as other programs have been funded in line with their three areas of focus outlined above.

Abstinence Education Programs
- DCYF will continue to partner with Planned Parenthood.

- Some IL providers are trained in the Sexual Health and Adolescent Risk Prevention (SHARP), which teaches sexual health and adolescent risk prevention education that broadens the youth's knowledge about sexual risk, alcohol use, sexually transmitted infections (STIs), pregnancy prevention, and set long-term goals to utilize knowledge and skills.
- This past legislative session, 2019-2020, SB5395 Comprehensive Sex Education passed and requires each public school to provide inclusive sex education.

Local Housing Programs
- Community collaboration continues to be a vital part of DCYFs efforts to strengthen its delivery of services to foster youth, former foster youth, and with the community as a whole. Some of these efforts include:
  — <u>Homelessness Prevention</u> – DCYF works closely and with the Office of Homeless Youth Prevention and Protection Program (OHYPP) in making sure all runaway and homeless youth are receiving the necessary support and services they need, and providing OHYPP with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington State. Youth are referred to community providers for housing needs. Many of Washington State's IL providers are also recipients of federal grants for transitional housing.
  — <u>Family Unification Program (FUP)</u> – DCYF, in collaboration with the ESA and statewide housing authorities created an MOU to promote housing stability among families and young adults served by both agencies. This collaboration continues to combine resources for families and young adults aging out of foster care who meet the criteria for FUP as specified by the US Housing and Urban Development Administration. IL providers and local DCYF offices are working directly with local housing authorities to help identify safe and affordable housing options and landlords who are willing to accept FUP vouchers, as rental rate increase is occurring at a faster rate than the fair market value.
    ▪ DCYF is working with the community and housing authorities that do not have FUP in applying for the Foster Youth Independence Initiative (FYI) program. As of this date the state has one completed MOU with the Yakima Housing Authority.
  — <u>Youth Homelessness Demonstration Program (YHDP)</u> – Washington State is the recipient of three different YHDP grants from the Department of Housing and Urban Development (HUD). The projects sit with the Seattle/King County Continuum of Care (COC) with All Home being the lead agency. The Washington State Balance of State (BoS) COC will build youth programming infrastructure in 23 of the most rural counties and the Snohomish County Human Services Department (HSD) will build on successful innovative practices that have transformed the Everett/Snohomish County COC homeless response system to further transform the homeless youth response.
  — <u>A Way Home Washington (AWHWA) – Anchor Community Initiative (ACI)</u> - DCYF has partnered with AWHWA with their ACI. ACI is a coordinated effort to prevent and end youth homelessness with a diverse coalition of nonprofit agencies, elected officials, philanthropy, businesses, and community members who are committed to "helping all young people in the state find their way home." The initial four counties chosen were Pierce, Spokane, Yakima, and Walla Walla, with hopes to eventually expand to a total of 12 to 15 communities across the state. AWHWA will bring all parts of each community to the table and develop a unique plan that covers prevention, long-term housing, treatment services, employment, and educational attainment

Programs for Disabled Youth
Transition planning includes our partner agencies that work with disabled youth who are transitioning out of child welfare and into the adult DDA system or another partnering agency. Health and Community Services

(HCS) work in conjunction with child welfare and help to fill gaps of services that DDA is not able to accommodate. DCYF works directly with the Department of Vocational Rehabilitation (DVR) to ensure youth with disabilities have full access to employment. DCYF caseworkers and IL providers submit referrals to the local programs that are provided through DVR.

Employment Opportunities
- School-to-work programs offered to high schools or Graduations A Team Effort Advisory Council (GATE)
  — DCYF meets quarterly with educational institutions to discuss efforts towards graduation.
- Local workforce agencies" in accordance with section 477(b)(3)(F) of the Act.
- Employment Security Administration (ESA) – DCYF partners with ESA through the Employment Pipeline. The Employment Pipeline is designed to find clients jobs in many different lines of business and help them stay employed. The model involves three critical components:
  — Identifying employers willing to work with DSHS and our clients to offer meaningful, long-term employment opportunities, ideally building transferable skills;
  — Providing basic training and skills to meet the specific jobs available from these employers; and
  — Helping clients stay employed by providing support to resolve issues that might jeopardize job retention.
- DCYF continues to partner with agencies that receive WIOA funding and run the following programs:
  — WorkSource
  — Job Corps
  — Conservation Corps
  — Washington Youth Academy
  — Basic Food, Employment and Training (BFET) to teach youth who are receiving basic food employment skills, which are contracted through local community and technical colleges or community, based organizations. This is an important part of the state's workforce development system.

Private and Public Sector Involvement
DCYF continues to collaborate with both the public and private sector to help youth gain the skills needed to achieve independence through stakeholder groups and contracts. DCYF has been working with Mentor WA on getting mentors for dependent youth who are residing in a JR institution before they are released to help with the transition into the community. DCYF entered a data share to streamline the eligibility and verification process for the Driver's Assistance Program with Treehouse.

Chafee Training
The following trainings for developed for staff:

- How to create an IL referral in FamLink (eLearning)
- What is NYTD? Educating on the Youth Survey and how to document NYTD domains in FamLink (eLearning)

The following trainings are in development:

- How to create and update the transition plan (eLearning)
- Pregnant and Parenting Youth (transitioning the in-person training to eLearning – staff and caregiver)
- Credit Reporting (eLearning)
- Difficult Conversations with Youth (eLearning)
- Positive Youth Development (eLearning)
- Caregivers on Sexual Health (in-person)

- Caregivers on Youth Transitioning to Adulthood (in-person)

An e-Learning has been requested from the Alliance for the Casey Life Skills Assessment. Given demands with new mandatory training per the DCYF PIP and the transition for existing trainings from in-person to web-based due to COVID-19, resource allocation is being discussed to prioritize the development of new trainings that have been requested.

Consultation with Tribes

Tribes who were interested in receiving information about the programs to be carried out under the Chafee program were notified and provided information. Outreach includes the IL Program Manager attending the Tribal Policy Advisory Council (TPAC) meetings when invited to provide information on programs and services for adolescents. There is ongoing communication with Tribal Child Welfare Directors regarding independent living activities, requirements, eligibility, and trainings. Internal consultations include the DCYF Indian Child Welfare Director, IL Program Manager, and ETV Program Manager.

During the review of the APSR with the tribes on April 6, 2020, it was requested that DCYF provide dates of contact with each tribe. This will be incorporated in practice and will be included in next year's APSR.

Efforts to coordinate with tribes include providing a program framework to the tribes of what can be included in providing IL to youth and requesting the tribes to provide a plan of how they will meet the requirements. Contracts are created with each tribe to ensure services are rendered. Ongoing technical assistance is provided to the tribes regarding FamLink, NYTD data entry, and services.

A large component of receiving Chafee funding is the report requirements to the federal government. DCYF must input NYTD service elements directly into FamLink. In Washington, all contracted tribal IL providers were given access and input capabilities to the IL page and education page in FamLink. DCYF continues to offer ongoing training and extensive support to tribal partners. The IL Program Manager continues to reach out to the tribes to provide assistance and has provided FamLink training when it has been requested. Some tribes were not able to maintain FamLink access and have NYTD inputting capabilities in FamLink due to new staff or computer related issues. DCYF provides a hard copy form of the NYTD documentation for tribes to complete manually as an alternative process. The forms are accompanied with the quarterly reports and inputted into FamLink by DCYF staff.

Eligibility is uniform throughout the Chafee program, which ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.

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

The state contracts with tribes within Washington to provide their own IL services to tribal youth. The IL Tribal contract is very broad. The contract provides a structure of what the tribe may provide for a youth. Washington State does not require specific items. Many tribes use funding to support youth IL goals such as driver's education, the purchasing of computers, etc. Each year the state renews the contract and allocates Chafee funding to each participating tribe to serve youth as they see fit. Tribes provide quarterly reports that include youth served, activities provided and expenditures that were occurred for the time period. The following tribes have entered contracts to receive funding and deliver Independent Living skills to the tribe's eligible youth:

- Confederated Tribes of Chehalis Reservation
- Confederated Tribes of Colville Reservation
- Cowlitz Tribe
- Kalispel Tribe
- Lummi Nation
- Makah Tribe
- Muckleshoot Tribe
- Nooksack Tribe
- Quileute Nation
- Quinault Indian Nation
- Sauk-Suiattle Tribe
- Spokane Tribe of Indians
- Squaxin Island Tribe-pending
- Suquamish Tribe
- Tulalip Tribes
- Upper Skagit Tribe
- Yakama Nation

Education and Training Voucher (ETV) Program

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

- Youth is age 16 up to their 23rd birthday, currently involved in dependency action in Washington State or tribal court, in the care and custody of DCYF or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care (EFC).
- Youth is 18 to 20-years old and has aged out of state or tribal care. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.
- Youth who were adopted or entered guardianship with a relative on or after their 16th birthday.
- Youth who participated and received ETV funds prior to age 21-years old, may be eligible up to their 26th birthday.

Educational Assistance

The ETV database has a financial aid tab, which shows the student's Cost of Attendance and the amount of financial aid received. Whatever amount is still needed is the unmet need. Students are awarded up to $5,000.00 of their unmet need. Once an ETV award is determined, the amount is broken down by quarters or semesters. The student is then emailed a copy of their ETV award letter, asking for a confirmation of the award.

Students can send DCYF their actual award letter they received from the Financial Aid office or send it via their student portal. If a student has difficulty in submitting the necessary documentation, ETV staff work directly with the schools to obtain the information. Students sign consent forms, which enables ETV staff to contact college staff directly.

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

Prior to 2018, there was nowhere on the database showing that Financial Aid offices were notified of a student's ETV award. In consultation with the Research and Data Analysis (RDA) system administrator, a check box was created on the database showing that they were emailed the ETV award letter for the student and the date it was sent. Should there be any discrepancies, ETV staff are notified by Financial Aid and corrections can be made. This addition began in the 2019-2020 academic year.

Services Provided

In January 2020, the ETV program joined the Adolescent Services Division within DCYF. The Washington State ETV program continues utilizing the Access database. The database is organized in a way that allows the program to have student information readily available. The data elements included in the database include, but are not limited to:

- Demographics
- Financial aid and enrollment status
- Student spending plan
- Notes section

Changes and updates can be made quickly. ETV staff receive continued support from the RDA system administrator. Based on feedback received from students, college staff and IL staff, improvements are made to the database each year. The RDA system administrator is crucial for problem solving and creating improvements.

All ETV applications are found online at www.independence.wa.gov. An online application makes applying to the program easier for students, gives staff greater efficiency for processing the applications and students receive timely confirmation of their eligibility.

The change from a reimbursement model to disbursement model, which began July 1, 2018, has proven to be successful. Students who have been awarded ETV funds are now utilizing the entire amount since they no longer have to worry about tracking down and submitting receipts for reimbursement. The funds are disbursed at the beginning of each quarter or semester once the required information is received. This includes a current schedule with credits, grades with GPA and completed ETV spending plan. The spending plan was developed to show how the students planned to use their ETV funds. This change also simplified the payment process for the fiscal unit, allowing students to receive their funds more quickly. On average, students receive their funds within 3 to 5 business days.

The change has been beneficial for ETV staff as well. There is extra time in the workday to connect with students on a more personal level. Students were asked for their preferred method of communication, whether it be by email, phone or text. Asking this simple question has facilitated increased connection with them. Since students know the ETV staff better, they have been much more responsive to requests for paperwork and they contact the staff more frequently if concerns or issues arise.

In the 2019-2020 academic year, DCYF received 323 application for ETV. Of those applications, 196 (61%) were awarded. Not all eligible students are awarded due to several factors:

- Required paperwork is not turned in
- Youth do not enroll in a post-secondary program
- Youth do not respond to ETV staff despite efforts made to engage them in the program

In talking with students over the past several years, many of them wanted to meet the ETV staff in person. A deliberate effort was made in the 2019-2020 academic year to visit as many college campuses as possible. ETV staff coordinated with the college campus Designated Support staff to schedule the visits. Students were notified by college staff and ETV staff about the visit and urged to attend. These visits allowed for personal connections to be made, paperwork to be gathered, and student surveys to be completed. It also gave students an opportunity to meet one another if previously unknown to each other. An additional benefit was developing a stronger collaboration with Designated Support staff and Financial Aid Administrators. In total, 10 campuses were visited throughout the state. All the campuses visited in the 2019-2020 school year asked ETV staff to return again in the fall of 2020.

Increasing outreach efforts is a goal every year. One of the ways this was accomplished in the 2019-2020 school year was to work with the Education Lead in Region 3. ETV staff were invited to attend meetings with four school districts in the region to talk about the program. School staff attending were counselors, McKinney Vento staff and Foster Care liaison staff. The majority of school staff were not aware of ETV and the benefits available to students. Treehouse, a private non-profit agency serving foster youth, also participated in the meetings to discuss the services they provide to students as well. Region 3 also created an Extended Foster Care unit. The ETV program manager spoke to the unit in October 2019, discussed program eligibility and answered questions about the program. This partnership continued throughout the school year.

In Region 4, the ETV program manager was invited to speak with the King West Adolescent unit in January 2020. Only a few of the staff had heard of the ETV program. After the meeting, staff sent ETV a list of names to verify if youth were involved in the program. If not, the caseworker assisted eligible students to submit their applications.

ETV staff have been asked to participate and present program information in Region 6. A community meeting hosted by Clark College, a college fair hosted by an IL program in Grays Harbor County, and a FAFSA party hosted by Centralia College were several events ETV staff attended in the 2019-2020 school year.

An area where the ETV program would like to increase participation in the Dual Credit/Running Start ETV program. The ETV program manager contacted several of the larger Running Start (RS) programs on the west side of the state. The director of the Tacoma Community College Running Start program responded and a meeting took place in December 2019 with the RS staff. This outreach effort will need to continue and be strengthened in 2020-2021 school year in an effort to increase the number of participants.

Community Collaborations and Partnerships
The ETV program maintains a strong partnership with state and community-based agencies to support the academic success of youth. The ETV program manager is a member of the Passport Leadership Team (PLT) which meets quarterly. PLT is a cross-sector of student support professionals and system leaders with representatives from high school completion and college access programs, two- and four-year public and independent colleges, DCYF, OSPI, DSHS, Washington Student Achievement Council (WSAC), and current and former students. The PLT looks to break down barriers and improve services for foster youth attending a post-secondary education program. Goals of the PLT include:

- Supporting campus Designated Support Staff.
- Developing professional trainings.
- Organizing the annual Passport Conference.

The Washington Student Achievement Council (WSAC) is responsible for the distribution of financial aid to post-secondary institutions. There is a common application where students can apply to ETV as well as the Passport to Careers program. Passport to Careers has the Passport to College program, which provides a scholarship to assist students attending college, support services from college staff and priority consideration for the Washington College Grant and State Work Study program. The Passport to Apprenticeship Opportunities program assists students who are participating in registered apprenticeship or pre-apprenticeship programs with covering occupational specific costs.

The College Success Foundation (CSF) is another strong partner with the ETV program. CSF has a foster care initiatives team who organize and facilitate the PLT meetings. There were some programmatic changes within CSF in the past year and the Way to Go event did not take place. It is unclear at this point if this event will resume at a later time.

The Independent Living Skills (ILS) providers continue to be our strongest partners. They assist students with their ETV applications, help obtain necessary paperwork, support students in their academic journey and they keep in regular contact with ETV staff. ETV staff rely on feedback from ILS staff for program improvements.

Consultation with Tribes remains an area of improvement. After meeting with the statewide ICW program manager in March 2019, the ETV one-pager was emailed to all tribes with contact information included. From this email, three tribes contacted the ETV Program Manager. Meetings took place with the Squaxin Tribe in March 2019, Port Gamble S'Klallam Tribe in September 2019 and the Sauk Suiattle Tribe in December 2019. Program information was shared, ETV applications were distributed and questions answered. Other scholarship information was shared as well. Indian youth who are in tribal foster care and meet the eligibility requirements are now able to receive the Passport to Careers scholarship. On the consent form, youth need to check the Tribal Dependency box, identify their tribe and date of last placement.

ETV staff are available for consultation, training, and meetings with youth at the tribe's request. The ETV Program Manager is exploring more effective communication strategies with tribal contacts with the goal of increasing Indian youth participation in the program.

The only tribe to administer their own ETV program is the Port Gamble S'Klallam tribe in Kingston, WA. The ETV program can assist their ETV students if the tribe runs out of funds. The tribe had enough funds to support their students for this academic year. The ETV program had ongoing communication with the tribal ETV administrator and she remains a steadfast partner with us. The ETV program will work with any Washington state tribe who requests assistance in developing their own ETV program.

Program Improvements
As the ETV program looks to improve efficiencies and decrease barriers students may currently encounter, the development of a student portal remains an important and necessary improvement. However, this has proven to be a challenging and complicated idea. With the support of the Director of Adolescent Programs, a renewed effort will be made to begin the process. There is a possibility of working with the group at Think of Us. They are a non-profit agency that focuses on leveraging technology to upgrade the foster care system and programs within the system. The Adolescent Programs Division, DCYF Secretary and a few other members of the Executive Leadership Team had a meeting with the Think of Us team in February 2020, where an example of a youth driven portal was shared and how something similar could be used in Washington State. Discussions will be ongoing to determine if the Think of Us program will choose to work with DCYF.

The use of e-signatures on the ETV spending plan is an identified barrier that the ETV program has been addressing. Prior to the COVID-19 pandemic, students were required by the fiscal unit to print out and hand sign the ETV spending plan. With the closure of college campuses, and libraries, most ETV students were unable to meet this requirement. At a time when students needed their funds more than ever, this was not a feasible expectation. It was determined that during spring quarter, students would be permitted to use an e-signature. The spending plan was converted to an Adobe document and students could submit their spending plan with their e-signature. There have been no reported issues with this new format. The ETV Program Manager and Director of Adolescent Programs will advocate for this to continue once students are permitted to return to campus. It is a faster process for students enabling them to receive their funds more quickly.

Extended Foster Care (EFC) Program

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

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

Youth participating in EFC are considered non-minor dependents. They are able to transition between categories throughout their time in EFC. Placement settings vary and can include Supervised Independent Living (SIL) settings such as apartments, shared housing, living in a dorm, foster care, and living with relatives. In 2019, the program was able to create a FamLink code allowing for monetary housing assistance for non-minor dependents in getting into a SIL setting with funds for first, last, and deposit, up to $3,500 per lifetime of the case. The funds are sent directly to the youth to help them learn much needed life skills in securing independent housing. Non-minor dependents continue to be able to enter and exit the program as needed until the age of 21 through a Voluntary Placement Agreement.

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

- Educational goals
- Employment
- Learning independent living skills

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

Washington has continued to see an increase in participation in EFC. DCYF is currently not able to determine who was eligible and did not opt into the EFC program. Currently, to gather this information would require the program manager to go into each closed case individually to see if the youth was eligible and why they opted out. In order to more simply gather this information, there would need to be a new case closure code

created in FamLink by IT. Due to competing demands to IT changes in FamLink, priorities are established and currently items identified in the PIP are priority changes. This is ongoing work that DCYF is working to determine a way to gather this information.

Extended Foster Care Data as of April 2020		
Age of Youth	Number	Percentage
18	295	36%
19	279	34%
20	242	30%
Total	816	100%
Placement Type	Number	Percentage
Supervised Independent Living	650	80%
Foster Care Settings	166	20%
Ethnicity	Number	Percentage
White	373	45%
Native American	63	8%
Native American Multiracial	84	10%
Black	80	10%
Black Multiracial	51	6%
Hispanic	129	16%
Other Multiracial	18	2%
Asian/Pacific Islander	17	2%
Unknown	1	1%
Total	816	100%
Region	Number	Percentage
1	132	16%
2	78	10%
3	124	15%
4	174	21%
5	143	18%
6	168	20%
Total	816	100%
Data Source: Extended Foster Care, infoFamLink, April 2020		

Number of Youth That Exited EFC in 2019, by Age		
Age of Youth	Number	Percentage
18	154	40%
19	39	10%
20	37	9%
21	157	41%
Total	387	100%
Data Source: Extended Foster Care, infoFamLink, April 2020		

COVID-19 Impacts

Before the COVID-19 pandemic, work was being done with Think of Us on creating services based on Human Centered Design. This work is scheduled to continue and will be ongoing. Due to the pandemic, any activity that involved large crowds were cancelled or moved to a later date in hope that the event can continue. Many

outreach events have been postponed or canceled. That included attendance at High School graduation events, community presentations, presentations at the Children's Justice Conference and Passport Conference and outreach to DCYF offices. In-person outreach efforts will resume when travel restrictions are lifted.

Consultation and Coordination Between States and Tribes

In Washington State, DCYF uses the word, "Consultation" as a formal process to help the state and tribes come to agreement on policies, laws or codes that may impact the tribe. The Consultation policy is defined in DCYF's Administrative Policy 10.03. The 10.03 policy defines the Government to Government relationship Washington State has with the Federally Recognized Tribes. The Tribes have asked DCYF to use the word collaboration when discussing steps taken to provide information to the tribes outside of the formal consultation process. DCYF shares information to the tribes through our monthly Indian Child Welfare Sub-Committee meetings and quarterly Tribal Policy Advisory Committee. Part of DCYF's 10.03 policy also outlines regional planning with the tribes.

DCYF arranged meetings with the tribes to discuss the PIP and APSR. The PIP was discussed at the Indian Child Welfare Sub-Committee meeting and the need to have input from the tribes to develop the PIP. The tribes were invited to the PIP meetings. Feedback from the tribes indicated that the tribes have so many workgroups they are part of and it is hard to attend all of them. The APSR was discussed at the Indian Child Welfare Sub-Committee on April 6, 2020. A suggestion from the tribes was to have a tribal representative as a co-chair of planning the various meetings to try and get more tribal participation. The tribes also asked for a one-page overview of the CFSP, APSR, and PIP. The Performance Measurement Administrator will work with the Office of Tribal Relations in development of these guides as well as an ongoing mechanism throughout the year for feedback, communication, and collaboration with the tribes related to the CFSP, APSR and PIP.

Washington Federally Recognized Tribes	
Tribe	Tribal Staff
Confederated Tribes of the Chehalis Reservation	Frances Pickernell
Confederated Tribes of the Colville Reservation	
Cowlitz Indian Tribe	Andrea French
Hoh Tribe	
Jamestown S'Klallam Tribe	Loni Greninger
Kalispel Tribe	Wendy Thomas
Lower Elwha Klallam Tribe	Tessa Velasco
Lummi Nation	
Makah Nation	Michelle Claplanhoo
Muckleshoot Tribe	
Nisqually Tribe	Lorraine VanBrunt
Nooksack Tribe	
Port Gamble S'Klallam Tribe	
Puyallup Tribe	
Quileute Nation	Charlene Meneely
Quinault Nation	
Samish Nation	Dana Mathews
Sauk-Suiattle Tribe	
Shoalwater Bay Tribe	
Skokomish Tribe	
Snoqualmie Tribe	
Spokane Tribe	
Squaxin Island Tribe	Terri Capoeman

Stillaguamish Tribe	
Suquamish Tribe	
Swinomish Tribe	
Tulalip Tribe	
Upper Skagit Tribe	
Yakama Nation	

The APSR will be provided electronically to all tribes and a link to the report will be placed on the DCYF tribal relations internet page.

DCYF offers all of the tribes an opportunity to enter into a Memorandum of Agreement (MOA). The MOA clearly defines roles and responsibilities for DCYF and the tribes. As part of the 10.03 policy, each region also develops plan with the local tribes in each region. The 10.03 plans also define responsibilities. DCYF also maintains a list updated by each tribe as to who from the tribe needs to be contacted when a new abuse or neglect intake is received. DCYF also provides foster care and services payments for children under tribal court jurisdiction.

ICWA Compliance
DCYF has taken the following steps to comply with ICWA:

- Statewide ICW Case Review completed by a team of both tribal and state staff. These reviews occur every other year. Statewide ICW Case Reviews took place in July and August 2019. ICW Case Reviews were completed in all 6 Regions in collaboration with the federally recognized tribes in Washington. Participants included tribal caseworkers, DCYF caseworkers, Casey Family Programs staff, Alliance staff and court volunteers. Continuous Quality Improvement (CQI) action plans were developed in collaboration with the tribes in each region. It is difficult to compare the results of the 2019 ICW Case Review to the previous review as the case sampling and the ICW Case Review tool (questions) have changed from the last review. Washington State works collaboratively with tribes to design the ICW Case Review tool and as a result, the tool is different each review based on current trends and issues.
    — Practice strengths identified from the 2019 ICW Case Review:
        - Early identification of native ancestry
        - Following tribal placement preference
        - Child safety in out-of-home care
        - Meeting the educational needs of children
    — Areas needing improvement identified from the 2019 ICW Case Review:
        - Father engagement and asking about native ancestry
        - Active efforts including collaborating with tribes on case planning
- The Regions also complete local ICW Case Reviews with the tribes in their region as agreed upon through the 10.03 plans. The results of the statewide ICW Case Review are shared with all of the tribes.
- DCYF and the tribes develop Action Plans based on the Case Review results to address areas of need.
- DCYF partners with the tribes to develop ICW training and all DCYF trainings are offered to our tribal partners.
- The tribes have been invited to participate in the development of DCYF's strategic plan and there are 2 tribal representatives on the DCYF over-sight board.

Planned Activities for Next Review Period
- Local Indian Child Welfare Advisory Committee (LICWAC)

- — The Regional ICW Consultants will provide LCWAC training for DCYF staff and LICWAC members, as identified in the 10.03 plans.
- Trainings
  - — The Alliance will continue to coordinate with DCYF to schedule the 2-day ICWA training on a rotating schedule/basis, with an emphasis on training veteran staff. Additionally, the Alliance has been invited to participate in any ICW case review process. The Alliance also provides Native American Inquiry and Referral (NAIR) training to all regions.
  - — To ensure tribal staff is aware of all DCYF training opportunities and provided information to enroll and attend, notification occurs at 10.03 meetings, advisory meetings and direct communication from the Alliance of available trainings.
- AFCARS
  - — DCYF will collaborate with the tribes around implementation of proposed changes to AFCARS at DCYF ICW subcommittee Meetings.
- ICWA Summits
  - — DCYF is planning to bring back the ICWA Summits that will be part of a virtual Indigenous Children, Youth and Families Conference. This conference is being planned in partnership with the Alliance for August 11 and 12, 2020.
  - — ICW Consultants located in each region are available for case management support, training, coordinating tribal meetings, etc.
- FFPSA
  - — DCYF will continue to collaborate with tribes on FFPSA. DCYF has kept the tribes updated on the progress of FFPSA at our tribal advisory meetings.
  - — DCYF has partnered with tribes to learn what prevention practices are embraced in tribal communities and is committed to moving the four prevention practices identified by tribes through the evidentiary review process to try to get them approved for FFPSA funding.
    - ▪ Because these practices have yet been reviewed by the Federal FFPSA Prevention Clearinghouse, DCYF contracted with a Native researcher for a review process according to federal requirements. As suggested by the Tribal Policy Advisory Committee (TPAC), DCYF contracted with a research center with Native expertise to conduct the evidentiary reviews.
    - ▪ Once these practices go through evidentiary review and federal approval process, DCYF will contract with tribes to provide the practices in tribal communities.
- Title IV-E Outreach
  - — Outreach and information sharing regarding Title IV-E agreements occurs at the regional level and statewide level through the ICW sub-committee when tribes request information.
  - — When a tribe requests information, the headquarters Title IV-E team arranges to meet the tribe, provides information, and answers questions. There is a PowerPoint presentation used at the initial meetings with tribes that contains information about Title IV-E.
  - — The majority of tribes who have been provided information about Title IV-E choose not to participate due to the amount of work required.
  - — Tribes are encouraged to have conversations with tribes that currently have Title IV-E agreements to get the tribal perspective and gain more information.
- Tribal Consultation
  - — DCYF will consult and collaborate with tribes to identify and resolve systemic intake issues.

Updates to Targeted Plans within the 2020 – 2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Refer to attached plan

Health Care Oversight and Coordination Plan

Refer to attached plan

Disaster Plan

Due to the COVID-19 pandemic, DCYF had to institute the Continuity of Operations Plan (COOP). DCYF limited in-person services to meet social distancing requirements and to help prevent the further spread of COVID-19.

Effective March 24, all DCYF building lobbies were closed to public access. Signage was placed on all public access points informing visitors of the closure and informing them of contacts for services. Offices remain open for staff at this time; however, staff are encouraged to telework whenever reasonably possible to promote health and safety and prevent spread of COVID-19.

Recovery efforts and plans are currently being discussed.

Refer to attached plan

Training Plan

Refer to attached plan

Statistical and Supporting Information

CAPTA Annual State Data Report Items

Information on Child Protective Workforce

Number of families that received differential response as a preventative service during the year.

Number of CPS Intakes Screened-In for Family Assessment Response	
Calendar Year	Number
CY2018	22,297
CY2019	20,001
Data Source: Far & Investigation Intake Detail, infoFamLink, CY2018 & CY2019	

Average caseload for child protective services workers responsible for intake, screening, assessment, and investigation of reports (section 106(d)(7)(B)).

Intake/Screening – Average Caseload			
Child Protective Services Worker Responsibility	FFY 2019 (Oct 1, 2018 – Sept 30, 2019)	Average Number of Intakes Per Month	Average Number of New Intakes Per Month Per Worker
Screening and Intake Workers	105.23	10,593	100.7
CPS-Investigations Workers	232.91	1,432	6.1
CPS-FAR Workers	201.88	1,934	9.6
Data source: Intake Workers – Agency Financial Reporting System (AFRS) September 2019 Payroll; CPS Workers – Children's Administration Workload FTE Report, monthly average assigned worker percent for FFY 2019. Average number of Intakes per month data source is Intakes by Category and Decision Type and rptIntakes, infoFamLink; run date June 18, 2020.			

Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. DCYF uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

Family Assessment/Investigation (CPS) – Average Caseload						
	CPS Investigations Standard: 12-15 Families			CPS FAR Standard: 12-15 Families		
Month	CPS Cases	CPS Workers	CPS Ratio	CPS Cases	CPS Workers	CPS Ratio
Jan-19	3744.5	200	18.7	4259.4	220.2	19.3
Feb-19	3807.3	199.8	19.1	4313.4	225	19.2
Mar-19	3890.8	199.8	19.5	4184.2	215.3	19.4
Apr-19	4180.9	195.6	21.4	4555	222.7	20.5
May-19	4331.6	205.1	21.1	4608.1	218.7	21.1
Jun-19	4541.5	205.1	22.1	5003.3	222.5	22.5
Jul-19	4486.9	196.8	22.8	4853.8	226	21.5
Aug-19	4379.6	208.6	21	4134.9	217.8	19
Sep-19	4131.1	217.3	19	3645.5	214.8	17
Oct-19	4388.4	222.8	19.7	3686.6	210.9	17.5
Nov-19	4622.9	223.1	20.7	3961.4	222.3	17.8
Dec-19	4820.8	230	21	4096.7	220.1	18.6
Data Source: Workload FTE Summary, infoFamLink, CY2019						

Information on the education, qualification, and training requirements established by the State for child protective service personnel, data on the education, qualifications, and training of personnel, and demographic information of personnel (sections 106(d)(10)(A-C)).

- Data for education, qualifications, and demographic information of personnel

DCYF Child Welfare CPS Workforce				
	CY2018		CY2019	
	Personnel		Personnel	
Race/Ethnicity	Number	Percent	Number	Percent
American Indian/Alaskan	4	1%	9	1.97%
Asian or Pacific Islander	22	6%	24	5.26%
Black/Not Hispanic Origin	16	4%	33	7.24%
Hispanic	27	7%	33	7.24%
White/Not Hispanic Origin	111	29%	127	27.85%
Unknown	198	53%	230	50.44%
Total	378	100%	456	100.00%
Gender	Number	Percent	Number	Percent
Female	291	77%	343	75.22%
Male	87	23%	113	24.78%
Total	378	100%	456	100.00%
Age	Number	Percent	Number	Percent
Under 35 Years Old	109	29%	141	30.92%
35 - 45 Years Old	118	31%	148	32.46%
46 - 60 Years Old	111	29%	120	26.32%
Over 60 Years Old	40	11%	47	10.31%
Total	378	100%	456	100.00%
Education	Number	Percent	Number	Percent
Voc. or Bus. School	-	-	1	0.22%
Less Than HS Grad	0	0%	3	0.66%
High School or GED	1	0%	1	0.22%
Some College-2Qtrs+	7	2%	13	2.85%
AA Degree	2	1%	4	0.88%
College Grad 4-Yr Degree	103	27%	242	53.07%
Some Grad Work	11	3%	28	6.14%
MA/MS/MSW Degree	-	-	-	-
Other Master Degree	171*	45%	156*	34.21%
PHD, LLD, MD, JD	0	0%	2	0.44%
Unknown	83	22%	6	1.32%
Total	378	100%	456	100.00%
*not separated by type of Master's				
Data source: DCYF Human Resources Division; CY2018 as of 9/30/2018; CY 2019 as of 12/31/2019				

- Information on the education, qualifications, and training requirements established by the state for child protective service personnel.

Social Service Specialist Series Required Education, Experience, Skills and Abilities			
Social Service Specialist 1	Social Service Specialist 2	Social Service Specialist 3	Social Service Specialist 4
A Master's degree in social services, human services, behavioral sciences, or an allied field. OR	A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and eighteen months as a Social Service Specialist 1.	A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 2. OR	A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and two years of experience as a Social Service Specialist 3.

A Bachelor's degree in social services, human services, behavioral sciences, or an allied field and one year of social service experience. Note: Employees must successfully complete the formal training course sponsored by their division within eighteen months of their appointment. Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.	OR A Master's degree in social services, human services, behavioral sciences, or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and two years of paid social service experience performing functions equivalent to a Social Service Specialist 1. Note: A two-year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience. NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment. Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.	A Master's degree in social services, human services, behavioral sciences, or an allied field and two years of paid social service experience equivalent to a Social Service Specialist 2. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years of paid social service experience performing functions equivalent to a Social Service Specialist 2. Above experience must include one year paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units NOTE: A two-year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience. NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment. Note: A degree in Social Work must be from an educational program accredited by the Council on Social Work Education.	OR A Bachelor's degree or higher in social services, human services, behavioral sciences, or an allied field, and four years of experience as a Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2. Above experience must include two years paid social service experience assessing risk and safety to children and providing family-centered practice services (strengthening and preserving family units NOTE: A two-year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience. NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment. Note: A degree in Social Work must be from an educational program accredited by the

			Council on Social Work Education.

The number of children referred to CPS under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d)(15)).

Number of Children Referred to CPS With Substance Exposure Evidence at Birth	
Calendar Year	Number
CY2018	782
CY2019	827
Data Source: FamLink Production Query Request 1145, CY2019	

The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16)).

Children 3 and Under With A Founded Abuse/Neglect Finding With Documented Referral to the ESIT Program	
Calendar Year	Number
CY2018	199
CY2019	308
Data Source: FamLink-pulled data reported in NCANDS IDEAREF Field in Agency File	

Juvenile Justice Transfers

DCYF gathers data from the FamLink SACWIS System on children who are incarcerated in JR during the year. The current reporting includes youth in DCYF care and custody that experience one or more placement events at one or more of the JR facilities including what are defined as the community settings (from JR – "There are 11 state run facilities. 3 institutions and 8 community facilities.").

Juvenile Justice Transfers					
	CY2019				
	Female		Male			Total Number
Race	12 – 15 Years Old	16 – 18 Years Old	10 – 12 Years Old	13 -15 Years Old	16 – 18 Years Old	
American Indian/Alaskan Native	0	0	0	2	0	2
Asian	0	0	0	0	1	1
Black/African American	1	1	0	1	3	6
Multi	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	1	1
Unable to determine	0	0	0	0	0	0
White/Caucasian	1	0	0	4	13	18
Total	2	1	0	7	18	28

Source: DCYF FamLink; Includes any youth in an open episode for any length of stay during CY2019, who were placed into a state regulated DCYF/JR facility while in out of home care anytime during CY2019. Includes placements in any of the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, SUNRISE STATE COMMUNITY FACILITY, RIDGEVIEW STATE COMMUNITY FACILITY, CANYON VIEW STATE COMMUNITY FACILITY, TWIN RIVERS STATE COMMUNITY FACILITY, PARKE CREEK STATE COMMUNITY FACILITY, WOODINVILLE STATE COMMUNITY FACILITY, OAKRIDGE STATE COMMUNITY FACILITY, TOUCHSTONE STATE COMMUNITY FACILITY

Education and Training Vouchers (ETV)
Attachment D – Annual Reporting of Education and Training Voucher Awarded

Inter-Country Adoptions
See *Services for Children Adopted from Other Countries* section.

Monthly Caseworker Visit Data
FY 2020 data will be reported by December 15, 2020 as required in ACYF-CB-PI-12-01.

Financial Information

Title IV-B Subpart 1

- Washington State expenditures of Title IV-B subpart 1 funds in federal fiscal year 2005 for child care, foster care maintenance, and adoption assistance payments was $0 and we will not be expending any of these funds in these areas in federal fiscal year 2021.
- The amount of non-federal funds expended by Washington State for foster care maintenance payments that may be used as match for Title IV-B subpart 1 award in federal fiscal year 2005 was $0 and we will not be expending any of these funds in these areas in federal fiscal year 2021.

Title IV-B Subpart 2

- The 1992 base year amount was $24.257M.
- The state and local share expenditure amounts for Title IV-B subpart 2 for federal fiscal year 2018 was $24.59 Million.
- Washington State does not plan to revise the use of Title IV-B subpart 2 funds based on the amendment to P.L. 112-34.

Title IV-B Subpart 2 Services: Examples of Keye Service Providers	
Family Preservation (30% of grant)	DCYF contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include: ▪ Parent Child Interaction Therapy (PCIT) ▪ Intensive Family Preservation Services (IFPS)/ HomeBuilders ▪ Incredible Years Positive Parenting Program - Triple P
Community-Based Family Support (20% of grant)	DCYF contracts with providers for Parent Education and Support in communities throughout Washington State.
Family Reunification Services (20% of grant)	DCYF contracts with providers for family reunification services throughout Washington State. Key services include: ▪ Family Preservation Services ▪ Parent Child Interaction Therapy Evaluations and Treatment
Adoption Promotion Supports and Services (20% of grant)	Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the neediest and difficult to adopt. Adoption services are provided by adoption caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 18,000 children and families.

Administrative (10% of grant)	Title IVB-2 is allocated its share of indirect administrative costs through the approved Public Administration Cost Allocation Plan (PACAP), some of these cost include: salaries, benefits, goods, and services.

Attachments

Attachment A - Child Abuse Prevention and Treatment Act (CAPTA) Report – 2021

CAPTA Program Manager

Contact: Kelly Boyle

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Use of State Grant Funds

DCYF provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- Six regional CPS safety related positions including Quality Practice/Safety Specialists and Administrators to help coordinate CPS services and program design. This funding contributes salaries to each of these positions. DCYF recently went from three regions to six, thus the split in funding to serve all of the regions.
- Three Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. Funding includes salary and benefits.
- The Safe Child and Adolescent Consultation Network.

CAPTA Services

- Regional CPS Program Managers and Safety Administrators

  The Regional CPS program managers and Safety Administrators continue to support intake, assessment, screening, and investigation of reports of abuse and neglect through:
  - Training their regional staff and community partners.
  - Representation on statewide project teams regarding CPS and intake time frames, functions, and screening and assessment tools.
  - Consultation and consensus building at the regional and statewide level.
  - Coordination of regional community-based child protection teams.
  - Participation in local child fatality reviews.
  - Coordination of regional services for low risk families.

- Critical Incident Case Review Specialists

  The Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high risk cases. These cases involve child fatalities, near fatalities, other critical incidents, high risk, high profile, complex cases, or tort cases.

- Safe Child and Adolescent Consultation Network

  The Safe Child and Adolescent Neglect Consultation Network, funded by the CAPTA Basic State Grant, is available for use by CPS staff, law enforcement, physicians and prosecuting attorneys to obtain a physician's opinion about abuse and neglect cases. The Network is made up of pediatricians throughout

the state who are recognized experts in diagnosing child maltreatment. The physicians are affiliated with major hospitals and child advocacy centers serving children in Washington State, including:

— Children's Hospital and Medical Center in Seattle
— Harborview Medical Center in Seattle
— Mary Bridge Children's Hospital in Tacoma
— Providence St. Peter Hospital in Olympia
— Deaconess Medical Center in Spokane
— Partners for our Children in Spokane

Other CAPTA Activities

- Parent Trust for Washington Children

Parent Trust for Washington Children is a contracted DCYF service with the mission of creating lasting change and hope for the future by promoting safe, healthy families, and communities.

Parent Trust reduces risk factors associated with child abuse and neglect by:

— Improving parent and child attachment.
— Increasing positive family and life management skills.
— Increasing knowledge of normal child development and appropriate parent and caregiver expectations.
— Decreasing isolation through developing positive support networks.
— Increasing knowledge and use of community resources.

Parent Trust Programs include:

— Family Help Line and Support Services
— Parent Education and Support Services
— Community Based Programs
  ▪ Circle of Parents Parent Education and Support Groups
— Home Based Programs
— Child and Teen Services
— Expectant and New Parent Services
— Conscious Fathering Program

CAPTA Goals

DCYFs Child Abuse Prevention and Treatment Act (CAPTA) underpinning goal is to eliminate disproportionality by creating and revising all of our systems through a racial equity lens. By raising the most vulnerable, we will all rise. We must work with families from a strength-based perspective, letting them lead as they are the experts of their own lives. Comprehensive assessments will be used to combat our bias and help us understand the family dynamic from an objective perspective. Families will have the relevant resources they need in order to strengthen protective factors to safely care for their children, addressing disproportionality throughout child welfare, decreasing removals and ultimately thrive.

Goals for CY2020

- Work towards eliminating disproportionality by always keeping the racial equity lens at the forefront, in creating systems to support our families.

- Decrease out-of-home care and repeat maltreatment by increasing preventative services and service delivery, in both the CPS investigative and CPS FAR pathways. This will be supported through the development and implementation of FFPSA.
- Continue work in expansion of the plan of SafeCare through the creation of a public health approach through cross-systems engagement to enhance a network of support. This is being created through a statewide team including a large and diverse representation from early learning, tribes, parent allies, home visitors, child welfare, substance use treatment, healthcare providers and many others. Facilitation of this statewide interagency process is being assisted with in-depth technical support from the National Center on Substance Abuse and Child Welfare.
- Continue to enhance the general child protective system through evaluation, development, improvement and reinforced use of risk and safety assessment tools and protocols.
- Streamline existing trainings and create and provide new trainings around safety and risk. This would include:
  — Integration of Safety Boot Camp into Safety Through the Life of the Case.
  — Creation and provision of Safety Framework training specifically for AAs and Supervisors.
  — Improvement and development of a tracking system to ensure current workers, new workers and supervisors attend trainings.
- Continue to actively find innovative ways to improve wait times and increase ability to more effectively respond to child safety.

CAPTA and PIP Alignment
- The following PIP strategies will support practice improvement for safety-related outcomes:
  — Strategy 3.1 includes the development and implementation of clarifying guidance, policy, and practice expectations regarding the use of extensions and exceptions for initial face-to-face contacts along with additional resources and support for the use of administrative and qualitative data to monitor performance.
  — Strategy 3.2 includes review and revision of policy and practice expectations related to the Safety Framework, SDM, Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), and Comprehensive Family Evaluation (CFE). This will include guidance and tools to support ongoing knowledge and integration of the Safety Framework and tools across all programs types and throughout the life of a case. This also includes the use of administrative data to monitor performance.
  — Strategy 3.5 includes developing and implementing clear, consistent guidelines for staffing pre-dependency filings and complex cases and the use of FTDMs.
  — Strategies regarding workforce development including coaching for supervisors and AAs specific to clinical supervision to help strengthen critical thinking skills through the workforce.
  — Strategies regarding training, guidance, and supports for caseworkers to engage children, youth, and families and the ability to have honest, meaningful, and difficult conversations related to safety and permanency and appropriate identification of needed services to address individualized needs.
  — Strategies regarding training and the development of practice and program specific guides with a lens of incorporating implicit bias and the needs of marginalized populations to address the disproportionalities in the Child Welfare system.

Summary of Accomplishments – CY2019
- Submitted the FFPSA plan, which integrates both investigation and FAR cases receiving services.
- Juvenile Rehabilitation has merged with DCYF successfully joining Early Learning and Child Welfare under the same agency. The Adolescent Programs Division was also established.

- A Case Plan Summit was completed for supervisors and management to increase knowledge of FAR and FVS, including ongoing case monitoring, delivery of services and treatment provided to children and their families. The goal is an increase in quality case plans that include parent and family voice.
- In a point in time measure in CY2019, DCYF had 9,554 children and youth in out-of-home care. In CY2020, a point in time measure showed that 8,154 children and youth in out-of-home care. This is a 15% reduction.
- Family Time has been implemented throughout Washington State.
- Implemented Case Consultation Teams in each region.
- Ongoing Safety Boot Camp Trainings and Safety Framework Trainings consistently held throughout the regions.
- Participated and presented in the Washington Summit on Women's Mental Health and Opioid Use Disorder, hosted by the Swedish Medical Center.
- DCYF participated the taskforce designed to create legislation to address opioids and identify the best uses of the State Opioid Response (SOR) funds. The taskforce developed several goals and strategies, several of which are specific to addressing pregnant and parenting women.
    — Implementation of universal substance use screening during pregnancy
    — Clinician biases in treatment of pregnant women with substance use disorders
    — Engaging pregnant and postpartum women in wraparound and intensive case management services
    — Partnering with child welfare agencies to support families
- DCYF is participating in the Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcome and Neonatal Abstinence Syndrome Initiative (OMNI). This initiative brings together partners from the Department of Health (DOH), HCA, Behavioral Health, the Hospital Association and the Swedish Medical Center hospital system. The OMNI brings together many of the partners who will be involved with the IDTA initiative, allowing ongoing partnership as both initiatives move towards implementation. The ATHO OMNI goals mirror those of the SOR taskforce but focus more on the role of healthcare providers in identifying substance-affected infants. The OMNI goals seek to clarify the definition of substance-affected infants and to clarify the child welfare response across the state. The OMNI group is also looking at implementation of universal substance use screening.

Calendar Year 2019 Review Period Progress and Updates

Calendar Year 2019 Review Period Progress and Updates	
Activity	**Status**
Ensure consistent use of the Child Safety Framework and Intake Screening Tool for CPS Leads, Quality Practice Specialists, and Intake Leads through monthly statewide in-person meetings and monthly intake conference calls by providing ongoing support and development.	Ongoing
Regular review of intake data by Headquarters and Regional Intake Program Managers. Managers bring any variations of screened-out intakes to the attention of the AAs for action.	Ongoing
Provide monthly performance reports that include real time CPS investigation and CPS FAR 24-hour and 72-hour response data for staff and managers to proactively manage their cases and ensure the safety of children. Monthly performance reports also provide data for Screened In, Screened Out and Non-CPS intakes.	Ongoing
Participating in group creating legislation for domestic violence response for victim and offender.	Ongoing
Creation and implementation of three plan of SafeCare pilot sites.	Ongoing
Intake pilot site at Central Intake for call back feature to improve wait times and child welfare's response to safety.	Ongoing

Services to Substance-Exposed Newborns

DCYF Intake policy requires intake workers to screen in intakes involving allegations of child abuse or neglect or imminent risk of serious harm involving a newborn exposed or affected by substances (alcohol, marijuana and all drugs with abuse potential, including prescription medications).

During the course of the CPS response, the caseworker monitors the safety of the infant involved and continues to work with and refer parents to relevant services to increase the safety and well-being of the infant involved. Caseworkers complete a "Plan of Safe Care" (POSC) as required by CAPTA when a newborn has been identified as substance affected by a medical practitioner. The plan must include, but is not limited to:

- Medical care for the newborn.

- Safe housing.

- A POSC if the parent is employed or in school.

- A list of phone numbers and contacts for the parent to call, including:

  — Emergency care for the newborn.

  — Help with parenting issues.

  — Help during a crisis.

- A referral for the parent to necessary services, e.g., local chemical dependency professional, substance abuse assessment/treatment, or mental health assessment/treatment.

- A referral to other resources that may be of support, e.g. First Steps, Safe Babies Safe Moms (CPS clients are a priority population), Parent Child Assistance Program, Public Health Department, Women, Infant and Children (WIC), etc.

In October 2014, DCYF launched the Infant Safety Education and Intervention policy to improve child safety outcomes for children under one-year of age through early intervention and education with caregivers. The development of a POSC is part of this policy and had been required prior to October 2014; however, a renewed emphasis came with this policy rollout. In 2016, DCYF launched Safety Boot Camp training statewide which provided caseworkers with refresher training related to infant safety, to include when and how to complete a POSC.

In Washington State, health care providers are mandated reporters and are required to notify CPS when there is reasonable cause to believe a child has been abused or neglected. If a newborn has been identified as substance exposed or affected, this may indicate child abuse or neglect and should be reported. DCYF contributed to the development of protocol by DOH for substance exposed or affected newborns in their "*Guidelines for Testing and Reporting Drug Exposed Newborns in Washington State".* In addition, DCYF partnered with DOH to the develop the "*Substance Abuse During Pregnancy: Guidelines for Screening"* practice guide which includes details for health care providers on how to make a child abuse or neglect report, what information will need to be provided, and what happens after the report is made.

DCYF regularly updates the Mandated Reporter video for Washington State that provides education on reporting requirements.

The FY2018 appropriation provided increased funding to support and address the needs of newborns exposed or affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure. The increased funding will be used to collaborate with the community and develop ways to enhance and support the POSC.

After considering and staffing many options to expand POSC, DCYF is working with Children and Family Futures/National Center on Substance Abuse and Child Welfare. This is in an effort to move from local practice improvements to broadening system-wide change to support sharing the expansion of POSC between child welfare, DOH and many providers and agencies that provide services to families.

This current POSC work has truly been a statewide team effort including a large representation from healthcare, child welfare, substance use treatment, healthcare, Parent-Child Assistance Program (PCAP) and many others. Over the last year, we have been receiving in-depth technical support from the National Center on Substance Abuse and Child Welfare to assist in facilitating this process.

In December 2019, a POSC kick-off meeting was hosted by Swedish Hospital with over 100 providers.

- Feedback was received from the discussions at the meeting, particularly about definitions.
- In the following months, the work group has done extensive reviewing and revising of definitions to best match and identify the need for families parenting newborns who are impacted by substance use.
- While working on the definitions there has been a group of up to 20 to 50 providers on every other week phone calls to support the work.
- The definitions were finalized the end of May 2020.

Work Group Results
Definitions
- **Prenatal Substance Exposure**: The presence of alcohol or any controlled substance verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.
- **Affected by Withdrawal:** A group of behavioral and physiological features in an infant that follows the abrupt discontinuation of a substance that has the capability of producing physical dependence. No potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.
- **Fetal Alcohol Spectrum Disorder:** The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

Current Practice
Washington currently provides a POSC to infants who are:

- Identified as substance-affected by a medical practitioner. Substances are defined as alcohol, marijuana, and any drug with abuse potential, including prescription medications.
- Identified as having withdrawal symptoms resulting from prenatal drug and alcohol exposure.
- Born to a dependent youth.

Plans of Safe Care are:

- A stand-alone document completed by and held by DCYF
- Only used with families involved with DCYF caseworkers and not used with families who are screened out for services. Notifications are not currently used.

Proposed Changes
- Develop a De-Identified Notification Track

- — Notifications go directly to a community provider and not to DCYF. The provider develops the POSC. The provider collects NCANDS data elements to report (in aggregate) to DCYF on a regular cycle
- Require de-identified notifications versus child abuse and neglect reports for:
  - — Infants exposed to legally prescribed medications, taken as prescribed, with no other risk factors.
  - — Infants experiencing withdrawal from legally prescribed medications, taken as prescribed, with no other risk factors.
  - — Infants exposed to marijuana only, with no other risk factors.
- The following situations require a report the DCYF Intake line and a POSC:
  - — Any case of a newborn with safety concerns.
  - — A newborn that has a positive toxicology with confirmatory testing for an illegal substance or a non-prescribed substance(s).
  - — A newborn is demonstrating signs of withdrawal as a result of maternal use of illegal substance(s), non-prescribed medication, or misuse of prescribed medication, or due to undetermined substance exposure.
  - — A healthcare provider has evidence of ongoing substance use by the birthing parent that creates safety concerns for the infant.
  - — A newborn is diagnosed with FASD or the infant has known prenatal alcohol exposure when there are safety concerns for the infant.
  - — Allegations of abuse and neglect.
- The following situations require a notification and a POSC:
  - — A healthcare provider verifies that the birthing parent is taking methadone or buprenorphine as prescribed and there are no safety concerns.
  - — A healthcare provider verifies that the birthing parent is taking opioids as prescribed by her clinician, and there are no safety concerns.
  - — A healthcare provider verifies that the birthing parent is taking any medication or combination of medications as prescribed by her clinician, and there are no safety concerns.
  - — A newborn is prenatally exposed to marijuana and there are no safety concerns.

DCYF is considering two models for three pilot areas. This first model is based on a local point of triage. The second model is based on a Regional Implementation Specialist developing a response for POSC in the local communities. They will also create a tool to support other jurisdictions to develop similar pathways. The sites are currently being researched and will include one rural site, one metropolitan site and one tribal site.

CAPTA Review Hearings

CAPTA Review Hearings CY2019	
Outcomes from all referrals appealed to Office of Administration Hearings in 2018	468
Decisions issued by Administrative Law Judge	199
Founded/Affirmed	189
Unfounded/Reversed	10
Attempt to appeal Unfounded Dismissed	0
Findings changed to Unfounded by AA based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge	80
Findings changed to Invalid Subject / Victim by Area Administrator	5
Findings changed to Inconclusive by Area Administrator	2
Transferred to AGO for licensing or conflict cases	43
Scheduled for a pending administrative hearing	137

Hearing completed and decision pending from Office of Administration Hearings	2
Petitions for Review to Board of Appeals	10
Founded/Affirmed	9
Unfounded/Reversed	1
Pending	0
Data Source: Mareen Bartlett, Special Assistant Attorney General for CAPTA, CY2019, June 2020	

CAPTA Assurances and Program Improvement Plan

On January 7, 2019, the President signed the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424) that included an amendment to CAPTA. The amendment expands the scope of the assurance found at section 106(b)(2)(B)(vii) of CAPTA related to legal immunity for good faith reports of child abuse and neglect, to include professionals who are called upon to consult in a child abuse case, or provide a medical diagnosis.

In Washington State, RCW 26.44.060 addressed immunity of liability related to good faith reporting of suspected or known child abuse or neglect, but the statute did not address medical evaluations or consultations. The Washington State Department of Children, Youth & Families submitted amended language to RCW 26.44.060 to incorporate the new federal requirements. SB 6423 was signed into effect on March 18, 2020, incorporating the following language into RCW 26.44.060:

"Sec. 2 (1)(a) Except as provided in (b) of this subsection, any person participating in good faith in the making of a report pursuant to this chapter, testifying as to the alleged child abuse or neglect in a judicial proceeding, or otherwise providing information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect shall in so doing be immune from any civil or criminal liability arising out of such reporting or testifying under any law of this state or its political subdivisions."

This language meets the federal requirements of the CAPTA amendment. The CAPTA assurance, signed by the Washington State Governor, is attached.

CAPTA Program Improvement Plan					
	Action Steps	Responsible Party	Target Completion Date	Performance Indicator	Status Update or Evidence of Completion
1.1	Amend RCW 26.44.060 to incorporate new federal requirements. • Draft and submit proposed language • Provide consultation and feedback regarding the language and implementation as needed as it moves through the legislative process	DCYF	September 30, 2019 April 30, 2019	Bill language completed and submitted Legislation passed to incorporate language	Complete See RCW 26.44.060
1.2	Review Washington Administrative Code (WAC), DCYF policies, procedures and training to identify areas for update and clarification	DCYF	December 31, 2019	WAC, policies, procedures and publications identified for update to align with anticipated	Complete WAC and polices reviewed

					changes in legislation.	
1.3	Incorporate all policy, procedure and training changes with associated documents for implementation	DCYF	May 31, 2020	Language drafted and incorporated		Complete The new provision should not trigger any revisions or changes. DCYF cannot confer immunity from tort or criminal liability by rule or policy.
1.4	Implement amended statute	DCYF	June 30, 2020	RCW amended and all associated changes implemented NOTE: if legislation does not pass, additional steps will need to be identified		Complete RCW amended See 1.1
1.5	Update WAC to reflect statutory changes	DCYF	September 30, 2020	WAC updated and amended		Complete Language in RCW is more consistent with WAC 110-30. There is nothing that conflicts; and no significant language changes need to be incorporated.

Washington State Citizen Review Panel (CRP) Reports

Washington State has three Citizen Review Panels (CRPs) that meet at least quarterly throughout the year. Each CRP prepares an annual report summarizing the activities of the panel and recommendations to improve the child protective services system at the state and local levels.

Attached are the completed 2019 reports for the three Washington State Citizen Review Panels. DCYF is establishing a process to ensure the agency is responding to the recommendations in a timely manner.

Indian Policy Advisory Subcommittee CAPTA Citizen Review Panel
Introduction
When CA merged with Early Learning becoming DCYF Indian Policy Advisory Committee (IPAC) transformed into TPAC, the Tribal Policy Advisory Committee. During calendar year 2018 the Department of Social and Health Services (DSHS) Indian Policy Advisory Committee (IPAC), which consists of at least one Delegate from each of the 29 federally recognized tribes and seven recognized American Indian organizations (RAIOs), met consistently with leadership within DSHS Children's Administration (CA) and the newly created Department of Children, Youth, and Families (DCYF) to discuss the transition of services from DSHS CA to DCYF. Two tribal representatives, Liz Mueller (Jamestown S'Klallam) and Mel Tonasket (Colville), also participated in the Blue Ribbon Commission, to also assist in recommendations to the priorities and organizational structure of DCYF.

The Department adopted a Tribal Consultation Policy on December 31, 2018, formally recognizing the Government-to-Government relationship that it has with the federally recognized tribes in Washington State, and the conferring relationship with the seven RAIOs. As such, the tribes and RAIOs have been involved in multiple layers of development within DCYF, from overall vision to the implementation of polices, programs, and services for American Indians/Alaska Natives (AI/ANs).

Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) state plan. The DCYF Tribal Policy Advisory Committee had been meeting monthly in Olympia and used video conferencing for statewide participation. Now all members meet via video due to COVID-19. The function of DCYF IPAC is to assure quality and comprehensive service delivery from DCYF to all AI/ANs in Washington State.

Main Area of Focus

During a Tribal Leaders caucus on November 16, 2017, it was decided to begin the process of forming the DCYF Tribal Consultation Policy. A tribal caucus is a customary process for tribal-state meetings, which provides an opportunity for Tribal Leaders to discuss systemic issues and concerns they observe within the State system. Later, those concerns are brought forward to the State to seek resolutions. Below are the eight recommendations Tribal Leaders raised during the caucus and brought forward to DCYF regarding the consultation policy, operational procedures, and organizational structure:

1. **Continued inclusion on interview committees and recruitment outreach to tribes to support DCYF in its hiring practices.**

2018 Update: DCYF continues to invite tribal representatives to participate in our hiring process and we have included this as a goal in many of our 10.03 tribal plans. The Consultation Policy was agreed upon and completed in 2018. It is policy 10.03 you can find it on the DCYF home page. We are still developing our lager Advisory Group that is called the Tribal Policy Advisory Committee (TPAC), needed by-laws and a vote for committee leadership.

2019/2020 Update: This is occurring, but need more lead time in the invite. Some interview panel invites come three or four days in advance which does not give tribal representatives timely notice.

2. **Have good disaggregated data and strong data collection in general to show what is and is not working.**

2019/2020 Update: Requested data is typically reviewed during IPAC meetings. However, some data requests from individual tribes have been lost. NEW: Develop a data dashboard with TPAC in which tribes and RAIOs can view certain data and trends at any time. This will lead to an increase in direct solutions to systemic issues that are revealed. Data will be received from OIAA. Develop a schedule of data review for quarterly TPAC meetings (i.e. disproportionality, intakes, permanency, length of stay in foster care, incarcerated youth, early headstart/headstart programs, childcare, etc.).

3. **Inclusion in internal and external DCYF workgroups and regular updates on DCYF activities to become fully operational by July 1, 2018.**

Secretary Hunter committed to have regular monthly meetings to review the progress of the tribal-state workgroup in developing a consultation and protocol policy. This will include a review of opportunities in workgroups for more tribal involvement as DCYF scales up to become fully operational.

2018 Update: These meetings have been moved to quarterly, however, DCYF does continue to meet with the Tribes monthly through our Indian Child Welfare (ICW) and Early Learning (EL) subcommittees.

2019/2020 Update: The ICW and EL subcommittees have been moved to every other month in response to tribal representatives' request.

4. **Do not change what is working and confirm what is believed to be a mutual understanding of the areas that work well.**

2019/2020 Update: Break down the silos between programs. Tribes and RAIOs have worked with the State child welfare, early learning, and juvenile rehabilitation systems for decades. Often, not all agency program representation is at the table; tribes and RAIOs have found that many services within an agency are in congruence with one another or overlap. Furthermore, the siloed system perpetuates a lack of communication between those programs and services.

Making sure we do not lose institutional knowledge. Tribes, RAIOs, and DSHS CA spent many years together developing protocol, policy, and programs. During the transition from DSHS CA to DCYF, it was very important to the tribes and RAIOs that the decades of institutional knowledge would not be lost. This included the high value that tribes and RAIOs place on respect for tribal culture and values (i.e. recognition of tribal sovereignty, recognition of Memoranda of Agreement, recognition of federal-Indian history in regards to the Indian Child Welfare Act of 1978, the importance in-person meetings and visits between tribal and state representatives, etc.).

Create group equivalent to WSRDAC and have Tribal representation as part of core group.

5. Continue to equitably maintain funding among all tribes.

2018 Update: Funding has remained equitable

2019/2020 Update: Fiscal year 2020 5% increase for all tribes. DCYF continues to pay for services provided and any that are asked. Had a tribal briefing with Ross and let him know priorities. Tribal contracts for Indian Child Welfare maintained, and Early Learning contracts maintained as much as possible to protect from decrease of service delivery, and increase of disproportionality.

6. **Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38), and the Centennial Accord, as well as have an understanding of Memoranda of Understanding and DSHS Administrative Policy 7.01 plans.**

2018 Update: Government to Government Training will be available to DCYF staff

2019/2020 Update: DCYF Office of Tribal Relations has developed a training to be facilitated with all DCYF staff. Invite tribal representatives to participate as co-facilitators. If training is being facilitated by the

University of Washington Alliance, invite tribal representatives in creating training curriculum for DCYF social workers and other staff.

7. **Tribal and DCYF leaders must work to have services be fully informed and guided by native people's voices, by the understanding of the existence and impact of historical trauma, and by the recognition and value of the unique cultural strengths of each of the sovereign nations across the state.**

2018 Update: Tim Kelly has attended ICW subcommittee and provided information on our Service Array and received feedback from the Tribes.

2019/2020 Update: The Office of Tribal Relations (Tleena Ives and Kris Peters) facilitated a training to the Licensing Division on]. Goal to schedule a training with each division by December 31, 2020, including the ELT/CWALT. Training should include trauma informed care and education.

8. **DCYF regional structure and planning must include the perspective and voice of tribal relationships and communication structures. The structure intersects with the DCYF tribal liaison structure.**

2019/2020 Update: Tribal representatives requested that the regions be expanded from three to six, and this transition went well. Access to services are good in many areas, but still lack in rural areas. For example, rural tribes such as Makah, Hoh, Quinault have a tougher time accessing services when the main offices or contracted services are hours away. Longer drives and interrupts daily life by taking adults from work and youth from school. While DCYF is working to boost services through the Network Administrator and Family Impact Network, there is still a lack for important services in the very rural areas (i.e. specialized medical or dental care, etc.). Keep in mind when contracting services can they get providers. Keep in mind the unique differences and barriers that may affect area services.

Recommendations for CY2020

- Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38) and the Centennial Accord, as well as have an understanding of Memorandums of Understanding and DCYF Administrative Policy Chapter 10 Tribal Relations.

2018 Update: Government to Government Training is being arranged for DCYF Staff.
2019/2020 Update: Continued recommendation

- Tribal and DCYF leaders must work to have services be fully informed and guided by native people's voices, by the understanding of the existence and impact of historical trauma and by the recognition and value of the unique cultural strengths of each of the sovereign nations across the state.

2018 Update: The Alliance attends our ICW subcommittee meetings to hear feedback from tribes on our trainings. These trainings are made available for tribal staff to attend and some of the trainings are hosted by tribes.
2019/2020 Update: Continued recommendation

- DCYF regional structures and planning need to include the voice and perspective of the tribal relationship and communication structures. This structure intersects with the DCYF tribal.

2019/2020 Update: Not all DCYF programs have the knowledge of when to engage with tribes in program and policy formation. This can lead to program and policy implementation that affects tribes and RAIOs, and there

was no consultation or confer. Through training facilitated by the DCYF Office of Tribal Relations, this can be improved.

Continue to work on the following:

- MOU reviews and completing updated agreements - there are currently 13 MOUs completed, and DCYF continues to work with tribes that don't have an MOU in place.
  - 2018, 2019, 2020 Update: DCYF continues to invite all tribes to enter a MOU and we continue to update our MOUs we have as needed. The MOU template was reviewed by tribal representatives on April 17th, 2020 to change the agency title from CA to DCYF, as well as cleaning up language. Each tribe can use this template to create their own agreed upon language between them and DCYF. At this time tribes have signed and MOU with DCYF.
- Service availability to rural tribes and local offices.
  - 2018, 2019, 2020 Update: Service Array discussions continue with the tribes on how to improve service providers to the rural areas of our state. The Office of Tribal Relations and TPAC will need to develop a better relationship with the Network Administrator and Family Impact Network to discuss tribal needs in statewide.
- Workforce stabilization - what can DCYF do to impact retention and provide consistency to families.
  - 2019/2020 Update: DSHS CA used to send job announcements to tribes and RAIOs to assist in the recruitment of more AI/AN staff within CA. We recommend DCYF adopt this as well, or at least make it a consistent practice statewide if it is already occurring in some offices.
- Outreach to all Tribes to increase participation at DCYF Tribal Policy Advisory Committee.
  - 2018, 2019, 2020 Update: DCYF continues to invite all the tribes in Washington State to our ICW and EL subcommittee monthly meetings.

DCYF Response to Recommendations

DCYF is establishing a process to ensure the agency is responding to the recommendations in a timely manner. Formal responses will be provided to the CRPs by August 31, 2020 and August 31 of every subsequent year.

Citizen Review Panel Members

The DCYF TPAC is comprised of representatives from the 29 federally recognized tribes in Washington and five Recognized American Indian Organizations.

FEDERALLY RECOGNIZED TRIBES	
• Confederated Tribes of the Colville Reservation	• Confederated Tribes of the Chehalis Reservation
• Cowlitz Indian Tribe	• Hoh Tribe
• Jamestown S'Klallam Tribe	• Kalispel Tribe
• Lower Elwha Klallam Tribe	• Lummi Nation
• Makah Nation	• Muckleshoot Tribe
• Nisqually Tribe	• Nooksack Tribe
• Port Gamble S'Klallam Tribe	• Puyallup Tribe
• Quileute Nation	• Quinault Nation
• Samish Nation	• Sauk-Suiattle Tribe
• Shoalwater Bay Tribe	• Skokomish Tribe
• Snoqualmie Tribe	• Spokane Tribe
• Squaxin Island Tribe	• Stillaguamish Tribe

• Suquamish Tribe	• Swinomish Tribe
• Tulalip Tribe	• Upper Skagit Tribe
• Yakama Nation	

Children, Youth, and Family Services CAPTA Citizen Review Panel
Purpose

The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with the Child Abuse Prevention and Treatment Act. This is done through examining policies, procedures, and practices of the state child welfare agency and reviewing employee training, data, recruitment and retention and other criteria that are important to ensure the protection of children. The Statewide Citizen Review Panel serves as one of three CRP's in Washington State.

Main Areas of Focus

During the calendar year 2019 reporting period, the panel continued to discuss broad child welfare topics but mainly focused on the following two main goals:

- The reduction of infants born substance affected or exposed coming into care and resources available to keep these infants from entering the foster care system.
- The reduction of infants coming into care that are disproportionality children of color.

Process

The Statewide Citizen Review Panel (CRP) is scheduled to meet monthly. If attendance is limited the meeting is cancelled or a shorter phone call is scheduled. The Citizen Review Panel met six times, in person, during 2019.

Action by the Citizen Review Panel

The following actions were completed by the Statewide CRP during calendar year 2019:

- Reviewed data of infant placements within the first year of life segregated by county, followed by data of infant placements with the first month of life, also segregated by county. This was compared to the number of accepted intakes alleging substance affects or exposure at birth. This data revealed that approximately 50% of intakes that were accepted where the infant was substance affected or exposed were removed. It also revealed an alarming variance between counties.
- Undertook measures to obtain information about hospital policies regarding substance testing for mothers and babies at the time of birth. This resulted in information that hospitals had very subjective and inconsistent policies that left a great deal of opportunity for racial and other biases.

Some Members participated in the Plan of Safe Care Expansion, also known as ITDA workgroup. These members reported back to the full CRP the information obtained and the progress observed by the IDTA.

- A presenter was brought in to talk about the Eat, Sleep, and Console hospital model. The panel is very impressed with data indicating positive medical and emotional affects for the baby, the mother, and for the overall parent/child bond.
- A presenter was brought in to the whole group to talk about the Plan of Safe Care Expansion.
- Adam Ballout was brought in to discuss a proof of concept in Snohomish county that works to support SUD mothers and their babies through a medical/legal partnership. The Family Intervention Response to Stop Trauma (F.I.R.S.T.) legal clinic offers a free attorney for a parent prior to the normal CPS appointment process. Stable housing, streamlined access to drug/alcohol evaluations and treatment, employment and

skills training support, and a nurse-parent partnership for first time mothers is part of the program. The assigned nurse works with a family for the first two years of a child's life.

- Disproportionality data was presented that shows that children of color continue to come into care more frequently than white children.
- Under the leadership of Rep. Davis, a small group convened to develop legislation that would have addressed a number of issues related to SUD and child welfare, including the requirement to apply active efforts in situations where a baby is born drug exposed. The legislation did not pass; however, there is a plan to reconvene the group, add new members, and review/modify the bill for next session.

Barriers

Prior to the transition from the Department of Social and Health Services (DSHS) to the Department of Children Youth and Families (DCYF), the Citizen Review Panel was also an advisory board that met directly with the Assistant Secretary. Shortly after the establishment of DCYF the advisory board was eliminated and the Assistant Secretary no longer attended the meetings. This severely limited the mutual communication and collaboration between DCYF and the Citizen Review Panel, at a higher leadership level, and additional strategies have not been put in place to bridge that gap.

Recommendations for Calendar Year 2020

The Citizen Review Panel made the following recommendations to the Washington State Department of Children, Youth, and Families:

1. **Communication and Collaboration between DCYF and the Statewide CRP**
   - Meet with the Director of Child Welfare Programs and the Assistant Secretary of Child Welfare Field Operations or the Deputy Secretary of Programs for Children and Families 3 times a year, preferably during the April and August meetings and one additional CRP meeting. This will increase communication and collaboration and will give the team the ability to talk to leadership prior to making recommendations and clarify any questions during the DCYF response time.
   - Create a space for the CRP's to present their work and recommendations to the DCYF Oversight Board annually.
   - Request that DCYF leadership respond to the CRP recommendations by August 31st yearly.
   - Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare programs outcomes. This also helps the CRP and DCYF meet CAPTA requirements.
   - Facilitate a meeting between the three CRP groups once a year to increase communication and reduce replication.
2. **Infants Born Substance Exposed or Affected.**
   - Update policy that creates a presumption that infants born substance exposed or affected remain home. If the Safety Framework indicates the infant is unsafe in the home, active efforts should be utilized to ensure that every single effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model.
   - Pursue additional legislation to remove language such "substance abuse as a contributing factor… shall be given great weight". See RCW 26.44. 195. This language perpetrates biases for parents who

have substance abuse disorders. Other risk factors such as severe mental health issues and lack of bonding can be just as dangerous to infants as substance abuse.

- Continue the Plan of Safe Care ITDA workgroup that many of the members are participating in. This workgroup focuses on expanding Plans of Safe Care across disciplines to keep infants safely at home. Ensure that a well thought out implementation for the field is created and executed and provide an update from the Plan of Safe Care workgroup on a regular basis.
- Update policy to indicate that if a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian or custodian capable of adequately caring for the child. In these situations, a B dependency should not be filed, as there cannot be abuse or neglect of the infant prior to birth. This is consistent with DCYF's discontinuation of findings on children prior to their birth.
- Request that Secretary Hunter meet with Governor Inslee to recommend the convening of a group to create clear consistent hospital policies across the state regarding testing for substances during the birthing process. This will reduce racial biases and begin to create equity, in turn reducing disproportionality in the child welfare system and minimizing family trauma.

3. **Disproportionality**
   - Establish the former Washington State Racial Disproportionality Advisory Committee (WSRDAC) as a Citizen Review Panel. This external group will align with DCYF efforts to "recognize and address the racial inequities in outcomes for kids". By using this committee's experienced members, to monitor and focus DCYF efforts on racial equity, this creates a higher level of accountability outside the internal Race, Equity and Inclusion group. A second option to accomplish this goal would be to establish a subgroup of the DCYF Oversight board that is specifically focused on Child Welfare Racial Disproportionality.

Future Plans

The panel met on May 12th, 2020 to develop this next year's areas of focus. The focus for 2020 will be:

- COVID-19 and how this is impacting the influx in intakes and resulting dependency filings, the types of abuse that are screening in, risk factors that are contributing and the supports that DCYF is providing during this time.
- Educational stability of kids in foster care.
- The reduction of infants born substance affected or exposed coming into care and resources available to keep these infants from entering the foster care system.

The panel is also recruiting additional members to meet the expectation of broadly representing the community and include stakeholders who are knowledgeable and experienced with the child protection system.

DCYF Response to Recommendations

DCYF is establishing a process to ensure the agency is responding to the recommendations in a timely manner. Formal responses will be provided to the CRPs by August 31, 2020 and August 31 of every subsequent year.

Children, Youth, and Family Services Advisory Committee Citizen Review Panel Members
Jacob D'Annunzio, Office of Public Defense – **Chair**
Byron Mannering, Director of Brigid Collins, Family Support Center, Bellingham
Alise Morrissey, Children's Home Society of Washington

Ryan Kiely, Excelsior Youth Center, Spokane
Annie Blackledge, The Mockingbird Society, Seattle
Jason Bragg, Parent Mentor/Ally
Peggy Carlson, Office of Superintendent of Public Instruction
Laurie Lippold, Partners for Our Children, Seattle
Ron Murphy, Casey Family Programs, Seattle
Ryan Murrey, Washington Court Appointed Special Advocates for Children

Region 2 Washington State CAPTA Citizen Review Panel
Purpose
The purpose of the CRP is to evaluate the extent to which the state agency in Region 2 is fulfilling its child protection responsibilities in accordance with the Federal Child Abuse Prevention and Treatment Act (CAPTA) State plan.

It is the mission of the Region 2 Citizen Review Panel (CRP) to be a presence in the community by reaching out and advocating for the needs of children and families across Region 2. In addition, this committee will be reviewing and evaluating performance measures, state and federal, and offer suggestions or help to overcome internal or external barriers to families.

Main Area of Focus
The Region 2 committee serves as a CRP for Washington State and invites local community members to join committee meetings to discuss the accessibility and effectiveness of DCYF services, with emphasis on policies, practices, and community collaborations that support child safety and well-being. The Region 2 CRP was re-established in October 2018 after Children's Administration merged into DCYF and the regional split occurred diving the exiting regions from three to six regions. In October 2018 the primary focus was to re-establish membership of the CRP and begin orienting the new members to the essential functions of DCYF. Since October 2018 and throughout 2019 and into 2020 the CRP has met quarterly and discussed topics that include child welfare data both region and statewide, disproportionality in child welfare, federal and statewide outcome measure for children and families, including review the final findings from the CPS FAR TriWest evaluation report, Family First Prevention and Service Act. and retention, pregnant and parenting families impacted by substance use disorder, Washington States Plan of Safe Care work and DCYF Intake.

Committee Findings
The Region 2 CRP has evolved over the last year and there are new members who have joined as of the last meeting making this process more robust. Historically this has been a significant Region 2 DCYF representation during the CRP meetings. The group has voiced a desire to change this dynamic. They find value in having DCYF present, but prefer that DCYF R2 Leadership be represented when they are directly related to the topic or local area of the meeting. This is a shift in the meetings culture. This year has been a time of also bringing in inviting new members to assure that a majority is present at each meeting to move the work forward.

Areas of Focus:

The group determined areas of focus for this coming year with disproportionality as an overarching goal/promoting justice and racial equity.

- Tribal voice regarding Native Youth and families impacted by substance use and other needs
- Development of interventions including plan of safe care with the pregnant and parenting families impacted by substance use.

Recommendations for CY2020

1. Establish the Washington State Racial Disproportionality Advisory Committee (WSRDAC) as a fourth Citizen Review Panel. This aligns with DCYF efforts to "recognize and address the racial inequities in outcomes for kids" by using this committee's experienced members to monitor and focus DCYF efforts on racial equity.
2. Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare programs outcomes. This also helps the CRP and DCYF meet CAPTA requirements.

DCYF Response to Recommendations

DCYF is establishing a process to ensure the agency is responding to the recommendations in a timely manner. Formal responses will be provided to the CRPs by August 31, 2020 and August 31 of every subsequent year.

Citizen Review Panel Members

Leo Lopez – Director of Yakima Casey Family Programs
Joel Chavez – Community Health Plan of Washington Regional Manager
Brenda Barrios – Sunnyside School District
Julie Schillreff – White Swan School District
Rea Culwell – Walla Walla Attorney
David Wheeler – Benton County Juvenile Court
Carol Pidduck – Kittitas County CASA Director
Julia Krolikowski- Substance Prevention Yakama School District
Michelle Story- School Counselor Toppenish School District
Chestina Dominguez- Yakama Nation CASA
Jasmine Yellow Owl- Yakama Nation Headstart
June West- Clinical Supervisor Yakama Nation Behavioral Health
Eveth Padilla- Sunnyside School District
Dorene Perez – Region 2 DCYF Regional Administrator
Jenna Kiser – Region 2 DCYF Deputy Regional Administrator
Molly Rice – Region 2 DCYF Quality Practice Specialist
Berta Norton – Region 2 DCYF Area Administrator
Theresa Malley – Region 2 DCYF Area Administrator
Jennifer Cooper – Region 2 DCYF Area Administrator
Claudia Rocha-Rodrigues – Region 2 DCYF Area Administrator
Kevin Sharp-Smith – Region 2 DCYF Area Administrator
Colleen McGuire – Region 2 QA/CQI Administrator

Additional Attachments

- Attachment B - Washington State FY2021 Foster and Adoptive Parent Diligent Recruitment Plan
- Attachment C - Washington State FY2021 Health Care Oversight and Coordination Plan
- Attachment D - Annual Reporting of Education and Training Vouchers Awarded
- Attachment E - Washington State FY2021 Emergency Operations Plan
- Attachment F - Washington State FY2021 Training Plan
- Attachment G - Washington State FY2021 Governor's Assurance Statement CAPTA
- Attachment H - Washington State Adoption Call to Action Plan, as of June 11, 2020
- Attachment I - Washington State Kinship Navigator Comprehensive Evaluation Plan
- Attachment J - Washington State FY2014 – FY2018 NYTD Data Snapshot
- Attachment K - CFS-101 Forms I,II and III in Excel
- Attachment L - Signed CFS-101 Forms, Part I
- Attachment M - Signed CFS-101 Form, Part II
- Attachment N - Signed CFS-101 Form, Part III

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN, 2021 APSR UPDATES

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: June 27, 2019 | Revised Date: June 25, 2020

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Washington State Foster and Adoptive Parent Diligent Recruitment Plan

Introduction

In partnership with our recruitment and retention contractors, Northwest Resource Associates (NWRA), DCYFs Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence (Alliance), and Washington's many child placing agencies and Tribes, DCYF endeavors to continuously strengthen, improve, and diversify recruitment efforts to identify potential foster and adoptive families. Under DCYFs policy 5100. Applying as a Foster Parent or Unlicensed Caregiver, DCYF is prohibited from denying any person the opportunity to become a foster or adoptive parent, on the basis of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability or national origin of the foster or adoptive parent, or the child, involved 42 USC 671a and RCW 49.60.030.

Recruitment, Development, and Support (RDS) teams have been developed in each region and also in local offices. These teams bring together a variety of community based agencies and individuals committed to diverse caregiver recruitment and support including DCYF staff, Olive Crest, Eastern Washington University (EWU), tribal partners, caregivers, and representatives from racially and ethnically diverse community groups, and faith communities.

DCYF focuses recruitment efforts on foster and adoptive families who:

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

Update

- The present structure of RDS is currently under review. An internal project team comprised of Licensing Division, Child Welfare Programs, Child Welfare Field Operations, and the Office of Community Engagement representatives has been formed analyze this work. The project, facilitated by the Office of Organization Change Management, will develop recommendations regarding the continuation, re-development, implementation and execution of statewide functions related to RDS teams and collaboration with internal and external partners.

DCYFs recruitment and retention contracts were procured and awarded in July 2018 with an extension until June 30, 2020. These contracts include anti-discrimination language which states "*At all times during the term of this Contract, the Contractor shall comply with all applicable federal, state, and local laws and regulations,*

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including but not limited to, nondiscrimination laws and regulations." The contracts are regionally managed to better align with local communities and focus on the needs identified by the local RDS teams.

EWU's Fostering Washington program provides recruitment and retention services under contract for DCYF Regions 1 and 2. Olive Crest continues to provide recruitment and retention services under contracts for DCYF Regions 3, 4, 5, and 6 through their Fostering Together program. DCYF, Olive Crest, and EWU provide ongoing recruitment efforts supported and tracked by the State Recruitment Information Center (SRIC). The SRIC tracks prospective foster and adoptive families from the point of inquiry through completion of the foster care licensing process. These contracts continue to build on prior work and utilize current or former foster parents as recruiters. Olive Crest Liaisons and EWU Resource Peer Mentors (RPM) work with potential foster and kinship families and provide support for caregivers to complete the required pre-service training, licensure requirements, and assistance understanding and navigating the child welfare system.

All RDS teams utilize FamLink data for their local area, Alliance Caregiver Core Training (CCT), and the SRIC to inform their work and focus efforts to recruit quality, safe foster families able to meet the needs of children and youth placed in out-of-home care in the region and support the existing foster families and caregivers. RDS teams further individualize recruitment planning based on:

- Characteristics of children and youth needing foster homes in the area of focus.
- Greatest numbers of removals occurring in specific neighborhoods/zip codes and placements needed in those neighborhoods/areas.
- Review of data on the current number of open or active foster families and their current capacity/ability to accept children and youth for placement.
- Numbers and demographics on children and youth placed outside the local office and regional area.
- Data on children and youth placed in relative placements versus' licensed foster care.
- Review of data on prospective foster families, including new inquiries, families currently in training, and those who have submitted licensing applications. Review of data to encourage personal follow up support from the Contractor's staff to prospective caregivers navigating the system.
- Identifying the need for and access to resources and activities available to help support foster and kinship caregivers and the children or youth placed in their home.

Based on regional needs, recruitment efforts focus on finding foster parents to care for children and youth who have the following diverse characteristics:

- Male and female children and youth between the ages of 0 to 21-years old; especially youth 13-years of age and older
- Sibling groups
- Racial, cultural, and ethnic diversity – with specific focus on Native American, Hispanic, and African American children and youth
- Children and youth with behavioral/emotional needs and intense supervision needs
- Medically fragile infants and young children
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) children and youth
- Mono-lingual Spanish speaking

- Deaf and hard of hearing

Update

In an effort to be data-driven, a Caregiver Recruitment and Retention Report was developed in partnership with the DCYF Office of Innovation, Alignment, and Accountability. The report, available in infoFamLink, went live November 2019 and users are encouraged to provide feedback on its use and functionality. The Caregiver Recruitment and Retention Report was designed to assist DCYF staff and partners in using data to drive practice. There is an internal and external viewing option for this report, so it can be shared at RDS team meetings and continue to meet confidentiality requirements. This report illustrates key information from five domains:

- Caregivers
- Placements
- Removals and Exits from Care
- New Applications and Licenses
- Foster Home Closures

Data can be filtered by DCYF region, DCYF office catchment area, county, zip code and school district; allowing the individual(s) to see information pertaining to existing resources and needs for a particular geographical area. For example, the report will be able to show how many children were placed in county versus out-of-county during their initial placement episode. Certain counties may find out-of-county placements occur at a high frequency and can identify strategies to keep children placed within their community.

Caregiver Recruitment and Retention Report	
Statewide Caregiver Characteristics: Household Composition	
1 Female Only	936
1 Male Only	73
2 Female Only	167
2 Male Only	62
2 Mixed	3,793
Other	13
All	5,044

Foster Homes by Gender and Household Composition
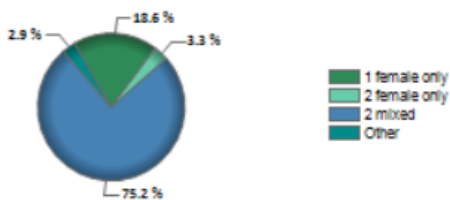
Data Source: Caregiver Recruitment and Retention Report, infoFamLink, External View, 01/01/2020

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As part of legislative changes occurring in 2018, the mandatory requirement for DCYF to contract with supervising agencies to increase the number of adoptive and foster families was eliminated. Beginning in July 2018, DCYF was able to review the success of foster parent recruitment and make determinations on how foster parent recruitment should be structured by the new agency. The determination was made to make modifications to the existing contract and continue to contract out recruitment and retention services. The current contract provides a greater emphasis on kinship support in the licensing and home study process.

Over the next year (July 2019-June 2020), DCYF will be exploring the potential of bringing recruitment and retention services in-house. DCYF will assess, evaluate, and develop a plan for implementation that includes policy and procedures for an internal program. If established, DCYF will implement a successful transition to an internal recruitment and retention organization effective July 1, 2020.

Update

- DCYF is moving forward with a new approach to the current recruitment and retention structure. The model will include bringing recruitment functions internally, while continuing to outsource retention and support. DCYF will hire Community-Focused Targeted Recruitment Specialists who will collect, assesses, and evaluate data that is geographically specific to areas within the assigned region to drive recruitment efforts and strategies unique to the community. DCYF will establish a contract for Caregiver Retention and Support services and will engage community partners in the procurement process. Additionally, DCYF will develop an Interagency Agreement with the Office of Family and Children's Ombuds to provide additional resources to support caregivers.

Characteristics of Children and Youth Needing Foster and Adoptive Homes

Children and youth placed in out-of-home care come from different geographical areas and are diverse with varying ethnicity, race, socioeconomic status, gender, language, religion, and sexual orientation and gender identity. DCYF places children and youth in out-of-home care from birth to 18-years old and provides extended foster care placement and support for youth up to age 21. DCYF affirms the value of placing children and youth with kinship caregivers whenever it is safe and appropriate to do so. With that said, nearly half the children and youth placed in out-of-home care are placed with a relative or person known to the child, youth, and/or family. In circumstances where this is not an option children and youth are placed in licensed foster care. DCYF placement coordinators across the state work toward making every placement a match in terms of keeping siblings together, ensuring the home is culturally appropriate, and knowing that the caregiver has the skills needed to care for the child or youth. However, this does not always occur due to a lack of available caregivers and capacity and a limited amount of information known about the child or youth at the time of placement.

DCYF strives to increase the number of foster homes available to meet the physical, emotional, and cultural needs of children and youth placed in out-of-home care. Efforts continue toward general, targeted, and child specific recruitment strategies to find quality caregivers. DCYF continues to look for ways to increase the pool of licensed foster homes who reflect the population of children and youth in care.

Update

Race/Ethnicity of Children in Out-of-Home Care Compared to Race/Ethnicity of Licensed Caregivers – 2020	
American Indian/Alaskan Native (includes multi-racial AI/AN) Children	1,123
Foster Homes with AI/AN Caregiver	196
Hispanic Children	1,240
Foster Homes with Hispanic Caregiver	529
Black Children (includes Black-Multiracial)	1,459
Foster Homes with Black Caregiver	336
Total Children of Color	**4,212**
Total Foster Homes with a Caregiver of Color	**1,219**
Caregiver counts include State, CPA and Tribal homes.	
Data Source: Minority, Licensed Providers by Location and Type and Relative vs. Non-Relative, infoFamLink, January 1, 2020	

There is an awareness of the disproportionality regarding children and youth of color and licensed foster homes and caregivers of color. Therefore, a special emphasis has been made in the current recruitment contracts to make concerted efforts towards recruitment of Native American, Hispanic, and Black caregivers throughout all communities.

In addition, recruitment efforts are focused on developing our current pool of licensed foster parents in order to care for children and youth with extensive emotional, behavioral, and physical needs. These are DCYFs most difficult to place children and youth, as they require an extensive skill set, above and beyond what is typically required of a foster parent. A review of the children and youth experiencing night-to-night and hotel placements reveals that DCYF needs additional foster placement resources for children and youth fitting these criteria.

FamLink data in 2019 indicates that there are 144 medically fragile children and youth placed in out-of-home care, and only 70 identified medically fragile foster homes. DCYFs Licensing Division (LD) is working with the Office of Innovation, Alignment, & Accountability (OIAA) in order to develop a report that can track identified children and youth who require intensive supervision needs. Presently, unless a child qualifies for Behavior Rehabilitation Services (BRS) or has been identified as medically fragile or medically complex, there is no easy way to identify that individual child in FamLink. Gathering additional data on children with extensive needs will help to guide and shape recruitment strategies for this specific population. Partnership with the Alliance will continue in order to develop curriculum on enhanced education and techniques specific to caring for high needs children and youth. This curriculum will provide more in-depth information on how to address behaviors outside of what is considered age and developmentally appropriate.

Olive Crest and EWU, have components built into the contract outlining goals to recruit and retain diverse, quality, safe, and nurturing foster families. The contract specifies populations of children and youth who are among the most in need of licensed foster care in Washington State:

- Racially and Ethnically Diverse Children
  — Native American and African American children and youth are disproportionally represented in the child welfare system. Families who reflect the racial and ethnic diversity of the children, youth, families

and communities served by DCYF must be encouraged to apply. Additionally, these families must be supported through the training and application process.

- <u>Various age groups of children and youth who may have experienced child abuse and/or neglect</u>
  - Ages thirteen (13) and older. These youth may have behavioral, medical, and/or emotional needs, which may include, but are not limited to the following:
    - Behavioral acting out, unmet or unique emotional or mental health needs arising from adverse childhood experiences and childhood trauma;
    - Fluctuating emotions, due to the loss of their parents, siblings, prior caregivers, school, teachers, friends, and community activities;
    - Gender identity issues;
    - Academic and behavioral problems in school;
    - Substance use issues;
    - Complex brain disorders, such as Autism Spectrum Disorders that include social, communication, and behavioral challenges which may be mild to severe;
    - Mobility issues;
    - Running away from care; and
    - Pregnant and/or parenting teens.
  - Children ages six (6) through twelve (12) years. These children may have behavioral, medical, and/or emotional needs displayed through behaviors, which may include, but are not limited to the following:
    - Fluctuating emotions, due to the loss of their parents, siblings, prior caregivers, school, teachers, friends, and community activities;
    - Behavioral acting out, unmet, or unique emotional or mental health needs arising from adverse childhood experiences and childhood trauma;
    - Behavioral acting out with emotional distress, attachment challenges, defying authority, and aggressiveness with siblings;
    - Mobility issues;
    - Complex brain disorders, such as Autism Spectrum Disorders that include social, communication, and behavioral challenges which may be mild to severe; and
    - Gender identity confusion.
  - Children ages birth (0) through five-years old. Infants and young children may have behavioral, medical, and/or emotional needs displayed through behaviors resulting from:
    - Unmet or unique emotional or mental health needs arising from adverse childhood experiences and childhood trauma;
    - Complex medical needs, due to substance exposure or addiction causing low birth weight, feeding problems, tremors, excessive crying and tight muscle tone;
    - Mobility issues;
    - Failure to thrive and/or learning disabilities;
    - Significant and complicated health care needs that require a high level of nursing skills and/or twenty-four (24) hour supervision to prevent life-threatening complications and deterioration of health status; and

- These young children require assistance in developing healthy attachments with their caregivers and their parents; and strong support in early brain development.
- Extended Foster Care (EFC)
  — Finding foster parents for youth ages 18 to 21-years old in EFC has been identified as one of the greatest recruitment challenges in Washington State, with every local office in need of targeted attention. DCYF seeks foster parents who can commit long-term to these youth, serving also as a coach or mentor to support them moving to independence.
- Sibling Groups
  — When children and youth are unable to live with their parents, their strongest ties are often with their siblings. Whenever possible, these children and youth need to live together in families that honor those relationships.
- Children with More Intensive Supervision Needs
  — Children and youth are in need of caring adults who can patiently work with their significant developmental, behavioral, and psychological challenges. Today many children and youth in DCYFs care are on the Autism spectrum. Concrete recruitment efforts must target prospective foster and adoptive families to apply specifically for this population of children and youth. Prospective foster parents must be able to encourage each child or youth to move past these challenges, when possible and help them achieve their full potential. Additionally, foster parents will understand the need to remain committed to the child or youth, to ensure each child or youth is able to remain in a stable family setting.
- Medically Fragile Children and Youth
  — Some children and youth have complex medical conditions that require the availability of twenty-four-hour skilled care from a health professional or a specially trained foster family member. Their conditions may be present all the time or occur frequently. The provision of proper technology, support, and service for these children and youth is critical. If interrupted or denied, the failure to provide immediate health care intervention could result in death. Medically fragile children and youth need quality, safe, loving foster parents who have the medical skill and understanding to meet both their vital medical needs and nurture their emotional well-being. Foster parents must also be committed to helping the child or youth's parents understand the special care needs for their children or youth when they return home or move into a permanent placement.
- Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ+) Children and Youth
  — Children and youth who identify as LGBTQ+ are disproportionally represented in the child welfare system and can have different cultural needs. These children and youth need safe, understanding, and supportive foster parents who will serve as their ally. Additionally, LGBTQ+ children and youth need foster parents who will work with their birth families, schools, and communities to offer support and acceptance in light of the challenges they face due to their sexual orientation, gender identity, and expression (SOGIE).

Strategies to Reach All Parts of the Community

To meet the need for adoptive and foster home placements, DCYF uses three recruitment strategies:

- **General recruitment** helps build public interest and awareness. Recruitment messages appeal to prospective families and their desire to make a difference for children and youth. This strategy encourages the development of communities that are responsive to the unique experiences of caregivers and children or youth in out-of-home care. Examples of general recruitment include marketing and communication efforts placed in locations that are frequented by a large cross-section of the public.
- **Targeted recruitment** uses data and demographics of the children and youth in out-of-home care to recruit resources specific to a need. This type of recruitment is culturally responsive and community based. Regional RDS teams guide these efforts and develop regionally based, targeted recruitment strategies with contracted recruiters. Targeted recruitment may include marketing and communication efforts tailored and placed in specific venues. It can also include outreach to organizations that serve particular groups. One example of targeted recruitment is partnering with Special Olympics to generate interest from families who understand and are interested in serving the unique and special needs children and youth.
- **Child specific recruitment** focuses on recruitment of prospective families for specific children and youth in out-of-home care. Child specific recruitment may include the sharing of biographical sketches of children or youth with specific foster parent groups, brief video vignettes of individual children or youth, or child and youth developed profiles shared with recruitment partners.

DCYFs current contract outlines each recruitment strategy and the individual providers work toward implementing these strategies within designated communities within their catchment area. For generalized recruitment, contractors continue to collaborate with local RDS teams to seek out prospective foster parents from all backgrounds willing to care for children 24 hours a day, 7 days a week. The approach is to increase community awareness of the need for diverse, qualified foster parents to provide safe, temporary care in both urban and rural communities. Consistent messaging is used in marketing and communication by both Olive Crest and EWU that foster parents should be willing to accept placement of children and youth of all ages, backgrounds, needs, support reunification, and engage with the child or youth's parents or guardians and kinship caregivers.

Targeted recruitment efforts are developed by the contractors as to how they will address recruitment for the populations most in need as identified above. Targeted recruitment efforts are data driven and developed in consultation with the local RDS teams. A key data source to track prospective foster parent characteristics is through the SRIC. The SRIC Data Tracker has been a contracted service through NWRA since 2009. This serves as the data management system for DCYFs Recruitment and Retention contractors, DCYF staff, and RDS teams. This system tracks prospective foster parents who inquire about becoming a foster parent via an online inquiry form or from individuals or families who call the state's recruitment phone line at 1-888-KIDS-414. The existing contract with NWRA for the SRIC Data Tracker and call center is effective through 2020.

Data available to the contractors from the SRIC includes:

- General and specific forms of recruitment information that have prompted the family to inquire about foster care and adoption, including families who have responded to AdoptUSKids;
- City and county of prospective foster families;
- The best way to connect with the prospective foster family (phone, cell, email);

- Family's specified area of interest (foster only [temporary care], fostering into adoption, relative care, adoption only, guardianship);
- Numbers of new inquiries made each month (by type), reported by region/local office/source;
- Spanish speaking inquiries and ongoing support for Spanish speaking callers;
- Referrals directed to the contractor;
- Contacts (date, time, type) made by the recruiter or liaison;
- Specific recruitment efforts made by the liaison in their identified area;
- Follow up contacts made with each individual prospective family;
- Group contacts made by the recruiter or liaison; and
- Bulk email messaging to all prospective families in the recruiter or liaisons area or by region.

Update

- DCYF worked with contractors from the SRIC and the recruitment and retention contractors to develop an additional category for prospective foster parent contacts. The new category is for "individual e-mail" contact. This was done in order to separate the types of contacts contract staff were documenting during the pre-licensure and post-licensure support process. Now it is clear whether the contract with the PFP was done with an individual e-mail versus a bulk generic e-mail.
- With the SRIC information, contractors can pin down specific geographical areas and determine what areas have a strong presence of individuals interested in foster care as opposed to those who do not, which can guide recruitment related efforts.
- Child specific foster care recruitment efforts include the contractors being asked to find a foster home to meet the specific needs of an individual child or youth. This is done through developing a localized messaging plan, in consultation with the RDS team. When additional assistance is needed, the plan supports DCYF placement staff to share information with foster parents about children or youth with highly unique needs, such as those entering foster care, disrupting from a current placement; when a foster home is not readily available; and where an emergent need for placement exists.
- DCYF has established an Adoption Call to Action core group to develop new strategies to achieve timely permanency for children and youth in out-of-home care who are waiting to be adopted. The contracted provider for the SRIC is a member of the Call to Action core group and runs the Northwest Adoption Exchange (NWAE). Increased resources are being explored to continue work with NWAE to enhance current programs for child-specific recruitment that are youth driven and showing positive results. Please see Adoption Call to Action plan in the 2021 APSR for more information.

Olive Crest (Fostering Together)
Olive Crest holds the recruitment and retention contract for regions 3, 4, 5, and 6 effective July 1, 2018 through June 30, 2020. They had previously been awarded the contract for this same area which has allowed them to build upon their established program. Olive Crest implements a wide array of recruitment and retention efforts. Their recruitment liaisons input information into SRIC which allows data tracking of prospective caregivers. They maintain a website to help both prospective and current foster parents learn about DCYFs recruitment needs and efforts. The website can be modified daily, ensuring timely access to updated information. This website provides easy to access information on:

- DCYFs need for foster parents, especially foster parents who could care for children and youth in the identified priority populations;
- Training availability across the state, in the regions and offices Olive Crest serves, providing foster parent training, including a link to the Alliance's caregiver's training page;
- Families' success stories;
- Recruiter/liaison's contact information;
- Adoption services;
- Statewide foster care and adoption service agencies;
- List of events of interest for foster and adoptive parents, including the newly launched Experience Washington page that lists business and organizations who partner with Olive Crest to provide free or low cost activities and opportunities for children and youth in foster care;
- Caregiver Support:
  — Foster Intervention Retention and Support Services (FIRST Program);
  — Foster Parent Critical Support and Retention Services;
- Support groups including in-person and online via closed Facebook groups:
  — 53 in-person support groups now exist across Western Washington in urban and rural areas and offer wide topics of interest. Foster parents are frequently able to obtain LD-approved training credits at local support groups that are applied to their required individual training plans;
  — 29 Facebook pages remain active to support foster parents, prospective foster parents, military foster parents, foster-adoptive families, adoptive parents, relative caregivers, foster teens and deaf foster parents and foster parents within their local county. The Olive Crest Facebook online groups are utilized and praised by both veteran and new foster parents. New support tools offer information to new or prospective foster parents and secure member groups are available for existing foster parents or relative caregivers. The Facebook pages enable caregivers to connect with other caregivers. Caregivers seek information and support from other caregivers and share information and resources. Online groups also offer DCYF the ability to quickly share information with caregivers;
  — Olive Crest opened an active Twitter page sharing information about the need for foster parents and upcoming recruitment events;
- Olive Crest participates in the 1624 consultation team to offer information on issues of importance, such as foster parent training and challenges encountered by caregivers; and
- Olive Crest is a strong presence in their regional RDS meetings with 100% attendance at all scheduled meetings.

Recruitment Activities
Olive Crest continues to seek and build new recruitment partnerships with tribal, Hispanic, African American, and LGBTQ+ community partners and stakeholders. They continue to utilize their African American, Hispanic, Native American, sibling groups, and LGBTQ+ recruitment videos effectively in ongoing recruitment. New foster care liaisons within each school district have been invited to participate in recruitment collaborations. African American, Hispanic, and Native American recruitment outreach specialists work to engage these communities to build stronger recruitment collaborations and help address the need for foster parents.

Culturally relevant recruitment materials were developed with community stakeholders and are supporting recruitment within the African American, Hispanic, and Native communities.

Outreach to African American communities has included collaboration with local organizations and participation at several events to provide a presence and recruitment materials to community members. A few of the events include the African American Reach for the Stars event, Hilltop Street Fair, Purpose Driven Woman's Luncheon, Building Brighter Futures event, and Back 2 School Community of Color event. An African American recruitment video was created and has been shared via social media platforms to include (Facebook, Twitter, Instagram). The statewide Black Dollar Business Directory was also targeted to help share recruitment messaging with local business. African American foster care community information panels were launched to share information and answer questions about the licensing process

Outreach to Hispanic/Latino communities has included conducting interviews and marketing with Spanish radio stations. Translation of recruitment materials into Spanish and production of a Spanish recruitment video to support their Spanish speaking community information meetings in areas where the need for Hispanic/Latino homes has been identified. This video has been made available online and administered through various social media platforms (Facebook, Twitter, Instagram). Presentations where they share recruitment messages and materials were held in each region to include attendance at the Latino Youth Summit, Hispanic Roundtable, Everett School District, and several Spanish speaking organizations including churches. In addition, the Hispanic outreach liaison had a booth at the Annie Production 5th Avenue Theatre where recruitment materials were handed out to participating individuals at the venue.

Partnership with local RDS teams to encourage participation by Tribes, collaboration with United Indians to be present when requested to share information at pow wows, and partnership with tribal child welfare agencies to provide Native children, and their caregivers opportunities to participate in traditional cultural events. These partnerships have enhanced building connections with tribal leaders and their respective child welfare agencies.

Outreach to Native American communities has continued by way of relationship building within local tribal communities. The Native American liaison for Region 3 has developed a connection with one school district serving a high population of Native American students. The goal being to establish a cooperative relationship between the school district, tribal child welfare, education departments, and liaison with the shared goal of proving culturally appropriate homes to Native American children and youth placed in foster care. In addition to in person recruitment efforts,

media advertisements related to recruitment has been included in Native American publications, such as the Cowlitz Tribe Newsletter. Recruitment tables are held at several Native American events to include Paddle of Puyallup, Canoe Journey Jamestown Beach, Quileute Days, and Nisqually Resource Dinner.

These efforts continue on behalf of the Fostering Together team. They continue to work toward building new partnerships and enhancing existing relationships in their mission to recruit and retain caregivers.

EWU was awarded the recruitment and retention contract for regions 1 and 2 effective July 1, 2018 and run through June 30, 2020. They had previously been awarded the contract for this same area which has allowed them to build upon their established program. EWU's contract implements a wide array of recruitment and retention efforts developed in conjunction with multiple partners to address recruitment and support of foster parents in Eastern Washington (Regions 1 and 2). The RDS teams in this area develop recruitment guidance based on data driven placement needs. EWU has structured their service delivery to address the need for local mentors (RPM) to help prospective families navigate the system. Thirty-six part-time RPMs now serve the foster and kinship families of eastern Washington. Three regional coordinators, have expanded direct regional recruitment efforts throughout eastern Washington. Regional coordinators share support for local mentors in utilization of the SRIC data system, with the RPMs responding to inquiries within 24 hours. RPMs also provide ongoing support to potential families and veteran foster parents.

EWU has established a strong online presence and growing caregiver participation on their website, as well as four foster parent Facebook pages to support foster parents and relative caregivers. An additional Facebook page serves families interested in applying to become a foster parent. Fourteen foster parent in-person support groups now exist under EWU's contract with the groups supported and facilitated by a recruitment coordinator or RPM. Online Facebook ads targeting specific recruitment efforts continue to reach specific populations in identified communities across Regions 1 and 2.

EWU continues strong participation in EWU continues strong participation in each of the local RDS meetings in the various field offices covered in their catchment area. The contractor strives to achieve in-depth reach within the communities that are responsive to recruitment direction and needs. EWU has opened a section on their website to share information about the local CPAs who are partners in recruitment work. EWU is a strong resource in identifying best practices and successful lessons learned through participation in webinars and resources offered through the National Resource Center on Diligent Recruitment and other sources that can inform successful recruitment. EWU's Fostering Washington leadership and their recruitment coordinators participate in 1624 meetings at both the regional and statewide levels.

Recruitment Activities
EWU partners with faith-based communities, African American, Hispanic, Tribal, and LGBTQ+ organizations and other entities that reflect and understand the demographic, cultural, and ethnic diversity of children and youth entering foster care. These groups offer insight and contribute to local efforts to recruit the diversity of foster families needed for children and youth entering out-of-home care. EWU has begun work to build recruitment materials in language and culturally responsive to the diverse populations located in Regions 1 and 2. They have shifted to a stronger focus on targeted recruitment in response to the needs identified by the local RDS teams. They are seeking foster parents of color as RPMs. As EWU and the local RDS teams use data to identify the diverse backgrounds of children and youth entering out-of-home care, EWU connects with those communities both personally and online to join with them through social media. This provides opportunities to share information about the need for foster parents within the community. Local communities are matched with an experienced RPM to provide consistency and continuity in meeting their diverse needs.

Media engagement targets diverse communities through radio, television, newspaper, and social media to help build general awareness of the need for foster parents. Partnership with radio station KDNA helps to reach Spanish speaking foster parents across eastern Washington; follow-up activities occur with the station to keep interest alive. EWU has expanded work with Tribal child welfare agencies to support recruitment efforts with the Yakama Nation, Nez Perce Tribe, and the cities of Wapato, Mabton, and Toppenish, all which have high Native and Hispanic/Latino populations.

Cultural events have been identified by the RDS teams for EWU to share information. Ongoing communication with Tribes have assisted both recruitment contractors in building greater cultural humility, competence and stronger tribal partnerships. EWU takes its lead from the Tribes to help develop foster care recruitment opportunities or assist the Tribe in doing so. EWU remains mindful to provide an open invitation for local tribal representatives to participate in RDS meetings held monthly. Native American outreach was conducted by the RPM through presentations on the need for culturally appropriate foster homes at the Yakama Nation Cultural Center, Yakama Behavioral Health, and Wapato and Toppenish School Districts. In order to broaden outreach attempts, recruitment materials were translated to Salish and distributed at a Native American cultural event. A Fostering Washington recruitment ad was published in the Tribal Tribune newspaper which is distributed to approximately 3,400 households and shared via their social media platform.

Because of the smaller population of African Americans living in northeastern and southeastern Washington, EWU has continued to find it challenging to engage this community. Utilization of current African American foster parents in opening recruitment doors has been positive. They have been able to hire one African American RPM to work within the community and have set a goal to hire others. They have expanded visibility within a number of the African American community events to include the MLK Multicultural Fair and Unity in the Community Event. The MLK Day March, Unity in the Community, Black-Owned Business Expo, Juneteenth, and Black History Month event are additional events in the community EWU reaches out to.

EWU's work with the Hispanic community improves each year as they partner with local Hispanic leaders. Most recruitment material is now in both English and Spanish. They have established an approach to understand the needs of the community, listen to their concerns, and establish recruitment efforts that are respectful and share the need of local children and who are in out-of-home care. The RDS teams help focus recruitment on communities with large populations of Hispanic families. LD and SRIC bi-lingual staff respond to individuals who call for more information. Spanish speaking RPMs and bilingual staff from the SRIC offer help and support to Spanish speaking prospective foster parents who begin the process.

These efforts continue on behalf of the Fostering Washington team. They continue to work toward building new partnerships and enhancing existing relationships in their mission to recruit and retain caregivers.

The partnership developed between DCYF and the Office of Deaf and Hard of Hearing (ODHH) continues to offer consultation and resources to benefit families and children across Washington. Deaf and ASL proficient families are encouraged to submit applications and tell their friends about the need in response to recruitment presentations. Deaf/ASL proficient foster parents connect on line via EWU and Olive Crest's Deaf/ASL Facebook pages.

Update

- Both Fostering Together and Fostering Washington have continued diligently in fulfilling the contracts for caregiver recruitment and retention. Due to the COVID-19 pandemic, both contractors have had to alter their approach to continuing this work. They were both able to shift resources and transition work virtually for liaison/RPM's. Recruitment events that were scheduled in person have all been cancelled. Caregiver appreciation events have been postponed for later in the season.

- To help support kinship caregivers and assess any potential needs, DCYF worked with the contractors to complete a special project in contacting over 3,000 kinship caregivers with an active placement. This work is still in progress, but close to concluding. Liaison/RPM's were provided a list with contact information along with a script to assist with information gathering and assessment. DCYF ongoing mental health (OMH) screeners were also involved as an additional resource to caregivers. If during the process of the check-in call a caregiver expresses concerns related to the mental health of a child in their care, the liaison/RPM is able to make a referral to the OMH screening team who will reach out and offer additional assessment and resources. OMH screeners are also able to provide this support directly when they have contact with caregivers. Depending on how long the stay-at-home order will continue, DCYF will continue to partner with the contractors to provide virtual support to caregivers.

Dissemination of Information Regarding Becoming a Foster and Adoptive Parent

DCYF contracted recruitment staff utilize a variety of methods in order to disseminate information on becoming a licensed foster or adoptive parent. A primary shift in practice has been towards a focus on technology and the use of social media. Both Olive Crest and EWU have built several social media platforms through venues such as Facebook, Twitter, Instagram, YouTube, online support groups, and sharing advertisements through Craigslist, online Community Boards, Peach Jar (an online digital distribution system for school districts), and Classified Ads.com. In addition, Olive Crest has developed a mobile application for smartphones that is available at the Google Store, iTunes, and Amazon App Stores. Olive Crest and EWU continue to distribute recruitment materials extensively across their respective regions ensuring resources are available to their RDS teams, in local communities and through their regional recruiters. Olive Crest's recruitment videos for targeted recruitment related to: sibling groups, African American, Hispanic, Native American, and LGBTQ+ children and youth, and teens, continue to be effectively used.

Other traditional forms of recruitment are done by both contractors. This includes creating publications distributed at community events, placed strategically at businesses, coffee sleeves to churches and business's, bookmarks to schools and libraries, and rack cards and flyers at organizations, building community awareness and partnerships. Developed materials are submitted for final approval to the DCYF headquarters program manager prior to publication. These materials are developed to ensure a consistency of theme and completed with a professional level of quality. These materials are shared with the local RDS team when a local recruitment campaign is in need of material. DCYF and the local RDS teams continue to consult with Olive Crest and EWU in the development of any new recruitment materials. This partnership improves the quality of each contractors existing and new recruitment materials (see figures 1 and 2).

Figure 1 and 2.

Fostering Together, 2019 Publication

DCYF continues statewide monthly adoption consortium meetings which were initiated in June 2016. Consortiums are an opportunity for adoption workers, Child and Family Welfare Services (CFWS) workers, LD workers, Guardian ad Litems/Court Appointed Special Advocates (CASA), private agency workers, contracted recruiters, and families to present information on children and youth who are in need of permanent homes and families with approved home studies who are awaiting placements. Video conference sites are located in offices across the state and a phone-in conference line is available for those private agencies and families residing outside the state of Washington. In June and October 2019, DCYF staff, private agencies, community partners, and families are invited to attend Consortium in-person rather than through a video conferencing site. These events are one to two days in length and in addition to presentations of children, youth, and families, cross-training opportunities are provided for attendees. Training topics included permanency considerations, team building, and best practice ideas when assessing families for placement.

To target adoption homes for children, DCYF contracts with Northwest Adoption Exchange (NWAE) to provide recruitment strategies for legally free children in need of permanent homes. In calendar year 2018, NWAE served 278 children and youth. All children and youth served were featured on the password-protected Washington Adoption Resource Exchange (WARE), warekids.org, and the majority were also featured on the public NWAE website, nwae.org. Of those children and youth served, 62.91% were aged 12 or older and 46.18% were minority youth. In addition, 61.09% were males, 37.09% were females and 1.82% identified as

transgender. In addition, NWAE maintains Wednesday's Child, which provide child or youth specific recruitment videos produced by NWAE and accessible to the public. These videos help maintain the community's awareness about children and youth needing an adoptive family as well as serve as a child or youth specific recruitment tool.

Update

- Between January and December 2019 there were 120 children registered on WARE and a total of 308 children served. Of those children served:
  — 56.49% were aged 12 or older
  — 44.16% were minority youth
  — 62.99% were males
  — 34.41% were females
  — 2.60% identified as transgender

The DCYF website is another avenue for individuals interested in learning more about becoming a foster or adoptive parent. DCYF has a page designated for Foster Parenting & Kinship Care, which a direct link to "Become a Foster Parent". The website provides information specific to the licensing process, training requirements, and an option to complete online Orientation. Contact information is provided for each identified regional LD contact to field questions and/or concerns about becoming licensed. In addition, links are provided to access the recruitment contractors for additional support and the Alliance to sign up for training. DCYFs pages on "Become a Foster Parent" and Foster Parent Training are all within the top ten most visited sites on DCYFs internet pages as of February 2019.

DCYF was created as of July 1, 2018 in accordance with House Bill 1661 signed into law on July 6, 2017. DCYF has restructured how the state serves at-risk children and youth with the goal of producing better outcomes for children, youth, and families in all Washington communities. Beginning July 1, 2019 Juvenile Rehabilitation (JR) and Working Connections Child Care (WCCC) will join the new agency. A benefit of this new agency as it relates to recruitment and retention efforts is that DCYF has more resources to share information with the addition of a full, dedicated communications team.

Update

- Juvenile Rehabilitation (JR) and Working Connections Child Care (WCCC) successfully transitioned to DCYF in 2019.

Assuring Prospective Foster and Adoptive Parents Have Access to Licensing Agencies

DCYF has a vested interest in obtaining quality caregivers to provide for children and youth placed in out-of-home care who have experienced child abuse, neglect, and trauma. There are two pathways in which an individual can become a licensed foster parent. The first is by applying through DCYFs LD; and the second is by applying through a private Child Place Agency (CPA) to be certified and then issued a license by the state's LD office. CPA caregivers receive additional oversight and case management services that are not available in state licensed foster homes. There is a strong presence of CPA's throughout the state. There are many

agencies available to individuals interested in becoming licensed; all are encouraged and supported. DCYF continues to partner with CPA across the state to recruit and license quality foster parent

In addition to holding the contract for the SRIC database, NWRA provides a comprehensive list of CPA throughout the state via their website. The site also provides information on how to research a prospective CPA and determine what agency will be the best fit. DCYF is taking part in a recently developed foster parent recruitment tool using a Foster Care Funding Collaborative Marketing strategy. This tool was developed by the Washington Association for Children and Families (WACF). This tool uses new age technology to track users through multiple web browsers. Individuals are provided an informative portal where they enter information and are asked to capture their family's motivation and ideal around foster care. The individual is then matched with three agencies (included DCYF as an option). Participating agencies are sent the prospective foster parent's information for an immediate follow up. This recently launched in February 2019 and will continue to be monitored by WACF for efficacy. Contracted recruiters are there to recruit homes for children and youth placed in out-of-home care. They are an objective party tasked with providing information on the benefits to being licensed by the state or a private agency. During in-person orientations held monthly within the local field offices, recruitment contractors provide a comprehensive list of CPA's in the area and discuss the participants to different tracks available for licensure.

In addition to finding information on becoming a foster parent within DCYFs website, there is a link to obtain more information. This connects you to an online portal to enter contact information, geographical location, race/ethnicity, age, what type of care the potential foster parent is interested in providing, identifying if they a relative or kinship caregiver, what encouraged them to apply, and primary language. This information is then processed into the SRIC database and assigned to one of the contracted providers. Contact occurs with the prospective foster parent within 48 hours. The identified liaison or RPM provide the individual with comprehensive information as it relates to the licensing process, including information on how to access state and private licensing agencies.

Early and ongoing foster parent support through Olive Crest, EWU, and DCYF helps support families. Newly licensed foster families receive support from Olive Crest's foster parent liaisons and the EWU RPMs to ensure a resource of support for the many questions caregivers have during their first placement. This support by the Olive Crest liaison and EWU RPM helps build caregivers skills and confidence. Participation in support groups and online Facebook groups helps create a caregiver support community. Caregivers feel encouraged to consider accepting placements of children and youth with diverse, unique, and often challenging needs, which promotes ongoing development and helps achieve the right placement for a child or youth the first time.

Through a partnership with LD, prospective foster families learn about:

- Children and youth who enter out-of-home care, trauma they may have experienced, and available services,
- Licensing requirements;
- The application and home study process, background check requirements, and timeframes for licensing;
- Fostering experiences from veteran caregivers at Caregiver Orientation and Caregiver Core Training (CCT);

- Opportunities for direct contact with DCYF contracted and partner agencies and experienced foster parents during the CCT field experience; and
- Ongoing support from either Olive Crest's liaisons or EWU's resource peer mentors when questions arise regarding training, applications, home studies, and licensure process.

Training for prospective and existing foster and adoptive families is available through the Alliance. The Alliance is a comprehensive statewide partnership developed with the University of Washington School of Social Work (UW), the University of Washington – Tacoma (UWT), EWU, DCYF and Partners for our Children (POC) through UW. The Alliance partnership delivers training for DCYF staff as well as caregivers. Cultural competency is a foundational part of the curriculum. DCYF staff, prospective, and existing caregivers receive cultural awareness and competency training in the core curriculum.

The 24 hour CCT curriculum provided to prospective foster families is available in all regions and many communities across the state. A variety of training times and locations, including days, evenings, and weekends, are available to allow prospective foster families access to classes. The Alliance now publishes online class schedules three months in advance. They have also expanded scheduling locations when possible to support better access for potential foster parents.

Legislation passed in Washington State requiring all components of the foster parent preservice training be made available online, allowing individuals to complete as much online preservice training as is practicable while requiring that some preservice training be completed in person. As of September 2, 2018 the Alliance launched an online version of CCT which is now available as a self-paced, e-learning experience. The same content offered in the classroom is now available and can be completed anytime or anywhere there is an internet connection. Powerful, natural voices of youth, caregivers, and birth parents give participants real life perspectives and strategies. Individuals completing the online version are required to participate in one field activity to complete the course. The field activities cover a broad range of items; some examples include attending a local support group or dependency court hearing, volunteering at a fostering event, or having a one on one meeting with an experienced foster parent. Field activities are coordinated and facilitated by the assigned Alliance trainer. After an individual completes the 8 sessions on-line, they receive a coaching session with an Alliance trainer where they have the ability to ask and have questions answered. DCYF LD staff and other stakeholders participated in the development of the online curriculum. The Alliance is collaborating with POC to evaluate the content and provide feedback on this modality in comparison to the classroom version. As of December 2018, the Alliance reported 245 completions of online CCT since launching in September. Popularity for the online version of CCT continues to grow.

Olive Crest and EWU both carry the CCT schedules and information on how to access online CCT on their web pages and post them frequently on Facebook. The Olive Crest liaisons and EWU's mentors share training dates when families inquire through the SRIC and at other recruitment activities. Olive Crest's liaisons and EWU's mentors are present at all CCT trainings to support and answer questions prospective families may have. Prospective foster families receive the home study application form prior to or at CCT, and many have questions about requirements. Information on how to contact LD, links on how to access LD forms, and how to connect with the recruitment contractor for their area is provided for both online and in-person CCT. DCYF and Alliance staff continue to partner with the recruitment contractors during CCT to assist individuals who

need additional support and assistance understanding the licensing process and requirements moving forward.

Update

- Online Caregiver Core Training (CCT) continues to be a utilized at a high rate for individuals completing pre-service training. During the last two quarters reported, the numbers of online CCT completions were double that of the classroom CCT settings.

Caregiver Core Pre-Service Training Utilization Rates	
October 1, 2019 – December 31, 2019	
CCT Classroom	157
CCT Online	312
January 1, 2020 – March 31, 2020	
CCT Classroom	113
CCT Online	386
Data Source: Alliance for Child Welfare Workforce and Caregiver Training Quarterly Report Quarter 2 and 3	

Due to COVID-19, DCYF decided to waive the hands-on component for providers or caregivers who are needing to complete or become re-certified in First Aid/CPR training.

All providers and caregivers needing this training are allowed to complete an online course. Any online course that providers take during this interim must be nationally certified, such as the American Red Cross, American Heart Association or American Safety and Health Institute. There will be follow up with providers and caregivers to complete the hands-on component when it is safe to do so.

Staff Training to Work with Diverse Communities

DCYF partners with the Alliance to provide training to staff, tribal members, and caregivers across the state. All new DCYF employees are required to participate in Regional Core Training (RCT) in order to prepare social service specialists with the basic knowledge, skills, and understanding to begin their careers in public child welfare. RCT is a comprehensive training and coaching program containing multiple sessions which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals. Woven throughout RCT are several critical concepts, integral to best practice in child welfare, and designed to maximize learning within context and with relevancy to the work:

- Child safety, permanency, and well-being;
- Critical thinking;
- Trauma-informed practice;
- Disproportionality and racial equity in child welfare;
- Cultural competency/cultural humility;
- Reflection and recognizing bias;
- Documentation skills in FamLink; and
- Program specific job skills.

DCYF staff receive continuous education through the Alliance which provides frequent, accessible in-person and online training based on relevant and current curriculum. In particular, staff are highly encouraged to participate in Racial Microaggressions: Developing Cross Cultural Communication Skills. This seven-hour course is intended to have participants leave the training with a common language and understanding of what is meant by cultural competence and the work they need to do to grow their ability to effectively engage across cultures, an understanding of Racial Microaggressions and why they are problematic, and an increased ability to have courageous conversation about difference and to effectively engage racial tension.

LD staff who conduct home study assessments to assess for character, suitability, and permanency participate in an additional training course entitled Licensing Track Week. This training provides program specific guidance and illustration, and is facilitated by LD staff. In addition to learning the home study guide and assessment tools, there is specific information related to cultural, racial, and socio-economic variations that should be taken into consideration when working within each family. LD staff also receive comprehensive training on LGBTQ+ populations and best practice approaches when assessing caregivers.

Olive Crest and EWU are responsible for providing both existing and new staff training on Cultural Competence and Caring for LGBTQ+ youth. Contractors are to conduct annually trainings on cultural competence in order to support foster parents and kinship caregivers. In addition, the caring for LGBTQ+ youth is also conducted annually so staff can education families about caring for LGBTQ+ youth. These trainings, as approved by the DCYF HQ Program Manager, must have an emphasis on how to support families during the licensing process through documentation.

Strategies for Dealing with Linguistic Barriers

DCYF policy requires that staff are to provide Limited English Proficiency (LEP) clients access to DCYF programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively. All form and publications for DCYF are provided in various languages. If there is a specific language in which a form is not translated, DCYF will work diligently to submit the request and provide services in the requested language as soon as possible.

During the home study and licensing process, DCYF offers interpretive services at no cost. In addition, DCYF LD has several staff members state-wide who are certified to interpret in various languages. DCYF staff are required to document LEP clients and services offered to alleviate any communication barriers. The SRIC database captures the primary language of prospective foster parents and provides this information to the respective contractors. In addition, the NWRA has a Spanish speaking staff to cover telephonic inquiry request with Spanish speaking individuals.

Olive Crest and EWU are responsible for providing appropriate, accessible, and culturally relevant services to clients and their families. Service delivery must be culturally competent and responsive to each client's cultural beliefs and values, ethnic norms, language needs, and individual differences. It is encouraged that both programs employ a diverse workforce that reflects the diversity of their clientele and the community. LEP clients are provided with a certified or otherwise qualified interpreter and translated document. Deaf, deaf-

blind, or hard of hearing clients are provided a certified sign language interpreter if needed. These services are provided at no cost to the client.

1) Non-discriminatory fee structures

DCYF provides services to all clients at no charge. An individual has access to training, required documents, recruitment materials, a home study assessment, and placement of children and youth with no out-of-pocket expenses. At times there are additional costs for an individual seeking foster care licensure. These costs can include funds spent to prepare the home to meet the minimum licensing requirements (obtaining a fire extinguisher, emergency escape ladder, first aid kit, etc.), fees associated with the required medical physical and TB tests/Immunizations, and obtaining appropriate furniture/bedding. Financial assistance is available to kinship caregivers who are getting licensed to assist in eliminating barriers.

Foster parents who are identified as the permanent placement resource for the child or youth placed in their home have the ability to adopt that child. There are fees associated with adoption through DCYF and the costs of adopting a child from foster care are typically kept to a minimum and adoptive families may be eligible for reimbursement. Incurred costs are generally limited to attorney fees and adoption home studies (if completed by someone other than DCYF). Foster families may apply for a non-recurring adoption expense reimbursement of adoption costs, the maximum reimbursable costs are $1,500.00 per child or youth.

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

Timely Search Efforts for Adoptive Placements

Washington's statewide policy requires if a child is not in a potential permanent placement, he or she must be registered with the Washington Adoption Resource Exchange (WARE), within 30 days after a termination of parental rights petition has been filed. The WARE resource is only available to families residing in Washington State.

After a child or youth becomes legally free, recruitment efforts also include registration with Northwest Adoption Exchange (NWAE), AdoptUSKids, WACAP Waiting Child, and other exchanges. DCYF contracts with Northwest Resources to manage NWAE, as well as, all exchange registrations for a legally free child and youth. Northwest Resources also provides photographers from across the state to take professional photos of the child for recruitment profiles. Child recruitment efforts also include the Wednesday's Child program (available in Western Washington), Saturday's Child program (available in Eastern Washington), and assignment of a worker from Wendy's Wonderful Kids (WWK) (available statewide).

The understanding of recuitment efforts the exchanges can provide continue to be a barrier for caseworkers and adoption caseworkers. NWAE has assisted by providing supplemental trainings to DCYF regarding services

and how the services can increase timeliness to permanency. This supplemental training will continue to be offered to all of the DCYF offices.

For children and youth placed out-of-state who require contracted services and his or her permanent plan is adoption, DCYF has a Purchase of Services (POS) program. The program and contracts are negotiated and created by the statewide adoption program manager for consistency; funding for services comes from DCYF HQ budget. To apply for POS funds, caseworkers must present a copy of the shared planning meeting notes to support the transition and placement stability of the child. The meeting notes must identify that the matched family is able to meet the child's needs. The caseworker must also include a transition plan, a copy of the family's home study and a list of any necessary services the family and/or child is in need of to support transition and placement stability. Those agencies provide monthly health and safety visits, as well as, reports and adoption finalization services for a fee. The POS program can be used to address barriers to adoption finalization. These include, counseling to stabilize the placement, completion of home studies and other supports in the adoptive home. Legally free children and youth in cross-jurisdiction placements with POS contract are tracked by the statewide adoption program manager. Monthly supervision reports are received and reviewed as continued assessment of the placement and safety and well-being of the child.

Additional statewide recruitment efforts to assist in the timely facilitation of adoptions include:

- In-Depth Youth Profile Services – Northwest Resources initiated youth engagement work and youth led in-depth profiles. The youth led in-depth profiles allows youth 12-years of age and older to make the decision on how the youth would like themselves presented for potential adoptive families. This includes the use of a variety of media sources such as participating in a podcast about him or herself, directing a video about who the youth is in the youth's own words, and written forms of information specifically directed and written by the youth.

- Reverse Matching Recruitment – Reverse matching recruitment promotes early and continued engagement with youth ages 12 to 17-years old on placement matching and allows the youth to be part of the decision-making process in placement selection.

- Wendy's Wonderful Kids (WWK) – specialized recruitment services that provides for an in-depth review of a youth's file as well as active searches for potential adoptive homes through the review of home studies. The deep dive into the youth's file is employed to identify potential natural supports who may have been previously contacted but were not available to be a resource, and/or to take a fresh look at prior relatives and/or suitable others previously vetted. A new contract between DCYF and WWK is in process with the most current contract expiring in October 2019.

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

Update

- The Permanency from Day One (PFD1) grant includes an Enhanced Youth Recruitment Strategy with two components to support timely adoption:
  — Individualized Recruitment Plans: Caseworkers will develop, revisit and update an individualized recruitment plan every three months with legally free children and youth that are not in an identified permanent home.
  — Reverse Matching Recruitment: Youth-directed matching strategy where youth and a support person or persons will review adoptive family profiles.
- This strategy will be implemented in late 2020 or early 2021.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN, 2021 APSR UPDATES

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: June 28, 2019 | Revised Date: August 15, 2020

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Washington State Healthcare Oversight and Coordination Plan

Coordination and Collaboration of Health Care Services Plan

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

- Washington State Health Care Authority (HCA) – Washington's Medicaid state agency
    — Division of Behavioral Health and Recovery (DBHR)
- Coordinated Care of Washington – Medicaid Managed Care plan
- Department of Social and Health Services (DSHS)
    — Aging and Long-Term Support Administration (ALTSA)
    — Developmental Disabilities Administration (DDA)
- Washington State Department of Health (DOH)
- Community physicians
- Seattle Children's Hospital
- University of Washington (UW)
- Children's mental health specialists
- Passion 2 Action (P2A) – Foster youth and alumni advisory board to DCYF

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

Through workgroups and consultation with professional resources, the department continuously works to ensure that the well-being needs of children in care are met.

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

Department of Children, Youth, and Families – Division of Child Welfare Programs

Child Welfare Programs has dedicated program managers with responsibility for implementation and maintenance of statewide policy and programs related to the physical and behavioral health of children and youth under DCYF placement and care authority. The program managers coordinate and consult with internal and external stakeholders and system partners to assure that DCYF policy and programs support and improve the well-being outcomes of children served by DCYF. The program managers oversee:

- Screening and assessment
- Systems integration/behavioral health
- Service Array
- Therapeutic Foster Home (SAMSHA grant position hired in Spring 2020)
- Physical health

- Substance use disorder

The Division also includes four On-going Mental Health (OMH) screeners. These staff are specially trained, non-case carrying Social Service Specialists who re-administer behavioral health screening tools for children that remain in out-of-home care longer than six months. OMH uses the same age-appropriate, validated screening tools used by the Child Health & Education Tracking (CHET) program when children initially enter care.

Health Care Authority – Foster Care Medical Team (FCMT)

The FCMT is a specialized unit of eligibility staff who initiate, monitor, and maintain Medicaid eligibility for children and youth in foster care, adoption support, and youth who are in foster care on their eighteenth birthday who maintain Medicaid eligibility until they turn twenty-six.

The FCMT receives electronic notification from FamLink (SACWIS) when a child enters placement, moves, or is adopted. This automatic process ensures assignment to the correct Medicaid program and supports continuity of care for access to established and needed services.

The FCMT requests medical records for children who remain in foster care for forty-five days based on Medicaid billing data. FCMT uploads any records they receive into FamLink so the records are available to the child's caseworker.

Coordinated Care of Washington (CCW) - Apple Health Core Connections (AHCC)

AHCC is part of CCW's contract with HCA to provide a single, statewide, managed care plan for all eligible children and youth in foster care, adoption support, and extended foster care (including alumni of foster care until their twenty-sixth birthday). Overall, AHCC serves approximately 26,000 children, youth, and young adults in this program.

AHCC reviews all newly enrolled children and youth to determine their level of need for care management services. AHCC employs registered nurses and behavioral health professionals to provide this service. A child with physical and behavioral health needs will receive care coordination for both.

DSHS – Aging and Long-Term Support Administration: Fostering Well-Being (FWB)

FWB unit was established in 2009 as part of DCYF's early efforts to implement the federal Fostering Connections Act of 2008. FWB is staffed with one unit manager, six part-time pediatricians, two registered nurses, and one outcome improvement specialist. When AHCC was implemented in April 2016, FWB retained wrap-around care coordination responsibilities for dependent children (ages 0 – 18) in the Apple Health fee for service program. The fee for service population of children and youth are either Tribal and must choose to enroll in managed care or undocumented children who are not eligible for federally funded Medicaid programs. Washington uses state funded dollars to support children who are not eligible for any federal Medicaid programs. Currently the fee for service population represents approximately 1500 children and youth in out-of-home care. FWB is able to review HCA's billing system, ProviderOne, to determine whether a tribal child is fee-for-service and/or has opted into a behavioral health organization or has been opted into managed care to determine eligibility for care coordination services. FWB also has access to ProviderOne's child specific claims data and prior authorization system and PRISM system billing data for all children in out-

of-home placement, which provides in-depth information regarding the clinic name, treating provider's name and primary and secondary diagnosis the tribal child is being seen for.

In addition to care coordination, FWB provides:

- Consultation to caseworkers and caregivers from the six part-time pediatricians as Regional Medical Consultants (RMC) who have a regional presence
- Clinical expertise for licensing and contracts monitoring of Behavior Rehabilitation Services (BRS) group homes and Medically Fragile group homes.
- Quality assurance review of Child Health and Education Tracking (CHET) screening reports for identification of medically fragile children
- Referral of CHET screening reports to AHCC for children enrolled in the plan
- Coordination of services not covered by AHCC, i.e. transportation and dental

Transportation and dental are a carve out for managed care, unless the dental is emergent, in which it would be covered by managed care under the health benefit services. FWB has a Service Level Agreement with HCA, which includes dental denials of service and prior authorizations as a resolution process for denials rather than going through the Administrative Hearing process. FWB works behind the scenes with the treating providers on HCA service/treatment denials to identify a less costly or alternative service that would be covered by Medicaid. FWB also received referrals from managed care if the child is in need of dental services and there is anything needed beyond finding a dental provider for the child. FWB provides the appropriate provider that accepts Medicaid fee-for-services for the child's dental needs in their local area.

FWB provides care coordination for children in out-of-home placement that need transportation services through the HCA that are not covered by managed care. For example, if a child needs medical treatment out-of-state at the Children's Hospital of Philadelphia (CHOP) in Philadelphia, PA as the only surgeon available that can provide that surgery is there, FWB works with the HCA Transportation Program Managers to coordinate the medical flight. Another example, is if a child resides in eastern Washington but needs services at Mary Bridge Children's Hospital or Seattle Children's and cannot be transported by normal means of transportation with the foster parent and needs a medical ground transport for health and/or safety reason, FWB coordinates with county transportation brokers contracted with HCA to provide the transportation.

HCA, AHCC, and FWB are key partners and contributors with DCYF in Washington's efforts to ensure children in out-of-home care receive appropriate physical and behavioral health care services and supports. All partners coordinate with each other and the child's caseworker and caregiver to identify and address gaps in eligibility and services.

Oversight and Coordination of Health Care

(1) Developing a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

Children must have an initial health screen by a medical professional as soon as possible but no later than five days after they enter foster care. Initial health screens help identify and manage urgent medical problems not immediately identified in the transition from the child's home into foster care.

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DCYF policy 4517. Health Care Services for Children Placed in Out-of-Home Care requires children in out-of-home care to receive age appropriate EPSDT examinations upon initial entry into out of home care and based on the Medicaid periodicity schedule:

- Within 30 days of out-of-home placement;
- Five examinations during a child's first year;
- Three examinations for children between one and two years of age; and
- Annual examinations for children between 3 and 20 years of age.

DCYF policy 4517 also requires caseworkers to schedule an initial dental exam to occur no later than the child's sixtieth day in placement.

The Child Health and Education Tracking (CHET) is a legislated, statewide program with specially trained child welfare staff. CHET staff do not carry an on-going caseload; their primary responsibility is to create a baseline of information for children when they enter out-of-home placement. CHET screens are completed for all children who remain in care 30 days and longer. CHET identifies and organizes essential information in the following domains:

- Physical health – Child receives an EPSDT by the thirtieth day in out-of-home placement.
    — CHET staff document known physical, behavioral, and dental health needs or scheduled appointments in the final screening report. The CHET staff help caregivers connect with needed providers including physical health, dental, and behavioral health providers.
- Developmental – Using the following age appropriate, validated screening tools for non-school age children:
    — Denver Developmental Screening Tool II (birth – 1 month)
    — Ages and Stages Questionnaires-third edition (ASQ-3) (1 month – 66 months)
- Education – Records for school-age children are summarized in the final CHET report. Summary of the records includes identification of needs and if the child has an Individual Education Plan (IEP) or other education interventions through the school district.
- Social/Emotional – Using the following age appropriate, validated screening tools:
    — Ages and Stages Questionnaires: Social Emotional (ASQ:SE) (1 month – 65 months)
    — Pediatric Symptom Checklist (PSC-17) – (66 months to 17-year olds)
    — Plus 3 – trauma screening (3-7 years)
    — Screen for Childhood Anxiety Related Emotional Disorders (SCARED) – trauma screening (7 to 17-year olds)
    — Global Appraisal of Individual Needs, short screener (GAIN-SS) – Substance use and co-occurring disorders (includes suicide question) – (13 to 17-year olds)
- Connections – The CHET screener meets face-to-face with the child and caregivers (as appropriate and based on the child's age) to identify age appropriate and positive connections for the child to organizations, comfort items, and community supports that should be maintained while the child is in out-of-home care. For infants, this could be a blanket or toy; for older children and youth, this could mean participation in a cultural group or sports activity.

CHET staff create a CHET Screening Report to summarize the results of the screening tools, medical and education records, and interviews with the child and caregiver. The CHET Screening Report is uploaded into FamLink and sent to the child's caregiver within five days of completion. The child's caseworker uses the CHET report in consultation with the child's bio-family, caregivers, and service providers to establish a plan to address the child's urgent and long-term well-being needs. Caseworkers and caregivers are encouraged to share the CHET report with the child's physical and behavioral health care providers. Caseworkers are given an introduction to the CHET process during Regional Core Training (RCT). There is a full-day in-service training that caseworkers can choose to take regarding the CHET report and the mental health issues caseworkers need to know to help the children and youth identified in their cases.

The CHET screening report is shared with FWB and AHCC as a tool that identifies the child's initial care coordination needs to address physical and behavioral health concerns.

- FWB nurses determine if a child meets the Medically Fragile definition per **DCYF policy 45171. Medically Fragile Children**.
    — FWB automatically provides care coordination for any medically fragile child who is not enrolled in AHCC.
- FWB forwards CHET Screening Reports for all children enrolled in AHCC to the health plan for initial identification of the child's physical and behavioral health care coordination needs.
- FWB provides care coordination as requested to fee for service children.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental concerns are identified on the Denver or ASQ-3 for children under 3-years of age.

Caseworkers are responsible to ensure that children in out-of-home care beyond 30 days receive ongoing, age appropriate EPSDT examinations and any follow-up services identified in the EPSDT examination.

The Fostering Well-Being program develops written comprehensive health overviews and clinical recommendations that integrate physical and behavioral/mental health for foster children and youth in the Apple Health Fee for Service population that are eligible for care coordination services, including children and youth who are medically fragile or complex. The health overviews and recommendations help support the caregiver and help the DCYF caseworker to identify appropriate placements and accomplish any prescribed or recommended follow-up referrals and services related to the child's and youth's physical and behavioral health care. This care coordination also provides a physical and behavioral/mental health baseline for primary care and specialty providers for the children and youth's ongoing care management.

(2) Health needs monitored and treated

The first Shared Planning Meeting (SPM) is held within 60 days of the child entering out-of-home placement. The SPM is used to discuss and address the results of the CHET screening and the EPSDT. SPMs occur throughout the life of the case and include bio-family, caregivers, service providers, and others important to the child and their case. SPMs also consider whether the child is in the most appropriate placement to meet their physical and behavioral health needs, and to identify what services will best meet the child's needs based on the CHET screening results.

DCYF screens children ages 7 to 17-years old for trauma related concerns in the CHET screening process so that caseworkers can link children and youth to appropriate behavioral health services.

- In 2019, DCYF continued to use a newly validated screening tool in OMH that allows the screener to identify trauma concerns in children ages 3 to 6-years old. This tool was not implemented in CHET as the IT solution for a CHET database update was not structurally sound and was not rolled out. DCYF is working on an IT project that will allow for updated data documentation for the CHET program.

The DCYF HQ Well-Being Unit has four Ongoing Mental Health (OMH) screeners. The OMH program began under a federal grant and in partnership with the University of Washington. The grant ended in 2018 and DCYF established OMH as a sustained program to identify and monitor behavioral health concerns of children and youth in out-of-home placement.

OMH re-screens children and youth ages 3 to 17-years old who are in care over six months. OMH uses the same emotional/behavioral health screening tools that are used in the CHET process:

- Ages and Stages Questionnaires: Social Emotional (ASQ:SE)
- Pediatric Symptoms Checklist-17 (PSC-17)
- Screen for Child Anxiety and Related Emotional Disorders (SCARED) trauma tool.
  These screeners assist caseworkers and caregivers by identifying new behavioral health concerns and making recommendations for referrals to services and evidence-based treatments.

OMH summarizes the screening results and items needing follow-up into a report that is shared with the caregiver and caseworker.

When health and mental health concerns are identified in the CHET screen, the annual EPSDT examination, or the OMH screen the assigned DCYF worker makes referrals to community or local mental health providers for a comprehensive mental health evaluation.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental concerns are identified on the Denver or ASQ-3 for children under 3-years of age.

Caseworkers make referrals to the FWB program for Tribal and undocumented children who are not enrolled in AHCC. Concerns and referrals are documented in FamLink and in the child's Court Report, which is updated at least every six months and shared with the child's caregivers.

Training is provided to caseworkers and caregivers regarding their roles in linking children and youth to appropriate services to address specific physical and behavioral issues and how they can support children, youth, and families. Trainings include:

- Dynamics of Abuse and Neglect, Resilience and Evidence Based Practices - the identification of trauma symptoms
- Dynamics of Sexual Abuse (outside trainer Jordan Royal from the Harborview Center for Sexual Assault and Traumatic Stress) – significant discussion related to trauma, Trauma focused Cognitive Behavioral Therapy, working with non-offending parents

- <u>Reunification Decisions & Transition Planning</u> – how trauma impacts children's behavior in care and during transitions home, impact of grief and loss, impact of transition on minimizing disruption/trauma to child
- <u>Adolescent Issues</u> – issues in adolescence including suicide and self-harm, internalizing and externalizing behaviors, and how to support youth with a variety of these concerns
- <u>Supporting Children and Youth in Care</u> – activity about essential connections explores the grief and loss/trauma of initial placement and subsequent moves. Trainees brainstorm on avoiding/minimizing these issues and supporting children and youth through the unavoidable ones.

The RMCs are available statewide and are available to answer questions from caseworkers and caregivers regarding trauma related issues.

Caseworkers utilize monthly visits with caregivers and children to:

- Discuss and monitor physical and dental health care needs and treatment plans.
- Support the caregiver and identify services that will meet the child's well-being needs.
- Ensure the child's behavioral health care needs are met.
- Ensure the child is in the most appropriate level of care to meet their needs.

Caseworkers are required to update the child's health, mental health, and education status in the Court Report every six months.

CHET Screeners and caseworkers make referrals to the FWB Program when fee for service children with unaddressed or uncoordinated health and mental health concerns are identified. The referrals are reviewed to determine which children need follow-up or care coordination services to ensure their health and mental health treatment needs are met.

The FWB program provides consultation and care coordination services for children in out-of-home placement. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited. Once a plan of care is established, FWB staff monitor and update the plan as needed.

FWB nurses and specially trained program staff document and upload important health and mental health information in FamLink to assist the assigned DCYF worker with continued monitoring and follow-up for children/youth in foster care.

DCYF has a contract with the Harborview Center for Sexual Assault and Traumatic Stress to provide the Foster Care Assessment Program (FCAP). FCAP is a multi-disciplinary evaluation that assesses the needs of referred children who are in out-of-home care for more than ninety days. Assessment services include a six-month follow-up period to assist the DCYF caseworker in implementing a placement plan and to help meet the needs of the child and family. Contracted services include:

- Permanency and Planning Consult - this service focuses on permanency and linking children and families with the most appropriate services. The consultation service provider structured case staffing, service identification, system navigation and care coordination. Permanency consultation also include identification of barriers achieving permanency, potential solutions, and action steps need to be taken to overcome identified barriers. Approximately forty-five-minute detailed consultation in person or via tele

or video conference will produce a one-page summary of recommendations with timeline, referrals to evidence-based treatment as needed.

- Standard and comprehensive assessments - these services consist of structured clinical interviews and the administration of standardized measures. A multi-disciplinary team representing pediatrics, psychiatry, psychology, social work, DCYF, and other consultants (e.g., ethnic/cultural and foster/adoptive parent) will review the preliminary results of the assessment. A written report is provided to the caseworker regarding the child and parents/caregiver's functioning with specific recommendations for services and permanency including timelines.

Training to DCYF staff regarding trauma symptoms, mental health diagnoses, evidence based treatments, and psychotropic medications is provided in person by the Alliance via In-Service and Regional Core Training (RCT).

FWB staff attend the DCYF Tribal Policy Advisory Committee (TPAC) meetings. Feedback from these meetings is used to ensure tribes are aware of any changes to programs or policies that impact health and mental health care for tribal children served by DCYF and tribes.

Coordinated Care of Washington (CCW) in consultation with DCYF provided trainings on Adverse Childhood Experiences, Resilience, and Trauma Informed Care for community providers, caregivers, and system partners.

AHCC calls caregivers of all children newly placed into foster care to review the CHET report and discuss caregiver questions and concerns about the child's physical and behavioral health care needs. During this phone call, AHCC also informs the caregiver about the child's identified primary health care provider.

(3) How medical information for children in care will be updated and appropriately shared to include the development and implementation of an electronic health record.
DCYF policy 43092: Child Health and Education Tracking (CHET) requires CHET screeners to share the screening Report within five days of completion.

Assigned caseworkers must:

- Review and update the child's health records at the time of each placement using FamLink and provide the caregiver with a copy of this information (e.g. Child Information/Placement Referral (CIPR) form and Health/Mental Health and Education Summary). See DCYF Placement Policy.
- Provide the caregiver with all completed assessments within five days of receipt.
- Update the child's health, mental health, and education status in the Court Report every six months.

Caseworkers and CHET screeners document known medical information into Health/Mental Health page in FamLink. This information is included in the Health/Mental Health and Education Summary that is updated every six months or when there is a placement change.

The FCMT staff at HCA request the previous two years of medical records for a child who was eligible for Apple Health prior to entering out-of-home placement and is in care longer than 45 days. All records received are uploaded into FamLink for the assigned caseworker to review and use in case planning.

The FWB unit is available to provide care coordination services to fee for service children in out-of-home care including those who are medically fragile or complex. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited. However, once a plan of care is established services are on an as-needed basis.

FWB nurses and specially trained program staff document medical and mental health information into FamLink about fee for service children who receive FWB care coordination services.

HCA developed an access for physical and behavioral health care providers to view paid claims data in ProviderOne. Providers can see the most recent two years of claims including prescriptions, hospitalizations, dental, and immunizations for children in out-of-home care.

All AHCC contracted providers have access to a secure provider portal that reflects billing data and information vital to the coordination of health and behavioral health care services. This helps to avoid over and under immunization, re-trying of medications already attempted, and continuation of treatment protocols to maintain progress of established health goals for the child.

FWB nurses enter immunizations into the Washington State Immunization Information System (WSIIS) when there is new or different information than what is reflected in the registry. Once entered, any medical provider who subscribes to WSIIS can see the child's immunization history.

The FCMT created a form to help tribes identify prior foster youth who may be eligible for Apple Health until their 26th birthday. The form also streamlines the process for Tribes and the FCMT to reinstate Apple Health eligibility.

Completed CHET reports are shared via a secure file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.

Update May 2020

- AHCC contacts caregivers around 45 days after the child or youth is in out–of-home care to discuss the CHET report and any recommendations and follow-up care the child or youth needs.
- The OMH screeners upload the results of the mental health screening tools into FamLink, and the caseworker is notified by email that the report is uploaded. A copy of the OMH report is mailed to the child's caregiver.
- Beginning in July 2020, OMH screeners will use secure email to send screening reports of children and youth with identified mental health concerns to AHCC for follow-up.
- DCYF and HCA executed a data share agreement that allows the two agencies to establish data and information sharing protocols. This information sharing is necessary to ensure children served through the AHCC plan receive timely, appropriate, and coordinated physical and behavioral health care services.
- The data share agreement is being updated to reflect additional data needs of DCYF including information about medical, mental health, and dental appointments of children and youth in out-of-home care.
- Families of adopted children and youth ages 18 to 26-years old who choose to remain enrolled in AHCC are able to access their health information through the CCW secure client portal.

(4) Steps to ensure continuity of health care services (which may include the establishment of a medical home for every child in care).

AHCC is DCYFs primary mechanism to provide a "medical home" for children and youth in out-of-home placement. AHCC assures that newly enrolled children are assigned to a primary health care provider or retain the same provider(s) the child saw prior to entering care.

When the child has an identified primary care provider or medical home, caregivers are encouraged to maintain that relationship and ensure continuity of care. AHCC has a "Continuity of Care" benefit that allows the child to continue to see their established, non-AHCC contracted providers, while AHCC works to establish a contract.

DCYF caseworkers are required to generate the Child Information and Placement Referral (CIPR) form in FamLink. Caregivers receive the CIPR no later than 72 hours after an initial placement or a placement change and includes the physical, behavioral, and education information known about the child at the time of initial placement or a placement move.

CHET screeners document available information about medical, dental, and mental health providers in FamLink in the health/mental health pages for each child. Identified concerns are noted in the CHET report in the "Items Needing Follow-up" section for the caregiver and caseworker's reference.

Caseworkers and caregivers jointly develop a Caregiver Support Plan for medically fragile children. The Caregiver Support Plan addresses the training and support needs of the caregiver and outlines a plan for planned and emergency respite care specific to meet the care needs of the medically fragile child.

FCMT mails reports that contain Medicaid billing data to caregivers of children ages twelve and younger when a child first enters out-of-home placement. These reports include immunization information from the DOH Washington State Immunization Information System. This supports continuity of care by helping caregivers identify possible primary care providers or medical home.

Youth who are not residing in their approved placement or who are in a temporary situation remain eligible for AHCC; their eligibility is not closed or suspended. Continued eligibility allows the youth to seek medical treatment or obtain needed prescriptions such as insulin when they are "on the run."

In January 2019, a fully integrated behavioral health system through CCW, AHCC program was implemented. AHCC program covers foster care, adoption support, and alumni of foster care population and covers full array of behavioral health services in addition to their physical health, in all 39 counties in the state.

Referrals packets to Behavior Rehabilitation Service (BRS) providers include physical and behavioral health care information so that potential providers understand the level of care the child or youth requires.

(5) Oversight of prescription medications.

DCYFs policy 4541: Psychotropic Medication Management outlines expectations regarding the role of the DCYF caseworker and obtaining consent from a youth (13 years and older) or bio-parent (for a child 12 years and younger) when psychotropic medications are prescribed. The policy also addresses obtaining authorization from the court, when necessary.

Information about the youth's rights to informed consent for psychotropic medications is included the in "Your Rights, Your Life" booklet for youth.

The Alliance and DCYF developed the "Mental Health: A Critical Aspect to Permanency and Well-Being" curriculum for caseworkers which addresses screening for trauma, mental health needs, psychotropic medications, and evidence based treatments. This training is currently provided in a train the trainer format and is part of RCT for new caseworkers.

The FWB program provides care coordination services for fee for service children and youth, which includes the identification of medications that require oversight. Children and youth who have a mental health diagnosis and are prescribed a psychotropic medication are eligible to receive care coordination.

- FWB receives a monthly list from the HCA of fee-for-service children ages 0 – 5 years old who are prescribed a psychotropic medication. FWB monitors and provides care coordination until the child turns six years of age. FWB communicates with the child's caseworker and caregiver regarding concerns and medication monitoring.

HCA sponsors the Pediatric Mental Health Stakeholder workgroup to establish and review Washington's community thresholds for reasonable prescribing limitations that are applied to the Medicaid population including children and youth in foster care. The workgroup meets "as needed" and is comprised of child psychiatrists, pediatricians, community mental health professionals, client advocates, and other community stakeholders.

The primary intervention used by HCA for psychotropic medication oversight is a mandatory review from the contracted Second Opinion Network (SON) when community established thresholds are exceeded. The SON is comprised of pediatric psychiatrists on staff at Seattle Children's Hospital.

A referral to the SON is triggered by algorithms within the ProviderOne payment system that look at whether there are multiple mental health medications prescribed for a child, the dosage prescribed, and the age of the child, (too much, too many, too young).

SON reviews are triggered for:

- Children receiving two or more a-typical antipsychotics (AAPs)
- Children age five or younger receiving psychotropic medications
- Children receiving five or more psychotropic medications
- High doses of ADHD, AAPs, or antipsychotics. Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the HCA's Pediatric Mental Health Stakeholder Workgroup

In addition to the SON, HCA (through contract with Seattle Children's Hospital) maintains the Partnership Access Line (PAL). PAL is a telephone based pediatric mental health consultation system. PAL employs child psychiatrists and caseworkers affiliated with Seattle Children's Hospital to deliver these consultation services. The PAL team is available statewide to any primary care provider. Primary health care providers are

encouraged to call the PAL toll free number as often as they would like to answer questions regarding diagnostic clarification, medication adjustment, or treatment planning.

FWB RMCs provide consultation to the FWB nurses and caseworkers regarding medications and their side effects.

Historically AHCC has used their own internal Psychotropic Medication Utilization Review (PMUR) to track and review utilization of psychotropic medications. However, in 2019, CCW utilized the Second Opinion Network (SON) process instead of their internal Prescription Medication Utilization Review (PMUR) process. CCW originally included their PMUR process as part of the Apple Health Core Connections (AHCC) managed care plan because it was an established resource of their sister plan in Texas. However, Texas does not have an SON.

CCW did a comparison of the PMUR and SON and found that their PMUR process provided limited additional impact and increased concerns regarding duplication of reviews and risk of provider abrasion. The SON process in place in Washington is comparable to PMUR and alerts CCW to the same potential issues as the PMUR.

The SON process provides a medication review and triggers a referral to CCW for health care coordination on any member who goes through SON and has any follow up recommendations or psychosocial recommendations. CCW's care coordination team then works to connect the child or youth with services and treatment in addition to their prescribed medications.

Update May 2020

- In 2019, CCW had over 700 children and youth receive reviews through the SON.

DCYF Licensing Division (LD) requires that all regional licensors and BRS group care providers receive training about medication documentation and safe storage. The training is also available for other DCYF staff and non-BRS group care staff. Regional licensors review medication storage and logs as part of their bi-annual health and safety review of BRS group care programs.

RCT and In-service (IST) Mental Health training from the Alliance includes understanding use and oversight of psychotropic medications and matching behavioral symptoms based on screening results to appropriate evidence based practices.

(6) How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.

The Deputy Chief Medicaid Officer (DCMO) at HCA is assigned to provide consultation for DCYF to ensure child welfare policy is consistent with Medicaid rules and standards of care. This includes input regarding evidence and research based clinical interventions. The DCMO also provides assistance to resolve child specific issues related to Medicaid covered benefits.

DSHS employs physicians as part-time medical consultants to provide consultation to caseworkers and caregivers. These physicians provide statewide coverage to DCYF child welfare offices and provide medical oversight to the FWB Program.

DCYF contracts with Harborview Center for Sexual Assault and Traumatic Stress to complete a Foster Care Assessment on children with placement stability issues or concerns about reunification. A comprehensive report is completed which includes recommendations from a team that consists of community medical and mental health providers.

In compliance with RCW 74.14B.030, each DCYF Region is required to conduct a Child Protection Team (CPT) staffing. The CPT includes medical, law enforcement, mental health, substance abuse, and other appropriate community professionals. This cross-system review team meets to assist DCYF when making decisions regarding placement and filing of dependencies.

DCYF Regions convene meetings with Developmental Disabilities Administration (DDA) regional staff to coordinate regarding mutually served children to ensure they receive appropriate services.

DCYF partners with HCA and the ALTSA through the FWB Program to ensure fee for service children receive appropriate physical and behavioral health services and treatment.

All caregivers of newly placed children receive a phone call from AHCC staff to determine if the child has any urgent or unmet physical or behavioral health care needs, answer questions about the AHCC plan and managed care, and assign a primary care provider.

Update May 2020

- AHCC contacts caregivers approximately 45 days after the child or youth enters out–of-home care to discuss the CHET report and any recommendations and follow-up care the child or youth needs.
- Completed CHET screens for AHCC enrolled children are shared with the managed care plan. AHCC reviews the CHET reports and assigns the child to the appropriate care coordination level. AHCC contacts caseworkers if a child requires more intensive levels of care coordination.
- CHET screeners and FWB send requests for "expedited referrals" to AHCC for care coordination if there are concerns about medically or behaviorally complex children during the CHET screening process.

AHCC provides training opportunities for DCYF licensed and unlicensed caregivers. DCYF staff are also welcome to attend AHCC trainings. Trainings include:

- Trauma Informed Care (National Child Traumatic Stress Network (NCTSN) curriculum)
- Resiliency
- Hope for Healing (Association for Training on Trauma and Attachment (ATTACH) curriculum)
- Substance Use, Abuse & Addiction
- Suicide Prevention
- Whole Brained Parenting
- Coping with Holiday Stress

- Adverse Childhood Experiences
- Childhood Development
- Sexual Health in Foster Care- Skill Building for Caregivers

AHCC continually expands their training library and is responsive to requests from DCYF for development of new trainings.

Update May 2020

- In 2020, AHCC will not produce any new trainings. They will review existing trainings and materials to assure they are up-to-date with their processes and current clinical practice.

(7) Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for Health Care Insurance and Health Care Treatment Decisions

Transition Planning

All youth exiting foster care in Washington State are eligible for Medicaid until their 26th birthday. As required by policy (Practices and Procedures Chapter 4000, section 43104), this information is discussed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF worker visits as needed.

During the National Youth in Transition Database (NYTD) survey calls, the survey team explains to youth that they have medical coverage to age 26. Additionally, the team supplies the contact information to AHCC.

DCYF has a pilot in Clark County where AHCC regional representatives are standing members of a youth's Shared Planning meeting prior to the youth exiting care. During the meeting, AHCC will provide the youth with resources and discuss services available to them until age 26.

Update

It has been difficult and rare for an AHCC Care Coordinator to be on the phone for a full staffing. DCYF pilot offices and AHCC created a solution for youth to get personalized attention and receive information about health care that can meet their needs. The following changes were made:

- Connect aging-out youth directly with AHCC staff
- AHCC gathers key information from the youth and the caseworker
- AHCC staff will contact the youth independently to provide an overview of health care benefits and connect to services if any are identified.

COVID-19 Response

AHCC staff are surveying all extended foster care youth and alumni who are receiving health care from AHCC to ensure the youth knows of their healthcare benefits as well as help navigate telehealth and obtaining SafeLink phones.

Health Care Treatment Decisions

To support youth in their transition out of care and ensure they are knowledgeable about a Durable Power of Attorney for Health Care, DCYF has incorporated the following language into its Transition Plan for Youth Exiting Care (DCYF 15-417):

> The importance of having a Durable Power of Attorney for Health Care, which would designate another person to make health care treatment decisions on my behalf in case I become incapacitated and unable to participate in such decisions and I do not have or want a relative who would otherwise be authorized to make such decisions, including where to find the document and how to execute it.
> http://www.doh.wa.gov/livingwill/registerdocuments.htm.

This information is addressed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF caseworker visits as needed.

In addition, the Independent Living (IL) and Responsible Living Skills Program (RLSP) contracts include a requirement for providers to discuss the importance of having Durable Power of Attorney for Health Care with all youth exiting care.

(8) The procedures and protocols the state or tribe has established to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses (section 422(b)(15)(A)(vii) of the Act).

All Children

Every child in out of home placement thirty days or longer receives a CHET screen which is completed by the thirtieth day of placement.

All CHET screens are reviewed by the FWB to identify children who meet the medically fragile criteria in DCYF policy 45171. When a child meets the medically fragile criteria:

- FWB sends an expedited referral to AHCC to request care coordination and notifies the DCYF caseworker about the referral.
- FWB provides care coordination for medically fragile children who are not enrolled in AHCC and remain fee for service (i.e. Tribal and undocumented children).
  - When health and mental health concerns are identified in the CHET screen or the EPSDT examination, the assigned DCYF caseworker and caregiver work with AHCC to identify appropriate physical and mental health providers to meet the child's identified needs.

Medically Intensive Children's Program

The Medically Intensive Children's Program (MICP) provides skilled nursing services to children 17-years-old and younger. These children have complex medical needs that require a registered nurse to provide support. Nursing services may be provided in the family home, foster homes, and in contracted medically intensive children's group and staffed residential homes. This Medicaid program helps to keep families together. It also

greatly reduces the cost of in-patient hospital care where these children would be cared for without this program.

MICP Eligibility Requirements:

- 17-years old or younger;
- Have complex medical needs (example, ventilator dependent, tracheostomy care);
- Enrolled in Washington Apple Health (Medicaid); and
- Require at least four hours of continuous skilled nursing care per day.

Wraparound with Intensive Services (WISe) and Behavior Rehabilitation Services (BRS)
In October 2017, DCYF implemented a Wraparound with Intensive Services policy 4542. Wraparound with Intensive Services (WISe). The policy requires DCYF caseworkers to refer or verify that a referral for WISe screen is made to a designated mental health provider for children and youth with complex behavioral health issues whose needs can be met in the community. WISe is designed to provide comprehensive, behavioral health services and supports to Medicaid eligible individuals, up to 21-years-old with complex behavioral health needs and their families. Once a WISe referral is made, information is gathered from the referent, and the Child Adolescent Needs and Strengths (CANS) screen is completed by the CANS-certified screener. The CANS algorithm combined with clinical decision determines whether the youth would benefit from WISe. A WISe screen is also required for all youth prior to consideration of any level of the DCYF Behavioral Rehabilitation Services (BRS).

If WISe is unavailable or unable to meet the needs of a youth, DCYF may utilize BRS to support the youth who require intensive services and placement supports. BRS is a temporary (no longer than 12-months) intensive wraparound support and treatment program for children and youth with high-level complex service needs. BRS can be provided in a child's home prior to placement, a foster home, or group home setting. BRS is intended to stabilize children and youth (in-home or out-of-home) and assist them in achieving their permanent plan.

- To be considered for BRS level of services, in addition to the WISe screening, a child or youth must be recommended for BRS level of service in a Shared Planning Meeting or Family Team Decision Making (FTDM) meeting.

- The DCYF caseworker staffs the case with their supervisor and completes a BRS referral packet. This referral is reviewed by the supervisor and the area administrator (AA) for appropriateness. If appropriate, the supervisor and AA sign the referral and the packet is submitted to the regional BRS program manager for review and final approval. The regional BRS program manager will make sure that all less restrictive levels of care were tried and unsuccessful and that they youth needs BRS level of services.

- The BRS program manager works to keep the youth in the lowest level of BRS environments as the child or youth's behaviors and treatment needs allows.

- The DCYF caseworker tracks the progress of each youth and reviews the treatment plan with the Child and Family Team at least on a quarterly basis to ensure that the currently level of care is still necessary. A new WISe screen is done every 6-months and at discharge while a youth is in BRS.

- The regional BRS program manager reviews the child or youth's status every six months with the caseworker and service provider. These reviews include the child or youth's service needs, level of care, expected exit date, and transition plan to a lower level of care or home.
- All youth who receive any BRS level of services are re-screened every six months by a DCYF contracted Registered Nurse to ensure the youth meets medical necessity.
- Children and youth placed in a BRS Qualified Residential Treatment Program (QRTP) must have DCYF and court approval for the placement and:
  — A court review hearing within 60 calendar days of the QRTP placement;
  — A court review at least every six months;
  — DCYF deputy secretary approval if placed in a QRTP longer than six months.; and
  — Regional administrator or designee if placed in a QRTP longer than twelve months and every twelve months thereafter.

Children's Long-term In-patient Program (CLIP)

CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, ages 5 to 18-years-old. CLIP is psychiatric treatment provided in a secure and highly structured setting that are designed to assess, treat and stabilize youth diagnosed with psychiatric and behavioral disorders meet Medical Necessity.

CLIP consists of only 82 beds in five facilities across the State of Washington. The facilities are located in King, Pierce (two), Spokane, and Yakima County.

Individualized treatment is provided through the use of evidenced based practices designed to increase the youth's skills and adaptive functioning with a focus on reintegration back into a community setting, as quickly as possible.

Children and youth in the placement and care authority of DCYF and who require inpatient mental health treatment are eligible for this service.

CLIP admission process can be divided into two ways, voluntary and involuntary processes:

Voluntary Process

- A Voluntary CLIP application is submitted to the youth's Managed Care Organization (MCO) to determine whether medical necessity criteria is met, and if CLIP level treatment is appropriate.
- Applicants 13-years-old and older must agree to enter CLIP, unless they are on a 180-day Involuntary Treatment Act (ITA) Court Order.

Involuntary Process

- Under Washington State's RCW 71.34, adolescents aged 13 to 17-years old may be committed for up to 180-days of involuntary inpatient psychiatric treatment, at which time the youth becomes eligible for admission to CLIP.
- Youth are assessed by a Designated Crisis Responder (DCR) who determines that Involuntary Treatment Act (ITA) criteria is met.

- When a less restrictive alternative is not possible, the youth is placed on an ITA order.
- The adolescent's name is placed on the statewide waiting list as of the day of the 180-day restrictive ITA order.

Admission to a psychiatric inpatient treatment occurs only if the child meets medical necessity guidelines as determined by the local Behavioral Health – Administrative Services Organization (BH-ASO) authorized mental health professional(s) and with the concurrence of the professional person in charge of the facility.

Training for DCYF Staff

The Alliance addresses identification of trauma symptoms throughout RCT and IST. These trainings help caseworkers understand the impact of trauma on the child to be considered when making placement decisions.

RCT and IST training modules include information about:

- Dynamics of Abuse and Neglect - resilience and evidence based practices
- Dynamics of Sexual Abuse– including significant discussion related to trauma, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and working with non-offending parents
- Reunification Decisions & Transition Planning – how trauma impacts children's behavior in care and during transitions home, impact of grief and loss, and impact of transition on minimizing disruption/trauma to child
- Adolescent Issues – issues in adolescence including suicide and self-harm, internalizing and externalizing behaviors, and how to support youth with a variety of these concerns
- Understanding Use and Oversight of Psychotropic Medications and Matching Behavioral Symptoms Based on Screening Results to Appropriate Evidence Based Practices.
- Supporting Children and Youth in Care –explores the trauma impact including grief and loss of initial placement and subsequent moves. Trainees brainstorm ideas to avoid or minimize these issues and support children when moves are unavoidable.
- Mental Health – In-depth Applications for Child Welfare – focuses on using the results of the CHET and OMH screenings to match children and youth to Evidence Based Practices (EBPs) that are targeted to meet the identified needs.

Lessons Learned from 2019

Children and youth in out-of-home care do not consistently receive preventive dental examinations every six months. Caregivers and caseworkers cite scheduling difficulties with "wait lists" and challenges in knowing whether the child will be in the same placement in order to make recommended future appointments. DCYF needs better data from HCA and Coordinated Care to better inform caseworkers and caregivers about needed follow-up care.

Children and youth in out-of-home care do not consistently receive recommended follow-up for identified physical and mental health concerns.

Sharing the CHET report with AHCC and FWB resulted in increased linkage of identified behavioral and physical health to appropriate services.

Original Date: June 28, 2019 | Revised Date: August 15, 2020

Sharing the list of EFC youth enrolled in AHCC assists the managed care plan to make strategic communication efforts with this population.

DCYF has additional information about a child's behavioral health needs through the OMH screening process that will be shared with AHCC starting in July 2020 to ensure connection and access to appropriate services, care coordination, and providers.

Washington's mental health system does not have a "step-down" or respite option for children and youth who transition to and from intensive in-patient behavioral health services. This lack of resources affects family and placement stability, and retention of out of home caregivers.

Update May 2020

- DCYF participated in a cross-agency workgroup to identify strategies and funding mechanisms to support additional behavioral health supports for children and youth in WA. As a result of this workgroup, a decision package was submitted and received funding in the Governor's Supplemental Budget for FY2021. Funding may be affected by economic concerns as a result of COVID-19.

Activities for 2020 – 2024 – Update

HEALTHCARE OVERSIGHT AND COORDINATION PLAN		
PLAN ELEMENT	**PLANNED ACTIVITIES**	**2019 ACTIVITIES UPDATE**
1. Schedule for initial and follow-up health screenings.	A. DCYF child welfare programs will coordinate with the CQI team to communicate with regional staff about the periodicity schedules for EPSDT and dental examinations. B. In 2019, DYCY will implement a newly validated screening tool that allows the screener to identify trauma concerns in children ages 3 – 6. C. In 2019, AHCC will begin calling caregivers of children and youth.	A. This activity did not occur. B. OMH continues to use the newly implemented trauma screener for children ages 3 – 6 years old. C. AHCC calls to caregivers began in fall 2019.
2. How health needs are monitored and treated.	A. Work with data from HCA and CRT regarding dental care provided to children and youth in out-of-home placement to identify barriers to receiving preventative dental care every six months. B. In 2019, DYCY will explore the ability to share the OMH report with AHCC and FWB as appropriate.	A. New data request to HCA initiated in May 2020 to assess ability to use the information to drive practice changes for DCYF field and caregivers. B. OMH will begin sharing reports for children with identified concerns in July 2020.
3. Updating and sharing medical information.	A. In 2019, DCYF will continue to work with AHCC for access to the AHCC secure portal. Access to the portal will allow appropriate DCYF staff to see health related information such as immunizations and medications. Barriers to current access include assurance of HIPAA protections for certain types of information such as behavioral and reproductive health information.	A. CCW continues to work on issues relate limiting access to protected health info in their system. No anticipated date for be available but it is still something tha organizations want to implement and v continue to work toward. B. OMH reports for children and youth with identified mental health

Original Date: June 28, 2019 | Revised Date: August 15, 2020

		B. In 2019, DCYF will explore the ability to share the OMH report with AHCC and FWB as appropriate.	concerns will be shared with CCW beginning July 2020.
4.	Continuity of health care services.	A. In 2019, DCYF will participate in HCA's legislatively mandated workgroup to review options for Washington's Medicaid dental benefit. The workgroup will assess whether the state should move to a managed care dental benefit, remain fee for service, or a combination. B. DCYF will work with HCA and AHCC to assist caregivers and caseworkers to connect children and youth with appropriate level of behavioral health services after utilizing high-level interventions such as, emergency department, inpatient psychiatric hospital, crisis services, and long-term inpatient treatment. C. DCYF will work with HCA and AHCC to improve rates of follow-up care provided to children with identified needs. D. DCYF will work with SAMHSA, HCA, and AHCC to expand therapeutic foster care bed capacity and create a "step-down" for children and youths who exit and enter intensive behavioral services. The newly developed therapeutic foster care beds will provide access to clinical intervention with specifically trained foster parent homes, for children and youth in DCFY care and custody with complex and intensive mental health and behavioral health needs.	A. This workgroup was changed to a report and DCYF was not involved in writing the report. B. AHCC completed a training/presentation for DCYF staff and leadership that explains the "medical necessity" and the different levels of care available to children and youth in AHCC. DCYF provided review and input into the training and it is in the HCA approval process. HCA must approve the training before it can be offered to DCYF staff. C. In fall 2019, AHCC began calling caregivers to review the recommendations in the CHET report. D. DCYF staff to support development of therapeutic foster homes will start in June 2020.
5.	Oversight of prescription medications.	A. By spring 2020, DCYF will work with HCA and AHCC to develop a youth-driven communication regarding psychotropic medications and consent. B. In 2019, DCYF will request the development of a youth-specific on-line training regarding psychotropic medications and consent. C. DCYF will partner with HCA and AHCC to obtain current data regarding the effectiveness of existing processes that provide oversight of psychotropic medications prescribed to children and youth in out of home care.	A. The activity is delayed due to staff capacity to initiate new activities under COVID-19. B. This activity was not initiated. C. AHCC reviewed their current process and determined that the Second Opinion Network (SON) provided similar and sometimes duplicative review. AHCC opted to focus their review process through the SON. Data is not available at this time.
6.	Consultation with medical and non-medical stakeholders and child welfare experts.	A. New Substance Use Disorder (SUD) program manager will collaborate with other state agencies, community stakeholders, and treatment providers to ensure programs that allow parents to have their children present in residential treatment facilities are sensitive to	A. The SUD program manager will be hired by summer 2020.

		the issues surrounding families who receive services from DCYF.	
7.	Transition planning for youth.	A. Include AHCC as a standing member at the statewide IL meetings. B. Explore expansion of Clark County pilot to include AHCC regional representatives as standing members of a youth's transition planning meeting prior to the youth exiting care.	A. Statewide implementation was delayed until Clark County pilot is completed. B. AHDD did a pilot of this activity in Clark County. Adjustments were made to the pilot based on lessons learned, including: o Connect aging-out youth directly with AHCC staff. o AHCC gathers key information from the youth and the caseworker. AHCC staff will contact the youth independently to provide an overview of health care benefits and connect to service if any are identified.
8.	FFPSA requirements and assuring appropriate placement related to diagnoses.	A. Revise policy 4533. Behavior Rehabilitation Services to reflect the requirements stipulated in the Family First Prevention Services Act.	A. In October 2019, policy 4533 was revised to include FFPSA requirements, specifically addressing BRS Qualified Residential Treatment Program (QRTP) required assessment and court approval processes.

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe:

	Total ETVs Awarded	Number of New ETVs
Final Number: **2018-2019 School Year** (July 1, 2018 to June 30, 2019)		
2019-2020 School Year* (July 1, 2019 to June 30, 2020)		

Comments:

*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

EMERGENCY OPERATIONS PLAN

Agency-Level Plan

Washington State Department of
CHILDREN, YOUTH & FAMILIES

CONTENTS

PURPOSE, SCOPE, SITUATIONS, ASSUMPTIONS

Purpose

The *Emergency Operations Plan* describes immediate actions to take in response to an emergency event generally lasting 24 to 72 hours. *Continuity of Operations Plans* provide additional guidance regarding actions to take when the disruption last more than 72 hours. Another significant difference between *Emergency Operations Plan* and the *Continuity of Operations Plan* is; the *Emergency Operations Plan* combines the response actions of all DCYF occupants at a given location while *Continuity of Operations Plan* are specific to the agency wide event.

The purpose of the *Emergency Operations Plan* is to:

- Provide an overview of the Department's approach to emergency preparedness
- Describe roles and responsibilities
- Identify relevant resources to facilitate staff awareness and preparation for emergency events
- Set forth lines of authority and organizational relationships
- Describe how all actions will be coordinated

The objectives of the DCYF Emergency Operations Plan include:

- Protecting the well-being and safety of DCYF staff
- Recovering from any disruption and returning to routine operations as soon as possible
- Providing staff with tools and information to support preparedness

The Initial DCYF Emergency Operations Plan includes four components:

- The Agency-Level Plan
- Child Care in Disasters and Emergencies Plan
- Children's Executive Team Continuity Plan
- Department of Early Learning Continuity Plan
- Juvenile Rehabilitation Continuity Plan

Scope

The scope of the *Emergency Operations Plan* is to:

- Specifies the emergency response procedures for DCYF Executive Leadership

- Describes how DCYF responds to emergency events

- Provides an overarching guidance for all DCYF divisions, programs and field offices

Assumptions

Assumptions for the Agency include:

- Emergency events are associated with natural and human caused hazards such as facility failures, weather conditions, and external threats

- Agency Executive Leadership will exercise their authority to implement this plan

- The Agency has identified key personnel and alternates required for the implementation of this plan

- DCYF programs are able to respond effectively to emergency events using available resources without support from DCYF Emergency Management Services

- Preparation and response to emergency events begins and ends at the local level most directly affected

CONCEPT OF OPERATIONS

When coordinating the response for emergency events, DCYF will adapt the *right-size* approach of a response sufficient to the size and complexity of a given event.

The primary functions of emergency coordination are:

- **Communication facilitation** – establishing communications among all DCYF Executive team functions, programs and with external partners, as necessary for the response

- **Information collection and evaluation** – collecting, analyzing, and interpreting information from impacted DCYF locations and other sources

- **Coordination** – coordinating the information flow and resources in response to complex emergency event or multiple emergency event occurring simultaneously

- **Priority setting** – ensuring that response systems among all DCYF Executive team functions and locations are interconnected and complementary, making the response more efficient and effective by coordinating all available resources, and making decisions based on established or otherwise agreed policies and procedures

- **Resource coordination** – identifying and acquiring needed resources and allocating existing resources

DECISION GUIDE FOR EMERGENCY RESPONSE COORDINATION		
	Level 1 **Normal or Limited Operations**	**Level 2** **Reduced Operations**
Scope of Damage	Localized emergency event limited to a single building	Multiple buildings on the same campus and/or multiple programs within the same building
	Minor damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures	Significant damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures
Client/Staff Impact	No medical response is needed	One or more people are injured and medical response is needed
	Staff are able to get to/from work location	Some staff are unable to get to work location or cannot remain at work location
	Staff absence is < 24 hours	Staff absence > 24 hours and < 72 hours
Recovery and response coordination	Single resource local response is sufficient or response coordination is uncomplicated	Multiple DCYF locations are inoperable for > 24 hours and < 72 hours; response coordination involves multiple DCYF programs
	Return to normal operations is likely to be < 24 hours	Return to normal operations is likely to be > 24 hours and < 72 hours.
	DCYF offices and residential programs are able to respond to most localized events without support from the Emergency Management Unit	Emergency Management Unit may coordinate the DCYF response when an emergency event does not directly impact Department operation, and/or DCYF clients are affected
	The response begins and ends locally	Central coordination is needed
		Emergency Management Unit may call on DCYF staff to support emergency operations

The *Continuity of Operations Plan* will be activated when recovery to normal operations exceeds 72 hours and is beyond level 2 of the Decision Guide.

EMERGENCY EVENT COMMUNICATION PROCESS

The Emergency Communication Plan provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

A key component of the Emergency Communications Plans is the requirement for supervisors to secure and maintain staff contact lists. Accurate staff list with staff names, phone numbers and emergency contact information is an essential tool for supervisors in an emergency event.

Emergency Process for all Emergency Building Events

Staff Step 1
- Issue identified
- Contact Supervisor
- Contact Building Manager - Contact informaton is posted on Staff Safety Board

Building Manager Step 2
- Evaluate situation
- Contact Building #1 contact to review situation
- When there are urgent staff safety concerns - evacuate building
- Contact DCYF HQ Business Operations Support Services (Emergency Management and Facilities team)

#1 Building contact Step 3
- Collaboratively review situation with Building Manager and other collocated building leads
- Contact Building leadership - Information posted on Staff Safety Board
- Provide recommendation for next steps to Regional Administrator, Superintendent, Assistant Secretary or Director responsible for the building

Building Leadership Step 4
- Communicate with other collocated Agency leadership for a collaborative recommendation and approach for next steps
- Contact Regional Administrator or Superintendent with identified next steps

Step 5
- Regional Administrator, Superintendent, Assistant Secretary, or Director responsible for the building will:
- Contact Deputy Secretary with decision and next steps
- Contact Emergency Management office with decision and next steps
- Engage local calling tree with building supervisors to communicate decision and next steps

Deputy Secretary Step 6
- Communicates with DCYF leadership and neccesary external partners.

Communications Office
- Posts relevant messages with information on DCYF Intranet and Internet websites.

Emergency Manangement Office
- Post relevant messages with information on DCYF 1-800 number.

NOTIFICATION OF EMERGENCIES OR DISASTERS

All Staff

Emergency Alert Notifications are available through a multitude of resources. Individuals can go on-line to various websites to sign up for the Alert Notifications. All DCYF staff are asked to go to the following websites and sign up for their local emergency alert systems, both for their home resident and for their local office.

Washington State Emergency Management Division website

National Weather Service Alerts website

Executive Leadership

Notification to the Deputy Secretary and Executive Leadership will include, at a minimum, the following:

- Nature of the emergency event

- Impacts likely to ensue over the next 24-72 hours

- Actions underway

- Actions recommended

- Resource projections

- Schedule for conference calls, briefings, etc.

Department of Enterprise Services

The Department of Enterprise Services is responsible for the overall response coordination for emergencies and disasters on Capitol Campus. The DCYF Emergency Management lead notifies the Department of Enterprise Services Duty Officer and any time the DCYF Emergency Management Unit activates a at Level 1 or Level 2.

CONTINUITY OF OPERATIONS

As required by Ch. 38.52 RCW Emergency Management, all state agencies must maintain Continuity of Operations Plans.

DCYF will rely on the continuity plans developed by the DSHS Children's Executive team; the Department of Early Learning and the Child Care Disasters; and the Juvenile Rehabilitation Executive Team. DCYF will develop a continuity plan tailored to the DCYF organization incorporating all of these plans.

Suspension of Operations

A suspension of operations requires authorization from the Deputy Secretary as outlined in *DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations*.

The Deputy Secretary may suspend operations when it is determined that public safety, health, or property is jeopardized due to emergency conditions per WAC 357-31-260.

APPENDIX A – PREPAREDNESS TOOLS

The emergency management resource tools and information listed below help support staff before, during and after an emergency event. They are located at the DCYF intranet, on the Emergency Management webpage.

Emergency Alert System Notifications

The Emergency Alert System (EAS) is the national public warning system that provides the public with critical emergency and disaster alerts. The system is also used by state and local authorities to deliver important information targeted to a specific region.

All DCYF staff are encouraged to visit the Washington State Emergency Management Division website to sign up for local emergency alerts and notifications.

Additionally, DCYF staff can visit the National Weather Service website to sign up for emails and short messaging service (SMS) alerts.

Signing up will only take a few minutes and is an important role in emergency preparedness planning.

Emergency Event Communication Process

The Emergency Event Communication Process provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

Emergency Closure Policy

The DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations applies to all DCYF staff and identifies the requirements and general process for:
- Closing a Department of Children, Youth, and Families (DCYF) facility or campus, in whole or in part, due to any natural or human cause emergency or disaster.
- Suspension of operations of any DCYF mission essential function.

Memo on Staff Use of Leave

The Severe Inclement Weather/Natural Disaster Leave Memorandum is a reminder to how DCYF treats absences from work due to inclement weather for all employees. This guidance helps DCYF be both consistent and responsive to employee needs and operational obligations.

When prior to the beginning of the workday, the employer suspends operations for the day, employees are able to use administrative leave for that day regardless of whether or not they were able to report to work. However, employees who had prescheduled approved leave are still charged with leave since they expressed intent in advance not to report to work based on their personal situation.

When the work location remains operational and the employee is unable to report to work because of their own personal situation related to severe inclement weather or natural disaster, the employee's leave will be charged in the following order:
- Any earned compensatory time or previously accumulated exchange time;
- Any accrued vacation leave;
- Any accrued sick leave, up to a maximum of three (3) days in any calendar year;
- Leave without pay

Employees who report to work due to severe inclement weather or natural disaster will be allowed up to one (1) hour of paid administrative time as long as they report to work at some point during their regular shift.

Supervisor Phone List Form

The Supervisor Phone List Form provides contact information for supervisors and staff to stay connected in the event of an emergency. This list includes:
- Supervisor name
- Individual staff names
- Desk phone
- Work cell phone
- Personal cell phone
- Personal other phone

1-800 Staff Cards

All DCYF staff are provided with a Staff Emergency Hotline Card that has instructions on how to stay informed in the event of an emergency. DCYF staff are to follow these simple steps:
1. Contact your supervisor
2. Supervisors contact your staff
3. Regularly check information on the DCYF intranet/internet websites
4. Stay connected with local emergency alert systems- National Weather Services and Washington State Emergency Management Division (www.mil.gov.alerts)
5. Call 1.800.344.8219 for updates

Government Emergency Telecommunications/Wireless Priority Service (GETS/WPS) Cards

GETS/WPS is a service developed by the Department of Homeland Security to address the national security and emergency preparedness community's requirement for priority calling during congestion on landline and wireless networks.
The purpose of GETS/ WPS cards:
- Increases the probability of completing calls when normal methods fail
- Provides voice transmission
- Provides a single, universal telephone number and a Personal Identification Number (PIN) that allows easy access to the service
- Allows calls to all 50 states and any worldwide destination

DCYF Leadership identifies essential staff who are assigned GETS/WPS cards and are required to perform monthly test calls to maintain familiarity with the GETS/WPS process.

Leadership Emergency Management Calling Cards

Designated DCYF Leadership are provided with a Leadership Emergency Management Calling Card that establishes the process to follow in the event of an emergency. DCYF Leadership are to follow these simple steps:

1. Determine the scope of event and next steps
2. Contact the Deputy Secretary
3. Contact the Emergency Manager
4. Contact Building Leadership for plan of action

DCYF Building Contact List

The DCYF Statewide Emergency Event Contact List is utilized when a natural or human-made emergency event arises. This important tool helps support DCYF staff within their designated buildings, in the event of an emergency. The list outlines key DCYF staff that will collaborate collectively on an emergency event.

Emergency Leadership Conference Bridge

The Emergency Leadership Conference Bridge is a multi-point, multi-user, out-of-area tool used during an emergency event. The call-in and PIN number remain constant. Designated DCYF Leadership are assigned Emergency Leadership Conference Bridge Calling Cards with the call in information.

Leadership Expectations

The emergency leadership conference bridge is available for the DCYF Emergency Management Unit to activate following an emergency event. The Emergency Management Unit notifies the Executive Leadership Team via phone or email regarding the conference bridge information. The Executive Leadership Team must be prepared to call in at the soonest scheduled time following the event.
The call in schedule is as follows:

- 6:00 a.m. on the calendar day following the emergency event
- 10:00 a.m. on the same day
- 2:00 p.m. on the same day
- Recurring daily call schedule as indicated until notified to stand down

Emergency Response Coordination Duties

<u>Executive Leadership</u>

The Executive leadership (Directors and Regional Administrators) will designate staff to serve as liaisons representing their area of work in the support of emergencies.

As part of the duties related to emergency response coordination for the Department, the Liaisons are responsible for:

- Timely collection and reporting of information about their respective facility operations, staff status, client status, and other pertinent information
- Transmit information to the Emergency Management Services
- The Emergency Management Administrator will define the method of reporting as needed
- Support these function throughout the duration of the emergency event

<u>Emergency Management Administrator</u>

- Notify Executive Leadership Team and division liaisons
- Activate the Executive Leadership Team Conference Bridge, as necessary
- Brief Deputy Secretary and other members of the Executive Leadership Team, as appropriate
- Empower DCYF managers and key staff to at the local level where the emergency event is happening to direct the response
- happening to direct the response
- Providing timely updates to the DCYF toll-free employee emergency information line

Procedures Following an Emergency Event

When the emergency event is concluded the Emergency Management Administrator will contact all affect leadership and building representatives to build an After-Event report. The report will contain the following information on the event:

- Start time
- End time
- Affected staff
- Affected clients
- Leadership and Building Liaison actions
- Communications
- 1800 activity
- Follow-up actions needed

DCYF uses a curriculum analysis methodology per the approved Public Assistance Cost Allocation Plan (PACAP) for the Alliance for Child Welfare Excellence (Alliance) expenditures which allocates to Title IV-E based on the proportionate share of training eligible for the applicable Title IV-E FFP with the foster care penetration rate applied.

Administrative staff that provide training are allocated through DCYF RMTS Indirect Waiver Base 590. The training and/or administrative costs associated with social workers who provide training, and training and/or administrative costs associated with Children's Administration staff attending training are allocated through Base 592 or Base 593. Bases 590, 592, and 593 are based on the Random Moment Time Study (RMTS) which will be submitted in an amendment to the Public Assistance Cost Allocation Plan (PACAP) effective July 1, 2015 to include Title IV-E Entitlement Training costs at 50% FFP, Title IV-E Entitlement Training costs at 75% FFP, and State only (no Title IV-E costs). Supervisors and Administrators' costs are allocated based on the results of the RMTS which are representative of Social Worker time. Therefore, the allocation of costs based on the RMTS may include time spent attending training.

The Title IV-E penetration rate is applied to all trainings identified in the SFY19 Training Plan, with the exception of Title IV-E Specialist and SSI trainings. If the state identifies a training other than the Title IV-E Specialist and SSI trainings where the penetration rate should not be applied, ACF Region X will be consulted with and if agreed upon the State will submit an amended Training Plan noting the training in which the penetration rate is not applied. Once approval of the amended Training Plan is received, the State will claim Title IV-E, as approved.

The total estimated costs identified in the training plan are estimated annual costs to provide the training. The estimates do not include the cost of the attendees.

Effective SFY 2016 the following trainings will be allocated to 100% state only funding with the exception of the specialized DLR/CPS and Intake Tracks which will allocate to TANF in the RMTS based upon the proposed structure submitted in a Public Assistance Cost Allocation Amendment to DCA.

> ➢ DLR/CPS Specialized Track (TANF)
> ➢ Intake Specialized Track (TANF)
> ➢ Train the Trainer – Mandated Reporting (State)
> ➢ Mandated Reporting (State)
> ➢ 10 Day Response CPS/Intake (State)
> ➢ CPS Miscellaneous (State)
> ➢ Ending Alternative Response (State)
> ➢ Policy and Practice Training related to 10-day intakes (State)

Effective July 1, 2016 DCYF, formerly CA, is requiring the Alliance to institute internal control procedures to ensure worker types attend the appropriate training courses, inherently based on the benefitting funding source for all topic specific training courses outside of Regional and Supervisor's Core Training. For non-topic specific training courses (i.e. Worker Safety, FamLink Training, ICW, etc.) outside of Regional and Supervisor's Core Training, DCYF will require the Alliance to track the worker types attending the trainings and report it to DCYF on a quarterly basis. DCYF will capture the proportionate share of benefitting Title IV-E staff and apply the Title IV-E proportionate share to the training hours of these non-topic specific courses in the quarterly curriculum analysis calculation for the purpose of adjusting training costs based on actual training course.

Effective **July 1, 2017**, the Alliance is no longer providing FamLink Training. All FamLink Training is provided by DCYF CAT's Division.

FamLink Training Description
Using a blended learning model based on a LEAN Framework, utilizes the best learning method for each stage of learning and knowledge, skill, integration and motivation transfer; minimizing inefficiencies in the training process and maximizing worker knowledge and confidence in a short amount of time.

Classroom and Virtual Classroom Training maximizes the use of the group and face-to-face interaction in order to support concept learning, relationship building and culture orientation.

It is followed with **E-Learning** that supports self-paced learning across geographical locations with an emphasis on practice and alignment with the actual work that the caseworker or supervisor performs. Our on-line courses include easy navigation, task simulation and completion, interacitve excercises with real world examples, tasks and quizzes.

Our **Immersive Learning (Coaching)** experiences pairs up our training coaches with workers and their supervisors to support integration of learning; connecting the learning and learner to real world practice. This allows the learner to understand how the learning material applies to their daily tasks by enabling job application and building skill as the coach teaches alongside where they can observe the work, providing feedback. During the Immersive Learning experience there is ongoing dialog and the opportunity for more exploration of the material and application.

This process also allows the training team to develop specific knowledge and key skill milestones for each of the courses. This provide the team with the ability to track mastery throughout the process; adjusting the training along the way to meet each individual learner's needs, setting the stage for success.

RCT Total Estimated Cost: $5,612,000 *includes salaries, benefits & average of goods, services, travel of RCT coaches and Alliance staff related to RCT

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Regional Core Training	Regional Core Training (RCT) is a structured learning program developed for new employees to gain knowledge and skills identified as foundation level competencies. RCT is the initial, intensive, task-oriented training that prepares newly hired Social Service Specialists to assume job responsibilities. RCT starts on the first day of employment with pre-service learning activities lasts for 40 working days, for a total of 8 weeks. The following four guiding principles can be found throughout RCT coursework, classroom discussion, and field-based learning such as transfer of learning activities and coaching. Child safety is the paramount concern of all workers within DCYF. Decisions about removal, placement into a particular home, and return home are all safety decisions. Good decisions are supported by having significant information about the family, child, and issues of concern. Good decisions are made using multiple sources to gather and verify this information. Collaboration is the rule in child welfare. Collaborative work with families, caregivers, and experts in the community leads to stronger assessments, better plans, and better outcomes. No one can do this work alone. Permanence and wellbeing are the rights of every child. Our work with families, caregivers, and communities should have the child's need for safety, permanence, and well-being as its central focus.	Classroom	320	72	Alliance	Social Workers	Statewide	75%	Days are reimbursable at 75% except for hours covering worker safety which is 50% and investigations which is 100% GFS
Regional Core Training - Detailed Sessions and Descriptions									
Chemical Dependency	This session provides a basic introduction to some of the most common chemical dependency struggles faced by families who are child welfare system involved. Information provided focuses on the role of the DCYF worker in assessing the impact of the barrier issue in terms of child safety and wellbeing. Basic information on most common impacts to child safety, referring clients for assessments and services, and working with families impacted by these chemical dependency concerns is provided. Participants will engage in an interactive activity in which they assess risk and safety related to concerns of chemical dependency. This session prepares new workers to begin screening families for these concerns and to use their supervisors and peers to determine effective paths forward related to each issue and its impact on child safety in a particular family.	Classroom	4		Alliance	Social Workers	Statewide	75%	
Child Safety Framwork and SDM-RA	Participants receive in depth instruction and opportunities for practical application of both the Child Safety Framework and Structured Decision Making Risk Assessment tools used to assess risk and safety. Participants will usitlize various case scenarios as well as assigned cases to practice and recieve coaching on risk/safety assessment.	Classroom	22		Alliance	Social Workers	Statewide	75%	
Children's Mental Health	RCT coursework regarding children's mental health needs will provide pariticpants with foundational knowledge to assess and refer for mental health, behavioral and/or psychopharmacological interventions for children and youth. Participants will learn about evidence-based therapeutic interventions as well as evidence-based parenting interventions for families with young children. Accompanying this session is a field activity in which particpants identify an appropriate service, and learn the referral process, given a variety of scenarios.	Classroom	4		Alliance	Social Workers	Statewide	75%	

Comprehensive Family Evaluation	This session is for Family Voluntary Services (FVS), Child/Family Welfare Services (CFWS), and Adoptions workers. In this session, expectations for documentation in each section of the Comprehensive Family Evaluation (CFE) will be discussed, with the ability of staff to practice on one of their assigned cases. Documentation of objective evidence to support actions and conclusions, how to assess progress, and how to determine when objectives have been reached will also be discussed within the context of the CFE.	Classroom	4		Alliance	Social Workers	Statewide	75%	
Court Report	Participants required to submit reports to the court will learn the basic functionality of the Court Report in FamLink as well as court report distribution and filing.	Classroom	2		Alliance	Social Workers	Statewide	75%	
Informing Decisions Through Critical Thinking	Throughout RCT participants will be encouraged to think critically when gathering information, engaging with parents, and assessing safety and risk. Participants will learn to identify common barriers to critical thinking. Participants will revisit and deepen their understanding of how trauma in adults and children may impact social worker's interactions with them. The coach will facilitate discussion considering the critical issue of cultural relevance in engagement and assessment of adults and children. The group will have the chance to hear from a parent ally panel – consisting of parents who successfully navigated the child welfare system, and who continue to successfully parent their children. This will allow for a discussion of both interview and case management practices that are child and family centered, while also effectively responding to children's needs for safety, permanency and wellbeing. The content will be presented in the context of a larger de-brief of participant experiences in the simulation interviews completed earlier in the week.	Classroom	4		Alliance	Social Workers	Statewide	75%	
Basics of Domestic Violence in Child Welfare	This session provides a basic introduction to some of the most common struggles surrounding domestic violence faced by families who are child welfare system involved. Information provided focuses on the role of the CA worker in assessing the impact of the barrier issue in terms of child safety and wellbeing. Basic information on most common impacts to child safety, referring clients for assessments and services, and working with families impacted by domestic violence is provided. Participants will engage in an interactive activity in which they explore differing perspectives from the point of view of a victim of domestic violence. This session prepares new workers to begin screening families for Domestic Violence and to more effectively use their supervisors and peers to determine effective paths forward related to Domestic Violence and its impact on child safety in a particular family.	Classroom	6		Alliance	Social Workers	Statewide	75%	
Identification and Assessment of Maltreatment	This comprehensive four-part session will cover the scope, types, and commonalities of child abuse/neglect seen in Washington State public child welfare with a focus on identifying child maltreatment. Secondary trauma, the basics of child safety, safety/risk assessment, critical thinking and gathering information to inform assessment and case planning, will be covered across all parts of this session which span weeks 1-5 of RCT. Participants will hear from child protection specialist doctors contracted with DCYF to provide medical consultation. The final part of this session includes case consultation, practical application of assessing risk/safety, and identifying appropriate services on assigned cases.	Classroom	4		Alliance	Social Workers	Statewide	0%	100% GFS
Effects of Maltreatment on Children	This session will briefly cover foundations of child development, typical child development across developmental stages, and effects of maltreatment on child development. Particular focus will be placed on trauma-informed assessment of developmental needs. Participants will identify resources for assessing both typical development and addressing the effects of maltreatment on development including.	Classroom	3		Alliance	Social Workers	Statewide	75%	

Engaging Families	Participants will learn basic skills around engaging and interviewing adults, acknowledging the impact of past trauma and the role of culture in these interactions. Participants will consider critical policies related to interviewing and gathering information from adults and review of the types of information that should be gathered, with particular consideration paid to the need to complete the gathering questions. Participants will learn basic skills around engaging children of different developmental stages, acknowledging the impact of past trauma, children's feelings of safety in speaking with social workers, and the role of culture. Participants will consider critical policies and laws related to interviewing children. Participants will review the types of information that should be gathered, with particular consideration for the need to complete the gathering questions which support an accurate assessment of child safety, permanency, and well-being. In addition to engagment skills with interviewing, participants will learn about engaging during difficult situations common in child welfare, or difficult conversations. A difficult conversation is a discussion between or among individuals that has the potential to lead to conflict or highly negative emotional reactions. In child welfare settings, difficult conversations may involve (a) delivering bad news, for example a decision to continue an emergency out- of- home placement or to terminate parental rights (b) confronting parents, foster parents, attorneys or other professionals with information and perspectives with which they are likely to disagree or confronting the unacceptable behavior of peers, supervisors, managers or other professionals (c) engaging in dialogue regarding controversial subjects or decisions. These guidelines may also prove useful in resolving internal conflicts within or between units or in discussions of differences between and among caseworkers, supervisors and managers.	Classroom	36		Alliance	Social Workers	Statewide	75%	
FamLink Documentation	Participants will learn basic system functionality as well as gain understanding of keeping data secure and the importance of entering data and documentation. Participants will have the opportunity to practice basic FamLink skills in the FamLink training environment, as well as use their secondary case assignment to become familiar with FamLink functions. Later in RCT, participants will further increase their documentation skills using the FamLink system when they recieve hands-on instruction and practice documenting several critical case activities: Investigative Assessment; FAR Family Assessment; Comprehensive Family Evaluation; Case and Person Management; Documenting Child Wellbeing – Health/Mental Health & Education; Understanding Placement and Legal; Practice creating a Child Information & Placement Referral; Practice creating an Overcapacity\Age\Gender Admin Approval; Practice creating a Service Referral; and Practice developing a Visitation Plan and Referral.	Classroom	18		Alliance	Social Workers	Statewide	75%	
FAR Family Assessment	CPS-FAR staff will learn how to summarize their work with families in the FAR Family Assessment (FARFA). This session will cover the importance of objective descriptions, gathering information and documenting the assessment of need, and referrals for services/case planning. This session will be taught in FamLink to address both content and documentation simultaneously. This session can be paired with a 1:1 or small group coaching session specific to CPS-FAR workers, which coveres the initial family phone call, family meeting, and other practice specific to CPS-FAR policy/procedures.	Classroom	4		Alliance	Social Workers	Statewide	75%	Title IV-E Waiver

Indian Child Welfare	This classroom session provides a comprehensive overview of the Indian Child Welfare Act (ICWA) and Indian Child Welfare (ICW) practice. Participants will understand the legal and historical basis for ICW and identify important procedures associated with ICW practice. Participants will recognize the importance of working in partnership with Tribes, the importance of verification of a child's Indian status, and identify ways to achieve permanency through active efforts. This session covers State and Federal Laws governing Indian Child Welfare (ICW); Local Indian Child Welfare Advisory Committees (LICWAC); and Children's Administration policies and procedures (e.g. NAIR) relating to ICW practice. This session will build on critical concepts and ICW practice within a case scenario and program-specific context, which are debriefed with an ICW expert/guest speaker.	Classroom	12		Alliance	Social Workers	Statewide	75%	
Infant Safety	Participants will gain a foundational knowledge of the requirements of the infant safety policy: Safe Sleep, Period of PURPLE Crying, and Plan of Safe Care. Participants will recieve basic instruction as to how corresponding practice will improve safety, permanency, and wellbeing outcomes for infants. The classroom session offers opportunities to practice safety assessment and safety planning for an infant, as well as gathering information about child development and functioning. Accompanying this session is a field activity - Period of PURPLE Crying Trainign Certification, as well as opportunitie for practice egagement strategies with parents and caregivers of infants and toddlers.	Classroom	6		Alliance	Social Workers	Statewide	75%	
Interview Simulation	Through a series of interview simulation scenarios, participants will get hands-on practice interviewing adults and children. Participants will receive comprehensive debriefing and feedback, followed by 1:1 coaching to improve their practice.	Classroom	8		Alliance	Social Workers	Statewide	0%	100% GFS
Investigative Assessment	CPS staff will learn how to summarize their investigations and assessments in the Investigative Assessment (IA) and FAR Family Assessment (FARFA). This session will cover the importance of objective descriptions, documenting the reasons for actions taken, and findings will be covered. This session will be taught in FamLink to address both content and documentation simultaneously.	Classroom	4		Alliance	Social Workers	Statewide	0%	100% GFS
Legal	Participants will learn the basics of dependency law, the ethical roles and responsibilities of all parties, and will gain an understanding as to how the Safety Framework and the ABA Safety Guide interface to enhance a new worker's understanding of their role and responsibility in dependency proceedings. Participants will explore ideas for navigating the wicked question; How can you testify about a parent in an adverse court setting and still work effectively with a family? Following the morning classroom instruction, participants will engage in a court testimony simulation as they practice court testimony with the assistance of legal professionals and experts in dependency law.	Classroom	31		Alliance	Social Workers	Statewide	75%	
Mental Health	This session provides a basic introduction to some of the most common mental health struggles faced by families who are child welfare system involved. Information provided focuses on the role of the DCYF worker in assessing the impact of the barrier issue in terms of child safety and wellbeing. Basic information on most common impacts to child safety, referring clients for assessments and services, and working with families impacted by these mental health concerns is provided. This session prepares new workers to begin screening families for these concerns and to more effectively use their supervisors and peers to determine effective paths forward related to each issue and its impact on child safety in a particular family.	Classroom	4		Alliance	Social Workers	Statewide	75%	

Ongoing Professional Development	Participants will learn more about common biases, and consider how these may impact their work. They will also discuss the traits of a good critical thinker and a good child welfare worker, and consider how being trauma informed supports child welfare professionals to be effective. Participants will have a chance to staff a cases from different programs. This affords the opportunity to practice presenting a case and receiving feedback. It also reinforces learning about common issues in case processes, and common procedures that need to be completed. The group will participate together in considering case issues and in completing small pieces of work when possible. Lastly, the coach will assist participants in identifying skills and processes that participants need more help to develop, and will help each identify a training to register for in the next few months that will address at least one of these skills.	Classroom	1		Alliance	Social Workers	Statewide	50%	
Permanency Planning	Participants will learn about permanency options for children, basic legal requirements (including reasonable efforts, required timelines and legal requirements to support each permanent plan), and the role of social workers in all programs to complete basic tasks to ensure permanency can be achieved timely. Concurrent planning will be introduced along with the importance of teaming with parents and caregivers to achieve permanent plans. CPS and FVS staff will build on their practice presenting the case to the agency's legal representative and to the court. Participants will learn what to expect from the court and parents' attorneys during a hearing or trial. Particular focus will be placed on the importance of preparation, which includes providing discovery and familiarity with the case. CFWS and Adoptions staff will be provided the legal context for permanency planning, choosing an appropriate permanent plan for a child, and how to prepare for court so that the agency's case for the child's need for permanency is made. The importance of preparation, objective documentation, and anticipation of questions from parents' attorneys, Court Appointed Special Advocates/Guardian ad Litem's (CASA/GAL), and the court will be discussed.	Classroom	26		Alliance	Social Workers	Statewide	75%	
Testimony Simulation	Participants will travel to a local courthouse and engage in experiential learning through simulated testimony utilizing an in depth case scenario. Testimony simulation will provide participants with hands-on practice with real legal professionals. Participants will recieve feedback from the legal professionals in order to improve their practice testimying in court.	Classroom	4		Alliance	Social Workers	Statewide	75%	
Introduction to Agency Intervention	This session provides a broad overview of the purpose and practice of public child welfare in Washington State. Participants will learn the types of concerns that may bring a family to the attention of DCYF, and the most frequent barriers families face in addressing concerns about their children's safety and wellbeing. An overview of the important concepts of child safety, permanency and well-being is provided along with the most critical federal laws that guide how these goals are pursued. An overview of common job roles from intake to adoptions, and the dependency process, allows participants to begin to build an understanding of how the critical tasks of child welfare are executed in Washington state. Participants will continue to build their understanding of child safety, permanency, and wellbeing during their field work and subsequent class sessions.	Classroom	33		Alliance	Social Workers	Statewide	75%	

Supervisor Core Training Total Estimated Cost: $36,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Leadership Training for Supervisors (Based on Area Administrator Core Training)	New supervisors need to achieve competency in understanding the child welfare practice as well as in supervision. This course provides supervisors with an introduction of baseline competencies for supervisors in public child welfare, and opportunities to develop and practice new skills regarding these	Classroom	36.0	3	Alliance Contracted Training	Supervisors	Statewide	50%	Supervisors are allocated based on the RMTS results which are representative of social worker time
Supervisor Core Training for Non-Social Work Supervisors	This course is the required supervisor core training for those supervisors who do not supervise social service specialist staff (i.e., federal funding including SSI, clerical). The course covers the administrative, educational and supportive roles of supervisors. The course will occur over a two-month period. The first	Classroom	30.0	3	Alliance	Supervisors	Statewide	50%	Supervisors are allocated based on the RMTS results which are representative of social worker time
Supervisor Core Training	This updated competency-based training program provides the foundation for effective supervisory practice in the Child Welfare system. This program will prepare new supervisors to become comfortable in assuming their new role, learning what it means to be a supervisor in the child welfare system, and to understanding the	Classroom/ Webinar	42.0	3	Alliance	Social Workers & Supervisors	Statewide	50%	Supervisors are allocated based on the RMTS results which are representative of social worker time

Leadership Training Previously AA Core Training Total Estimated Cost: $31,000									
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Leadership Training for Area Administrators (Previously Area Administrator Core Training)	New managers need to achieve competency in understanding the child welfare practice as well as in the higher levels of systems management. This course provides managers with an introduction of baseline competencies for middle managers in public child welfare, and opportunities to develop and practice new skills regarding these competencies. Managing self, managing others, managing systems and managing outward are the four main themes integrated throughout this course. Day 1: Foundations for Managers in Child Welfare Day 2: Effective Relationships as a Manager Day 3: Strategies for Effective Organizational Communication	Classroom	36.0	1	Alliance Contracted Training	Area Administrator	Statewide	50%	

			Length per Topic Area (Hrs.)	# of Sessions Statewide					
Title	**Course Description**	**Venue**			**Provider**	**Audience**	**Location**	**IV-E**	**Notes**
Caregiver Core Training (CCT)	The 24-hour Caregiver Core Training is made up of eight sessions (each three hours long) and a break for a field experience at the mid-point. Training made available in English and Spanish. Session 1: Introduction to the Child Welfare System Session 2: Working as a Member of a Team Session 3: Working with Birth Families Session 4: Cultural Connections and Advocacy Session 5: Growing Up with Trauma, Grief, and Loss Session 6: Understanding and Managing Behavior Session 7: Communication and Crisis Management Session 8: Getting Ready and the Effects on the Caregiving Family Field Experience: Participants have the opportunity to learn outside the classroom by choosing an activity that will give them more awareness of the experience of children within the system or of the role of a caregiver for children in the system. The sessions are designed to help you understand how the system works, what your role is as a member of the team, how to effectively work with birth families in order to best support the child, how caregiving may impact your own family, child development and the impact of trauma, all about attachment, how to incorporate and honor a child's culture into your own family, and more. The sessions include the voices of former foster youth, current caregivers and birth parents who have been involved with the system.	Classroom	24.0	132	Alliance	Caregivers	Statewide	75%	8/18/2020 - added detail that training is provided in both English and Spanish.
Caregiver Core Training (CCT) **Coaching Session**	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session builds upon information contained in Caregivers Core Training (CCT) and provides in-depth support around any of the elements of CCT identified by the caregiver as needed. The topics covered will include how caregivers will use effective discipline in their homes to manage behaviors, resources and supports that the caregiver will utilize, and identifying future training needs. Additional topics, as determined by the caregiver, may include: understanding the child welfare system, working as part of the team surrounding the child, partnering with the birth family, cultural competency and keeping children culturally connected, advocacy, trauma, grief and loss, attachment, child development, communication, crisis management, and preparing for the first placement.	Classroom	0.5	1200	Alliance	Caregivers	Statewide	75%	

Caregiver Core Training Total Estimated Cost: $1,245,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Afterhours 4.3: Caring for Children: Worker Safety, Documentation, and Infants	In this course, you will identify and discuss possible worker safety threats, both in homes and while supervising youth, and options to promote everyone's safety. You will learn how to document your work in case notes. In particular, you will learn about including relevant, objective information in your documentation and avoiding bias. You will also receive guidance on coding case notes correctly. Specific requirements related to caring for infants and assessing and supporting their caregivers is reviewed, including policy related to safe sleep, period of purple crying, and the plan of safe care.	Webinar	2		Alliance	Social Workers	Statewide
Assessing Child Abuse and Neglect in Afterhours	This session orients participants to the definitions of child abuse and neglect in Washington state, as well as practical guidance and considerations specific to how you might identify and respond to various types of child maltreatment. Policy and practical considerations for photographing injuries and conditions in children are reviewed. We briefly discuss forensic interviewing, child advocacy centers, and how to respond to a spontaneous disclosure of sexual abuse or serious physical abuse. We review indicators and dynamics of child torture and distinguishing these dynamics from those more common with malnutrition or failure to thrive cases. Throughout, emphasis is placed on the importance of collaboration with community partners, particularly medical professionals and law enforcement.	Webinar	5.0	4	Alliance	Social Workers	Statewide
Assessing Child Safety in Afterhours	Participants will get a broad overview of the child safety framework, the safety assessment approach used by Washington State. Critical concepts including safe and unsafe, risk, present danger, safety threats, and global assessment will be reviewed. A particular area of focus is identifying present danger and taking a protective action (or creating a protective action plan) to ensure the danger is effectively managed. We'll consider how to assessing others' ability to participate in a protective action plan. Finally we'll review the importance of documenting the concerns/threats and of communicating the plan.	Webinar	5.0	4	Alliance	Social Workers	Statewide
Afterhours Core 1.1 Child Safety: Defining Abuse, Neglect, and Child Safety	In this course, you will learn the definitions of child abuse and neglect used in Washington State, as well as your obligation to report suspected child maltreatment. You will be introduced to 3 foundational concepts used in child welfare work: child safety, risk assessment and global assessment. You will consider how ethical principles, particularly related to confidentiality and your role as a helping professional impacts how you do your work. Lastly, you will be introduced to the Safety Framework, the guiding structure used in our state to understand and assess child safety. You will be asked to consider how culture might affect both your assessment of child safety and the work you do to ensure children are kept safe.	eLearning	2.5			Social Workers	Statewide
Afterhours Core 1.2 Child Safety: Identifying Present Danger	In this course, you will learn about present danger. You will apply your understanding of this concept to many scenarios, building a robust understanding of what is and is not present danger. A framework for assessing for and responding to present danger across cultural difference is provided, and you will apply this framework to practice scenarios, helping prepare you to serve families more equitably.	Webinar	2		Alliance	Social Workers	Statewide
Afterhours Core 1.3 Child Safety: Protective Actions	In this course, you will learn how protective actions help ensure the safety of children in present danger. You will learn what components protective actions must include for you to feel confident in their being effective. Of particular importance, you will consider how you decide whether a specific adult can be relied upon to participate and provide safety to the child. Finally, you will put everything you have learned about child safety into practice as you consider a scenario and determine whether present danger exists and, if so, what protective actions might be effective.	Webinar	2		Alliance	Social Workers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Afterhours Core 2.1 Physical Abuse: Critical Community Partners	In this course, you will learn more about how Washington State defines and responds to physical abuse. You will learn about a program connecting DCYF staff to local physicians with expertise in child maltreatment (MedCon) and hear two doctors describe the program and their roles. You will read the policy on photographic documentation and use a scenario to ensure that you understand how, why, and what to take pictures. In addition, you will consider how you may work with law enforcement in responding to cases of suspected physical abuse. Lastly, you will consider what steps you are required to take to work effectively with people who are not proficient in spoken English and resources to support you.	eLearning	2.5		Alliance	Social Workers	Statewide
Afterhours Core 2.2 Physical Abuse: Sentinel Injuries	Identifying injuries which tend to be seen prior to, or along with, serious physical abuse can help us identify children who are unsafe, and sometimes prevent disastrous consequences. You will learn about these injuries, called "Sentinel Injuries," as well as injuries that are more common in childhood and don't typically raise concern for abuse. You will practice differentiating between the two using many different scenarios. Lastly, you will learn more about how to collaborate with key partners, particularly medical professionals, in response to your concerns related to an observed mark or injury.	Webinar	2		Alliance	Social Workers	Statewide
Afterhours Core 2.3 Physical Abuse: Serious Physical Abuse	In this session, you will learn about indicators and dynamics of serious physical abuse which produces injuries that require medical care and can cause long-term consequences or death. This includes strangulation, abdominal injuries, abusive head trauma, burns, and fractures. You will learn about identifying injuries or patterns that are related to each. You will have a chance to apply this information to scenarios and discuss the best ways to move forward in situations when serious physical abuse is suspected.	Webinar	2		Alliance	Social Workers	Statewide
Afterhours Core 3.1 Maltreatment and Placement: Overview	In this course, you will learn more about how Washington State defines and responds to neglect and sexual abuse. Afterhours staff rarely interview children to gather information about the specifics of maltreatment, but their discussions with young people can help or hurt DCYF's ability to protect the child in the future. You will review and apply basic principles of child interviewing to support you in talking with children about their overall safety at home. You will learn about the function of child advocacy centers as partners in responding to sexual abuse concerns. Lastly, you will learn best practice for assessing the suitability of unlicensed relatives/others and the importance of providing caregivers with all information available about the child.	eLearning	2		Alliance	Social Workers	Statewide
Afterhours Core 3.2 Maltreatment and Placement: Neglect and Sexual Abuse	Both neglect and sexual abuse can be difficult to identify. In this course, you will practice distinguishing between medical child abuse, medical neglect, starvation and failure to thrive. You will learn the indicators and dynamics of child torture and how these differ from what is typically seen in neglect or chronic maltreatment cases. You will learn more about how to talk with children, including skills for responding when a child spontaneously discloses abuse. You will also build on your understanding of what young people might expect when visiting a Child Advocacy Center. This will help you respond appropriately to questions or concerns from young people and their caregivers about 'what happens next?'	Webinar	2		Alliance	Social Workers	Statewide
Afterhours Core 3.3 Maltreatment and Placement: Trauma Informed Placements	Afterhours staff respond in crises and emergencies – situations that are likely to be traumatic for everyone involved. In this course, you will consider ways to reduce the traumatic impact of removal from the home and placement into a new care setting. You will carefully consider how to determine, along with your supervisor, whether a placement with a relative or suitable other is safe and should occur. In addition, you will learn how to support the success of a placement by reviewing critical forms with a new caregiver, and providing information about the child	Webinar	2		Alliance	Social Workers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Afterhours Core 4.1 Caring for Children: Car Seats, Worker Safety and ICWA	Afterhours staff spend time driving with and caring for children. You will learn how to select, install, and fit a car seat correctly in this course. You will also review basic consideration for caring for youth with behavioral or medical needs. Considerations for your own safety, both in the field and when caring for young people who are in need of placement, are reviewed. Lastly, you will learn about a federal law called the Indian Child Welfare Act, which outlines the rights of federally recognized Tribes, Indian Children, and their families. The historical context and present need for this law is discussed	eLearning	2.5		Alliance	Social Workers	Statewide
Afterhours Core 4.2 Caring for Children: Trauma Informed Care and Following ICWA	In this course, you will review several principles of trauma informed care and consider how these apply to your routine interactions with children awaiting placement. You will consider what you will need (and need to do) to care for children awaiting placement, whether that is for an hour or a weekend. Significant time is spent addressing children who have challenging behaviors or exceptional care needs. This includes building a stronger understanding of policy and practice around youth who run away or have returned from being on the run. You will become more familiar with how to monitor, dispense, and document medications to youth who are taking them. Lastly, you will discuss your takeaways from the eLearning related to the Indian Child Welfare act. You will apply what you learned to your role in afterhours, and identify steps you should be taking to ensure everyone's rights are protected.	Webinar	2		Alliance	Social Workers	Statewide
Assessing the Whole Household For Child Safety Previously Titled: Assessing Parents, Caregivers and Others in the Home For Child Safety	This two hour In-Service builds upon information received in the Regional Core Training (RCT) on assessing parents, others in the family household, those who may have frequent unsupervised access to children, and Safety Plan participants. Learners will review Children's Administration policy, including who, when and what types of screenings are required. Additional assessment tools, including the gathering questions and the Structured Decision Making Risk Assessment will also be explored. The current CFSR and Case Review Tool compliance criteria for assessing all individuals in the home and those with frequent unsupervised access to children will be reviewed and practiced in small groups.	Classroom	2.0	8	Alliance	Social Workers	Statewide
Authority to Place (eLearning)	This short eLearning will orient participants to the four means by which this legal authority to place a child may be granted: Law enforcement protective custody, hospital holds, court order, and a voluntary placement agreed to by the child's legal parents. Legal, policy and practice consideration for each, as well as subsequent placement requirements are reviewed. In addition, the legal and policy preference for placing children with safe, suitable relatives is reviewed.	eLearning	0.5		Alliance	Social Workers	Statewide
Caring for Children, Worker Safety and Documentation in Afterhours	This session will support staff in caring for and keeping children safe when children must be transported by or cared for by afterhours staff. Participants will review basic considerations for caring for children across developmental stages, including children who have challenging behaviors or exceptional care needs. An introduction to car seats, including recommendations and mandates for their use and overall installation process is provided to further support staff in keeping children safe. Participants will identify and discuss general worker safety considerations, both in the field and while supervising youth in our care, as well as ways to respond early to support everyone's safety. Lastly, an overview of professional writing for case notes is provided.	Webinar	4.0	4	Alliance	Social Workers	Statewide
Child Abuse Assessment and Interviewing (CAIA)	This in-service training will provide instruction on the principles and application of research-based child interviewing, effective testimony, and interviewing skills with cultural considerations. It will address the special challenges of working with vague allegations, resistant children and adolescents, non-offending parents and alleged offenders. The purpose of this training is to enhance child interviewing skills. Participants will have the opportunity to participate in intensive interview skill building exercises with trained actors. Training will provide individualized feedback concerning dealing with complex situations, and working with children who are reluctant to talk or have special needs.	Classroom/Webinar	33.0	12	Alliance Contracted Training	Social Workers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Child and Family Welfare Services In-Service (CFWS)	Within the first two months following Regional Core Training, or transfer to the Child & Family Welfare Services (CFWS) program, CFWS Social Service Specialists attend this two-day in-service training. Participants learn about CFWS policies and procedures as well as permanency planning and achieving permanency through concurrent planning. Participants will use case examples and their own cases to learn how to build case plans with families which meet legal requirements; how to document your practice for the Court; and how to make decisions concerning permanency within time frames mandated by federal and state statutes.	Classroom/Webinar	12.0	22	Alliance	Social Workers	Statewide
Child Protection Medical Consultation (MedCon)	This eLearning primarily features a video of a popular Child Protection Medical Consultation (MedCon) presentation for Regional Core Training. The video showcases two respected and well-known child abuse pediatricians, Dr. Rebecca Wiester and Dr. Joyce Gilbert. Dr. Wiester and Dr. Gilbert discuss important aspects of Physical Abuse, Sexual Abuse, and Neglect within the context of their expertise as child protection medial consultants. Viewers are walked through recognizing sentinel injuries; understanding Abusive Head Trauma and its connection to the Period of PURPLE Crying; identifying when to seek medical consultation, how to submit a referral, and what information to provide; and how to locate important county protocols and policy resources online. Viewers will also be provided with a helpful Notes Worksheet, which will guide them through capturing important information needed in practice, and to pass the quiz at the end. This eLearning also provides a Facilitator Guide and can be viewed either individually, or facilitated for a small group viewing.	eLearning	3.0		Alliance	Social Workers	Statewide
Child Protective Services In-Service	This three day in-service will describe the two different CPS pathways, Family Assessment Response (FAR) and Investigations. This training includes learning modules on: Interviewing members of a household to assess safety, including children, parents and subjects; collateral information gathering; Protocols when working with Law Enforcement (LE); Working with Child Protection Medical Consultant Network (MEDCON) and local medical providers; Utilizing the Child Safety Framework; completing the Investigative Assessment (IA) & the Family Assessment Response Family Assessment (FARFA); Following Indian Child Welfare Act policies (ICWA); and other policy & legal requirements. Also covered in this in service training will be requirements for reasonable efforts to prevent placement, addressing Domestic Violence, CSEC, Infant Child Safety; and more. Participants will be asked to review several examples of CPS intakes and the information in the course will be presented through using these case examples. On the last day, there will be a panel made up of Children's Administration Investigative and FAR staff and a Parent Ally. This course is required for all first year CPS Case Workers as well as caseworkers and supervisors transferring to a CPS position who have not attended the CPS track within the past two years.	Classroom/Online	18.0	20	Alliance	Social Workers	Statewide
Dependency Petition (eLearning)	The Dependency Petition eLearning is an interactive and independent learning activity integrating brief legal instruction and practical application/skill building regarding Dependency Petitions.	eLearning	1		Alliance	Social Workers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Family Time – Supportive Virtual Family Time Program and Training (eLearning)	Supervised visitation staff and child welfare staff who want to develop skills to support virtual family time will benefit from this online learning. In this training you are provided with structured support, guidance and training to: · Connect with the caseworker to prepare for remote supervised visits that will, to some extent, include both parent and foster/relative caregiver(s) · Prepare the parent(s) for positive remote supervised visitation with their children · Prepare the foster or relative caregiver(s) for how to support the child in their care in having positive remote supervised visitation with their parent(s) · Hold a virtual Family Time Partnership meeting between the parent(s) and foster/relative caregiver(s) prior to supervised visits taking place to plan and prepare for virtual visits by getting to know one another, setting expectations and agreements and plan for and provide some structure for the remote visits · Support the parent(s) and caregiver(s) in having positive and productive remote supervised visits and supervise the visits · Create a plan to debrief one-on-one with the parent(s) and the caregiver(s) to celebrate success In addition, two videos developed by Fostering Connections for Families will be shared that model a family time partnership meeting as well and an example of what a virtual family time could look like.	eLearning	1.0		Alliance	Social Workers and private agency staff	Statewide
Family Time: Relationships and Reassurance	Parent, child and sibling family time helps reduce further trauma from the separation by reassuring the child and maintaining the parent-child relationship or helping build the relationship. Social workers and caregivers are part of a team in making family time happen, making sure that the benefits are realized for the children and parents, and helping children through the separation from their families, friends, and homes. This short eLearning will cover the role of family time in child well-being and permanency, as well as the social worker's role in providing parent-child and sibling family time. The key learning objectives of this course are: 1. Recognize the importance of family time and its association with positive outcomes for the child and family. 2. Identify appropriate levels of supervision based on safety threats; appropriate people to help with family time, and in what roles; and the best location. 3. Identify the roles of social workers and caregivers in supporting children and parents to make family time positive.	eLearning	1.0		Alliance	Social Workers	Statewide
Impacts of Parental Mental Health on Child Safety	Participants will be engaged to consider their own thoughts, beliefs, and biases about mental illness; understand basic definitions associated with parental mental illness and child safety; and identify family assessment strategies that can focus on the intersection between parental mental illness and child safety. Additionally, ideas and tools for drafting effective case plans and objectives to achieve child safety with parental mental illness is a factor will also be discussed. Finally, participants will receive resources for services and interventions that promote the reduction of risk associated with parental mental illness and enhance protective factors for family well-being.	Classroom	6	6	Alliance	Social Workers & Supervisors	Statewide
Interviewing Parents for CFWS & FVS (eLearning)	In this eLearning participants will review the stages of an adult FVS/CFWS interview and the information they need to gather in each stage; read a case summary; and view an interview with the parents related to the case.	eLearning	1		Alliance	Social Workers	Statewide
Interviewing Parents for CPS (eLearning)	In this eLearning participants will review the stages of an adult CPS interview and the information they need to gather in each stage; read a case summary; and view an interview with the parents related to the case.	eLearning	1		Alliance	Social Workers	Statewide
Permanency for Every Child	This one-day classroom in-service will focus on the role of the CFWS case worker in achieving permanency for children. Topics include how to work a case from the beginning to achieve permanency through concurrent planning, having difficult conversations with parents about concurrent planning and the permanency process, how to assess for reunification, determining best interest and choosing alternate plans. This training follows CFWS In-Service. This training should be followed by "Coaching for Permanency".	Classroom	9.0	12	Alliance	Social Workers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location
Placement: When to Place, Where to Place, When to Return Home	This one-day classroom in-service will focus on the placement and dependency filing process policies rolling out in June, 2018. Caseworkers will explore how to assess the information gathered during contacts with families in determining when a child can be safely maintained in the home or if placement is necessary. The course will discuss legal authority to place and to ensure that placements are made according to the law and department policy. Disproportionality at placement decision and decision to return home will be discussed. Reasonable and active efforts to prevent placement will be identified as well as the necessary communication with parents regarding the reasons for removal and what conditions need to be met for the child's safe return home. Tips for reducing trauma at placement, ensuring placements are safe and can meet the child's needs, and setting up initial visitation between the parent and child based on the safety assessment will be discussed.	Classroom	6.0	18	Alliance	Social Workers	Statewide
Placing Children in Afterhours	This session provides information and ideas on opportunities to reduce the traumatic impact to the child during removal from the home, and placement into a new care setting. Participants review policy, forms and practice in assessing the suitability of unlicensed caregivers, and then use two scenarios to practice making this determination. Policy and practice in assessing the safety of the physical home is also discussed, including reviewing multiple scenarios. The importance of providing caregivers with all information available about the child is presented, and the process and forms that support this process are reviewed. Lastly, specific requirements related to interacting with the caregivers of infants are reviewed, including policy related to safe sleep, period of purple crying, and the plan of safe care.	Webinar	5.0	4	Alliance	Social Workers	Statewide
Preparing for Case Consultation	Supervisors and caseworkers will know and understand how to apply the case consultation process for staffing cases. This activity invites group learning and participation, with a structured approach to difficult cases, and keeping family development central instead of parental deficits.	Classroom	2.0	26	Alliance	Social Workers	Statewide
Relative Home Studies	This eLearning will help learners understand the process for assessing the suitability of prospective unlicensed caregivers and when to initiate a home study.	eLearning	0.5		Alliance	Social Workers	Statewide
Service Referral: An Introduction	This course provides instruction on using the service referral tool in the FamLink case management system for both social workers and fiduciaries. Step by step guidance walks through the steps necessary to launch the referral, provide customized details and instructions for the authorization of payments	eLearning	0.25		Alliance	Social Workers	Statewide
Services: How to Prevent Placement and Promote Reunification of Children	This course is designed to teach social workers how to identify the service needs of families when trying to prevent out-of-home placement or to support reunification. Working through scenarios social workers actively engage in the decision-making process for appropriate services. Workers will learn the fundamentals of the referral process, engagement with providers and families as well as documentation.	eLearning	0.5		Alliance	Social Workers	Statewide
Visitation (eLearning)	In this short eLearning, participants will learn the role of visitation in child well-being and permanency, as well as the social worker's role in providing visits.	eLearning	1		Alliance	Social Workers	Statewide
Your Role in the Child Welfare System	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices.	eLearning	1		Alliance	Social Wokers	Statewide

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location

Social Worker & Supervisor Training Total Estimated Cost: $1,198,000										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Coaching for Area Administrators*	Coaching for Area Administrators provides one-on-one skill building sessions using the Learner Centered Coaching Model. Coaching provides essential professional development opportunities to support the daily work that AA's do to with Supervisors in their units. Sessions can be scheduled in 30 minute intervals and can cover: Integration of the Quality Matters Engagement Series, Use of the Learner Centered Coaching Model, Skill building opportunities for integration of Coaching into their daily work, Observation and feedback on skills used to engage with staff.	Classroom and Online	0.5	70	Alliance	Area Administrators	Statewide	75%	8/18/2020 - New course
Identifying and Supporting Commercially Sexually Exploited Children for DCYF	Commercial sexual exploitation impacts many children and families the child welfare system is meant to support. In this course, you will learn more about the dynamics of commercial sexual exploitation of children (CSEC), risk factors and warning signs, and impacts of this experience on survivors. You will learn policy requirements to identify, document, and offer services to these young people, as well as the best practices to engage and support them. The importance of trauma based and culturally relevant work with this population is a theme throughout the course. While the focus is on children and young people, you will likely gain a better understanding of parents you work with who may also have experienced commercial sexual exploitation.	Webinar	9.0	10	Alliance	Social Workers & Supervisors	Statewide	75%	8/18/2020 - Now delivering (10) 9-hour webinars in place of 10 in-person classes. Course length increased from 6 hours, netting 30 additional hours for APSR.
NCAST/Parent-Child Interaction Feeding Scales Certification	The NCAST Parent-Child Interaction (PCI) scales are designed for parents/caregivers and children age birth-3 years (36 months). The PCI scales consist of two measures – a Feeding Scale and a Teaching Scale. Both scales are assessment tools which provide valid and reliable measurements of parent-child interactions. When used in child-welfare, either assessment can provide recommendations for services to strengthen parent-child interactions, both scales can also serve as reliable pre-/post- measures of progress made through service engagement. Participants will learn how to use NCAST PCI scales as a tool to gather pertinent information about the parent-child dyad; assessment of parent-child interactions; and intervening with parents and young children. Participants can become certified assessors in one or both the Feeding Scales or the Teaching Scales. The Feeding Scales can be used with parents/caregivers and infants age 0-12 months (1 year old), the Teaching Scales can be used with parents/caregivers and infants age 0-36 months (3 years old). Certification, or reliability, is obtained through first practicing, and then scoring videos from the Parent-Child Relationship Program at the University of Washington. The videos depict parent-child interactions in both feeding and teaching scenarios. Instruction for each 4-day certification course is delivered across two weeks so participants are only away from their desks for two days at a time.	Webinar	25.0		Alliance	Social Workers Supervisors Area Administrators	Statewide	0% / 100% GFS	8/18/2020 - This course was inadvertently omitted and should have been included in previously submitted training plan.
NCAST/Parent-Child Interaction Teaching Scales Certification	The NCAST Parent-Child Interaction (PCI) scales are designed for parents/caregivers and children age birth-3 years (36 months). The PCI scales consist of two measures – a Feeding Scale and a Teaching Scale. Both scales are assessment tools which provide valid and reliable measurements of parent-child interactions. When used in child-welfare, either assessment can provide recommendations for services to strengthen parent-child interactions, both scales can also serve as reliable pre-/post- measures of progress made through service engagement. Participants will learn how to use NCAST PCI scales as a tool to gather pertinent information about the parent-child dyad; assessment of parent-child interactions; and intervening with parents and young children. Participants can become certified assessors in one or both the Feeding Scales or the Teaching Scales. The Feeding Scales can be used with parents/caregivers and infants age 0-12 months (1 year old), the Teaching Scales can be used with parents/caregivers and infants age 0-36 months (3 years old). Certification, or reliability, is obtained through first practicing, and then scoring videos from the Parent-Child Relationship Program at the University of Washington. The videos depict parent-child interactions in both feeding and teaching scenarios. Instruction for each 4-day certification course is delivered across two weeks so participants are only away from their desks for two days at a time.	Webinar	25.0		Alliance	Social Workers Supervisors Area Administrators	Statewide	0% / 100% GFS	8/18/2020 - This course was accidently omitted and should have been previously added to training plan

Advanced Microaggressions for Supervisors: Guiding Staff through Cross Cultural Conflict	In this workshop supervisors and managers will develop their skills for engaging across culture when tension exists. Together we will explore Intent vs. Impact, how implicit bias can affect their decision making in determining outcomes and unpack dynamics between employees when conflict exists. Participants will learn how best to approach tense situations through role playing, video, and small and large group discussion. Participants will: 1)	Classroom	6	11	Alliance Contracted Training	Supervisors	Statewide	50%	
Assessing Child Safety in the Context of Domestic Violence for CFWS and CPS	This session will provide a basic review of the Safety Framework and an overview of the Specialized Domestic Violence Assessment to be utilized throughout the life of a case. This training will focus on the most salient issues in screening and assessment for both front and back end workers when considering removal and suitability for return home from foster care. Important issues for both initial and ongoing workers regarding best practices for visitation and other important decisions, will be touched on as well. Participants will be able to practice by considering a case example of a family experiencing domestic violence and apply the safety framework to determine whether the children in question would be safe or unsafe.	Classroom	3.0	14	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Assessing Child Safety Throughout the Case - CFWS & Adoptions	This training focuses on learning how to identify present danger and how to take protective actions; how to gather, assess, and analyze relevant information related to safety and risk from child interviews, adult interviews, and collaterals; how to identify safety threats and develop realistic safety plans; and how to articulate and document safety and risk factors to others such as court officials, community partners and others	Classroom	6	18	Alliance	Social Workers & Supervisors	Statewide	75%	
Assessing Safety Throughout the Life of the Case - CPS	Assessing Safety Throughout the Life of the Case is one and a half days of in service training, designed for Child Protective Services (CPS) Social Workers, Investigations and Family Assessment Response. The training focuses on the CPS Social Worker's role in the initial and ongoing **assessment of child safety**. CPS Social Workers will develop and enhanced their skills regarding the Child Safety Framework and its applications.	Classroom	9	22	Alliance	Social Workers & Supervisors	Statewide	0%	
Car Seat Safety: Select, Fit and Install Correctly (DCYF staff)	Did you know more than half of children's car seats are installed incorrectly? The car is a dangerous place for a child to be, but there are many resources that can help ensure you're following all safety and legal guidelines. This brief eLearning for DCYF staff is the perfect spot to start, helping you select, fit and install the correct seat each time you need to transport a child. You will find an overview of basic requirements and Washington state laws as well as real-world installation examples and tips. The course is full of useful, surprising facts – the appropriate time to transition a child out of a booster seat might surprise you! You will also find links to many outside resources for more in-depth information.	elearining	0.5		Alliance	DCYF Staff	Statewide	75%	
Coaching for Ad-Hoc Needs*	As a result of participating in this workshop participants will:	Classroom	0.5	600	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Coaching for Assessments*	1. Know the child safety threats most likely to be present when domestic violence endangers child safety.	Classroom	0.5	900	Alliance	Social Workers & Supervisors	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Coaching for Case Organization and Prioritization*	How to prioritize the daily work, including: using outlook, desk calendars, and reminders; prioritization of caseload activities, assessments and due dates for different programs; reassessing safety and updating safety assessments at pivotal points in the case.	Classroom	0.5	900	Alliance	Social Workers & Supervisors	Statewide	75%	Title IV-E and GFS proportionately based on attendee type

Coaching for Child Safety throughout the life of the case	2. Know CA policy regarding screening for DV and managing cases where DV is identified, including what information workers must to attempt to collect to properly assess child safety in families impacted by DV.	Classroom	0.5	900	Alliance	Social Workers & Supervisors	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Coaching for Indian Child Welfare	Coaching sessions are an opportunity for participants to receive training and support on critical topics that is flexible enough to respond to their current needs. Coaching sessions can involve one or several workers, and may be delivered in person, on the phone or by other real time collaboration (face-time, etc). Preferably, they allow material to be understood within a context of an actual case, and completion of current work.	Classroom	2		Alliance	Social Workers & Supervisors	Statewide	75%	
Coaching for Permanency*	Permanency timelines; permanency from day one; engaging with families to co-create case plans; setting safety objectives; measuring progress versus compliance in cases; transition planning for children; knowing when to file for Termination of Parental Rights (TPR); understanding the court process and when to change permanency plans; understanding the adoption process; understanding parent/child visitation plans (supervised, monitored, etc.); understanding reasonable efforts versus active efforts for ICWA cases.	Classroom	0.5	900	Alliance	Social Workers & Supervisors	Statewide	75%	Title IV-E and GFS proportionately based on attendee type
Coaching for Supervisors	Coaching for Supervisors provides a one-on-one professional development opportunity and is an essential element in supporting the daily work supervisors do with their units and staff. Sessions can be scheduled in 30 minute intervals and can cover: Observation and feedback on monthly supervisory case reviews; Use of Supervisor Review Tool in FamLink; Documentation / Assessment review and approvals; Observation and feedback on skills used to engage with staff; Organization and Prioritization of work.	Classroom	0.5	240	Alliance	Social Workers & Supervisors	Statewide	50%	
Critical Thinking	Using objective evidence, recognizing patterns of behavior, considering families' perspectives, and utilizing collaterals can improve decision-making in child welfare. Skills to ensure incorporation of new information and to identify biases, including confirmation bias, will be examined in this course to improve decision making.	Classroom	3.0	6	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Cultural Competence: Understanding Implicit Bias and the Impact of Racial Stereotyping	For years society has encouraged colorblind ideology without taking into consideration the impact this has on People of Color. Through video, interactive activities and discussion of the research, participants are challenged to examine implicit bias, stereotype threat and its effect on cross cultural relationships and ethnic/racial identity development. As a result, participants deepen their appreciation of challenges facing People of Color, grow in self-awareness and learn ways to mitigate the impact. Participants will: 1) Engage in courageous conversations; 2) Deepen their understanding of implicit bias and stereotype threat; 3)	Classroom	6	6	Alliance Contracted Training	Social Workers, Supervisors & Area Administrators	Statewide	75%	

Debriefing with Good Judgement for Supervisors	During this course, supervisors will learn and practice a feedback approach that is respectful, supports reflective practice, and supports staff in growing their clinical skills. The approach is based on Debriefing with Good Judgment, which is rooted in and supported by the science of adult learning and of organizational psychology. We will review the idea of psychological safety and its impact on how staff learn and grow. Supervisors will learn about "frames," how they drive our thoughts and actions, as well as how they are critical places for intervention when we don't understand why a staff (or client) is approaching a problem the way they are. Supervisors will then learn the building blocks of this feedback approach, and also anticipate some possible challenges they might face in the learning conversations they have with staff. This course is designed to provide several opportunities to learn, practice the skill with real staff, and get feedback. It includes an eLearning, two half-day classroom sessions, and a live online session. All components must be completed in order to receive credit for the course.	Classroom	10	6	Alliance	Supervisors	Statewide	50%	
Domestic Violence in Child Welfare	This training focuses on domestic violence in child welfare cases, and the policies and best practices outlined in the "Social Worker's Practice Guide to Domestic Violence." Participants will gain knowledge and skills specific to four core areas: universal and periodic screening for domestic violence, conducting a specialized DV assessment,	Classroom	14.0	25	Alliance	Social Workers & Supervisors	Statewide	75%	
Early Childhood Development in Child Welfare: Supporting Lifelong Healthy Outcomes	Participants in this two-day training will increase their knowledge and understanding of early childhood development, neuroscience associated with brain development in early childhood, Adverse Childhood Experiences (ACEs), attachment & relationships, and the effects of trauma and maltreatment on development. In addition, participants will gain skills to directly impact the development of this vulnerable population through case management activities and identifying resources and interventions available in communities across Washington State. The following six modules serve as the foundation of instruction, with a final focus on how to best support the development of young children in public child welfare, and locally accessible resources to support early childhood development in your community. Module 1: Why Early Childhood Matters Module 2: Understanding the Science of Brain Development Module 3: Understanding the Science of Attachment Module 4: Understanding the impact of maltreatment, stress, and separation on development. Module 5: Helping Children Thrive Module 6: Informing Child Welfare If you have young children on your caseload, or you are caring for young children in your home, you will find the information in this training invaluable in supporting your work with children aged birth-five.	Classroom	12.0	2	Alliance	Social Workers & Supervisors	Statewide	75%	
Faculty Focused Training Series	Topics are chosen by the Regional Advisory Group and to date, topics for FY18 have not been identified.	Classroom	Various	3	Faculty	Social Workers & Supervisors	Statewide	50%	
Family Voluntary Services In-Service	This two-day in-service training will prepare new Family Voluntary Services (FVS) caseworkers and experienced FVS caseworkers who wish to improve their practice to engage parents and families from the point of transfer or case assignment. Participants will learn how to make the most of the first meeting and monthly visits with the parent in building a working relationship geared to reducing or mitigating safety threats and risk. Participants will be provided opportunity to improve the quality of case plans by linking services to behavior changes. Participants will learn policy expectations and good practice strategies for family engagement.	Webinar	12	3	Alliance	Social Workers & Supervisors	Statewide	75%	
Growing a Leader	Growing a Leader is designed for child welfare social service employees who are interested in advancing to leadership roles within the Department. Participants will learn about their potential new role, what it means to be a supervisor and a leader in the child welfare system, their leadership styles and the responsibilities of the supervisory or leadership positions. The training focuses on gaining an understanding styles of leadership and management; hiring and on-boarding new employees; supervisory case management expectations; providing feedback and effective communication with employees; tracking and documenting employee performance; engaging with community partners; and managing and resolving conflict. Growing A Leader is a comprehensive training program containing three (3) in person training sessions over a three month period, laying the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals.	In-Service	18.0	6	Alliance	Social Workers & Supervisors	Statewide	50%	

Guidelines for Difficult Conversations	A difficult conversation is a discussion between or among individuals that has the potential to lead to conflict or highly negative emotional reactions. In child welfare settings, difficult conversations may involve (a) delivering bad news, for example a decision to continue an emergency out-of-home placement or to terminate parental rights (b) confronting parents, foster parents, attorneys or other professionals with information and perspectives with which they are likely to disagree or confronting the unacceptable behavior of peers, supervisors, managers or other professionals (c) engaging in dialogue regarding controversial subjects or decisions. The guidelines below may also prove useful in resolving internal conflicts within or between units or in discussions of differences between and among caseworkers, supervisors and managers.	Classroom	3.0	14	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Harm Reduction Planning with Substance Using Families Part 1	This 3-hour webinar is part 1 of a 2-part series, and will provide participants with an understanding of substance use and when it affects the safety of children in the family, how to safety plan with families who have children of all ages (0-18), how to support clients in their treatment programs, and how to measure progress sufficient to have mitigated the safety threats to the children	Webinar	3.0	6	Alliance	Social Workers & Supervisors	Statewide	75%	
Harm Reduction Planning with Substance Using Families Part 2	This 3-hour webinar is part 2 of a 2-part series, and will provide participants with an understanding of substance use and when it affects the safety of children in the family, how to safety plan with families who have children of all ages (0-18), how to support clients in their treatment programs, and how to measure progress sufficient to have mitigated the safety threats to the children. Participants are required to complete the Part 1 webinar before attending the webinar for Part 2.	Webinar	3.0	6	Alliance	Social Workers & Supervisors	Statewide	75%	
Infant Safety and Care	Participants learn about infant communication, safe sleep environments, and the shaken baby syndrome to better assess infants during home visits. Equipped with the information, participants are able to assess parent or caregiver responsiveness to the infant and ability to support specific changes for improved safety of the infant. Participants become familiar with the Period of Purple Crying as a strategy to provide to parents of infants. For substance affected infants and infants born to a dependent youth, participants learn how to develop and document a Plan of Safe Care and offer referrals to parents as required per policy.

Note: This course is comprised of two modules:

    A six-hour classroom training
    A four-hour eLearning (optional) | Classroom and Online Combined | 10.0 | 14 | Alliance | Social Workers & Supervisors | Statewide | 75% | |
Mental Health: In Depth Applications in Child Welfare	Training provides an overview of successful case planning for children in foster care. Course topics include referring to the mental health services, use of screening tools, characteristics and behavior indicators of developmental and mental health concerns, use psychotropic medications with children in foster care, case management techniques with mental health service providers, understanding the elements and criteria of Evidence-Based and Promising Practices, and matching available EBP's with specific client needs. This course will also describe key signs, symptoms and impacts of trauma, disrupted attachment, and childhood adversity and ways to incorporate trauma informed care into their day-to-day work.	Classroom	7.0	12	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Monthly Visits for Children, Parents and Caregivers	Following this in-service, social service specialists will understand the expectations for monthly health and safety visits with children as well as monthly visits with caregivers and parents. Topics discussed include the content of discussions (safety, permanency and well-being), why these discussions are important, documentation in FamLink, and tips for completing visits timely.	Classroom	2.0	6	Alliance	Social Workers & Supervisors	Statewide	75%	
NAIR - Creating and Monitoring Your Native American Inquiry Request	This in-service level training will teach participants the steps for identifying Indian Children, address practical steps to input information into FamLink, and give CA staff tips on completing Ancestry Charts and submitting referrals to the Native American Inquiry Request (NAIR) unit to fulfill the requirements of the Federal ICWA, State Law and CA policies.	Classroom	2.0	12	Alliance	Social Workers & Supervisors	Statewide	75%	
Racial Microaggressions: Developing Cross Cultural Communication Skills	Participants will leave this training with a common language and understanding of what is meant by cultural competence and the work they need to do to grow their ability to effectively engage across cultures, an understanding of Racial Microaggressions and why they are problematic, and an increased ability to have courageous conversation about difference and to effectively engage racial tension.	Classroom	7.0	20	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	

Right Response - Level 3	Social Workers routinely engage with children and youth with behavioral concerns which often involve a lack of self-control or physical aggression. These unsafe behaviors are often exacerbated by the crisis and/or traumatic situations which bring the children into care, and may escalate quickly during transitions, placements, while waiting in offices, etc. These behaviors may put the child or others into dangerous or harmful situations. The RIGHT RESPONSE Level 3 Workshop is primarily prevention training. This 11-hour certification provides basic fundamental skills including Prevention, De-escalation, Postvention, and Physical Safety skills. Attendees learn about self-awareness, reflective thinking skills, positive behavior support, basic and advanced de-escalation skills, self-protection, and proactive alternatives which can prevent dangerous incidents and increase safety.	Classroom	11.0	24	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Right Response - Level 4	Social Workers routinely engage with children and youth with behavioral concerns which often involve a lack of self-control or physical aggression. These unsafe behaviors are often exacerbated by the crisis and/or traumatic situations which bring the children into care, and may escalate quickly during transitions, placements, while waiting in offices, etc. These behaviors may put the child or others into dangerous or harmful situations. The RIGHT RESPONSE Level 4 Workshop is primarily prevention training. The Advanced training is a full 14-hour certification which provides the skills of Prevention, De-escalation, Postvention and Physical Interventions, including Escorts and Therapeutic Holds. Attendees learn to use physical intervention as the last resort to maintaining safety and learn more proactive alternatives which can prevent dangerous incidents and increase safety. Attendees that complete the workshop receive a 1 year certification and recertification training will be offered annually.	Classroom	14.0	6	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Secondary Trauma: Impact and Solutions	This 3-hour course will help Children's Administration social workers and supervisors who do ongoing work in the child welfare system with identification of and responses to secondary trauma. The training will increase knowledge and understanding of the levels of secondary trauma, its impact, and how to manage the impact in our environment.	Classroom/ Webinar	3.0	3	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Supervisor Readiness	This three hour course covers Situational Leadership and Supervisor Readiness (4Rs). The course will review the three necessary components and strategies to impact performance. The Situational Leadership Theory developed by Paul Hersey and Kenneth Blanchard presents a model that suggests that to be effective leaders, supervisors must match their leadership style to an individual worker's level of job readiness (job maturity). The manager's effectiveness depends on their ability to correctly identify the supervisor's readiness level and to employ the appropriate leader style in that particular situation. Supervisor readiness for any task is determined by the supervisor's ability and willingness.	Classroom	3.0	3	Alliance Contracted Training	Supervisor's, Regional Administrators, Program Managers	Statewide	50%	
The Culture of Family: Supporting Kin to Support Kids	This training is designed for social workers who are serving children placed with Kinship Caregivers, and their supervisors. The class will prepare you to recognize and address the issues that Kinship Caregivers are most likely to confront, and those that often lead to placement disruption or impact child wellbeing. Participants will leave with a host of written resources that may be helpful as they talk with caregivers about their needs and about the child's needs, and as they guide caregivers in connecting to resources within and outside the department that will decrease stress and increase support for them and their families. Participants will also practice discussing issues of concern with relative caregivers, so that they can be best prepared to have these discussions frequently and successfully with Kinship Caregivers.	Classroom	6.0	10	Alliance	Social Workers & Supervisors	Statewide	75%	
Tools for CFWS/Adoptions Supervisors	This class will provide opportunities for participants to utilize the various supervisory case review tools as well as reflective supervision to promote permanency, critical thinking and reflection when supervising staff. Ideally this session will be delivered to a combined group of CFWS and Adoption Supervisors to strengthen the connectedness between units and eliminate potential barriers to permanency. It is intended that this session and the materials presented will promote active participation and discussion in the context of real cases.	Classroom/ Webinar	3.0		Alliance	Supervisors	Statewide	75%	
Trauma Informed Engagement	Trauma Informed Engagement is a 6-hour course applying lessons from trauma studies to child welfare practice for children, youth, and adults. Participants will discuss practice guidelines crucial to trauma informed practice in any setting. Participants will learn to distinguish trauma from other adversities and suffering; describe the characteristics, dynamics and effects of trauma; and emphasize the ways in which chronic trauma and complex trauma compromise normal functioning. Participants will learn to recognize and respond to situations involving the loss of control of body, mind, and emotions associated with trauma. Participants will practice, and commit to trauma informed engagement strategies, utilizing themes of empowerment, advocacy, and building resilience in children, youth, and adults.	Classroom	6	4	Alliance	Social Workers & Supervisors	Statewide	75%	

Understanding Neglect/Appropriate Interventions for Chronic Neglect	The most frequent allegation of child maltreatment is neglect. Some families are referred to the department numerous times with little change in family functioning. In this course, participants will learn how to assess for chronic neglect, its effects on children and appropriate interventions.	Classroom	6.0	6	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	
Washington State ICW Training	In this two-day training, we will follow the flow of a Child Welfare case and how workers need to incorporate ICWA. Children's Administration has a revised ICW Manual and attendees will strengthen their foundational base about ICWA and learn about changes in policy and procedure as it applies to ICWA practice in Washington State.	Classroom/ Webinar	12.0	8	Alliance and Contractor	Social Workers & Supervisors	Statewide	75%	

Worker Safety	Worker Safety – a one-day mandatory training for social service specialists, covering such topics as:
	
	    Types of workplace violence related to social work practice
	    Predictors of violent behavior
	    Recognizing escalating behaviors
	    Safety in the field
	    Safety precautions in methamphetamine sites
	    Resources and support for worker safety
	    Working with law enforcement
		Classroom	6.0	6	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	

Working with Dependent Adolescents	This course will cover the core principles of trauma informed care in working with dependent youth and young adults, engaging youth in their case planning and working with caregivers in supporting the youth's educational success, permanency, progress to independence and well-being. This course will address policy requirements related to working with adolescents and identify resources to meet those requirements. Participants will be given the opportunity to practice quality health and safety visits to elicit youth participation in planning and improve the quality of documentation in court reports.	Classroom and Online Combined	10	14	Alliance	Social Workers & Supervisors	Statewide	75%	

Caregiver Training Total Estimated Cost: $1,198,000									
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
CPR, First Aid, Bloodborne Pathogens Certification for Initial Foster Parent License	If you are a first time foster parent you are required to complete a CPR/First Aid and Blood Bloodborne Pathogens (BBP) class. This class is a blended online course with three parts – two online eLearnings and a skill based in person class. The BBP online course covers what you need to know as a caregiver when in contact with blood and other potentially infectious materials. The CPR/First Aid online course provides the knowledge needed when dealing with the range of problems that can arise from minor everyday instances such as cuts and headaches to the more serious emergencies such as allergic reactions, heart attacks and strokes. Once both eLearnings are completed, the final part is the skill evaluation with an instructor where you will get to apply and practice the techniques you have learned. A certificate will be issued once all three parts are successfully completed and will be valid for two years. The BBP class only needs to be completed once for the initial license.	eLearning	1.0		Alliance	Caregivers	Statewide	75%	8/18/2020 - Updated course name and training description
CPR and First Aid Recertification for Foster Parents	If you are a current licensed foster parent and have an expired CPR certificate and need to obtain recertification this course is for you. The course is a blended online course with two parts – an online eLearning and a skill based in person class. The CPR/First Aid online course provides the knowledge needed when dealing with the range of problems that can arise from minor everyday instances such as cuts and headaches to the more serious emergencies such as allergic reactions, heart attacks and strokes. Once you have completed the online eLearning, the final part is the skill evaluation with an instructor where you will get to apply and practice the techniques you have learned. A certificate will be issued once both parts are successfully completed and will be valid for two years.	eLearning	4.5		Alliance	Caregivers	Statewide	75%	8/18/2020 - This is targeted to recertifying foster parents. They do not need Blood Borne Pathogens. We list them separately in our catalog due to separate links / audiences.
Caregiver's Responsibility in Supporting Family Time	This 90 minute webinar training for caregivers covers what you should know about why Family Time matters for all those involved in a dependency case. The course will teach you a wide range of how you can support Family Time including preparing children for visits, supervising visits, providing transportation, sharing information with the birth family, and much more. You will learn why Family Time matters and the range of possibilities for what Family Time may look like including location options, frequency and length of visits, and level of supervision. As a caregiver you play a role in making Family Time successful and this training will teach you how.	Webinar	1.5		Alliance	Caregivers	Statewide	75%	8/18/2020 - New course
ABC's of Autism, Behaviors, and Coping Strategies	Research shows that lesbian, gay, bisexual, transgender, queer/questioning and two spirit (LGBTQ+) youth are overrepresented in the foster care system. LGBTQ+ youth in out of home care face additional challenges such as discrimination, stigma and bullying. LGBTQ+ children/youth feel unsafe and face rejection from their families, schools and community. Many times, LGBTQ+ youth do not have access to appropriate health care and mental health resources.	Classroom	3.0	3	Contractor	Caregivers	Statewide	75%	
Adoption Support (eLearning)	This short eLearning will answer your questions about how and why adoption support services are offered, what adoption support services exist, and how to access them.	Online	TBD	0.5	Alliance	Caregivers	Statewide	75%	

Advanced Adoption Training: The Effects of Trauma and Loss on Adopted Children	Are you considering or currently pursuing adoption? Do you have a basic understanding and knowledge of the adoption process but want further knowledge? If so then this is for you. This training will help you identify your ideals and goals as an adoptive parent. This training will prepare you to recognize the issues related to trauma, grief, and loss for adopted children. You will understand the various types of attachment and how to work with you and your child's attachment style. You will leave with a better understanding of the resources available to adoptive parents and how to access supports for your family.	Classroom/Webinar	3.0	5	Alliance	Caregivers	Statewide	75%	
African American Hair and Skin Care	This 4-hour focused topic training for caregivers, social workers and supervisors teaches participants to understand the complexity of caring for African American and biracial hair and skin. Participants will gain skills and knowledge to be culturally responsive to the needs of the children/youth in their care. The provider will demonstrate how to properly wash, dry and style (including braiding) for African American children and youth in their care. The provider will give resource tools on how participants get the appropriate hair and skin products for children/youth. The participants will gain knowledge, skills and tools to utilize with the	Classroom	4.0	7	Alliance Contracted Training	Caregivers	Statewide	75%	
As They Grow: The Drug Impacted Child	This eLearning course was developed from Connecting, a prevention-focused program specifically for foster parents and relative caregivers, and teens in out of home care. Connecting was created using input and advice from social workers, caregivers, and LGBTQ+ foster youth.	Classroom	6.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	
As They Grow: The Drug Impacted Infant and Toddler	This 6-hour focused topic training for caregivers provides an in-depth exploration of Drug Impacted Infants and Toddlers. The training focuses on how to identify and address the impacts drugs have on infants and toddlers; how to recognize symptoms; set up a successful environment and work together with the team in providing care for the child. The takeaway from this training is feeling empowered to care for a drug impacted Infant as they grow through infancy, toddler and preschool.	Classroom	6.0	12	Alliance Contracted Training	Caregivers	Statewide	75%	
Attention Deficit and Hyperactivity Disorder (ADHD)	This eLearning will provide caregivers an overview of the:	Classroom	6.0	9	Contractor	Caregivers	Statewide	75%	
Behavior Management Tools for Foster Parents and Caregivers	· Myths and stereotypes about LGBTQ+ children/youth and will provide facts and realities;	Classroom	6.0	12	Alliance Contracted Training	Caregivers	Statewide	75%	
Bullying: Prevention and Intervention	· Fundamental facts and terms about LGBTQ+ children/youth;	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	
Car Seat Safety: Select, Fit, and Install Correctly (eLearning for Caregivers)	Did you know more than half of children's car seats are installed incorrectly? The car is a dangerous place for a child to be, but there are many resources that can help ensure you're following all safety and legal guidelines. This brief eLearning is the perfect spot to start, helping you select, fit and install the correct seat each time you need to transport a child. You will find an overview of basic requirements and Washington state laws as well as real-world installation examples and tips. The course is full of useful, surprising facts – the appropriate time to transition a child out of a booster seat might surprise you! You will also find links to many outside resources	E-Learning	0.5		Alliance	Caregivers	Statewide	75%	

Caregiver Support: Your Recruitment and Retention Partners	Prospective and current foster parents and relative caregivers need ongoing support! The Department of Children, Youth, and Families (DCYF) in Washington partners recruitment and retention efforts with two contractors. This brief eLearning gives an overview of the programs and support available to caregivers	E-Learning	0.5		Alliance	Caregivers	Statewide	75%
Caregiving for Children with Physically Aggressive Behavior Concerns (formerly Physically Aggressive Youth)	· Provide opportunities for activities for caregivers and children/youth;	Classroom	6.0	15	Alliance	Caregivers	Statewide	75%
Caregiving for Children with Sexual Behavior Concerns (formerly Sexually Aggressive Youth)	· Address safety issues and develop plans for children/youth safety; and	Classroom	6.0	15	Alliance	Caregivers	Statewide	75%
Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents	· Learn how to promote the health, safety and well-being of the children/youth in care.	Classroom	12.0	12	Alliance	Caregivers	Statewide	75%
Chaos to Calm: Promoting Attachment in Out of Home Care	This 6-hour focused training for caregivers provides an in-depth exploration of secure attachment and challenges to attachment as well as building caregiver skills to enhance attachment with children in out of home care.	Classroom	6.0	6	Alliance Contracted Training	Caregivers	Statewide	75%
Compassionate Parenting	Discover what compassion really is, how it starts by being compassionate with ourselves and see the positive results with our families and others. You'll hear about and learn the roadblocks, hurdles and challenges that often prevent this kind of parenting and discover ways to move through them so you, and your children, win! Topics include:	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%

Connecting: Sexual Orientation and Gender Identity & Expression (SOGIE) Training for Caregivers and Kinship Providers	This training is for licensed and unlicensed caregivers and relative / kinship providers to support LGTBQ+ youth in their care. Research shows that lesbian, gay, bisexual, transgender, queer/questioning and two spirit (LGBTQ+) youth are overrepresented in the foster care system. LGBTQ+ youth in out of home care face additional challenges such as discrimination, stigma and bullying. LGBTQ+ children/youth feel unsafe and face rejection from their families, schools and community. Many times, LGBTQ+ youth do not have access to appropriate health care and mental health resources. This eLearning course was developed from Connecting, a prevention-focused program specifically for foster parents and relative caregivers, and teens in out of home care. Connecting was created using input and advice from social workers, caregivers, and LGBTQ+ foster youth. This eLearning will provide caregivers an overview of the: • Myths and stereotypes about LGBTQ+ children/youth and will provide facts and realities; • Fundamental facts and terms about LGBTQ+ children/youth; • Provide opportunities for activities for caregivers and children/youth; • Address safety issues and develop plans for children/youth safety; and • Learn how to promote the health, safety and well-being of the children/youth in care. This eLearning will allow the caregiver to complete activities on their own as well as together with the LGBTQ+ children/youth in their care.	E-Learning	2.0		Alliance	Caregivers	Statewide	75%	
Cultural Diversity for Foster Parents & Caregivers: Being Culturally Responsive to Our Children & Youth of Color	This 6 hour focused topic training for caregivers provides information and skill building in the subject of cultural diversity to enable caregivers to meet the needs of your children/youth. The training is interactive and experiential. Tools to facilitate understanding of multi-cultural & diversity sensitivity and awareness through experiential, didactic and familiarization of effective interaction and mindset. Learning various culturally specific concepts and language	Classroom	6.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	
DLR/CPS Allegations: An Overview of the Investigation Process for Caregivers	This 3-hour in-service training will provide foster parents, caregivers, relatives and fictive kin with information about DLR/CPS and how DLR/CPS works with caregivers and the community to ensure child safety. Participants will learn about mandated reporting, definitions and differences between allegations of abuse and/or neglect and licensing infractions, the flow of the investigative process when allegations are received, outcomes of investigations, and how caregivers can take steps to protect themselves in the process.	Classroom	3.0	12	Alliance	Caregivers	Statewide	0%	100% TANF
Eating Disorders and Beyond	This 6-hour focused topic training for caregivers covers how to recognize and support disordered eating and recovery from disordered eating. Participants will learn when and how to seek professional help, feeding practices to encourage a positive eating environment for all ages, and reasons that hoarding occurs and how to respond to it.	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	
Emotion Coaching	Emotion Coaching is a research based method from the Talaris Institute and the Gottman Institute that gives caregivers a way to help children learn about emotions. Research shows that when caregivers value and guide emotions using this important method, children do better in many ways.	Classroom	2.0	19	Alliance	Caregivers	Statewide	75%	

Fostering Children & Youth Through Transition, Grief & Loss: Helping Children With Their Feelings	Grief for children is the disruption of a bond, and in any foster situation, significant bonds have been disrupted or broken. This makes foster children more emotionally vulnerable when other losses occur. A friend may move, a pet dies, or a teacher goes on maternity leave. All these events placed the foster child in a very precarious position. This training will help you to understand that a lot more is on their emotional plate then on other children. You will learn how to address and support the child in a time of transition. This training will cover: The stages of grief. A condensed developmental understanding of how children grieve at different ages and understandings. How to communicate with children. How transition, grief and loss might trigger old feelings for the child and caregiver. Developing a plan and skills to support children in times of transition.	Classroom	4.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	
Healthy Engagement of Children of Trauma	This course is designed to help foster parents and caregivers gain a better understanding of our interaction with trauma and adversity in the children we serve. This workshop covers: The healing power of living true to ourselves. Recognizing wounds, burdens and painful memories in ourselves and our children. Understanding compassion fatigue in foster parents and caregivers. Finding fulfillment in self-led parenting Building cooperative partnerships with you, your community and the children you serve.	Classroom	6.0	9	Alliance Contracted Training	Caregivers	Statewide	75%	
Healthy Sexual Development	This three hour webinar will provide you with tools and resources about Healthy Sexual Development needed to ensure the children in your care have the necessary information and support to become healthy adults. Upon completion, you will be able to identify what healthy sexual development is by age and stage of development, recognize your own possible discomfort in talking about healthy sexual development with children and youth, and you will be able to integrate healthy sexual development conversations with children and youth into everyday life.	Webinar	4.0		Alliance	Caregivers	Statewide	75%	

Identifying and Supporting Commercially Sexually Exploited Children (for Caregivers)	This 3 hour in-service level training will help caregivers identify and support youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic practices that support helping these youth reach positive outcomes.
	
	Learning Objectives:
	
	  Know the legal definition of commercial sexual exploitation of children
	  Understand how commercial sexual exploitation might happen to a youth
	  Understand how experiencing commercial sexual exploitation may impact a youth
	  Be able to spot signs that youth are at risk for becoming (or are) commercially sexually exploited
	  Have strategies for caring for youth who are at risk for becoming (or have been) commercially sexually exploited
		Classroom	3.0	6	Alliance	Caregivers	Statewide	75%	

I-LABS Module 10 – Language Development: From Listening to Speaking	This hour long class covers the following points: -Babies begin making vowel-like sounds soon after birth. They soon add consonant sounds. Then they transition to syllables, words, and finally sentences. This pattern is similar across different cultures and languages. -Children use different strategies to learn words and word combinations. During the process of learning, they sometimes make errors in word or sentence use. As they hear more language, their use of words and sentences becomes more adult-like. -Language learning begins at birth! Those children who hear more language and experience more high quality interactions tend to produce more words and longer sentences.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 11 – Bilingual Language Development	This hour long class covers the following points: -The brain is primed to learn language in the first few years of life. As we age, it becomes harder to learn a second language. -Language is the product of our experiences. The amount and type of language input determines our language outcomes. This is true whether we're learning one or two languages. -Bilingual and monolingual children develop language at the same pace. -Bilingualism is associated with cognitive advantages, such as better flexible thinking skills	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 12 – Temperament in Early Childhood	This hour long class covers the following points: -Babies are born with different temperaments or ways they approach everyday events and challenges. Biology helps determine temperament, but environment and experiences also influence a child's temperament and development. -Temperament consists of three dimensions: positive reactivity; negative reactivity; and attention, soothability, and regulation. Each dimension is a continuum, meaning a child can show more or less of a behavior. -You cannot change a child's temperament, but you can adapt your behavior and environment to meet the child's needs. This is creating goodness of fit between your expectations and a child's temperament.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 13 – Race Today: What Kids Know as They Grow	This hour long class covers the following points: -Race is meaningful in our social world and racism still exists today. -Racism is like a conveyor belt and we are all on it. It is our responsibility to work actively to recognize and work against racism in our society. Otherwise we will continue to live as a member of a racist society. -Kids are aware of race and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Kids form racial identities. They recognize that their race and racial group is part of who they are and how others see them. -Research suggests that not talking about race with kids increases racist thinking and racism. Racial silence will never create racial equality, but talking about race can!	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 14 – "Racing" Towards Equality: Why Talking to Your Kids About Race is Good for Everyone	This hour long class covers the following points: -Race is meaningful in our social world and racism still exists today. -Our actions matter - what parents do – or don't do – is a strong indicator of children's attitudes about race. -Our words matter too! Research suggests that not talking about race with kids increases racist thinking and racism. But talking about race can be one of the best ways to counteract racism. -Kids are aware of race, form racial identities and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Preventative and Reactionary 'race chats' are an effective way to discuss race and racism with children. These conversations with evolve and change over time, as a child grows. -We do not need to have all the answers to have effective 'race chats' with children. We just need to be open, and be able to offer a safe space to talk.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	

I-LABS Module 15 – Early Music Experience		Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
	This hour long class covers the following points: -The brain learns musical information very early in development. Infants learn from listening to music in their environment and culture. -Research suggests that infants have a sensitive period when their brains are particularly primed to learn the basic structure of musical components. -Music and language share some key elements, such as pattern and rhythm. Practice with musical patterns and rhythms may help young children learn language patterns and rhythms. -Musical experiences may help children build other skills, too. For instance, music training has been linked to executive function skills, and moving to a beat in time with another person can help build social-emotional skills.								
I-LABS Module 16 – Foundations of Literacy	This hour long class covers the following points: -Spoken language skills serve as the foundation for literacy development. Literacy involves years of systematic instruction and practice. -Children may enter kindergarten with a range of pre-literacy skills. It is important for teachers to provide a rich literacy environment for all children. Reading to and with children is a great way to boost pre-literacy skills. -The brain is not born to read. With practice, our brains learn to recognize words, match words with sounds, and associate those words with meaning. -Some people have more difficulty learning to read than others. But this does not mean that they won't ever learn how or that they are less intelligent. Many different factors contribute to a child's pre-literacy skills.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 17 – Development of Literacy	This hour long class covers the following points: -Literacy is an important part of daily life. It helps empower a child's educational, societal, and civic development. -The best curricula for teaching children how to read include explicit instruction in phonological awareness. Explicit classroom instruction is a key part that builds on a strong foundation of phonological awareness. -Some children have difficulty learning to read. Research tells us that it is important to identify struggling readers early on, and to provide them with extra support before they fall behind their peers. -Early intervention helps struggling children build foundational skills and improve their reading ability. Effective programs encompass the school, home, and community.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 18 – Learning to Make Things Happen: How Children Learn Cause-and-Effect	This hour long class covers the following points: -In the first year of life, babies already start to make predictions about what things are causes and what are effects. By the time they are in preschool, children are proficient causal learners, ready to engage in and learn from causal lessons. -Children of all ages learn how to make things happen on their own from watching what other people do. They do this even if the people they are watching make mistakes or things don't work perfectly. -Cause-and-effect relations also occur between living things. Figuring out how to cause people to change their behavior is important for children's social development. -Lessons about cause-and-effect happen at home and in the classroom all the time, with little or no need for special tools, toys, or preparation.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 19 – Early STEM Learning		Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
	This hour long class covers the following points: -It is important to build children's STEM (science, technology, engineering, and math) skills starting at an early age so they become fluent. -Parents/teachers can provide children with a variety of STEM materials and activities, and ask questions about what children observe and expect. -Doing STEM activities with other people can help children enjoy STEM.								

I-LABS Module 2 - Why the First 2,000 Days Matter: A Look Inside the Brain	This 1 hour class covers the following: -How brains are built. An enormous amount of brain development occurs in the first five years. -Early childhood experiences shape the physical development of the brain. -The strength of connections formed in a child's brain depends, to a certain extent, on the frequencies of experiences they have in their lives.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 3 – The Importance of Early Interactions	This hour long class covers the following points: -School-readiness starts from birth. Early cognitive and social experiences play an important role in children's early development. -Children are particularly attuned to other people, and learn best from face-to-face interactions. -Children are incredibly social. Using eye-gaze, pointing, infant-directed speech, and contingent actions can draw children's attention to their environment and support learning.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	

I-LABS Module 4 – The Power of Learning Through Imitation	This hour long class covers the following key points:
	    -From the first day of life, children watch others and imitate their actions to learn about the physical world and their culture.
	    -As they grow older, they can remember actions for longer (deferred imitation), and use them to navigate situations (generalizations).
	    -Children's brains seem ready to imitate-studies have found similar changes in infants' brain activity whether they are doing an activity or just watching it.
		Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	

I-LABS Module 5 – Understanding Emotions	This hour long class covers the following points: -Children take cues from other people to guide their emotions and behavior, especially in new situations (social referencing). -Children even learn from interactions they're not directly involved in – they pick up on emotional states of others just from watching and listening. -In their second year of life, children begin managing their own emotions or behaviors (self-regulation), often using others' reactions to guide their actions.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 6 – Language Development: Learning the Sounds of Language	This hour long class covers the following points: - Language learning begins before birth. A young brain is particularly ready to learn language. -When listening to language, infants engage in statistical learning. This helps them become sensitive to the specific sounds of their native language. -Face-to-face interactions are critical for language learning. In the first year of life, social interactions expose children to language. They also prepare the infant brain for speaking.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 7 – Development of Attachment	This hour long class covers the following points: -Babies have a biological need for loving care. They begin forming an emotional bond with their caregivers at birth. Infants form an attachment to primary caregivers by the end of their first year. -The quality of attachment relationships is different for each child. Child and family factors can affect attachment quality. -Attachment relationships during infancy can have lasting effects on children's development. Yet, attachment quality can improve with proper support.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	

I-LABS Module 8 – Attachment in Practice	This hour long class covers the following points: -Attachment is a dyadic relationship. This means that an attachment relationship depends on both the adult and the child. -Attachment security is on a continuum. Children's attachment behavior can be more or less secure. Their behavior depends on the caregiving they receive. -A child is more likely to form a secure attachment when her caregiver provides consistent and sensitive care.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
I-LABS Module 9 – Sharing Attention During Early Childhood	This hour long class covers the following points: -From birth, children show interest in other people. By late infancy, they engage with others through joint attention. Joint attention is sharing attention between objects and other people. -Around one year of age, children recognize the importance of other people's eyes. They begin to follow others' eye gaze. -Children's gaze following predicts other developmental outcomes, like language development. Sharing eye gaze doesn't come as naturally to children with Autism Spectrum Disorder (ASD). This can affect their language and communication skills.	Classroom	1.0	10	Alliance	Caregivers	Statewide	75%	
Indian Child Welfare (for Caregivers)	Learn the historical, legal and socio/economic basis for Indian Child Welfare law and policy. Learn how these laws and policies may affect case planning and permanency for Native children who are placed in your home. Participate in an open dialogue about the enriching experiences and the challenges for you as a caregiver to Native children. And learn how to best care for the Native child in your home including supporting the child's cultural enrichment and enhancing the child's ties to their Tribal community.	Classroom	6.0	3	Alliance Contracted Training	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development for Emerging Caregiver Needs	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session. This Coaching Session provides in-depth support around specific topics identified by the caregiver as needed. The topics covered may include: 1. Understanding the child welfare system, regulations, expectations, and how to navigate available resources 2. Navigating crisis 3. Understanding and supporting child development 4. Effective communication (with birth parents, extended family, social workers, and the child in your home) 5. Self-care, secondary trauma, and healing	Classroom	0.5		Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Caregivers Report to the Court	This 2 hour coaching session for Caregivers builds upon information contained in Caregivers Core Training (CCT) and provides detailed training related to the writing and submitting of the Caregiver's Report to the Court (DCFS 15-313). Participants will understand the caregiver's role in the court process and how to effectively communicate with the court and other parties through the Caregiver's Report to the Court. During the session the caregiver will have the opportunity to compose an actual court report about the child in their care and receive specific feedback from the Child Welfare Trainer.	Classroom	2.0	25	Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Kinship 101: Information for Relatives and Suitable Others	This 1.5 hour Coaching Session for Caregivers covers the financial, legal, and emotional challenges of raising a relative's child. Services and support when raising a relative's child can be a lifesaver. Often kinship caregivers do not access the benefits which are available to them. This coaching session will address the issues that Kinship Caregivers struggle with most at an individual level: 1. Financial Needs 2. Legal Challenges 3. Navigating public service systems 4. Needing more social services 5. Information about resources/caregiving This class is designed for licensed and unlicensed caregivers caring for children currently or previously involved in the dependency system. Caregiver Core Training (CCT) is not a prerequisite. However, this course is supplemental to CCT for kinship caregivers, and can be a field experience during CCT.	Classroom	1.5	48	Alliance	Caregivers	Statewide	75%	Now coaching sessions are available.
Individual Learner Centered Skill Development on Positive Discipline	Coaching sessions are utilized to address a caregiver's specific needs and build specific skills. Identified goals are created and progress towards those goals is measured by both the learner and the coach after the session.	Classroom	0.5		Alliance	Caregivers	Statewide	75%	
Individual Learner Centered Skill Development on Teaming for Visitation	This eLearning will allow the caregiver to complete activities on their own as well as together with the LGBTQ+ children/youth in their care.	Classroom	2.0	25	Alliance	Caregivers	Statewide	75%	

Infant Safety and Care (eLearning for Caregivers)	Participants learn about infant communication, safe sleep environments, and the shaken baby syndrome to better care for infants placed in their homes. Equipped with the information, participants are able to be responsive and provide safe care to the infant. Participants will become familiar with the Period of Purple Crying as a strategy to help infants in their foster home.	Classroom	4.0	6	Alliance	Caregivers	Statewide	75%	
Introduction to Adoption from Foster Care	This 3-hour in-service training for caregivers provides an introduction to the adoption process including the homestudy, adoption support, the legal process and steps to adoption. This training is open to all participants: those who have not taken Caregiver Core Training, those who have, and those who are using the training as a field placement. This training helps caregivers consider their decisions around public and private agencies and whether to foster to adopt or pursue adoption only. The focus of the training is understanding the process including the emotional impacts of commitment, changing your family, grieving and attachment.

The training will also give information about:

Open Adoptions
The Placement Process
Resources and more | Classroom | 3.0 | 37 | Alliance | Caregivers | Statewide | 75% | |
| Introduction to Positive Discipline | An Introduction to Positive Discipline is a 2-hour in-service level training for foster, kinship and suitable adult caregivers. This introductory training will help caregivers learn the basic parenting approach of the Positive Discipline model by providing several group activities and discussions based in real life scenarios. Positive Discipline focuses on teaching valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. Positive Discipline focuses on helping participants learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. | Classroom | 2.0 | 6 | Alliance | Caregivers | Statewide | 75% | |
| Invitation to Aggression Replacement Training | This 6 hour focused topic training for caregivers teaches what drives aggressive behavior and develops skills required to give youth a chance for success. Caregivers will learn skills to teach the children in their care increased moral reasoning, how to replace antisocial behaviors with positive alternatives, and how to respond to anger in a nonaggressive manner. | Classroom | 6.0 | 3 | Alliance Contracted Training | Caregivers | Statewide | 75% | |
| Keep the Beat - CPR, First Aid and Blood-Borne Pathogens | Required training for all caregivers in First Aid/CPR, Blood borne pathogens/HIV training. Training made available in English- and Spanish-speaking participants.

The Alliance contracts with certified trainers to provide CPR, First Aid, and Blood-borne pathogens/HIV training.

Keep the Beat offers this class to all caregivers of foster children free of charge. This includes grandparents, babysitters, etc. Keep the Beat provides these classes statewide and free of charge whether or not you are licensed. | Classroom | 6.0 | 260 | Alliance Contracted Training | Caregivers | Statewide | 75% | |

Course	Description	Format	Hours	#	Provider	Audience	Area	%	

Kinship 101: Information for Relatives and Suitable Others	The financial, legal, and emotional issues of raising a relative's child can be challenging. Services and support when raising a relative's child can be a lifesaver. Kinship caregiving in all of its forms is becoming increasingly common. Recent WA State child welfare data (Partners for Our Children-1/1/2015) show that 41 percent of children in out of home care are living with a relative. Many more children are living with relatives or other close family friends informally, without the ongoing supervision of the state's foster care system.
	
	Often kinship caregivers do not access the benefits which are available to them. This class will address the issues that Kinship Caregivers struggle with most:
	
	  Financial Needs
	  Legal Challenges
	  Navigating public service systems
	  Needing more social services
	  Information about resources/caregiving
	
	This 2.5 hour in-service class is designed for licensed and unlicensed caregivers caring for children currently or previously involved in the dependency system. Caregiver Core Training (CCT) is not a prerequisite. However, this course is supplemental to CCT for kinship caregivers, and can be a field experience during CCT.
		Classroom & Webinar	2.5	12	Alliance	Caregivers	Statewide	75%	

Knowledge and Skills to Help Children Heal	This 6-hour focused topic training for caregivers provides an in-depth exploration of the emotional trauma that children in out-of-home care have been through and how it can impact them. The training focuses on strategic and practical skill building for caregivers to foster healing and resiliency in the children for whom they care. The takeaway from this training is how to identify and address the emotional wounds of the children in your care so healing can begin.	Classroom	6.0	9	Alliance Contracted Training	Caregivers	Statewide	75%	

Minimizing the Risks of Allegations	This workshop will provide foster parents, caregivers, relatives and fictive kin with information to assist them in navigating the system, managing the investigative process of allegations, but more importantly, learn ways to minimize the risks of allegations.
	
	  Share ways to minimize the risk of an allegation.
	  Learn how the investigative process works.
	  Review common practices and procedures.
	  Explore and practice documentation and reporting.
	  Discuss how best to survive the allegation process.
		Classroom	3.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	

Paper Trail: Documentation Training for Caregivers	This training will cover:
	
	  Procedures and paperwork
	  Miscellaneous information
	  Ways to minimize the risk of an allegation
	  Documentation and reporting
	  How best to survive the allegation process
		Classroom & Webinar	3.0	13	Alliance	Caregivers	Statewide	75%	

Parenting a Native American Child: Partnering in the Interest of Culture, for Caregivers	This 3-hour In-Service level training provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.	Classroom	3.0	18	Alliance	Caregivers	Statewide	75%	

Parenting the Positive Discipline Way	Parenting the Positive Discipline Way is a 15-hour in-service level series of trainings for foster and kinship caregivers which explores tools to teach valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. This six-part Positive Discipline series will help foster parents and kinship care providers to better understand why discipline with abused and neglected children is different from the discipline that typically works with children who have not been abused or neglected. Participants will learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving. Participants will gain practice with experiential exercises, group discussions, and handouts to develop skills for getting into the child's world to understand the belief behind behavior in order to motivate change. Topics and techniques apply to all ages and many settings.	Classroom	15.0	18	Alliance	Caregivers	Statewide	75%	
Post-Traumatic Stress Disorder	This 6-hour focused topic training for caregivers provides a foundation for understanding Post Traumatic Stress Disorder (PTSD). The training develops caregivers' understanding of the diagnosis (especially in those under 6 years of age) as well as covering Developmental Trauma Disorder for complex trauma events often experienced by youth in alternative care situations. Dissociation and hyper arousal behavior patterns are explored as protective responses to challenges in the environment and methods to reduce the impacts discussed. Strategies for healing and resolving trauma as caregivers are explored.	Classroom	6.0	7	Alliance Contracted Training	Caregivers	Statewide	75%	
Pregnant and Parenting Youth	This eLearning focuses on how caregivers can best support and care for pregnant and parenting youth (and their children) who are living in foster care. Participants will identify their roles and responsibilities and determine what they are able and willing to do. They will also gather information about supports, resources and partnering with the other members of the child welfare team.	E-Learning	1.5		Alliance Contracted Training	Caregivers	Statewide	75%	
Relative Search (eLearning for Caregivers)	When a child is in need of out-of-home care, the Department should be actively seeking placement of children with relatives. The goal of this training is to help Caregivers understand the process as it impacts placements and long-term permanency.	E-Learning	0.5		Alliance	Caregivers	Statewide	75%	
So You Have a New Placement – Now What?	This 3 hour in-service training for caregivers is intended for those who are ready for, or have received their first placement, or have a new placement after some time without placements. The course focuses on understanding and planning for new placements. The course addresses both the emotional elements to new placements and the practical details of requirements, paperwork, forms and expectations. Participants should leave with an understanding of what is expected during the first 30 days of a new placement including: mileage, reimbursements, visitation, court reports, documentation, medical care, accessing services, and how to get their questions answered as new issues arise.	Classroom	3.0	12	Alliance	Caregivers	Statewide	75%	
So You Have a New Placement – Now What?	This 90 minute in-service webinar training for caregivers is intended for those who are ready for, or have received their first placement, or have a new placement after some time without placements. The course focuses on understanding and planning for new placements. The course addresses both the emotional elements to new placements and the practical details of requirements, paperwork, forms and expectations. Participants should leave with an understanding of what is expected during the first 30 days of a new placement including: mileage, reimbursements, visitation, court reports, documentation, medical care, accessing services, and how to get their questions answered as new issues arise.	Webinar	1.5	12	Alliance	Caregivers	Statewide	75%	
SUPPORTING THE EDUCATIONAL SUCCESS OF YOUTH EXPERIENCING FOSTER CARE	Treehouse Education Advocates work with schools, caregivers, social workers and youth in foster care statewide to resolve difficult issues and remove barriers to school success. In this training, learn how to access education-related support services; including special education services; and how to advocate for youth who may experience discipline or behavioral issues at school. Treehouse facilitators will also discuss the importance of stabilizing school placements and the educational rights of students experiencing foster care. Finally, caregivers will have the opportunity to learn about the basics of establishing and maintaining positive school relationships in order to create educational success for children and youth in foster care.	Classroom	2.5	6	Alliance and Contractor	Caregivers	Statewide	75%	

Talking to Children about Race	Recent research has shown that children have very complex understandings of differences and how they make meaning of stereotypes. Far from being color-blind, most children are aware of how their own skin color is an advantage or disadvantage. They also judge their peers based on these differences, even though many adults believe young children in today's generation don't stereotype. Because of this, it is important to give children anti-bias messages, through actions and words that actively counter what they are internalizing and witnessing in the world. In this workshop we will explore how children and youth learn and practice racism and privilege. Participants will learn strategies to for acting on teachable moments and ways to create counter narratives.	Classroom	6.0	9	Contractor - Cultures Connecting	Caregivers	Statewide	75%	
Trust Based Relational Intervention (TBRI®) Module 1: Connecting Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This module focuses on attachment, which is the most important dynamic system that a child experiences during development. This module covers several topics including the attachment cycle, infant attachment classifications, what happens when things go wrong in attachment, adult attachment styles, and applying your knowledge through TBRI Connecting Principles using Mindful Engagement, Choices, Compromises, and Life Value Terms. This training is the first of a three-part series.	E-Learning	6.0	2	Allliance	Caregivers	Statewide	75%	
Trust Based Relational Intervention (TBRI®): Module 2: Empowering Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behavior. This training module is designed to give participants insight into the roots of self-regulation difficulties common among "children from hard places." This module aims to give participants practical tools to facilitate learning and practicing self-regulation skills. This training is the second of a three part series.	E-Learning	6.0	2	Allliance	Caregivers	Statewide	75%	
Trust Based Relational Intervention (TBRI®): Module 3: Correcting Principles	TBRI® is an attachment-based approach to parenting that is designed to meet the complex needs of children. TBRI uses the Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This module is designed to help participants learn skills that can be used to manage children's behavior. The goal for this training module is to help participants understand how children learned 'survival behaviors' (fight, flight, freeze) and how they can disarm those behaviors, teaching them adaptive, new skills for life. This training is the third of a three-part series. You must complete the first two modules before enrolling in this module	E-Learning	6.0	2	Allliance	Caregivers	Statewide	75%	
Understanding and Managing Caregiver's Own Emotions and Self Care	As a caregiver the very best thing you can do for those who depend on you is to take care of yourself! Caregivers are expected to welcome children who have been traumatized into their homes and invest emotionally and physically into the children. Caregivers are expected to separate gracefully when the time comes for the children to move on. The caregiver's responsibilities and personal sacrifices in caring for someone else can be challenging for even the most experienced caregivers. This 6 hour focused topic training for caregivers teaches how to reduce your stress, find more energy and improve your resilience while you care for difficult children and demanding expectations. The course includes opportunities for self-reflection and insight, short term goal setting and practical self-care and stress reduction techniques.	Classroom	6.0	6	Alliance Contracted Training	Caregivers	Statewide	75%	

Verbal De-Escalation	The goals of this workshop include:
	
	   Developing skills to manage children with behavioral challenges in a non-violent crisis intervention manner;
	   Skill building for empathetic listening;
	   Identifying children's needs and creative strategies to help children manage their emotions in difficult situations.
		Classroom	6.0	12	Alliance Contracted Training	Caregivers	Statewide	75%	

Why Children Lie	This training will address lying on several levels. Attitudes, values, beliefs and societal norms are examined and discussed. The caregiver will learn about factors which motivate children to lie. Suggestions will be offered to assist caregivers in responding to children when this behavior occurs and how to prevent its occurrence in the future.	Classroom	3.0	6	Alliance	Caregivers	Statewide	75%	

| Youth Missing from Care for Caregivers | This 3-hour in-service course is designed to provide caregivers with the information needed to identify, support, and intervene with youth who are living in care and are at risk of running away. Caregivers will learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of them running. Legal and procedural requirements are presented so caregivers can successfully partner with Social Service Specialists and understand what steps to take when a youth is missing from care, and when they return. Caregivers will learn how to participate with youth and Social Service Specialists in the development of a Run Prevention Plan for youth identified as being at risk of running, and a Returning Child De-briefing to assess the youth's immediate needs upon their return to care. | Classroom | 3.0 | 3 | Alliance | Caregivers | Statewide | 75% | |

Social Worker, Supervisor, Caregiver Training Total Estimated Cost: $34,000										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Enhancing Resiliency and Safety for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth	Over the past decade, LGBTQ young people have become increasingly visible in our families, communities and public systems. Because staff members and caregivers are unsure of how to provide respectful and supportive services to LGBTQ children and adolescents, they may unintentionally subject them to situations that are discriminatory and harmful. This three hour, interactive training offers youth providers and care givers information and tools to provide LGBTQ youth with appropriate and informed care and includes: terminology, risks and resiliency, supporting families, and practical suggestions for working with LGBTQ youth.	Classroom	3.0	6	Alliance Contracted Training	Caregivers, Social Workers & Supervisors	Statewide	75%	
Partners Make Better Decisions: Caregivers and Social Workers Working Together	Participants will learn how to identify the challenges of collaboration. This training provides Social Workers and Foster Parents/Relative Caregivers an opportunity to view teamwork from each other's perspectives while encouraging reflection regarding the features and values of effective teaming. Training participants will: Learn how to identify barriers to effective teaming, Explore solutions to these barriers, and Develop tailored approaches and practices that facilitate teamwork.	Classroom	4	18	Alliance	Caregivers, Social Workers & Supervisors	Statewide	75%	
Suicide Prevention LEARN® Training by Forefront	LEARN is a suicide awareness training that helps participants identify and act on signs of suicide. The training was developed in the School of Social Work by noted Suicidologist, Dr. Jennifer Stuber, and is based on best practices outlined by the federal Substance Abuse and Mental Health Administration (SAMHSA). LEARN® is designed to empower individuals to help others move in the direction of hope, recovery, and survival. Presenters for this training are contracted and trained by Forefront Suicide Prevention.	Classroom	4	3	Alliance Contracted Training	Caregivers, Social Workers & Supervisors	Statewide	75%	

FamLink Training Estimated Costs: $516,206									
Title	**Course Description**	**Venue**	**Length per Topic Area (Hrs.)**	**# of Sessions Statewide**	**Provider**	**Audience**	**Location**	**IV-E**	**Notes**
Adoptions	Participants will learn and practice skill in Compressive Family (Child) Assessment and Court Report adoption referral, adoption support registration, legal and APR documentation in FamLink. Participants will learn how to access information and complete redactions. The course will teach and build skill in file upload and CSEC assessment access and data input in FamLink.	Classroom, E-Learning & Immersive Learning	5.0	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Advanced Placement Skills for Placement Workers	This course teaches through skill practice how to search in FamLink for cases and providers. Participants will learn advanced searching steps, how to complete overcapacities, placements, file uploads and maintain, manage and track child location.	E-Learning	1.0	24	CATS Trainer/Coach	Placement Workers	Statewide	75%	
Advanced Search	This course teaches through skill practice how to search in FamLink for difficult to reach people, cases and providers in FamLink. Advanced searching steps and criteria will be taught.	E-Learning	1.0	24	CATS Trainer/Coach	New and Existing CA FamLink Users	Statewide	75%	
Basic FamLink Navigation and Search	Participants learn and practice basic FamLink navigation using real case scenarios. Participants learn to search for information in the FamLink system by case, person, worker	Classroom, Virtual Classroom, E-learning	5.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Basic FamLink Navigation and Search for Attorney General	Participants will learn and build skill in basic FamLink navigation, all search functions, accessing legal records, basic participation information and case notes.	Classroom	2.5	2	CATS Trainer/Coach	Attorney General Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Department of Health	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	Department of Health Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Discovery Staff	Participants will learn and build skill in basic FamLink navigation, all search functions and redaction.	Classroom	2.5	2	CATS Trainer/Coach	Discovery Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Division of Child Support	Participants will learn and build skill in basic FamLink navigation and all search functions	Classroom	2.5	2	CATS Trainer/Coach	Division of Child Support Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Health Care Authority	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	Health Care Authority Staff	Headquarters	50%	
Basic FamLink Navigation and Search for Public Disclosure	Participants will learn and build skill in basic FamLink navigation, all search functions, redaction and accessing case notes.	Classroom	2.5	2	CATS Trainer/Coach	Public Disclosure Staff	Headquarters	50%	
Basic FamLink Navigation and Search for State Auditor's Office	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	2	CATS Trainer/Coach	State Auditor's Staff	Headquarters	50%	
Case Closure	Participants will learn how to check all relevant areas of FamLink to case closure and how to close and approve all work which enables a case to be successfully closed. This is includes accessing and checking AFCARS, outcome measures, initiating a request for closure and approval.	E-Learning & Immersive Learning	0.45	72	CATS Trainer/Coach	New CA FamLink Users Supervisors	Statewide	75%	

Course	Description	Delivery	Hours	#	Developer	Audience	Location	%
Child Abuse and Neglect Collaborative Case Planning and Documenting - Training for Trainers	Participants will learn through real life scenarios and skill practice all aspects of FamLink access and documentation through classroom, e-learning and immersive training. Adult learning theory, strengths based practice, supporting positive skill development, understanding the impact of working in a child welfare environment and how to provide culturally relevant training will be taught. Coaching, Team consulting, communication with supervisors and administrative staff and planning with agency and stakeholders skills will be developed. Learning to focus on improving child welfare outcomes is a theme throughout the course.	Classroom	16.0	3	Training Architect	CATS Coaches & Trainers	Statewide	75%
Child Health and Education Tracking	This course teaches through skill practice how to enter education case notes, the CHET summary, how to input medical notes and how to order medical records and enter them in FamLink.	E-Learning	4.0	6	CATS Trainer/Coach	CHET Screeners	Online	75%
Clerical	Participants will learn and build skill in basic FamLink navigation, all search functions, launching court reports, accessing and entering legal, fiduciary, Payment Program (SSPS) and entries, and payments. Participants will learn and practice using Modis, accessing and entering case note and updating maintain care page.	E-Learning	3.0	24	CATS Trainer/Coach	New CA FamLink Users	Online	75%
Commercially Sexually Exploitation of Children (CSEC) Tool Access and Entry in FamLink	Participants will have an overview of CSEC and the CSEC assessment tool in FamLink. Skill practice on accessing the tool, assessing youth needs in relation to sex trafficking, filing out the tool and saving is taught.	Classroom, E-Learning & Immersive Learning	2.5	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%
Comprehensive Family Assessment and Court Report	Using real life scenarios participants will learn how to enter case notes, the Comprehensive Family Assessments, court reports, Family Team Decision Meetings, Permanency/Concurrent Planning Review meetings, Annual Permanency Reviews and 17 and ½ yrs. staffings, Child Protection Team meetings and Local Indian Child Welfare Advisory Committee meetings. The course will cover how to access and review payments and services. Participants will learn how to do Child in Need of Services filings. Participants will learn safety, risk, family strengths and needs and reunification assessments and documenting in FamLink. The course will teach knowledge and skill building in Youth at Risk	Classroom, E-Learning & Immersive Learning	5.0	50	Classroom E-Learning Immersive Learning	New CA FamLink Users	Statewide	75%
Continuum of Care	This course teaches through skill practice how to locate a resource family for a child in out of home placement, steps to establish the family as an approved caregiver including immediate assessment and automated documentation of child's location in FamLink. Participants will learn advanced searching steps, how to complete overcapacities, placements, file uploads and maintain, manage and track child location.	Classroom, E-Learning & Immersive Learning	2.5	50	CATS Trainer/Coach	Placement Workers	Statewide	75%
Department of Early Learning (DEL)	Participants will learn and build skill in basic FamLink navigation, all search functions and accessing licensing, intakes, investigations and provider actions. Management of their providers and licenses.	Classroom	2.5	3	CATS Trainer/Coach	Department of Early Learning	Headquarters	50%
Department of Licensing Resources	This course teaches through skill practice how to search in FamLink for people, cases and providers. Participants will learn how to fill out a home study, enter background check result and upload documents. Creating licensing parameters and data entry in FamLink will be taught. Through skill practice participants will learn about Licensing infractions documentation and entry in FamLink. Participants will learn how to access and enter case notes, compliance agreements and how to make modifications to maintain provider and participants.	Classroom, E-Learning & Immersive Learning	5.0	12	CATS Trainer/Coach	Licensing Workers	Statewide	75%
Education	Participants will learn how to create and access the education historical record, current school, grade and progress. The course will teach how to upload an IEP, 504 Plan and documentation. For out of home placement children, participants will learn how to identify educational information from Office of Superintendent of Public Instruction (OSPI) as it relates to case planning.	Classroom, E-Learning & Immersive Learning	2.5	30	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%
FamLink CPS: Investigation and Assessment, Visit Plans and Court Reports	Using real life scenarios the Participants will learn how to write Case notes and enter them in FamLink. They learn how to document the Initial Face to Face (IFF) visit, Safety Assessment, and Risk Assessment. They learn how to document Determination, Investigation Assessment, FAR Assessment, case notes and launching court reports in FamLink. The participants will have skill practice with documenting Family Team Decision Meetings and Perm Planning meetings. How to access and write Visit Plans. CSEC assessments will be taught and practiced.	Classroom, E-Learning & Immersive Learning	5.5	50	Classroom E-Learning Immersive Learning	New CA FamLink Users	Statewide	50%
FamLink Field Application	The video trainings developed to support real time information for field workers on viewing, documenting and processing case management information specific to assessing child safety and family needs from the field.	E-Learning	0.30	6	CATS Trainer/Coach	All CA Line Staff and Supervisors	Online	50%
FamLink Mobile Releases	FamLink mobile continues to add functionality. Training on new functionality as it is released.	E-Learning	0.30	1	CATS Trainer/Coach	All CA Line Staff and Supervisors	Online	50%
FamLink Modernization CCWIS System	New functionality will be built out from the existing FamLink system. Training on new functionality as it is released.	Classroom	27.0	72	CATS Trainer/Coach	All CA Line Staff and Supervisors	Statewide	75%
FamLink Security	Using real life scenarios, participants will learn basic knowledge of FamLink security structure; including password criteria, do's and don'ts, troubleshooting and best practices.	Classroom & E-Learning	1.5	12	CATS Trainer/Coach	New and Existing CA FamLink Users	Statewide	50%
FamLink Training for Trainers	Participants will learn through real life scenarios and skill practice all aspects of FamLink and mobile, classroom, e-learning and immersive training. Adult learning theory and practice will be taught. Coaching, Team consulting and planning with agency and stakeholders skills will be developed.	Classroom	16.0	3	Training Architect	CATS Coaches & Trainers	CATS Office Spokane	50%
Health Folder	Participants will learn how to document and access medical Diagnosis, Well child exams, allergies, immunization and mental health visits in FamLink.	E-Learning	0.45	1	CATS Trainer/Coach	New CA FamLink Users	Online	75%

Course	Description	Delivery	Credits	Count	Trainer	Audience	Region	%	Notes
ICW	Participants will learn and build skill in basis navigation in FamLink and accessing and entering Case notes, updating the maintain person page and documenting ICW active efforts. This course can be tailored to the needs of both SSS and Tribal Social Services as well at their level of access to FamLink.	Classroom & E-Learning	1.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Independent Living Skills (ILS)	Participants will learn and build skill in basic FamLink navigation and all search functions and how to complete ILS Assessments.	Classroom	2.5	6	CATS Trainer/Coach	ILS Contracted Providers	Region as Requested	75%	
Intake	Using real play scenarios, participants will gain knowledge and skill in using and navigating Washington State's Call Management System. Participants will learn and practice using a safety screening assessment, screening inquiry, Intake screens, determination, initial decision, supervisor review, decision and assignment. Searching internal and external sources (ACES/Barcode) will also be explored and practiced. Making collateral calls and data entry will be practiced. The course covers law enforcement notification, generating a referral document and assigning intake to case. Accessing and filling out the Commercially Sexual Exploitation of Children (CSEC) Assessment is covered. This class is also recommended for new CPS Supervisors.	Classroom, E-Learning & Immersive Learning	8.5	12	CATS Trainer/Coach	New CA FamLink Users	Statewide	0%	100% TANF
Introduction to FamLink	Participants will understand the Continuum of Care fo Child Welfare in Washington State and how the components of FamLink serve the workflow. Participants will learn the use of the Mobile tools (tablet, docking station, iPhone) Login and set up. System history and CCWIS Policy will be explored. Software tools for FamLink field work will be taught, accessed and coached. Participants will gain knowledge of the FamLink Desktop and organization, common terms, glossary and terminology. Common FamLink components will be demonstrated and skill practice incorporated.	Classroom & Virtual Classroom	4.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Investigation and Assessment, Visit Plans and Court Reports	Using real life scenarios the participants will learn how to create case notes and enter them in FamLink. They learn how to document the Initial Face to Face (IFF) visit, Safety Assessment, and Risk Assessment. They learn how to document Determination, Investigation Assessment, FAR Assessment, case notes and launching court reports in FamLink. The participants will have skill practice with documenting Family Team Decision Meetings and Perm Planning meetings. How to access and create Visit Plans. CSEC assessments will be taught and practiced.	Classroom, E-Learning & Immersive Learning	5.5	50	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Legal	Participants learn and practice creating a legal action and legal results for every dependency and permanency review hearing. Along the Child Welfare continuum of care, They learn and practice generating caregiver report to the court notices, termination referrals, and compelling reasons to file or not file; aggravated circumstances. They will understand that termination applies to the parent and not to the child. They will understand FamLink fields and mapping to important auto population documents for legal.	Classroom, E-Learning & Immersive Learning	5.0	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Maintain Case/Person	Participants will learn person based identification information, needed for case building and AFCAR, NYTD, and Federal and State Outcome reporting. Data entry of participant and case information entry and maintenance will be covered. Mapping of data that auto- populates into key areas and documents will be learned. Knowledge and skill in correcting errors will	Classroom, E-Learning & Immersive Learning	2.5	72	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
New Supervisor/Manager	New supervisors will learn in FamLink and mobile how to make primary, secondary and child assignments. Participants will learn the legal functions for supervisors in FamLink and how to manage the intake straw on the laptop, tablet and phone mobile technology. Placements and placement corrections will be taught as well as; approvals for placement, service referrals, licensing, home studies and case closure. Assessments and approving in addition to FamLink reporting are taught in the course.	Classroom, E-Learning & Immersive Learning	5.5	12	CATS Trainer/Coach	New CA Supervisors	Statewide	75%	
New Technology and Devices to Support FamLink	New technology updates are deployed to line staff to support mobile functionality of FamLink. Training on new devices and integration with FamLink	Classroom, E-Learning & Immersive Learning	2.0	72	CATS Trainer/Coach	All CA Line Staff and Supervisors	Statewide	50%	
Our Kids - Training Private Agencies, Licensed Homes and DLR Licesnsed Homes	Accessing the Foster Parent portal and the Our Kids app with be taught with skill building. The FamLink functions of the Our Kids app will be taught.	Classroom & E-Learning	1.0	72	CATS Trainer/Coach	Foster Parents & Relative Caregivers	Statewide	50%	
Placement	Participants will learn and practice how to enter Child Health Information Placement Requests (CHIPR), placements, over capacity, and how to document placement and care authority in FamLink. Participants learn the process and documentation of Relative and Fictive Kin placements along with how to make placement correction and close placements	Classroom, E-Learning & Immersive Learning	5.0	48	CATS Trainer/Coach	New CA FamLink Users	Statewide	75%	
Practice Profiles for All FamLink Competencies and Training Scenarios	Develop level competencies for each FamLink knowledge and skill area. Develop training scenarios in each skill area for assessment learning and evaluation of FamLink Training Program.	Classroom and E-Learning	12.0	18	CATS Trainer/Coach	New FamLink Users	Statewide	75%	
Relative/Fictive Kin Search	Participants will learn in-depth information and skill in searching internal and external sources for relatives and documenting relative information in FamLink. Entering and accessing Case notes is taught and practices.	E-Learning	1.0	1	CATS Trainer/Coach	NAIR/Relative Search Workers	Online	75%	
Resource Management, Administration, Help/Service Team	Participants will learn the Administration, resource management and service desk processes in FamLink for adding/closing users, entering permissions, searching for and fixing errors, completing merges, trouble shooting, training new features, data management activities, data fixes, completing incident reports and documentation.	Classroom & Immersive Learning	4.0	12	CATS Trainer/Coach	Help Desk, Administrators, Trainers & Super Users	Statewide	50%	
Service Referral	Participants will understand the parameters of services referrals and setting up authorizations for services for families and children in FamLink. They will learn how to enter and requests and view payments and tracking. Course will teach skills in file uploading and approval.	E-Learning	0.5	1	CATS Trainer/Coach	New DCYF FamLink Users	Online	75%	

Sprout Training	Sprout is an external platform which accepts visitation referrals through an interface from Famlink. Social Service Specialists complete a visitation referral within FamLink. The referral is then assigned to a service provider in order to have services provided using	Classroom	1.0	50	CATS Trainer/Coach	DCYF Staff	Statewide	75%	
Title IV-E Placement and Payment -Fiduciary FamLink Training	Participants will learn how to make authorizations and payments for all services that require a report or receipt; analyze payment documents for compliance with contractual terms, including rates, hours of services billed and number of slots for documenting in FamLink. Participants will learn how to document overpayments and underpayments in FamLink. They will gain skills to analyze, review and make recommendations concerning payments and perform financial reviews of SSPS payment data for FamLink entry. Fiduciaries will learn how to Maintain Services and gain knowledge about Service Relationships to include Inclusive and Exclusive Relationships and how to address duplicate service requests. Fiduciaries will gain competency in navigating FamLink dashboards for Service Referrals and Child Location.	Classroom, E-Learning & Immersive Learning	4.0	6	CATS Trainer/Coach	Fiduciaries	Statewide	75%	
Title IV-E Tribes	Participants will learn and build skill in basic FamLink navigation and all search functions.	Classroom	2.5	6	CATS Trainer/Coach	Tribal Social Services Staff	Region as Requested	75%	
Understanding Title IV-E Reporting - Using Data to Understand Outcomes and Support improved Practice Efficiencies	Teach staff how to use basic analytics and reporting to achieve better outcomes, improve service, and work more effectively. Using data reporting tool participants learn how to access and read reports and how to document AFCARS to support federal reporting	Classroom, E-Learning & Immersive Learning	12	72	CATS Trainer/Coach	FamLink Users	Statewide	75%	

Online Training Total Estimated Cost: $22,000

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Statewide	Provider	Audience	Location	IV-E	Notes
Social Workers - Online Training									
Parent-Child Visitation with Incarcerated Parents	This eLearning will help workers understand the process from the start to the finish around how to complete a visitation between a child and a parent at a DOC prison or electronically. Participants will understand: • how to apply the policies related to parent-child visitation when a parent is incarcerated • how to ascertain the processes, which vary by facility, for scheduling a parent-child visitation in cases where the parent is incarcerated • the requirements and steps to arranging telephonic and electronic visits • how to prepare a child, caregiver, and visit supervisor in advance of a visit to an incarcerated parent	Online	1	1	Alliance	Social Workers & S	Statewide	75%	
Permanency Considerations (eLearning)	This course will provide participants with an overview of permanency planning for children in out of home care. This course will focus on the differences and similarities of adoption, guardianship and non-parental custody as concurrent plans. Participants will explore personal bias, how it influences their professional decision-making, and how to counter bias in making permanency decisions that reflect the best interest of children. All permanency options are explored and a case scenario will help participants understand the multiple factors to consider in determining the child's best interest and best alternate plan. ***Supervisors: This eLearning may be completed individually or as a group during a unit meeting. If the eLearning is completed as a group, be sure to contact an Alliance coach to input completion of the eLearning training in LMS for all participants. Supervisors may use the "Supervisors Guide to Permanency Considerations eLearning" available here to promote a permanency discussion after caseworkers have taken the eLearning. (this is an	Online	1	1	Alliance	Social Workers & S	Statewide	75%	
Structured Decision Making and Risk Assessment (SDM-RA)	Following successful completion of this elearning course, participants will understand the purpose of the Structured Decision Making-Risk Assessment (SDM-RA), and how it provides a framework for consistent decision making as well as a way to target in-demand resources toward those who can benefit most. Participants will understand the definition of each SDM-RA question, its application, and the procedures for completing this tool. This course incorporates numerous types of media through video, audio, images, and scenario application in order to enhance the transfer of learning. A score of 80% is required to complete this course.	Online	1.0	1	Alliance	Social workers	Statewide	75%	
Education Policy and Case Planning	This course focuses on DCYF Education Policy and Procedures to achieve positive educational outcomes through solid education planning throughout the child's experience in out-of-home care. Caseworkers will understand education case planning and documentation requirements as well as how to engage with schools on enrollment, transportation plans, and potential cost sharing agreements. Information sharing processes and Post-Secondary Education and Training resources are also provided.	Online	0.5		Alliance	Social Workers & Supervisors	Statewide	75%	
Basics of Domestic Violence in Child Welfare	The purpose of this e-learning is to provide foundational information about what domestic violence is, and how it can affect child safety. This eLearning also highlights CA's domestic violence policies and best practices, found in CA's Social Worker's Practice Guide to Domestic Violence. It's recommended that staff complete this e-learning prior to attending "Domestic Violence and Child Welfare" Course Code ILT 110229.	Online	16	1	Alliance	Social Workers	Statewide	75%	
Child Information and Placement Referral (ChIPR) (eLearning)	The Child Information and Placement Referral (CIPR, DSHS form 15-300) captures the most essential information about the needs, strengths and interests of a child placed in foster care. This information enables placement desk staff to match children with available placement resources, and empowers caregivers with the information they need to support successful out of home placements. This eLearning provides information on the policies and required timelines. Participants will also receive a step by step demonstration of the entire ChIPR process including creating the document in FamLink, and how to successfully document in FamLink that the ChIPR was provided.	Online	0.3	1	Alliance	Social Workers	Statewide	75%	

Effects of Abuse and Neglect on Child Development:Foundational Concepts of Child Development	This is Section 1 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care.
	
	Participants can view and get credit for completion of all or only specific sections of the elearning:
	
	  Section 1: Foundational Concepts of Child Development (30 minutes)
	  Section 2: Birth to Three Years (60 minutes)
	  Section 3: Three to Five Years (30 minutes)
	  Section 4: Five to 11 Years (30 minutes)
	  Section 5: 11 to 17 Years (30 minutes)
		Online	0.5	1	Alliance	Social Workers	Statewide	75%	

Effects of Abuse and Neglect on Child Development: Birth to Three Years	This is Section 2 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care.
	
	Participants can view and get credit for completion of all or only specific sections of the elearning:
	
	  Section 1: Foundational Concepts of Child Development (30 minutes)
	  Section 2: Birth to Three Years (60 minutes)
	  Section 3: Three to Five Years (30 minutes)
	  Section 4: Five to 11 Years (30 minutes)
	  Section 5: 11 to 17 Years (30 minutes)
		Online	1.0	1	Alliance	Social Workers	Statewide	75%	

Effects of Abuse and Neglect on Child Development: Three to Five Years	This is Section 3 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care.
	
	Participants can view and get credit for completion of all or only specific sections of the elearning:
	
	  Section 1: Foundational Concepts of Child Development (30 minutes)
	  Section 2: Birth to Three Years (60 minutes)
	  Section 3: Three to Five Years (30 minutes)
	  Section 4: Five to 11 Years (30 minutes)
	  Section 5: 11 to 17 Years (30 minutes)
		Online	0.5	1	Alliance	Social Workers	Statewide	75%	

Effects of Abuse and Neglect on Child Development: Five to 11 Years	This is Section 4 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning: 　Section 1: Foundational Concepts of Child Development (30 minutes) 　Section 2: Birth to Three Years (60 minutes) 　Section 3: Three to Five Years (30 minutes) 　Section 4: Five to 11 Years (30 minutes) 　Section 5: 11 to 17 Years (30 minutes)	Online	0.5	1	Alliance	Social Workers	Statewide	75%	
Effects of Abuse and Neglect on Child Development: 11 to 17 Years	This is Section 5 of the 3-hour in-service level training for Social Workers that explores the principles of child development across the age ranges of birth to three years, three to five years, five to 11 years, and 11 to 17 years. In each age range, factors that affect development across physical, social, emotional, cognitive and reproductive domains, as well as the developmental effects of abuse and neglect on those domains are examined through videos, worksheets, and case scenarios. Information is provided about services and resources to support Social Workers and children in care. Participants can view and get credit for completion of all or only specific sections of the elearning: 　Section 1: Foundational Concepts of Child Development (30 minutes) 　Section 2: Birth to Three Years (60 minutes) 　Section 3: Three to Five Years (30 minutes) 　Section 4: Five to 11 Years (30 minutes) 　Section 5: 11 to 17 Years (30 minutes)	Online	0.5	1	Alliance	Social Workers	Statewide	75%	
Intake - Session 1.1 Welcome to Intake	This is Session 1.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants will receive practical information about their main job functions, and get to practice applying many of this information. Intake staff serve as the first point of contact for community members with concerns about children, and complete the first assessments of this information to determine if and how CA may respond. These two functions are addressed and information about the role of Intake staff in assessing child safety and in educating the community is provided. The training helps new staff to understand the differences between intake types and to identify timelines associated with each. Lastly, roles and actions outside the scope of Children's Administration Intake are discussed.	Online	1.0	1	Alliance	Social Workers	Statewide	0%	100% TANF

Intake - Session **1.2** Screening in Intake and the Intake SDM Tool	This is Session 1.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants will learn critical information about how to make screening decisions using the standardized tools in FamLink – the sufficiency screen and the SDM for Intake. Participants will learn about the state definitions of child abuse and neglect, and the SDM Intake tool, which helps ensure accurate and consistent screening decisions for screened in CPS Intakes. During much of the training, participants will be applying what they have learned to a series of intake scenarios, and will receive feedback on their work.	Online	1.5	1	Alliance	Social Workers	Statewide	0%	100% TANF
Intake - Session **1.3** Interviewing for Assessment in Intake	This is Session 1.3 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This training will support you in identifying the most important information to gather from callers, and in building skills to focus and guide callers toward this important information, so the best possible screening decisions can be made.	Online	1.0	1	Alliance	Social Workers	Statewide	0%	100% TANF
Intake - Session **1.4** Disproportionality and Cultural Competence for Intake	This is Session 1.4 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This training will identify the problem of racial disproportionality in our state's child welfare system, focusing on disproportionality at intake. The importance of Cultural competence for intake workers is presented, and practical tips related to Intake's role in child welfare are provided. Participants will learn how they can work to best serve persons with Limited English Proficiency. Additionally, the training will provide guidance about Intake's role in complying with the Indian Child Welfare Act and in supporting early identification of children who are Native American.	Online	0.8	1	Alliance	Social Workers	Statewide	0%	100% TANF
Intake - Session **1.5** Working with Law Enforcement and Collateral Contacts at Intake	This is Session 1.5 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants in this e-learning will learn how and why to collaborate with Law Enforcement to protect children, gather information needed for good screening decisions, and meet legal and policy requirements to share specific types of reports and information. How and why to work with medical professionals to support good screening decisions and assessments of child safety is also presented. Participants will have a chance to practice both skills and receive feedback.	Online	0.5	1	Alliance	Social Workers	Statewide	0%	100% TANF
Intake - Session **1.6** Screening Provider Related Intakes	This is Session 1.6 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This brief e-leaning will orient you to some basic considerations related to screening intakes which involve licensed or other state regulated facilities.	Online	0.5	1	Alliance	Social Workers	Statewide	0%	100% TANF

Intake - Session **2.1** Special Circumstances in Intake Substance Exposed Infants	This is Session 2.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This brief e-learning will review policy and legal requirements in screening intakes regarding currently pregnant substance using mothers and infants who were exposed to substances during gestation. Participants will consider important questions to ask callers in order to gather the most relevant information, which will support good screening decisions and capture foundational information which may be used by workers who are assigned to this family now or in the future.	Online	0.5	1	Alliance	Social Workers	Statewide	0%	100% TANF
Intake - Session **2.2** Special Circumstances in Intake Domestic Violence	This is Session 2.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This e-learning will help you ask the screening questions most likely to provide you with information about domestic violence if its occurring, identify domestic violence based upon the information you have gathered, consider the impact of identified domestic violence on the child's safety, and adequately document the information you obtain.	Online	1.0	1	Alliance	Social Workers	Statewide	0%	100% TANF
Keys to a Successful Termination Referral	This training helps social workers understand the legal requirements that must be met in order for a court to terminate a parents' rights to their children. Social workers also learn to separate myths from facts in the area of termination and regarding their role in preparing and submitting a termination referral to their local Assistant Attorney General or other legal representative. A score of 80% is required to complete this course.	Online	1.0	1	Alliance	Social Workers	Statewide	75%	
Working with Clients with Limited English Proficiency (LEP)	In this course, participants learn the policies, procedures and best practices for using interpreter and translation services when working with CA clients with limited English proficiency. Participants learn how interpreter services assist in	Online	0.5	1	Alliance	Social Workers	Statewide	75%	
Social Worker & Supervisors - Online Training									
Contract for Services: Part 1 – Understanding the Contract Process	This course provides information on the service contract process and the role of Social Workers, Fiduciaries, Program Managers, and Contract Managers. Participants will learn how to identify what types of services do and do not require contracts, how to determine if a contract is already in place, how to access contracted providers appropriately, how CA Contract Managers develop contracts and the Social Worker's role in the process, as well as the process for paying for contracted services through FamLink.	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Contract for Services: Part 2 – Contract Monitoring	Participants will learn about the importance of contract monitoring, the Contract Monitoring Team, the purpose of a Compliance Agreement, and what to do if there are concerns about a contractor's performance.	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Extended Foster Care	Washington States Extended Foster Care Program allows dependent youth in placement at age 18 to continue to receive services including placement resources until age 21, in order to complete their education and ease the transition to adulthood. In this eLearning, case carrying Supervisors and Social Service Specialists will become familiar with the evolution of this program as well as its current Policy and Practice and learn how to document various EFC Services in FamLink.	Online	1.0	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Family Preservation Services (FPS)	Family Preservation Services, or FPS, is one option social workers have when assessing for the most appropriate in-home service. This interactive elearning will cover the service components of FPS, what to expect from the FPS provider and what is required of the referring social worker in the delivery of FPS services.	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	50%	

Interstate Compact and Placement of Children (ICPC)	This course focuses on the requirements of the Interstate Compact and Placement of Children (ICPC), including both sending children in foster care to other States, and receiving children in foster care from other States, as well as ICPC with ICWA cases. Participants learn about the ICPC process for requesting placement of children and receiving children in foster care from other States. Information on case management activities related to permanency and the legal closure of ICPC cases are provided. Participants also learn about the home study process, completing quarterly reports, and closing an in-state case. ICPC is a very technical process and details about common violations, parent visits, and the support and guidance from the headquarters ICPC team are provided.	Online	0.5	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Medication Management and Administration (e-Learning)	This eLearning covers the correct way to administer, log, store, and dispose of medications. In addition, this eLearning will provide information/protocol to revise agency policies and procedures with current information and best practice.	Online	0.5	1	Alliance	Social Workers & Supervisors	Statewide	50%	
The Multi- Ethnic Placement Act: What Caregivers Need to Know	This training focuses on a law that mandates that race, culture, or ethnicity may not be used to prevent a child from being placed in a particular home, nor can it be used to delay the placment of a child.	Online	0.5	1	Alliance	Social Workers &	Statewide	75%	
NAIR - Creating and Monitoring Your Native American Inquiry Request	This in-service level training will teach participants the steps for identifying Indian Children, address practical steps to input information into FamLink, and give CA staff tips on completing Ancestry Charts and submitting referrals to the Native American Inquiry Request (NAIR) unit to fulfill the requirements of the Federal ICWA, State Law and CA policies.	Online	2.0	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Parent-Child Sibling Visit	Participants learn the importance of parent-child visitation and its association with improved child adjustment and permanency outcomes for children in foster care. They also learn the importance of the following elements of parent-child visitation in the case plan and case management activities: 1. Levels of supervision based on the safety threats and progress made by the parents, 2. Appropriate people to assist with the visits, 3. The best location for parent-child visits, and 4. Reporting information about the visit to the Court.	Online	0.75	1	Alliance	Social Workers &	Statewide	75%	
Relative Search - Creating and Monitoring Your Request	This training will teach the participant the steps to initiate and monitor efforts completed by the Relative Search unit. When a child is in need of out of home care, the Department should be actively seeking placement of children with relatives. The centralized Relative Search unit assists staff to locate and identify relatives and this training will help staff learn about the process, required forms and how to gather detailed information from FamLink.	Online	0.5	1	Alliance	Social Workers & Supervisors	Statewide	75%	

Parent Child Visitation	Participants learn the importance of parent-child visitation and its association with improved child adjustment and permanency outcomes for children in foster care. They also learn how to incorporate the following elements of parent-child visitation into case planning and case management activities:
	
	   Identify appropriate levels of supervision based on the safety threats and progress made by parents
	   Identify appropriate people to assist with the visits
	   Identify the best location for parent-child visits
	   Report information about the visit to the Court
		Online	0.8	1	Alliance	Social Workers & Supervisors	Statewide	75%	

Youth Missing from Care (eLearning)	Participants learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of running behavior. Policy and procedural requirements are presented. The components of a Run Prevention Plan are covered, as well as the fundamentals of conducting a	Online	0.3	1	Alliance	Social Workers & Supervisors	Statewide	75%	
Social Workers, Supervisors and Area Administrators									
Drug Testing	Drug testing practices and their use in child welfare assessment of safety and risk is covered in this course. Participants learn the guidelines for the frequency and duration of testing, practices at drug collection sites, detection of adulterated samples and interpreting drug test results. Participants will	Online	0.75	1	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	

Caregivers , Social Workers, Supervisors & Area Administrators									
Mandatory Reporter Roles and Responsibilities (eLearning)	Mandatory reporters play a key role in ensuring the safety of vulnerable children. These professionals are obligated to report concerns about abuse or neglect, and this eLearning will guide you as mandated reporter through the process of identifying and documenting those concerns. This training breaks the process down into three parts: Recognize, Record and Report. Through the training, you will understand what indicators of abuse to look for; how to appropriately record and what information to have; and what happens when a report is filed. You will consider the impact of biases on reporting possible child abuse and neglect, and learn about the problem of racial disproportionality in our state's child welfare system. The training also covers the federal requirement of identification of Indian heritage and affiliation with federally recognized tribes. At the conclusion of the training, you will feel confident in understanding your role in keeping children safe.	Online	0.8	1	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	100% TANF	Class on Mandate Child Abuse Toolkit - Individuals taking this digital course will learn about their role as perpetrators of abuse when they suspect child abuse or neglect and steps to report these concerns. This training provides information about indicators that may indicate that child abuse or neglect is occurring and the common situations in which it is necessary to call the appropriate agency to make a complaint. People taking this course will also learn to consider the impact of cultural biases when making these complaints and the problem of racial disparity represented in the system. This course also explains the federal requirements for recognizing a child's lineage with an indigenous tribe or its affiliation with a federally recognized tribe. Finally, this course also reviews the steps to communicate with the Child Protection Administration and make a complaint, the information that is needed, and what happens once the complaint has been made and investigated.
Paquete de Herramientas para Denunciadores de Abuso Infantil por Mandato	Las personas que toman este curso digital aprenderán sobre su rol como denunciadores de abuso por mandato cuando se sospecha abuso o negligencia infantil y los pasos para reportar estas preocupaciones. Este entrenamiento provee información sobre los indicadores que pueden indicar que abuso o negligencia infantil está ocurriendo y las situaciones comunes que en que es necesario llamar a la agencia correspondiente para hacer una denuncia. Las personas tomando este curso también aprenderán a considerar el impacto de los prejuicios culturales cuando se hacen estas denuncias y el problema de disparidad racial representada en el sistema. También este curso explica los requisitos federales para reconocer el linaje de un niño/a con una tribu indígena o su afiliación a una tribu reconocida federalmente. Finalmente, este curso también repasa los pasos para comunicarse con la Administración de Protección Infantil y hacer una denuncia, la información que se necesita, y lo que ocurre una vez que la denuncia ha sido hecha e investigada.	Online	0.8	1	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	100% TANF	

Understanding Autism (READi Lab videos) (eLearning)	The University of Washington Research in Early Autism Detection and Intervention Lab (READi Lab) focuses on conducting research related to early identification and intervention for children with Autism Spectrum Disorder (ASD), which is also referred to as autism. The UW READi Lab has developed this online course which offers: "…compassionate, practical information that is based on the latest scientific knowledge as well as the experiences of parents who have 'been there'." "This course is designed especially for caregivers of newly diagnosed children, and provides helpful tips and strategies for the journey that lies ahead." This course is also helpful for child welfare staff who need more information about children who may have Autism Spectrum Disorder. This course includes five chapters: • Welcome • Chapter One: Understanding the Diagnosis (Approximately 12 minutes) • Chapter Two: Voices of Experience: Caring for Yourself and Your Family (Approximately 10 minutes) • Chapter Three: Finding Help for Your Child (Approximately 11 minutes. Provides Washington State Resource Information.) • Chapter Four: Setting Up a Treatment Program (Approximately 22 minutes) • Chapter Five: Voices of Experience: The Long View (Approximately 6 minutes)	Online	1.0	1	Alliance	Caregivers and Social Workers	Statewide	75%	
Caregivers - Online Training									
Caregiver Core Training (CCT) - Online	The 24-hour Caregiver Core Training is made up of eight sessions (each three hours long) and a break for a field experience at the mid-point. Session 1: Introduction to the Child Welfare System Session 2: Working as a Member of a Team Session 3: Working with Birth Families Session 4: Cultural Connections and Advocacy Session 5: Growing Up with Trauma, Grief, and Loss Session 6: Understanding and Managing Behavior Session 7: Communication and Crisis Management Session 8: Getting Ready and the Effects on the Caregiving Family Field Experience: Participants have the opportunity to learn outside the classroom by choosing an activity that will give them more awareness of the	Online	24	1	Alliance	Caregivers	Statewide	75%	
Effects of Abuse and Neglect on Child Development (eLearning for Caregivers)	This in-service eLearning is for foster parents and relative/ kinship caregivers who are interested in learning more about how child abuse, neglect and maltreatment effect the development of children in their care. This training is comprised of 5 sections: Section 1 explores the foundational concepts of child development. Section 2 reviews from birth to three years old. Section 3 discussion children from ages three to five years. Section 4 explores from five to 11 years. Section 5 reviews from age 11 to 17 years.	Online	3.0	1	Alliance	Caregivers	Statewide	75%	
Identifying and Supporting Commercially Sexually Exploited Children (eLearning for Caregivers)	This 90-minute in-service level course will help caregivers identify and support youth who are at risk for or are being commercially sexually exploited. The training will provide a framework for understanding this issue that greatly impacts adolescents in the child welfare system, as well as for understanding the basic practices that support helping these youth reach positive outcomes. Learning Objectives: - Know the legal definition of commercial sexual exploitation of children	Online	1.5	1	Alliance	Caregivers	Statewide	75%	

Introduction to the Indian Child Welfare Act (ICWA), (**eLearning** for Caregivers)	This 3 hour eLearning provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.	Online	3.0	1	Alliance	Caregivers	Statewide	75%	
Parent Child Visitation (e-learning for caregivers)	Participants learn the importance of parent-child visitation and its association with improved child adjustment and permanency outcomes for children in foster care. They also learn the importance of the following elements of parent-child visitation in the case plan and case management activities: • Levels of supervision based on the safety threats and progress made by parents • Appropriate people to assist with the visits • The best location for parent-child visits • Reporting information about the visit to the Court	Online	0.8	1	Alliance	Caregivers	Statewide	75%	
Prudent Parenting	This e-learning on Prudent Parenting is for both Caregivers and Social Workers. This training discusses the parenting decisions that fall to the Caregiver according to the Prudent Parent Law, provides a few additional considerations when making prudent parenting decisions for children in care, and presents several scenarios that address frequently asked questions related to the Prudent Parent Law.	Online	0.8	1	Alliance	Caregivers	Statewide	75%	
So You Have Your First Placement – Now What? (eLearning for Caregivers)	Everything you need to know about agency processes: • Procedures and paperwork • Meetings and court proceedings • Allegations and investigations • Miscellaneous information This class will help you to be familiar with your regional paperwork and policies. This is an excellent class for both new and experienced caregivers.	Online	3.0	1	Alliance	Caregivers	Statewide	75%	
Youth Missing from Care	This 1 hour in-service eLearning is designed to provide caregivers with the information needed to identify, support, and intervene with youth who are living in care and are at risk of running away. Caregivers will learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of them running. Legal and procedural requirements are presented so caregivers can successfully partner with Social Service Specialists and understand what steps to take when a youth is missing from care, and when they return. Caregivers will learn how to participate with youth and Social Service Specialists in the development of a Run Prevention Plan for youth identified as being at risk of running, and a Returning Child De-briefing to assess the youth's immediate needs upon their return to care.	Online	1	1	Alliance	Caregivers	Statewide	75%	

I-LABS Module 2 - Why the First 2,000 Days Matter: A Look Inside the Brain	This 1 hour class covers the following: -How brains are built. An enormous amount of brain development occurs in the first five years. -Early childhood experiences shape the physical development of the brain. -The strength of connections formed in a child's brain depends, to a certain extent, on the frequencies of experiences they have in their lives.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 3 – The Importance of Early Interactions	This hour long class covers the following points: -School-readiness starts from birth. Early cognitive and social experiences play an important role in children's early development. -Children are particularly attuned to other people, and learn best from face-to-face interactions. -Children are incredibly social. Using eye-gaze, pointing, infant-directed speech, and contingent actions can draw children's attention to their environment and support learning.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

I-LABS Module 4 – The Power of Learning Through Imitation	This hour long class covers the following key points:
	   -From the first day of life, children watch others and imitate their actions to learn about the physical world and their culture.
	   -As they grow older, they can remember actions for longer (deferred imitation), and use them to navigate situations (generalizations).
	   -Children's brains seem ready to imitate-studies have found similar changes in infants' brain activity whether they are doing an activity or just watching it.
		Online	1.0	1	Alliance	Caregivers	Statewide	75%	

I-LABS Module 5 – Understanding Emotions	This hour long class covers the following points: -Children take cues from other people to guide their emotions and behavior, especially in new situations (social referencing). -Children even learn from interactions they're not directly involved in – they pick up on emotional states of others just from watching and listening. -In their second year of life, children begin managing their own emotions or behaviors (self-regulation), often using others' reactions to guide their actions.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 6 – Language Development: Learning the Sounds of Language	This hour long class covers the following points: - Language learning begins before birth. A young brain is particularly ready to learn language. -When listening to language, infants engage in statistical learning. This helps them become sensitive to the specific sounds of their native language. -Face-to-face interactions are critical for language learning. In the first year of life, social interactions expose children to language. They also prepare the infant brain for speaking.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 7 – Development of Attachment	This hour long class covers the following points: -Babies have a biological need for loving care. They begin forming an emotional bond with their caregivers at birth. Infants form an attachment to primary caregivers by the end of their first year. -The quality of attachment relationships is different for each child. Child and family factors can affect attachment quality. -Attachment relationships during infancy can have lasting effects on children's development. Yet, attachment quality can improve with proper support.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

I-LABS Module 8 – Attachment in Practice	This hour long class covers the following points: -Attachment is a dyadic relationship. This means that an attachment relationship depends on both the adult and the child. -Attachment security is on a continuum. Children's attachment behavior can be more or less secure. Their behavior depends on the caregiving they receive. -A child is more likely to form a secure attachment when her caregiver provides consistent and sensitive care.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 9 – Sharing Attention During Early Childhood	This hour long class covers the following points: -From birth, children show interest in other people. By late infancy, they engage with others through joint attention. Joint attention is sharing attention between objects and other people. -Around one year of age, children recognize the importance of other people's eyes. They begin to follow others' eye gaze. -Children's gaze following predicts other developmental outcomes, like language development. Sharing eye gaze doesn't come as naturally to children with Autism Spectrum Disorder (ASD). This can affect their language and communication skills.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 10 – Language Development: From Listening to Speaking	This hour long class covers the following points: -Babies begin making vowel-like sounds soon after birth. They soon add consonant sounds. Then they transition to syllables, words, and finally sentences. This pattern is similar across different cultures and languages. -Children use different strategies to learn words and word combinations. During the process of learning, they sometimes make errors in word or sentence use. As they hear more language, their use of words and sentences becomes more adult-like. -Language learning begins at birth! Those children who hear more language and experience more high quality interactions tend to produce more words and longer sentences.	Online	1.0	0	Alliance	Caregivers	Statewide	75%	
I-LABS Module 11 – Bilingual Language Development	This hour long class covers the following points: -The brain is primed to learn language in the first few years of life. As we age, it becomes harder to learn a second language. -Language is the product of our experiences. The amount and type of language input determines our language outcomes. This is true whether we're learning one or two languages. -Bilingual and monolingual children develop language at the same pace. -Bilingualism is associated with cognitive advantages, such as better flexible thinking skills	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 12 – Temperament in Early Childhood	This hour long class covers the following points: -Babies are born with different temperaments or ways they approach everyday events and challenges. Biology helps determine temperament, but environment and experiences also influence a child's temperament and development. -Temperament consists of three dimensions: positive reactivity; negative reactivity; and attention, soothability, and regulation. Each dimension is a continuum, meaning a child can show more or less of a behavior. -You cannot change a child's temperament, but you can adapt your behavior and environment to meet the child's needs. This is creating goodness of fit between your expectations and a child's temperament.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

I-LABS Module 13 – Race Today: What Kids Know as They Grow	This hour long class covers the following points: -Race is meaningful in our social world and racism still exists today. -Racism is like a conveyor belt and we are all on it. It is our responsibility to work actively to recognize and work against racism in our society. Otherwise we will continue to live as a member of a racist society. -Kids are aware of race and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Kids form racial identities. They recognize that their race and racial group is part of who they are and how others see them. -Research suggests that not talking about race with kids increases racist thinking and racism. Racial silence will never create racial equality, but talking about race can!	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 14 – "Racing" Towards Equality: Why Talking to Your Kids About Race is Good for Everyone	This hour long class covers the following points: -Race is meaningful in our social world and racism still exists today. -Our actions matter - what parents do – or don't do – is a strong indicator of children's attitudes about race. -Our words matter too! Research suggests that not talking about race with kids increases racist thinking and racism. But talking about race can be one of the best ways to counteract racism. -Kids are aware of race, form racial identities and observe and integrate ideas about race from those around them and reflect it in their own attitudes and behaviors. -Preventative and Reactionary 'race chats' are an effective way to discuss race and racism with children. These conversations with evolve and change over time, as a child grows. -We do not need to have all the answers to have effective 'race chats' with children. We just need to be open, and be able to offer a safe space to talk.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 15 – Early Music Experience	This hour long class covers the following points: -The brain learns musical information very early in development. Infants learn from listening to music in their environment and culture. -Research suggests that infants have a sensitive period when their brains are particularly primed to learn the basic structure of musical components. -Music and language share some key elements, such as pattern and rhythm. Practice with musical patterns and rhythms may help young children learn language patterns and rhythms. -Musical experiences may help children build other skills, too. For instance, music training has been linked to executive function skills, and moving to a beat in time with another person can help build social-emotional skills.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 16 – Foundations of Literacy	This hour long class covers the following points: -Spoken language skills serve as the foundation for literacy development. Literacy involves years of systematic instruction and practice. -Children may enter kindergarten with a range of pre-literacy skills. It is important for teachers to provide a rich literacy environment for all children. Reading to and with children is a great way to boost pre-literacy skills. -The brain is not born to read. With practice, our brains learn to recognize words, match words with sounds, and associate those words with meaning. -Some people have more difficulty learning to read than others. But this does not mean that they won't ever learn how or that they are less intelligent. Many different factors contribute to a child's pre-literacy skills.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

I-LABS Module 17 – Development of Literacy	This hour long class covers the following points: -Literacy is an important part of daily life. It helps empower a child's educational, societal, and civic development. -The best curricula for teaching children how to read include explicit instruction in phonological awareness. Explicit classroom instruction is a key part that builds on a strong foundation of phonological awareness. -Some children have difficulty learning to read. Research tells us that it is important to identify struggling readers early on, and to provide them with extra support before they fall behind their peers. -Early intervention helps struggling children build foundational skills and improve their reading ability. Effective programs encompass the school, home, and community.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 18 – Learning to Make Things Happen: How Children Learn Cause-and-Effect	This hour long class covers the following points: -In the first year of life, babies already start to make predictions about what things are causes and what are effects. By the time they are in preschool, children are proficient causal learners, ready to engage in and learn from causal lessons. -Children of all ages learn how to make things happen on their own from watching what other people do. They do this even if the people they are watching make mistakes or things don't work perfectly. -Cause-and-effect relations also occur between living things. Figuring out how to cause people to change their behavior is important for children's social development. -Lessons about cause-and-effect happen at home and in the classroom all the time, with little or no need for special tools, toys, or preparation.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	
I-LABS Module 19 – Early STEM Learning	This hour long class covers the following points: -It is important to build children's STEM (science, technology, engineering, and math) skills starting at an early age so they become fluent. -Parents/teachers can provide children with a variety of STEM materials and activities, and ask questions about what children observe and expect. -Doing STEM activities with other people can help children enjoy STEM.	Online	1.0	1	Alliance	Caregivers	Statewide	75%	

Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs

State Plan Assurance amended by
P.L. 115-424
The Victims of Child Abuse Act Reauthorization Act of 2018

(This amendment to CAPTA became effective January 7, 2019)

Governor's **Assurance Statement for**
The Child Abuse and Neglect State Plan

As **Governor** of the State of _____,

I certify that the State has in effect and is enforcing a State law relating to child abuse and neglect which includes:

Provisions for immunity from civil or criminal liability under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect, or who otherwise provide information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect (see section 106(b)(2)(B)(vii) of CAPTA).

Signature of **Governor**:

_____

Date: _____

Washington State Adoption Call To Action Plan

Members: DCYF: Brandy Otto, Julie Pettit, Melanie Meyer and Debbie Marker; DCYF Licensing: Becky Taylor and Codie Veitenheimer; Administrative Office of the Court: Cindy Bricker; Northwest Adoption Exchange: Tyler Helbach; Child Placing Agencies: Jill May; Mental Health: Becky Daughtry

Moving to Action: Strategy or Intervention Timeline and Development:

For each strategy your state is undertaking, teams should think about three key areas:

- ▶ Note actions necessary for the team's success over the next 30 days, 3 months, and 9 months.
- ▶ Note activities or tasks that will be needed to sustain rollout and to measure the strategy and the implementation effort.
- ▶ Teams should consider strategies that will result in quick wins, as well as those that might be more long term.
  RED INDICATES ACTION COMPLETED YELLOW HIGHLIGHT IS IN PROCESS

Strategy #1	DATA	Actions in next 30 days	Actions needed in 3 months (May 2020)	Actions needed for success by Nov. 2020	Monitoring Plan
Increase timeliness to permanency by providing redaction assistance to adoption workers statewide **Step 1:** EFS unit will address redaction backlog secondary to case creations. • As of April 1st redaction work began on incoming cases only and with only 5 of the 6 EFS workers. They are tracking timeliness from redaction to adoption. We are re-assessing June 30th to see if they are able to also address the redaction backlog. They are taking backlog cases on a case-by-case request. • Worker must report that child/youth can be adopted within three months of case transfer into adoptions (typically TPR date). • Collecting data on these cases and timeliness of adoptions for review July 1st.	1. Redaction backlog of approx. 220 cases statewide. 2. Anecdotally reported as barrier to finalization. 3. ~~It appears 2 EFS workers could work full time on redaction.~~	1. Develop training- **completed** 2. ~~Develop PDF for re-allocation of positions.~~ 3. Set up protocol for referrals for redaction from field. **completed** 4. ~~Contact HR for reallocation of positions: completed by Ericka R.~~ Positions are not being reallocated. 5. Gather data ~~Follow up by Brandy Otto:~~ 6. ~~Set up training for EFS staff. (cannot be done until re-allocation)~~ 7. ~~Union-Labor issue resolution(?) (mentioned by R.H.): Brandy Otto and Steve Grilli~~	1. ~~Contact HR for reallocation of positions: completed by Ericka R.~~ ~~Follow up by Brandy Otto:~~ ~~2. Union-Labor issue resolution (?)(mentioned by R.H.): Brandy Otto and Steve Grilli~~ 1. Redaction services started April 1, 2020 with the 5 of 6 EFS staff. EFS unit will redact cases they create if worker reports child/youth can be adopted within three months of case creation. 2. To address backlog of 200+ cases, Debbie is requesting 2 Project Specialists through the grant to assist with the redaction	1. At least 8 months of assistance on redaction backlog by EFS unit to impact adoptions by November 2020. 2. EFS workers will incorporate redaction of pre-adoption disclosure into case creation duties as a test pilot by November 2020 which would streamline work for adoptions for cases that are otherwise ready to be adopted at time of case transfer.	1. Project Specialists Backlog: EFS supervisor will track number of cases redacted per month. 2. Use EFS spreadsheet to track timeliness quarterly. 3. When backlog is addressed, timeliness will continue to be tracked. 4. EFS unit redact backlog cases that they have split as time allows.

Step 2:		8. ~~Procure funding for re-allocation.~~	backlog. ETA Sept/October 2020		
Upon review of data, if case creation time allows, Within 6 months of starting this, EFS workers will begin redacting all PAD folders as part of legally free case creation as a test project. Adoption workers will receive a completed pre-adoption disclosure folder up to date of termination of parental rights. **Target Goal:** • ~~20% increase in number of adoptions the first 12 months (backlog).~~ • Increase timeliness to adoptions in under 6 months for cases able to be adopted at time of transfer into adoption units.					

Strategy #1: Progress	**4/10/20**-With the exception of on-going gathering of data and waiting for the final approval on the grant (request for 2 Project Specialists), this strategy is almost complete. **6/11/20**-data will be gathered on an on-going basis; waiting for the ability to hire two project specialists to assist with redaction-dependent upon whether hiring for these positions will be approved through DCYF. This strategy is almost complete

Strategy #2	**DATA**	**Actions in next 30 days**	**Actions needed in 3 months (May 2020)**	**Actions needed for success by Nov. 2020**	**Monitoring Plan**
Facilitate placements for legally free youth by providing an avenue to identify those home studied families in Washington State who primarily want to adopt **Step 1:** NWAE will provide direct support to home studied families to be registered on a website accessible to DCYF staff and youth. Website is already created; NWAE and licensing will need to communicate so that every month licensed homes who primarily want to adopt will be identified.	There is currently no way to identify those families who ask to be licensed for adoption. Anecdotal: with the change to unified home study in 2012, there are no DCYF staff assigned to support families who want to only adopt. They	1.Procure grant funding for this strategy-*Debbie M* 2. Complete contract with NWAE-*Debbie M*	1.Procure grant funding for this strategy-*Debbie M.* *2.* Obtain final funding from grant. Possible ETA July 3. Complete contract with NWAE-*Debbie M* 4. Meet with NWAE and Licensing and CPA to set up communication plan for newly licensed homes: *Tyler Helbach, Becky Taylor, Codie V., Julie Pettit, Jill May, Debbie Marker*	1. Procure grant funding for this strategy-*Debbie M.* 2. Complete contract with NWAE-*Debbie M.* 3. Meet with NWAE and Licensing and CPA to set-up communication plan for newly licensed homes: *Tyler Helbach, Becky Taylor, Codie V., Julie Pettit, Jill May, Debbie Marker*	Julie Pettit, Tyler Helbach and Debbie Marker will set up a monitoring plan. This will also be evaluated and monitored through the PFD1 Grant.

	become "lost" in our system.				

Strategy #2: Progress	**TO DO's & Information from meetings held on 3/17/20 & 3/26/20:** **Ideas:** 1) FAQ regarding NWAE/WARE services for licensors and potential adoptive families. These will/may be added to the adoption and LD pages on the internet, provided to potential adoptive families via paper or electronic, and will/may be used as a promotional document on the caregiver website and any other associated social media accounts. 2) Look at adding a box on the application that asks if they would like to be contacted by NWAE/WARE to assist with the process of registering the family with this agency **Potential issues/delays/barriers:** 1) There will be no way to go back and determine families in these categories so a big population could be missed 2) BINDI is far into the future and not sure how it will look/operate 3) IT will not make changes in Famlink for licensing due to the impending implementation of the BINDI system **To do** Julie: 1) Work with Tyler to formulate an FAQ 2) Write up a communications statement that will be utilized when the FAQ is sent out as an explanation Codie: 1) Will contact communications to place FAQ on adoption & LD internet and intranet, and on any associated social media websites Becky: 1) Will communicate with LD management this idea **4/10/20**-Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. The action of meeting with NWAE, licensing & CPAs will be determined once contract is in place. **6/11/20**- Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. The action of meeting with NWAE, licensing & CPAs will be determined once contract is in place. This strategy is also dependent upon the approval of the contract exception for NWAE for recruitment. None of the progress steps can be completed until the NWAE contract exception is approved. If the contract exception is approved, progress for this strategy can begin on July 1, 2020.

Strategy #3	DATA	Actions in next 30 days	Actions needed in 3 months (May 2020)	Actions needed for success by Nov. 2020	Monitoring Plan
Developing a pathway to support all families interested in adoption of dependent children/youth **Step 1:**	~~Backlog in home studies.~~ FL Adoption only home studies are not top priority.	~~1. Set up meeting with Luba, Steve, Jody(?), Brandy, Ruben, teams~~ ~~Brandy Otto~~ ~~completed~~	1. ~~Union meeting if moving forward~~-*~~Brandy Otto and Steve Grilli and Licensing?~~ 6/09/20- meeting held with union*	This strategy is dependent upon union approval for the use of a private agency to facilitate	To be established by NWAE.

A connection will be available for interested families on the DCYF website that will take them to NWAE. NWAE will refer families to licensing division, Adoption Program Manager or private agency depending upon the family's adoption preference. Process would be: DCYF Website → NWAE for screening for interest in targeted groups → licensing or Adoption PM for private HS referral depending on wait times and family interest in target groups. NWAE will provide those families with information and work with them to determine most realistic option for completing a successful home study. Ideally referring: • *Families that want to be foster to adopt (licensed) to Licensing Division.* • *Families that want to be adoption only, (no license) to Adoption PM.* **Step 2:** DCYF will use Purchase of Services funds to pay for adoption only home studies for families looking to provide permanency to children/youth most in need of permanency. **Estimated families: < 5 a month but these families are specific to our LF population in need of homes.**	(we understand why)-LD No support in place for families that want to only have home study to adopt.	~~2. Next steps dependent upon meeting with Licensing Division.~~	*liaison to request approval to move forward with this action.* 2. Develop website change—*Julie Pettit and Tyler Helbach-dependent upon exception approval for contract with NWAE*	adoption only home studies for the duration of one year. -Recent restrictions on types of contracts and the availability of funds will determine if this comes to fruition	
Strategy #3: Progress	**TO DO's & Information from meetings held on 3/17/20 & 3/26/20:** **Ideas:** 1) Use adoption POS funding to pay for adoption only home studies to take some of the pressure off of LD 2) Communicate with the CPAs about their ability to complete adoption only home studies				

<table>
<tr><td></td><td colspan="5">

a. Mark Fullington of Community Families has provided this service previously. He allows his staff to make additional money through completing a home study on their off time.

b. Community and Family has licensors across the state who are willing to provide adoption home studies for our families (confirmed).

3) Work with NWAE/WARE to have the DCYF web page link to the NWAE/WARE website specific to the portal-pending approval of exception to this contract due to recent freezes and restrictions on contracts.

Potential issues/delays/barriers:

1) ~~Need approval from LD and CW management to move forward with this strategy. All parties need to be in agreement in order for this strategy to happen.~~
~~-Strategy phone call occurred between LD and SW on May 5th~~

2) If it is approved the following issues will need to be addressed:
   a. Ensuring the quality and content of the home studies
   b. Need to ensure union is in agreement-previously they did not have an issue
   c. Need to ensure that practices and procedures are in place for this service
   d. Determine vetting process

To do:
Becky:
1) ~~Will discuss with LD management~~
2) ~~Will make contact with Brandy to assist with having the bigger discussion of approval to move forward (Brandy sent email to Luba on 4/9/20) –meeting completed 5/20~~

4/10/20-Much of this strategy involves the collaboration and approval from LD to bring to fruition.
6/11/20- Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. The action of meeting with NWAE, licensing & CPAs will be determined once contract is in place. This strategy is also dependent upon the approval of the contract exception for NWAE for recruitment. None of the progress steps can be completed until the NWAE contract exception is approved. The goal is officially start utilizing the CPA to complete adoption only home studies as of August 1st dependent upon approval from the union. If the contract exception is approved, overall progress for this strategy can begin on July 1, 2020

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<tr>
<td>**Strategy #4**</td>
<td>**DATA**</td>
<td>**Actions in next 30 days**</td>
<td>**Actions needed in 3 months (May 2020)**</td>
<td>**Actions needed for success by Nov. 2020**</td>
<td>**Monitoring Plan**</td>
</tr>
<tr>
<td>*Increase youth directed recruitment*
Step 1:
NWAE facilitates 3 statewide Reverse Matching events a year for up to 36 youth.</td>
<td>193 legally free youth aged 12-17 not in permanent placement:
FL data
 95 youth on Exchange placed,</td>
<td>1.Procure grant funding for this strategy-*Debbie M.*
2. Complete contract with NWAE. (depends on #1)-*Debbie M.*</td>
<td>1.Procure grant funding for this strategy-*Debbie M.*
2. Waiting for grant funding approval
2. Complete contract with NWAE-*Debbie M.*</td>
<td>1. Procure grant funding for this strategy-*Debbie M.*
2. Complete contract with NWAE-*Debbie M.*
3. Meet with NWAE to set up Reverse</td>
<td>Julie Pettit, Tyler Helbach and Debbie Marker will set up a monitoring plan. This will also be evaluated and</td>
</tr>
</table>

To hold these must be able to identify those home studied families who are interested in adoption **Step 2:** Increase the number of families on the website where workers can sit with youth to conduct individual reverse matching.	of those 23 identified as placed through Exchange (of those workers that responded)		3. Meet with NWAE and Licensing and CPA to set up communication plan for newly licensed homes: *Tyler Helbach, Becky Taylor, Codie V., Julie Pettit, Jill May, Debbie Marker*	Matching events: *Tyler Helbach, Julie Pettit, Debbie Marker and regional representatives*	monitored through the PFD1 Grant.

Strategy #4: Progress	**4/10/20**-Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. The action of meeting with NWAE for reverse matching will occur once contract is complete and grant is approved. **6/11/20**- Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. This strategy is also dependent upon the approval of the contract exception for NWAE for recruitment. None of the progress steps can be completed until the NWAE contract exception is approved. If the contract exception is approved, progress for this strategy can begin on July 1, 2020

Strategy #5	DATA	Actions in next 30 days	Actions needed in 3 months (May 2020)	Actions needed for success by Nov. 2020	Monitoring Plan
Increase permanency for youth by training BRS home workers on permanency options	Anecdotally, BRS workers do not understand permanency for youth and that every youth is adoptable.	1.Set up meeting with CPAs to discuss training staff- *Julie Pettit and Jill May* 2. Contact CHS to see if WWK would like to be involved—*Julie Pettit-CHS would like to be involved* 3. Set up workgroup to establish training - *Julie Pettit, Tyler Helbach & Jill May*-emailed group on 3/5/20 4. Set up a timeframe for trainings- *Julie Pettit, Tyler Helbach & Jill May*	-Training started with agencies. -Utilize families who have adopted from BRS for training and outreach- *Melanie Meyer* -Further conversations with Mark Fullington to discuss training starting with his staff at CFSF (word of mouth to hopefully get other CPAs interested)- *Tyler Helback & Julie Pettit*	Increase in the number of BRS youth adopted after training completed.	Developed by Julie Pettit and Jill May.

Strategy #5: Progress	**Internal meeting with PM Michael Campbell, Doug Allison, Melanie Meyer, and Julie Pettit held on 3/13/20:**
	Discussed willingness/ability to have BRS providers/caregivers participate in trainings about permanency.
	    1) Michael cannot mandate additional training but there is already language built into the contract that outlines the number of hours necessary for each provider/caregiver to complete and this may be an option.
	    2) Michael thought an e-learning format may be helpful but not an in-person training (possibly use the Alliance training)

<table>
<tr><td rowspan="2"></td><td colspan="6">Discussed providing BRS providers/caregivers information about recruitment services such as NWAE and outline the assistance needed to make permanency happen for our youth.
  1) NWAE will come up with an FAQ regarding their services and what his staff needs from BRS staff and caregivers to assist with permanency activities such as In-Depth profiles.
  2) Michael Campbell sent out the FAQ information to all of his BRS providers
  3) BRS agencies are asking for information regarding recruitment from NWAE staff.

6/11/20- Much of this strategy involves the approval of the grant and the completion of a contract with NWAE. This strategy is also dependent upon the approval of the contract exception for NWAE for recruitment. None of the progress steps can be completed until the NWAE contract exception is approved. If the contract exception is approved, progress for this strategy can begin on July 1, 2020.
  -Julie will contact the Alliance to determine types of permanency training that can be offered to BRS agencies and foster parents.</td></tr>
<tr><td>**DATA**</td><td>**Actions in next 30 days**</td><td>**Actions needed in 3 months (May 2020)**</td><td>**Actions needed for success by Nov. 2020**</td><td>**Monitoring Plan**</td></tr>
<tr><td>*Provide in-home evidenced-based intensive counseling services to identified adoptive homes not finalizing due to "child or youth behaviors"*
Funded by Adoption Incentive Money

Step 1:
See Actions in next 30 days</td><td>TBD
Based on "Deep Dives" approximately 15</td><td>1.Email adoption staff to estimate home many adoptions not finalized due to child's behaviors-*Julie Pettit*
2. Set up workgroup to determine:
-Eligibility
-Referral criteria
-Timeline for intervention
-Contract for intervention Julie Pettit, Melanie Meyer
3. Increase field knowledge of availability of adoption incentive funding. *Julie Pettit & Melanie Meyer*</td><td>1. Set up contract with provider/s-*Melanie Meyer*
2. Communicate process to field-*Julie Pettit and Melanie Meyer*
3. Work with Darla Henry & other therapists to identify adoption-competent evidence based services-*Melanie Meyer*</td><td>This is a support service that will need to be in process at least six months.</td><td>Developed by Julie Pettit, Melanie Meyer and Debbie Marker.</td></tr>
<tr><td>**Strategy #6: Progress**</td><td colspan="5">**4/10/20:** No feedback received from adoption staff. Melanie is in the process of obtaining information on what is allowed for purchase/funded through the Adoption Incentive Money.
6/11/20: Feedback from adoption support consultants indicate they have not been contacted within the last year by case workers or families who indicate they are not able to adopt due to the behaviors of the child. Due to COVID-19, the original plan to have Darla Henry present to adoption staff and CPAs in May 2020 was cancelled. Melanie is exploring</td></tr>
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	options for a web-based training on EBPs such as Darla Henry's 3-5-7 Model for providers. This is dependent upon available funds approved by management to facilitate this type of training. Melanie has confirmed the potential use of adoption savings funds-70% of the funds can be used to remove barriers and promote permanency, and the remaining 30% has to be used for post-adoption services.

Washington State Kinship Navigator Evaluation Plan

The independent evaluation team will be led by Dr. Angelique Day; she and her colleagues will conduct a rigorous, cost-effective and feasible evaluation that will document and support the achievement of the purposes of the funding opportunity announcement and contribute to continuous quality improvement. The evaluation will sustain work that began in the first year of the project while initiating deliverables for year two. Pilot sites will be monitored to ensure they are implementing and continuing to deliver the essential components of the Kinship Navigator program as identified in year one. The essential components include:

1) Program advertising through statewide website, partnership with 211; and dissemination of promotional materials
2) Consistent application of the needs assessment tool in pilot sites
3) Resource and referral follow up
4) Caregiver opportunities for participation in support groups
5) Case management services, and
6) Program oversight through the kinship care subcommittee (Littlewood, Rosenthal, Day, & Pandey, 2018).

The plan will encompass two types of evaluation, process and outcome, and will include the development of a needs assessment tool. In year two, the team will continue with the process evaluation and commencing of the outcome evaluation. The process evaluation will answer key questions about program service fidelity offered to kinship families across pilot sites, including full implementation of the new needs assessment tool, the Kinship Navigator program's ability to meet the needs of the kinship family as identified by the tool, and monitoring of data collection via the revised GetCare data system.

Evaluation Plan Overview

The evaluation will include:

- A dedicated project staff person to continue oversight of the implementation of the kinship navigator program in the pilot sites, consultation and fidelity monitoring.
- Several focus groups with the 14 (full and part-time) kinship navigators that currently provide kinship navigator services to 30 out of the 39 counties in Washington State.

Focus groups not completed in year one continue in year two. Any stakeholder voice not included in the year one process evaluation will be captured (i.e. pilot sites selected in year one did not incorporate the voices of African American or American Indian caregivers) to ensure that the final model is culturally responsive to all caregivers served across the state of Washington. Two focus groups were conducted exclusively in Spanish in year one in each respective pilot site to ensure full participation from Latinx caregivers.

- Fidelity monitoring to ensure all essential program elements are being implemented across the pilot sites (i.e. resource and referral follow up, support groups, use of the needs assessment tool, goal setting and tracking, etc).

- Analysis of caregiver health and child well-being data collected through the needs assessment tool implemented in the pilot sites.

- Analysis of data collected through the satisfaction survey and comparison across the pilot and control sites. This tool is available in English and Spanish.

- Meetings conducted with Tribal partners to engage them in discussions regarding tribal kinship navigator programs and exploration of a culturally adapted kinship navigator curriculum and needs assessment. Beta test the culturally adapted kinship navigator needs assessment developed in year 1. Tribal partners that will be targeted for beta testing the instrument include one or more of the following tribal nations: Quileute Tribe, Makah Tribe, Confederated Tribes of the Colville Reservation, Samish Indian Nation, Lummi Nation, Yakama Nation, Shoalwater Bay Tribe, and the Port Gamble S'Klallam Tribe.

- Work with the Area Agencies on Aging (AAA) and the Department of Social and Health Services Aging and Long-Term Support Administration (ALTSA) to enhance the data collection methods through updates to the administrative database used to track service use and outcomes of kinship caregiving families. Updates will be informed by the AFCARS system and other states' Kinship Navigator reporting elements to ensure that formal and informal families (including the kinship caregivers and children) can be tracked utilizing similar outcome measures.

- Analyze outcome data from Get Care and the Department of Children, Youth, and Families (DCYF) to determine program impact on preventing informal families from entry into the formal child welfare system (CPS referrals, CAN substantiations, and removal rates) to a

comparison group of caregivers who were referred to CPS who did not participate in kinship navigation services. Although the AFCARS elements were added to GetCare, this study will only enroll informal families.

- Test the GetCare administrative database used to track service use and outcomes of kinship caregiving families to determine linkability with the CWIS system. Make database adjustments to ensure that formal and informal families can be tracked using similar outcome measures.

- A statewide survey of informal and formal kinship caregivers and youth to enhance the knowledge base of kinship care families' needs and challenges. This survey, the Youth Risk Behavior Survey, was administered through public schools. Data collection results from this survey were collected and analyzed by a 3rd party evaluator. Results will inform the modification of a statewide manual for consistent statewide use by navigators as well as future program and resource development.

- Data collection will include demographics including child and caregiver age, race, ethnicity, and Medicaid or SNAP eligibility in order to assess the needs of diverse families and communities. The evaluation process will be reviewed for weaknesses, strengths, and adjustments will be proposed.

Process Evaluation

The process evaluation will examine adherence to the implementation of fidelity of the essential program components of the program via the fidelity monitoring tool. The needs assessment tool for kinship families will be refined based upon preliminary findings from the pilot sites. The other components of the process evaluation include collaborating with one or more tribal communities to beta test the usability of the culturally relevant needs assessment tool, assess the linkability of the kinship navigator statewide intake reporting system (Get Care) to the CWIS system operated by DCYF, and update the program manual based on process evaluation results. The process evaluation will determine if services are accessible, have practical utility, have the intended reach to the various target populations (African American, Tribal, Latinx), and show promise for long-term sustainability.

Fidelity monitoring of the program in the pilot sites will determine if services are accessible, have practical utility, reach the target population, and show promise for long-term sustainability. If during the fidelity monitoring process, it is found that the project, while achieving its outcomes, is

working differently in practice, and there are discrepancies in implementation across the pilot sites, the evaluation team will work with the partners to align the project to maximize program fidelity. The process evaluation contains both quantitative qualitative components:

Process Evaluation Quantitative Component

The University of Washington collaborated with Tribal and non- tribal Kinship Navigators, kinship families, AAA, ALTSA, DCYF, child welfare staff, other providers that serve kinship families, and the Kinship Oversight Committee (KCOC) to develop the process evaluation. The quantitative component will assess the characteristics and needs of kinship families, the adherence of kinship navigators to the program model, and the degree to which acquisition of services and supports were received.   Data will also be collected from the kinship navigators on the usability of the needs assessment tool. The project will provide incentives for survey participation. The linkability of GetCare and CWIS Data collection systems will be assessed to determine future directions.

Data collected in the process evaluation will be based on the following factors:

Organizational and system conditions including:

- State and county level policies that guide the kinship navigator programs
- Organizational factors impacting implementation of services
- Provider characteristics of the kinship navigators (for example, how may are also caregivers? How representative are they in comparison to the families they are serving in terms of race, age, gender, language proficiency, etc.).

Service delivery including:

- Identification of shortcomings and degree of refinement needed
- Kinship family characteristics and needs
- Model fidelity including adherence to program model
- Impact of the Kinship Navigator program on kinship family outcomes or placement stability
- Degree to which acquisition of services and supports were received after referrals were made
- Considerations from kinship navigators for implementation of the program model and supportive services at each site
- Data collection systems in place within each site

Data sets will be obtained from DCYF and will include NCANDS, AFCARS and other relevant CWIS data. Additionally, an evaluation tool will be designed and administered through collaboration with AAA for informal families that tracks client satisfaction, caregiver well-being and child-well-being. To allow the data from multiple sources to remain segregated and distinguishable, a variable will be created to identify from which data set the information was obtained.

Qualitative Portion of the Process Evaluation

In addition to quantitative measures, focus groups and KCOC evaluation subcommittee meetings will be used to collect information. Four semi-structured focus groups will be conducted with 40 kinship caregivers (20 formal, 20 informal) to assess cultural relevance of the program model to meet the unique needs of African American and American Indian families. These groups are being conducted because they were not represented in the pilot sites that were selected to participate in the evaluation in year one. Each focus group is expected to take approximately 60 minutes. The focus groups will focus on identifying the unique service needs of these target populations and how the kinship navigator program can best support them. Participants will also complete a brief background survey that includes questions about their demographic characteristics and experience receiving services from the Kinship Navigator program. Incentives will be available for focus group participation. Focus groups will be recorded and then transcribed verbatim. Transcriptions will then be analyzed using open, axial, and selective coding. Themes will be identified and linked with qualitative findings of the focus groups conducted in year one with other caregiver stakeholder groups from the pilot sites.

To address the cultural relevance of the needs assessment tool and adapted Kinship Navigator program model, eight tribes involved with the program will be invited to participate. Tribal partners include Quileute Tribe, Makah Tribe, Confederated Tribes of the Colville Reservation, Samish Indian Nation, Lummi Nation, Yakama Nation, Shoalwater Bay Indian Tribe, and Port Gamble S'Klallam Tribe. These meetings will be recorded and transcribed verbatim to allow for qualitative analysis as described above. Lastly, collaboration with AAA and ALTSA will result in understanding current data collection methods and the administration database used to track service use and outcome measures of kinship caregiving families. The interview protocol will be informed by the quantitative data from the needs assessment.

Outcome Evaluation

The outcome evaluation will utilize several evaluation measures. These include the needs assessment tool that was informed by the Family Needs Scale developed in year one of the project (Maike, Benner, & Scarsella, 2012), Kinship Navigator Quality and Fidelity Index (Aultman-Bettridge & Selby, 2012), a satisfaction survey developed with feedback from KCOC participants, and analysis of administrative data from Get Care, CWIS, NCANDS, and AFCARS.

These various measurement tools will assess the Kinship Navigation Program including: a) fidelity of program implementation, b) accessibility of services, c) kinship family needs d) outcomes of families receiving intervention in terms of caregiver health, child well-being, placement stability, and prevention of referrals to CPS, and e) reach of marketing of the Kinship Navigator Program. To accomplish this, the outcome evaluation will consist of site-specific administrative data and self-report measures of kinship parents who have participated in the kinship navigator program in the pilot sites (i.e. assessment of changes in family dynamics based on responses of the needs assessment tool and the client satisfaction survey).

Baseline equivalence will be performed to ensure the pilot and comparison sites are similar. To test the efficacy of social programs, the highest design standard for internal validity is to randomly assign one group to receive the intervention and a second to receive a "control" intervention, which is often the business as usual practice. This will guarantee that the difference in means between the treatment and control group is unbiased assuming that there are no spillover effects. However, a randomized trial does not guarantee external validity (Diamond, A., & Sekhon, 2013).

When financial, ethical, or practical matters prevent conducting random assignment, one way to make progress towards causal inference is to condition analyses on observed characteristics. This may be done by 1) matching those in the treatment group to those similar in the control group using the Mahalanobis distance metric (Rubin, 1980); 2) matching using a propensity score calculated using logistic regression (Abadie & Imbens, 2016); 3) weighting all controls so that the entire control group has no difference in characteristics than the treatment group; or 4) if that is not possible, use regression to adjust the estimate of the treatment effect understanding that it will introduce unknown bias (Diamond, A., & Sekhon, 2013).

The unit of the analysis is the child case. The state child welfare agencies used an exact matching method to match caregivers in the pilot intervention counties to caregivers in the comparison group counties. They are matched using the following variables: race of child (White,

Black, Other); ethnicity of child (Hispanic, non-Hispanic), and gender of child. The Children's Bureau recommends that baseline equivalence be established for child age, child race/ethnicity, child gender, and child income (Wilson, Price, Kerns, Dastrup, & Brown, S. R., 2019).

Historically the propensity score matching or inverse probability weighting process has been a two-step process. First, an analyst would calculate a propensity score using logistic regression. Then this propensity score would be used to match or weight the data set for further analysis. In the case of weighted methods, the weight variable would be used to weight a t-test or regression, for example when estimating a treatment effects. The Stata effects package combines these steps, uses quasi-maximum likelihood when estimating treatment effects, and ensures that the standard errors are correct. Estimation of all treatment effects should thus be done using the t effects package because extracting weights and using another method for estimation (e.g., OLS) will produce biased estimates and standard errors. A two-step approach may be taken with entropy weight balancing (i.e., ebalance) (Hainmueller, 2012). This produces a weight (_webal) that may be used as a p weight in the standard Stata estimation commands (e.g., reg, t test).

For estimating differences in baseline characteristics, we will be using Stata 16's t effects library of commands. First, we will try nearest neighbor matching (nnmatch) with 1 to 1 matching with replacement. With an anticipated sample size of at least100 in the intervention and 100 in the comparison small sample, we believe this will provide baseline equivalence in this sample. Baseline equivalence between the treatment and control group will be assessed by ensuring that the differences in means is not greater than .25 and variance ratios are near unity, consistent with guidance from the Children's Bureau (Wilson, Price, Kerns, Dastrup, & Brown, S. R., 2019).

At this point, no outcomes have been collected yet because there has not been sufficient time from the enrollment in the intervention to observe a treatment effect (which is defined at 6 months post service).

Multinomial regression will be used to compare counties that provide intensive support (the three pilot sites) to kinship caregivers with counties that provide services as usual. Due to time constraints, the dependent variable used to demonstrate program efficacy will be placement stability rather than permanency. We hypothesize counties that have more intensive supports will have greater placement stability and less referrals to CPS than counties with services as usual.

Data from the needs assessment establishes a baseline allowing the evaluation to assess changes over time (intake, six-months, and twelve-months after program engagement) in the dependent variables identified above.

We offer the following Hypothesis in analysis of the quantitative data:

Children whose kinship families receive enhanced kinship navigator services will:

- Be referred to child protective services at a statistically lower rate than families that do not participate in the enhanced version of the model;
- Have statistically lower rates of substantiated incidents of child abuse and neglect child than families that do not participate in the enhanced version of the model;
- Experience greater placement stability than their counterparts served at unenhanced sites; and
- Demonstrate greater gains in child and caregiver well-being than children and caregivers served at unenhanced sites.

Families who receive the enhanced kinship navigator service will not have statistically significant client satisfaction as compared to those who receive the unenhanced service.

- Before implementation of the enhancements, caregivers reported being highly satisfied with the services in satisfaction surveys.

Data Management and Protection

A data sharing agreement has already been created between DCYF and Partners for Our Children/University of Washington. A data sharing agreement has also been created between ALTSA and Partners for Our Children/UW. A data sharing agreement is pending between DCYF and ALTSA. This document is needed by the WSIRB to allow the DCYF and ALTSA data to be linked for analysis.

Only project staff will have access to data, these staff are identified as the following: Dr. Angelique Day, Kathy Garcia, Cossette Woo, Sierra Wollen, a data scientist (TBD), and the project manager, Lori Vanderwill. The state administrative data will be pulled from DCYF and ALTSA and linked by a POC data scientist, or another designee named by the State of Washington. This data scientist will perform propensity score matching to ensure that the intervention and control participants do not significantly differ in terms of participant characteristics.

All personal identifiers will be removed from the data by DCYF and ALTSA and replaced with a unique identification numbers that will allow data to be linked over time before it is received by the UW evaluation team. Data will be stored in a secure, locked, and password protected server at Partners for Our Children. Only the PI and identified research investigators will have access to the data. Guidelines and privacy have been outlined in both consent and assent forms that will be signed by kinship caregivers, kinship navigators, tribal communities, and caseworkers who have participated in both years one and two of this project. In compliance with federal human subjects research requirements, data will remain in a secure, locked, and password protected server for a minimum of six years after close of survey after which point the data will be deleted or shredded.

Dissemination of Information

Information and knowledge generated by the Partners for Our Children/UW and partners will be strategically shared with the field. Prior to publication of reports and/or manuscripts, DCYF will be provided with a 45-day review period to examine the work before publication submission on DCYF, ALTSA, POC, Children's Bureau websites, and peer reviewed journals.

References

Abadie, A. & Imbens, W.G. (2016) Matching on the estimated propensity
   score. *Econometrica*, 84. 781–807. Retrieved Nov 11,
   2019 https://onlinelibrary.wiley.com/doi/abs/10.3982/ECTA11293

Diamond, A., & Sekhon, J. S. (2013). Genetic matching for estimating causal effects: A general
   multivariate matching method for achieving balance in observational studies. *Review of
   Economics and Statistics*, *95*(3), 932–945. https://doi.org/10.1162/REST_a_00318

Hainmueller, J. (2012), Entropy balancing: A multivariate reweighting method to produce
   balanced samples in observational studies. *Political Analysis, 20*(1), 25-
   46. https://doi.org/10.1093/pan/mpr025

Rubin, D. B. (1980). Bias Reduction Using Mahalanobis-Metric Matching. *Biometrics*, *36*(2),
   293–298. https://doi.org/10.2307/2529981

Wilson, S. J., Price, C. S., Kerns, S. E. U., Dastrup, S. D., & Brown, S. R. (2019). *Title IV-E
   Prevention Services Clearinghouse Handbook of Standards and Procedures, version
   1.0,* OPRE Report # 2019-56, Washington, DC: Office of Planning, Research, and
   Evaluation, Administration for Children and Families, U.S. Department of Health and
   Human Services.

NYTD
National Youth in Transition Database

Data Snapshot FY 2014-2018
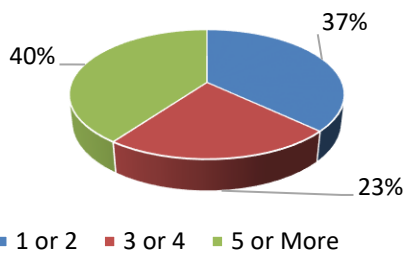# Washington

Youth Services
(FY 18 total served: 2,140 youth)

Includes information about all youth who received at least one independent living service paid for or provided by the state CFCIP agency.
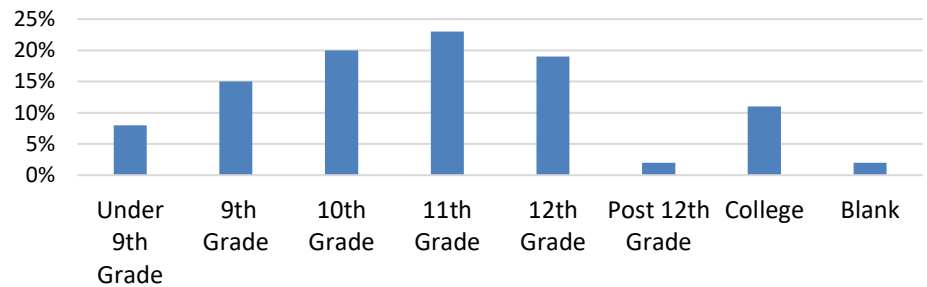
Characteristics of youth receiving services (FY 18)

Male	43%	In foster care	39%
Female	57%	In federally recognized tribe	10%
White	76%	Adjudicated delinquent	21%
Black	19%	Receiving special education	10%
American Indian	16%	Age range	15-28
Other Race	5%	Mean age	20
Hispanic	18%		

Number of services received (FY18)

- 37%
- 40%
- 23%

Legend: ■ 1 or 2 ■ 3 or 4 ■ 5 or More

Education level of youth receiving services (FY 18)

Categories: Under 9th Grade, 9th Grade, 10th Grade, 11th Grade, 12th Grade, Post 12th Grade, College, Blank

Type of services received (FY 14-18)

Percent of youth receiving each service (of total youth served)

Services listed:
- Independent Living Needs Assessment
- Academic Support
- Post-Secondary Educational Support
- Career Preparation
- Employment Program or Vocational ...
- Budget & Financial Management
- Housing Education & Home Management
- Health Education & Risk Prevention
- Family Support & Healthy Marriage ...
- Mentoring
- Supervised Independent Living
- Room & Board Financial Assistance
- Education Financial Assistance
- Other Financial Assistance

Legend:
- 2014 (n=2,134)
- 2015 (n=1,985)
- 2016 (n=2,065)
- 2017 (n=2,121)
- 2018 (n=2,140)

Children's Bureau
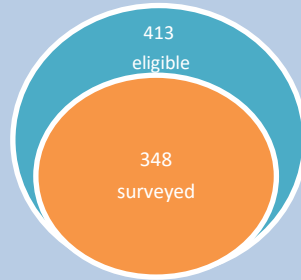
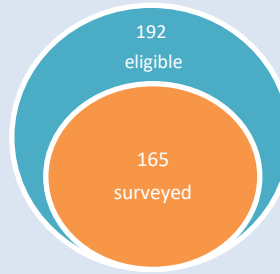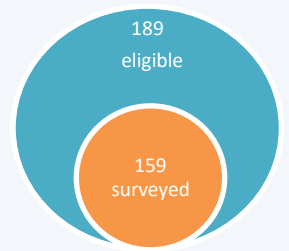| Youth Outcomes	Includes information about all youth who were eligible to take the NYTD survey at ages 17, 19 and 21.		
	Baseline Population (17 year-olds in foster care, FY 14)	**Follow-Up Population** (19 year-olds, FY 16) **Sample State**	**Follow-Up Population** (21 year-olds, FY 18)
Cohort 2 survey participation, FY 14-18	413 eligible / 348 surveyed **84% surveyed**	192 eligible / 165 surveyed **86% surveyed**	189 eligible / 159 surveyed **84% surveyed**
Characteristics of survey participants			
Male	47%	41%	39%
Female	53%	59%	61%
White	77%	77%	78%
Black	17%	15%	16%
American Indian	12%	15%	13%
Hispanic	15%	21%	23%
In foster care	100%	49%	27%
Reasons for non-participation			
Youth declined	1%	0%	2%
Parent declined	1%	0%	0%
Incapacitated	2%	2%	2%
Incarcerated	1%	1%	2%
Runaway/missing	4%	0%	0%
Unable to locate	1%	14%	14%
Invalid Participant/Missing	6%	0%	0%
Outcomes reported			
Employed full- or part-time	**8%**	**31%**	**43%**
Receiving public assistance	**N/A**	**48%**	**46%**
Finished high school or GED	**2%**	**47%**	**60%**
Attending school	**91%**	**63%**	**32%**
Referred for substance abuse treatment	**28%** (in lifetime)	**19%** (in past 2 years)	**9%** (in past 2 years)
Incarcerated	**38%** (in lifetime)	**16%** (in past 2 years)	**13%** (in past 2 years)
Had children	**5%** (in lifetime)	**6%** (in past 2 years)	**19%** (in past 2 years)
Homeless	**37%** (in lifetime)	**25%** (in past 2 years)	**32%** (in past 2 years)
Connection to adult	**94%**	**92%**	**94%**
Medicaid coverage	**89%**	**82%**	**77%**
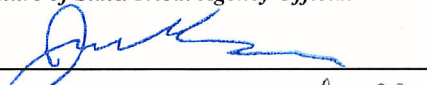
CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through January 31, 2021

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2021: October 1, 2020 through September 30, 2021

1. Name of State or Indian Tribal Organization and Department/Division:		**3. EIN:**	82-3847397
Dept. of Children, Youth, and Families (DCYF)		**4. DUNS:**	81027376
2. Address: (insert mailing address for grant award notices in the two rows below)		**5. Submission Type:** (select one)	
PO BOX 40970		☑ NEW	
Olympia, WA 98504-0970		☐ REALLOTMENT	
a) **Email address** for grant award notices: dcyf.costallocandgrantsmgmt@dcyf.wa.gov		☐ REVISION	

REQUEST FOR FUNDING for FY 2021:			
Hardcode all numbers; no formulas or linked cells.			

	% of Total		
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			$5,639,862
a) Total administrative costs (not to exceed 10% of the CWS request)			$563,986
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:			$0
a) Family Preservation Services	30%		$1,921,702
b) Family Support Services	20%		$1,281,135
c) Family Reunification Services	20%		$1,281,135
d) Adoption Promotion and Support Services	20%		$1,281,135
e) Other Service Related Activities (e.g. planning)	0%		$0
f) Administrative costs (*STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %*)	10.0%		$640,567
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100%		*$6,405,674*
8. Requested Monthly Caseworker Visit (MCV) funds: (*For STATES ONLY*)			$354,540
a) Total administrative costs (not to exceed 10% of MCV request)			$0
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)			$2,209,681
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			$3,645,254
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).			$1,093,576
11. Requested Education and Training Voucher (ETV) funds:			$1,106,126

REALLOTMENT REQUEST(S) for FY 2020:
Complete this section for adjustments to current year awarded funding levels.
12. Identification of Surplus for Reallotment:
a) Indicate the amount of the State's/Tribe's FY 2020 allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment):

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*
		Joseph Bock for Jerry Milner
Title Chief Financial Officer		*Title*
Date 6-29-2020		*Date* 10/1/2020

CFS-101, Part II
U. S. Department of Health and Human Services
Administration for Children and Families

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization:

0 For FY 2021: OCTOBER 1, 2020 TO SEPTEMBER 30, 2021

SERVICES/ACTIVITIES	(A) IV-B Subpart 1-CWS	(B) IV-B Subpart 2-PSSF	(C) IV-B Subpart 2-MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES				$ 2,209,681				$ -	111,582	-	Reports of abuse and neglect	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ 2,193,590	$ 1,921,702		$ -				$ 458,372	35,622	-	Families whose child(ren) are substantially likely or at imminennt risk of placement or to reunify a child or children with their family.	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ 2,882,286	$ 1,281,135		$ -				$ 1,232,245	35,652	-	Families needing help to safely maintain their child(ren) in their own home	Statewide
4.) FAMILY REUNIFICATION SERVICES		$ 1,281,135		$ -				$ 700,591	15,551	-	Families with a child (ren) returning home	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 1,281,135						$ 196,421	534	-	All eligible children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ -						$ -	-	-		Statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 17,975,302	$ 47,886,596	12,307	-	All eligible children	Statewide
(b) GROUP/INST CARE	$ -						$ 4,338,131	$ 37,430,397	966	-	Youth with extreme, high levels of service needs	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 45,772,482	$ 54,742,338	17,029	-	All eligible children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 1,536,465	$ 1,518,955	597	-	Children in a licensed relative home when reunification with parents or adoption or not options for the child.	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -				$ 3,645,254		$ -	$ 653,506	2,000	-	Dependent youth age 14 or older	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -				$ -	$ 1,106,126	$ -	$ 221,225	200	-	Eligible youth pursing post secondary education	Statewide
12.) ADMINISTRATIVE COSTS	$ 563,986	$ 640,567	$ -				$ 103,747,289	$ 103,747,289				
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 637,933	$ 1,142,281				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -			$ 227,713	$ 730,181				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -						$ 4,513,232	$ 4,682,979	6,816	-	All eligible children	Statewide
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -	$ 9,770,957	$ 5,036,652				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 354,540				$ -	$ -				
18.) TOTAL	$ 5,639,862	$ 6,405,674	$ 354,540	$ 2,209,681	$ 3,645,254	$ 1,106,126	$ 188,519,504	$ 260,380,028				

19.) TOTALS FROM PART I	$5,639,862	$6,405,674	$354,540	$2,209,681	$3,645,254	$1,106,126	-----	-----	-----	-----	-----	-----
20.) Difference (Part I - Part II)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	-----	-----	-----	-----	-----	-----
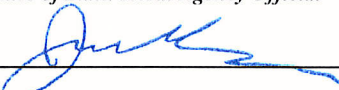
(If there is an amount other than $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses (S) means Part II exceeds request)

21.) Population data required in columns I - L can be found:
[✓] On this form
[ ] In the APSR/CFSP narrative

CFS-101, Part III
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through January 31, 2021

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2018 Grants: October 1, 2017 through September 30, 2019

Description of Funds	(A) Original Planned Spending for FY 18 Grants (from CFS-101, Pt I)	(B) Actual Expenditures for FY 18 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served
1. Name of State or Indian Tribal Organization: Dept. of Children, Youth, and Families (DCYF)	**2. Address:** PO BOX 40970 Olympia, WA 98504-0970				**3. EIN:** 82-3847397 **4. DUNS:** 81027376	
5. Submission Type: (select one) ☑ NEW ☐ REVISION						
6. Total title IV-B, subpart 1 (CWS) funds:	$ 5,216,243	$ 5,198,973	52,360	-	Children and Adults	Statewide
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ 521,624	$ 519,488				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ -	$ -	57,670	-	Children and Adults	Statewide
a) Family Preservation Services	$ 1,817,932	$ 1,820,406				
b) Family Support Services	$ 1,211,955	$ 1,213,604				
c) Family Reunification Services	$ 1,211,955	$ 1,213,604				
d) Adoption Promotion and Support Services	$ 1,211,955	$ 1,213,604				
e) Other Service Related Activities (e.g. planning)	$ -	$ -				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF allotment)*	$ 605,978	$ 606,801				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	$ 6,059,775	$ 6,068,019				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 381,635	$ 382,381				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ -	$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 3,224,946	$ 3,200,278	1,876	-	Eligible Youth	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of CFCIP allotment)*	$ 967,484	$ 253,089	-	-	Eligible Youth	Statewide
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 1,056,739	$ 804,710	137	-	Eligible Youth	Statewide

11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official *Joseph Bock for Jerry Milner*	
Title Chief Financial Officer	**Date** 6-29-2020	**Title**	**Date** 10/1/2020