2023 ANNUAL PROGRESS AND SERVICES REPORT (APSR)
ORIGINAL JUNE 30, 2022
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Washington State Department of
CHILDREN, YOUTH & FAMILIES

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CHILDREN, YOUTH & FAMILIES**

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General Information

The federal Administration on Children, Youth and Families (ACYF), Program Instructions ACFY-CB-PI-22-01, 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 third APSR related to the 2020 – 2024 Child and Family Services Plan (CFSP).

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

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

MISSION
Protect children and strengthen families so they flourish.

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

VALUES
- Inclusion
- Respect
- Integrity
- Compassion
- Transparency

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

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

Equity
- Eliminate racial disproportionalities and advance racial equity.

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

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

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

ORGANIZATIONAL CHANGES

There were organizational structure and leadership changes that occurred to better support families in their communities as well as our workforce:

- **The Office of Strategic Initiatives and Collaboration (OSIC)**
  — The Office of Strategic Initiatives and Collaboration (OSIC) was developed. This was a revisioning of the former Organizational Change Management Office within DCYF. OSIC is responsible for building capacity in Enterprise Project Management, leading business transformation initiatives, and advancing agency integration. The office will also provide support and structure to cross-agency collaborations. OSIC coordinates a portfolio of specified agency projects identified by the Leadership Team and looks for opportunities to streamline and integrate those projects through the development of a consistent governance structure. Additional Division projects may still be managed within Divisions with the hiring of Division project manager positions that can liaison with OSIC to coordinate projects that may be occurring outside of the agency portfolio. OSIC will also be coordinating a Community of Practice for project managers within the agency. This office is still under development and it is expected it will evolve over time. This office is led by Jenny Heddin.

- **The Division of Prevention and Client Services (PCS**)
  — The Division of Prevention and Client Services was created. This division combined three existing divisions (Adolescent Programs, Family Support Programs, and Child Welfare Programs). Bringing these three teams together allows our agency to capitalize on opportunities for integration. This division is led by Assistant Secretary Steven Grilli. There are some additional, planned organizational structure changes that will be occurring within this division in 2022 as the three teams integrate workstreams within the new division.

- **Child Welfare Field Operations (CWFO)**
  — Natalie Green was appointed as interim Assistant Secretary of Field Operations. Natalie was previously the Regional Administrator in Region 3 and has over 20 years of experience within child welfare in DCYF. This became a permanent appointment in April 2022.
  — Adrianne Franklin, Region 3 QA/CQI Administrator, began a new role in CWFO headquarters in February 2022 as the Child Welfare Policy and Data Administrator.
  — Dr. Joel Odimba, Region 5 Regional Administrator, began a temporary role in May 2022 focusing on Child Welfare staff recruitment and retention. In addition, a Child Welfare Targeted Recruiter was hired to assist with recruitment efforts and brainstorm ways to increase applicant pools.
  — Additional changes have occurred in regional field offices to better support programs and staff.

- **Early Learning (EL)**
  — Nicole Rose was appointed as the Assistant Secretary of Early Learning. Teams from the previous Early Learning Programs division and the Eligibility team are now under the overarching umbrella of the Early Learning division. To better connect early intervention programs that focus on social-emotional learning, the Early Childhood Intervention and Prevention Services program (ECLIPSE), Infant and Early Childhood Mental Health Consultation and Trauma Informed Care teams moved from the Family Support Programs division to the Early Learning division.
- **The Administrative Services Division**
  — The Provider Supports unit, led by Chris Parvin, moved to the Administrative Services Division under Director Jennifer Williams.
  — The Administrative Services Division hired a Legal Officer (Assistant Director) in April 2022 to lead and grow the Legal Services Office (LSO) which will help support the agency in litigation, records management, public disclosure and other field/program legal supports.
  — The Peer Support program has expanded to better support staff through experiences of primary and secondary trauma.

POINT OF CONTACT

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, youth, parents, caregivers and community partners. The Department engages stakeholders in a continuous improvement cycle by encouraging and facilitating ongoing, year-round stakeholder engagement to successfully implement the strategies and activities identified in the 5-year Child and Family Services Plan (CFSP), including initiatives such as implementation of the Program Improvement Plan (PIP), Family First Prevention Services Act (FFPSA), Family Practice Model (FPM), Permanency From Day One (PFD1) grant, Indian Child Welfare Act (ICWA) policy revisions and legislative mandates and changes. Through this engagement, collaboration, and consultation, DCYF is able to assess the needs of children, youth, and families; use the input to amend strategies; and monitor progress towards achieving outcomes and measures.

AGENCY ADVISORY GROUPS

Currently, DCYF has approximately 50 advisory groups that provide a vital connection and voice to the various communities that we serve. Just a few of these advisory groups include:

- Early Learning Advisory Council (ELAC) – a diverse group of parents, child care providers, health and safety experts, legislators, Tribes, K-12 and higher education and others who are vested in creating a statewide early learning system that helps all children realize their full potential.
- Parent Advisory Group (PAG) – a group made up of parents and family caregivers of children to represent the unique experiences and perspectives of their families and acts as a sounding board for decisions, ideas and questions that shape the future of DCYF.

- State Interagency Coordinating Council (SICC) – a council to assist DCYF in implementing a collaborative and comprehensive statewide system of early intervention services for infants and toddlers who have disabilities and their families.
- Foster Parent 1624 Consultation Team – meetings that bring together caregivers and DCYF to discuss issues of concern to foster parents. These meetings are regionally based.
- Field Advisory Board (FAB) – team of field representatives from various positions (caseworkers, supervisors, etc.) that meet to discuss regional and statewide strengths, barriers and opportunities for improvement. The group provides field feedback and guidance on program and practice changes, initiatives and policy revisions.
- Passion to Action (P2A) – a statewide youth led advisory board to DCYF. This includes youth, ages 14-24, who are or have been in foster care in Washington State. P2A provides DCYF with input, feedback and recommendations regarding policies, practices and publications. In addition, members are often involved in trainings and presentations to share their experiences of being in the foster care system.

In addition, there is the DCYF Oversight Board. This board provides monitoring and ensures DCYF achieves the stated outcomes as intended by the legislation and that DCYF complies with administrative acts, statutes, rules and policies pertaining to early learning, juvenile rehabilitation, juvenile justice, and children and family services. The board includes membership from DCYF, foster parents, legislators, physicians, representation from youth, tribal, and parent stakeholder groups, in addition to community subject matter experts in early learning, juvenile justice and child welfare. In 2021, the Oversight Board recognized DCYF's efforts to improve outcomes in increasing the proportion of children kindergarten-ready; increasing the proportion of children in quality early learning programs; reducing the number of children entering out-of-home care; reducing the length of stay for children in out-of-home care; increasing family reunifications; and increasing high school graduation rates for youth in the child welfare and juvenile rehabilitation systems. The Oversight Board noted a few areas of concern for DCYF's practice that include reducing maltreatment of youth while in out-of-home and reducing the number of children re-entering out-of-home care. The Oversight Board focuses on contributing factors influencing agency performance such as externally imposed limitations introduced by the COVID-19 pandemic and also recognized opportunities for improvement through recent legislative changes, programming and funding. See the full 2021 Department of Children, Youth, and Families Oversight Board Legislative Report here.

COURT IMPROVEMENT AND COLLABORATION

DCYF works very closely with the Child Welfare Court Improvement Program (CIP). Over the last year, efforts have been primarily focused in the following areas and initiatives:

- The Family Well-Being Community Collaborative (FWCC). This was formally known as the Innovative Dependency Court Collaborative (IDCC). This collaborative consists of DCYF and AOC (co-facilitators) along with representation from the judiciary, tribes, parent allies, youth, caregivers, Office of Public Defense (OPD), child representation, Attorney General's Office (AGO), CASA/GAL, Juvenile Court Administrators, Family and Juvenile Court Improvement Programs (FJCIP), Casey Family Programs, and Partners for Our Children. The FWCC is currently focused on supporting effective implementation of the Keeping Families Together Act (HB1227) and the Strengthening Parent-Child Visitation Law (E2SHB1194), with particular attention paid to ensuring courts understand and apply the new laws. There are four multidisciplinary workgroups that were created to help support this work. Learn more about the work of FWCC here.
- DCYF has partnered with AOC and additional judicial and community representatives and stakeholders (AGO, CASA, OPD, the Mockingbird Society, Parents for Parents (P4P), FJCIP Coordinators, the Alliance for Child Welfare Excellence (the Alliance), tribes, etc.) in implementation of Program Improvement Plan (PIP)

strategies. The primary focus has been the development and implementation of Safety Summits, half-day multidisciplinary training events that focus on helping dependency court systems develop a shared understanding of how safety is assessed. Learn more about the Safety Summit work here.

- Through implementation of the PFD1 grant, AOC and additional judicial and community representatives and stakeholders (as mentioned above) are part of the External Advisory Committee that meets quarterly to discuss implementation of the grant initiatives. These conversations have sparked additional questions from some advisory committee representatives around disproportionality. Current data from the grant was shared with these representatives and discussions occurred around how the grant may assist in addressing disparity and disproportionality in achieving permanency. In addition to the statewide advisory committee, there are local office/regionally based committees in grant intervention offices to discuss implementation and barriers to permanency.

- Washington State assembled a team of court and child welfare system leaders and stakeholders to create strategies in response to the Ensuring Justice in Child Welfare virtual summit. This team met multiple times in 2021 and identified three priority strategies. Currently, there is one workgroup working on the third strategy which is related to providing meaningful representation prior to shelter care hearings; research how and when counsel is being appointed and how discovery is occurring in each county; and develop best practices and possible court rule to implement practice standards statewide. Learn more about all of the identified strategies and work of the Washington State Team here.

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.

RACIAL EQUITY AND SOCIAL JUSTICE

The Office of Racial Equity and Social Justice (ORESJ) was established within DCYF in July 2020. Some of the primary opportunities ORESJ provides include the following:

- Trainings – ORESJ hosts a number of trainings on racial equity and social justice practices and provides recommendations for external facilitators and consultants.
- Racial Affinity Group Spaces – ORESJ offers monthly healing-centered spaces for staff to connect, reflect and collaborate in racial affinity group gatherings to address institutional and systemic racism.
- DCYF Inclusive Racial Equity Change Team (DIRECT) – DIRECT is a team of DCYF representatives from each division and program that impacts children, families and professionals. DIRECT is a leadership team that assists in designing, coordinating and organizing DCYF's Racial Equity Plan and systems change efforts.
- ORESJ organizes cohorts to move through a shared framework, partnering with the community to co-create racial equity strategies and implementation plans.
- Representatives from ORESJ participate in the Race Equity Collaboration through Casey Family Programs.

In March 2022, Executive Order 22-04 was established by Washington State Governor, Jay Inslee. This order references the implementation of the Washington State Pro-Equity Anti-Racism (PEAR) Plan and Playbook. Each Washington State agency will identify a PEAR team to identify strategies and develop a strategic plan by fall of 2022. The Washington State Office of Equity will provide support and technical assistance in this

process. ORESJ is leading this effort for DCYF and is establishing a PEAR team including DCYF representatives from various divisions and roles and also is identifying community partners to be part of the team from Tribes, community agencies, parent voice, youth voice, foster families and caregivers. Once this team is established they will begin meeting to develop a strategic action plan.

CONTINUOUS QUALITY IMPROVEMENT AND FEEDBACK LOOPS

Through implementation of the CFSP and development of the APSR, DCYF is creating capacity to co-design with staff, Tribes, partners and lived experts. Our goal is to continue to strengthen and enhance this process. We are using the Family Practice Model (FPM) framework as our organizing structure to prioritize and integrate current practice and pending changes including our child welfare transformation projects such as the PIP, PFD1 grant, FFPSA, ICWA, service expansion, legislative requirements and court decisions.

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

Acronyms and Abbreviations

AA	Area Administrator
AAG	Assistant Attorney General
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General's Office
AHCC	Apple Health Core Connections
ALJ	Administrative Law Judges
ALTSA	DSHS Aging and Long-Term Support Administration
AOC	Administrative Office of the Courts
ASPR	Annual Progress and Services Report
ASFA	Adoption and Safe Families Act
BIPOC	Black, Indigenous, Persons of color
BRS	Behavior Rehabilitation Services
CaRES	Alliance Caregiver Retention, Education, and Support Program
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CCRT	Central Case Review Team
CCW	Coordinated Care of Washington
CCWIS	Comprehensive Child Welfare Information System
CCYJ	Center for Children and Youth Justice
CEU	Caregiver Engagement Unit
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review
CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CITA	Court Improvement Training Academy
CLIP	Children's Long-Term Inpatient Program
CPA	Child Placing Agency
CPS	Child Protective Services
CPS FAR	Child Protective Services Family Assessment Response
CSEC	Commercially Sexually Exploited Children
CQI	Continuous Quality Improvement
CWELN	Child Welfare Early Learning Navigator
CWLT	Child Welfare Leadership Team

CWTAP	Child Welfare Training and Advancement Program
DCYF	Department of Children, Youth and Families
DDA	Washington State Developmental Disabilities Administration
DOC	Department of Corrections
DRA	Deputy Regional Administrator
EBP	Evidence Based Practices
EFC	Extended Foster Care
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ESIT	Early Support for Infants and Toddlers
ETV	Education and Training Voucher
EYR	Enhanced Youth Recruitment Strategy
FAB	Field Advisory Board
FFPSA	Family First Prevention Services Act
FFTA	Family First Transition Act
FJCIP	Family and Juvenile Court Improvement Program
FPAWS	Foster Parent Association of Washington State
FPM	Family Practice Model
FRS	Family Reconciliation Services
FTDM	Family Team Decision Making
FVS	Family Voluntary Services
FWB	Fostering Well-Being
FWCC	Family Well-Being Community Collaborative
FYSPRT	Washington State Family Youth System Partner Round Tables
HCA	Washington State Health Care Authority
HQ	Headquarters
ICW	Indian Child Welfare
ICWA	Indian Child Welfare Act
IDCC	Innovative Dependency Court Collaborative
IL	Independent Living
JR	Juvenile Rehabilitation
LD	Licensing Division
LCC	Learner Centered Coaching
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual plus members of the community who identify with a sexual orientation or gender identity not already included within the acronym.
LICWAC	Local Indian Child Welfare Advisory Committee
MCO	Managed Care Organization
MI	Motivational Interviewing
MOU	Memorandum of Understanding
NAIR	Native American Inquiry Referral
NCANDS	National Child Abuse and Neglect Data System
NWRA	Northwest Resource Associates
NYTD	National Youth in Transition Database
OCLA	Office of Civil Legal Aid
OIAA	Office of Innovation, Alignment and Accountability
OMH	Ongoing Mental Health (Screener)
OMS	Onsite Monitoring System
OPD	Based on context, could reference Office of Public Defense or Original Placement Date
OPPLA	Other Planned Permanent Living Arrangement
ORESJ	Office of Racial Equity and Social Justice
OSIC	Office of Strategic Initiatives and Collaboration
OSPI	Washington State Office of Superintendent of Public Instruction
OSRI	Onsite Review Instrument

P4C	Partners for Our Children (University of Washington)
P4P	Parents for Parents
PBC	Performance Based Contracting
PEAR	Pro-Equity Anti-Racism
PEI	Project Education Impact
PFD1	Permanency from Day 1 Grant
PFP	Prospective Foster Parent
PIP	Program Improvement Plan
PLT	Passport Leadership Team
POF	Permanency Outcome Facilitator
POSC	Plan of Safe Care
PPM	Based on context, could reference Permanency Planning Meeting or Priority Performance Measure
QA	Quality Assurance
QEW	Qualified Expert Witness
QRTP	Qualified Residential Treatment Program
RA	Regional Administrator
RAIO	Recognized American Indian Organization
RCT	Regional Core Training
RCW	Revised Code of Washington
RFP	Request for Proposal
RSU	Relative Search Unit
SACWIS	Statewide Automated Child Welfare Information System
SAG	Washington's State Advisory Group
SAM	Safety and Monitoring Section of the Licensing Division
SCOMIS	Superior Court Management Information System
SHPC	Social and Health Program Consultants
SON	Second Opinion Network
SUD	Substance Use Disorder
TPAC	Tribal Policy Advisory Committee
TPR	Termination of Parental Rights
TRS	Targeted Recruitment Specialists
VPA	Voluntary Placement Agreement
WAC	Washington Administrative Code
WDT	LD Workforce Development Team
WFSE	Washington Federation of State Employees
WISe	Wraparound with Intensive Services
WSAC	Washington Student Achievement Council
WSCCR	Washington State Center for Court Research
WSLC	Washington State Learning Center
WSRDAC	Washington State Racial Disproportionality Advisory Committee

Assessment of Current Performance in Improving Outcomes

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

Collecting Relevant Data and Information to Review

This report provides data from a variety of sources. Data may be reported by an abbreviated or full calendar year, state fiscal year, or federal fiscal year, depending on availability. Data sources, extract dates and

operational definitions are included throughout the document. Data utilized in this report includes, but is not limited to:

- **Child and Family Services Review (CFSR) Data Profiles**

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

  Indicators are referenced throughout this section. Each indicator shows national performance, observed performance and Risk-Standardized Performance (RSP).
  — National Performance is used as a reference point to determine if a state performed statistically higher, no different, or worse than the nation after taking into account some of the factors over which the states have little control.
  — Observed performance describes how a state performed on a given indicator, without any adjustments.
  — Risk-Standardized Performance (RSP) is used to assess state performance compared to national performance. RSP accounts for some of the factors that influence performance on the indicators over which states have little control (i.e. ages of children in out-of-home care). This allows for a fairer comparison of each state's performance relative to the national performance.
- **infoFamLink Data Reports**
  This is the reporting system for the DCYF Child Welfare workforce, which is integrated into our information management system, FamLink. This system contains administrative data reports regarding safety, permanency, and well-being. All DCYF staff including caseworkers, supervisors, regional leadership, and program managers have access to run reports.

  Priority Performance Measures were designed to address two major issues in evaluating practice in child welfare; 1) How can we know that we are on track with improving outcomes for children closer to "real time" to affect those outcomes, and 2) With so many performance measures, how do we know which are the most important to track and improve. With that focus in mind, DCYF developed the following Priority Performance Measures, Dashboard, and Data Reports:
  o Priority Performance Measures: Recurrence of maltreatment, maltreatment in care, CPS intake or placement after CPS case closure, CPS intake or placement after FVS case closure, CPS intake or placement after CFWS case closure, CPS intake or placement after FRS case closure, permanency within 12 months of placement entry, permanency within 12 months for children in care 12 – 23 months, placement stability, median length of stay, re-entry into care for 12 months or less length of stay, and re-entry into care for any length of stay.
    o These measures are updated regularly to account for potential data lag, thus the reflected data may differ slightly from the CFSR data profiles provided by the Children's Bureau.
  o Child Welfare Management Dashboard—created to facilitate continuous monitoring of key performance metrics that DCYF is focusing on for Child Welfare all in one place.
  o Administrative Data Reports – there are numerous data reports available for areas including safety, permanency, well-being, licensing and caregivers and administrative reports.
- **Washington State Center for Court Research (WSCCR) Data**
  — Dependent Children in Washington State: Case Timeliness and Outcomes Annual Report - published by AOC and WSCCR, this report reflects all of the juvenile dependency and termination cases that were

filed in Washington's courts from 2017 - 2021. Court records from the AOC's Superior Court Management and Information System (SCOMIS) are matched with information from DCYFs FamLink system. The complete and most recent annual report can be viewed online here.

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

- **Central Case Review Team (CCRT)**
Qualitative data that is generated by reviewing in-home and out-of-home care cases. The CCRT utilizes the federal On-Site Review Instrument (OSRI). CCRT reviews cases for DCYF's Program Improvement Plan (PIP).

For the case review data contained in this report, CY2021 references those case reviews that were completed for PIP monitoring from January – December 2021. A total of 268 applicable cases were included in this data set. Of those, 193 (72.01%) were foster care cases, 49 (18.28%) were in-home cases and 26 (9.7%) were CPS-FAR cases. An additional 21 cases were reviewed by the CCRT which were analyzed for practice improvement efforts which were not included in the reported data in this report.

- 62 cases were reviewed in Region 1 (23% of total sample), representing the Spokane North, Spokane Central, Spokane Valley, Spokane Office of Indian Child Welfare, Spokane Adoptions and Wenatchee offices.
- 6 cases were reviewed in Region 2 (2% of total case sample), representing the Ellensburg office.
- 16 cases were reviewed in Region 3 (6% of total case sample), representing the Mt. Vernon and Oak Harbor offices.
- 110 cases were reviewed in Region 4 (41% of total case sample), representing the King Office of Indian Child Welfare, King West, King East, West Seattle, Martin Luther King Jr., King Southwest and King Southeast offices.
- 54 cases were reviewed in Region 5 (20% of total case sample), representing the Bremerton and Tacoma offices.
- 20 cases were reviewed in Region 6 (8% of total case sample), representing the Aberdeen, Long Beach and South Bend offices.

Through the case review process, interviews occurred during CY2021 with the following participants to gather feedback on strengths and areas needing improvement on specific case practice:
- Children/Youth – 147 interviews
- Mothers – 195 interviews
- Fathers – 117 interviews
- Resource Families – 207 interviews
- Caseworkers – 413 interviews
- Supervisors – 238 interviews
- Other Participants – 61 interviews

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	CY2021 Performance	Status	PIP Target
Safety Outcome 1: Children are first and foremost protected from abuse and neglect	86%	84%	⬇	

Item 1: Timeliness of initiating investigations of reports of child maltreatment	86%	84%	⬇	91%
Safety Outcome 2: Children are safely maintained in their home whenever possible and appropriate	64%	63%	⬇	
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%	73%	⬆	77%
Item 3: Risk assessment and safety management	65%	63%	⬇	69%

⬆ Improved performance compared to CFSR Round 3   ⬇ Decreased performance compared to CFSR Round 3

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

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 1: Timeliness of Initiating Investigations of Reports of Maltreatment						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	85% (131 of 154)	86% (31 of 36)	78% (7 of 9)	86% (25 of 29)	83% (30 of 36)	92% (12 of 13)	83% (26 of 31)
CY2019	91% (135 of 149)	94% (15 of 16)	90% (37 of 41)	89% (34 of 38)	*	100% (15 of 15)	87% (34 of 39)
CY2020	83% (84/101)	95% (18/19)	25% (1/4)	83% (5/6)	79% (38/48)	93% (14/15)	89% (8/9)
CY2021	84% (129 of 154)	91% (32 of 35)	100% (5 of 5)	100% (8 of 8)	77% (51 of 66)	83% (25/30)	80% (8 of 10)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021).
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)*

The PIP target for this item is 91%. DCYF has not met the PIP goal to date.

Washington State remained consistent on this measure from CY2020 to CY2021, with a slight improvement in performance. Two of the six regions saw improvement while the other four regions saw declines in performance on this measure:

- Region 1: -4% from CY2020 to CY2021
- Region 2: +75% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +17% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: -2% from CY2020 to CY2021
- Region 5: -10% from CY2020 to CY2021
- Region 6: -9% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:

- The reasons for delays in initiation of investigations or assessments and/or face-to-face contact was due to circumstances beyond the control of the agency in only 17% (5 of 30) of the cases.

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

INFOFAMLINK ADMINISTRATIVE DATA

CPS CASELOAD

The chart below represents Child Protective Services (CPS) average caseload over the past year[1].
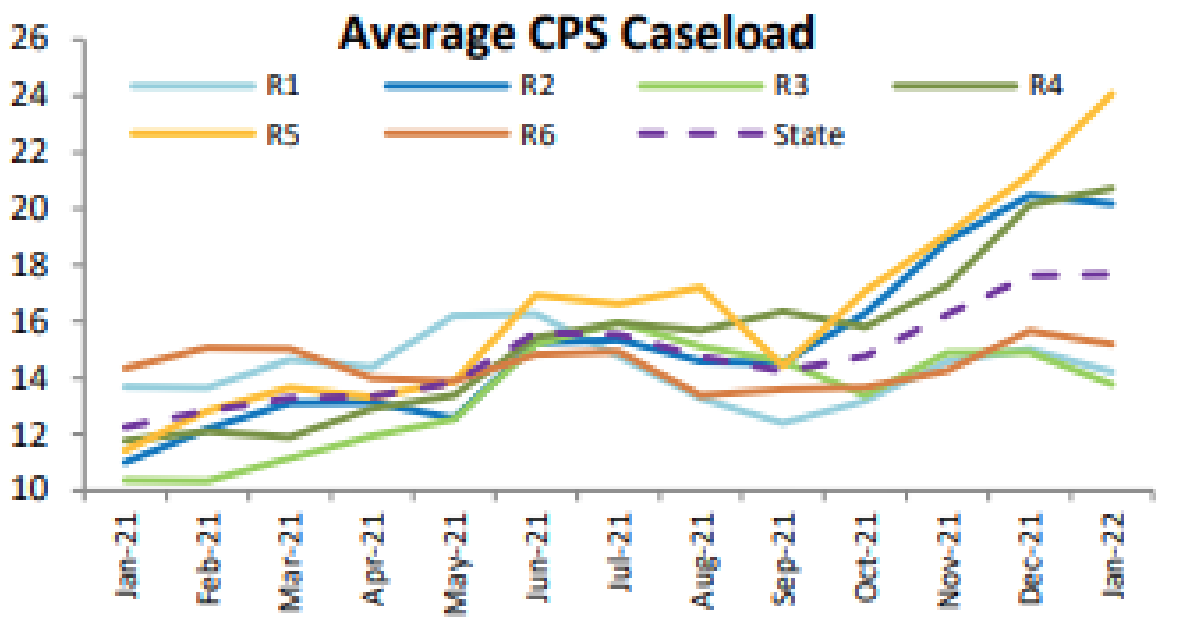
There has been an increase in average CPS caseload rates across the state within the past year. This appears to coincide with the waning impacts of the COVID-19 pandemic and as children and youth have more access to individuals who may report suspected maltreatment.

INTAKE RATES

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[1] Data Source: 2022 Annual Progress and Services Report; Monthly Informational Report and Intake Detail, infoFamLink

Intake Rates - CY2021
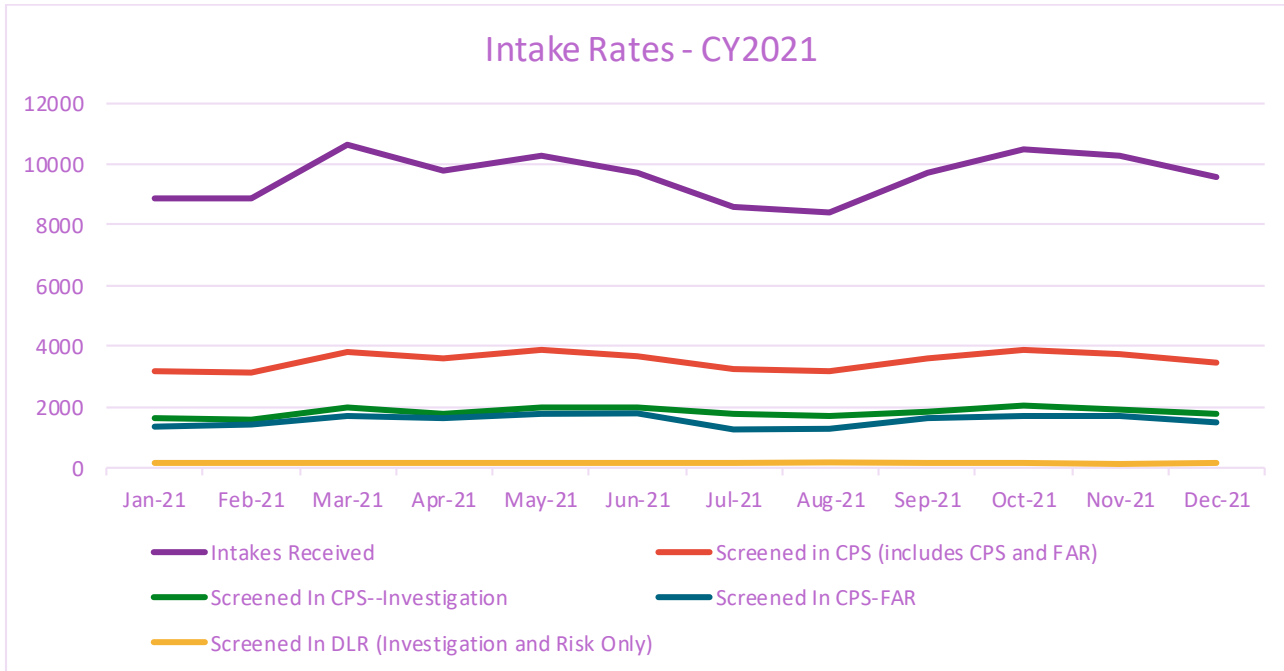
Data Source: Intakes by Category and Decision Type, infoFamLink, CY2021 broken out by month

In CY2021, 115,247 screened-in intakes, an increase of almost 10% from CY2020. Of those:
- 42,302 were screened-in for CPS response, an increase of 11.5% from CY2020
- 21,973 were screened-in for CPS Investigation, an increase of 11.4% from CY2020
- 18,718 were screened-in for CPS Family Assessment Response (FAR), an increase of 13.6% from CY2020
- 1,859 were screened-in for Division of Licensing Response (LD) – Investigation/Risk Only, an increase of 7.8% from CY2020

Results from the December 2020 Intake Review indicate intake programs across the state have improved practice and demonstrate high rates of screening accuracy when compared to results from the last validated Intake Review in 2016. Highlights from the 2020 Intake Review indicate:
- 100% of intakes were accurately screened to the CPS Investigation pathway.
- 88% of intakes were accurately screened to the CPS FAR pathway.
- 98% of intakes gathered sufficient information related to the child's vulnerability.
- 98% of intakes gathered sufficient information about caregivers relevant to determining safety threats or protective factors.
- 96% of intakes gathered sufficient information about the alleged incident of CA/N or situation placing children at imminent risk of harm.
- 95% of intakes made appropriate efforts to determine if a child is affiliated with a federally recognized tribe.
- 92% of intakes sufficiently summarized the family history.
- 92% of intakes had an accurate final screening decision based on the information gathered.

Since this review, efforts have been made to further increase consistency as to final screening decisions and analysis of historical information through monthly Intake Community of Practice meetings for intake supervisors and some identified intake caseworkers. During these monthly meetings, intakes are reviewed and discussion centers on the basis for screening decisions, tools available, and critical thought processes

supporting comprehensive analysis of history. The next Intake Review is scheduled for Summer/Fall 2022 and will review a random sample of intakes spanning 2021-2022. It is anticipated that intake programs across the state will continue to show improvements.

IFF TIMELINESS

The tables below illustrate timeliness of initial face-to-face contact for 24-hour and 72-hour response combined, by type, and region, broken out prior to (Jan-July 2021) and after (Aug – Dec 2021) the revision of DCYF Policy 2310.Child Protective Services (CPS) Initial Face-to-Face (IFF) Response. The revised policy was initially revised in July 2021, with some additional revisions occurring in January 2022.

Timeliness of IFF's by Case Type and Region, January – July 2021 (prior to policy revision implementation)							
	R1	R2	R3	R4	R5	R6	State
CPS-FAR	2546	1578	2314	2375	1931	2754	13498
IFF Within Timeframe	2403 (94.4%)	1397 (88.5%)	2153 (93.0%)	2178 (91.7%)	1729 (89.5%)	2455 (89.1%)	12315 (91.2%)
Attempted IFF Within Timeframe	121 (4.8%)	153 (9.7%)	139 (6.0%)	144 (6.1%)	153 (7.9%)	224 (8.1%)	934 (6.9%)
Late IFF/No or Attempted IFF	22 (0.8%)	28 (1.8%)	22 (1.0%)	53 (2.2%)	49 (2.6%)	75 (2.8%)	229 (1.9%)
CPS-Investigation	1901	1554	1838	1948	1973	1857	11071
IFF Within Timeframe	1807 (95.1%)	1397 (89.9%)	1750 (95.2%)	1731 (88.9%)	1767 (89.6%)	1672 (90.0%)	10124 (91.4%)
Attempted IFF Within Timeframe	71 (3.7%)	139 (8.9%)	77 (4.2%)	173 (8.9%)	160 (8.1%)	162 (8.7%)	782 (7.1%)
Late IFF/No or Attempted IFF	23 (1.2%)	18 (1.2%)	11 (0.6%)	44 (2.2%)	46 (2.3%)	23 (1.3%)	165 (1.5%)
CPS-Risk Only	627	660	726	881	780	926	4600
IFF Within Timeframe	560 (89.3%)	549 (83.2%)	653 (89.9%)	755 (85.7%)	657 (84.2%)	783 (84.6%)	3957 (86.0%)
Attempted IFF Within Timeframe	54 (8.6%)	77 (11.7%)	63 (8.7%)	103 (11.7%)	107 (13.7%)	129 (13.9%)	533 (11.6%)
Late IFF/No or Attempted IFF	13 (2.1%)	34 (5.1%)	10 (1.4%)	23 (2.6%)	16 (2.1%)	14 (1.5%)	110 (2.4%)

Data Source: Initial face-to-face timeliness report, infoFamLink, January – July 2021

Timeliness of IFF's by Case Type and Region, August – December 2021 (after policy revision implementation)							
	R1	R2	R3	R4	R5	R6	State
CPS-FAR	1886	1205	1756	2131	1748	2326	11054
IFF Within Timeframe	1795 (95.2%)	1077 (89.4%)	1615 (92%)	1874 (87.9%)	1552 (88.8%)	2088 (89.8%)	10002 (90.5%)
Attempted IFF Within Timeframe	66 (3.5%)	100 (8.3%)	120 (6.8%)	179 (8.4%)	160 (9.2%)	184 (7.9%)	809 (7.4%)
Late IFF/No or Attempted IFF	25 (1.3%)	28 (2.3%)	21 (1.2%)	78 (3.7%)	36 (2%)	54 (2.3%)	243 (2.1%)
CPS-Investigation	1575	1616	1325	1726	1592	1587	9431
IFF Within Timeframe	1475 (93.7%)	1371 (84.8%)	1210 (91.3%)	1456 (84.4%)	1357 (85.2%)	1370 (84.4%)	8427 (89.4%)
Attempted IFF Within Timeframe	86 (5.5%)	200 (12.4%)	105 (7.9%)	218 (12.6%)	182 (11.4%)	164 (10.3%)	956 (10.1%)

Late IFF/No or Attempted IFF	14 (0.8%)	45 (2.8%)	10 (0.8%)	52 (3%)	53 (3.4%)	53 (5.3%)	228 (0.5%)
CPS-Risk Only	**517**	**638**	**483**	**716**	**695**	**758**	**3808**
IFF Within Timeframe	460 (89%)	522 (81.8%)	419 (86.7%)	555 (77.5%)	547 (78.7%)	627 (82.7%)	3130 (82.2%)
Attempted IFF Within Timeframe	43 (9.3%)	72 (11.3%)	53 (11%)	119 (16.6%)	112 (16.1%)	91 (12%)	490 (12.9%)
Late IFF/No or Attempted IFF	14 (1.7%)	44 (6.9%)	11 (2.3%)	42 (5.9%)	36 (5.2%)	40 (5.3%)	188 (4.9%)

Data Source: Initial face-to-face timeliness report, infoFamLink, August – December 2021

Initial face-to-face completion rates within timeframes varied by case type. FAR intakes were completed within timeframes at 90.5%, Investigation intakes at 89.4% and Risk Only Intakes at 82.2%. This is attributed to several factors:

- The timeframe of risk only intakes being mostly 24 hours versus 72 hours. Risk only intake can be altered to 72 hours in limited circumstances.
- The need for prioritization of work due to caseload.

If an alleged victim(s) is not able to be located within the initial assigned timelines, our policy allows for the use of an extension of the IFF timeframe to allow for additional attempts to locate and/or an exception to the IFF as long as specified circumstances are met. The chart below illustrates the percentage of intakes that had an extension and/or exception by region and statewide in CY 2020, January – July 2021 (prior to policy revision implementation) and August – December 2021 (after policy revision implementation).

Data Source: Initial face-to-face timeliness report, infoFamLink; pulled 02/24/2022

Statewide, in CY2021:

- For 24-hour response intakes, 20.3% (4,458 of 21,966) received had a documented extension.
- For 72-hour response intakes, 11.5% (4,139 of 36,005) received had a documented extension.

- The use of extensions for all response times decreased from 17.17% in CY 2020 to 14.83% in CY 2021, with the most substantial decrease in 72-hour response intakes.

The decrease in the use of extensions is a direct result of the efforts of DCYF to provide direction and prioritization of initial face-to-face contact with children and decreases in COVID-19 barriers around contact. Policy was updated twice within the last year to provide additional guidance to staff and adjust after feedback was received around barriers to contact outside of the agency's control. These circumstances were children being in another state temporarily and law enforcement delays. However, when extensions were used, there was an increase in the percentage that were within the agencies control.

The following factors were frequently reported as contributing to the higher rate of delays that were within the agency's control if the initial face-to-face did not occur timely:
- Increase in intakes over the last year.
- Increase in staff turnover, vacancies and extended leave due to COVID-19 vaccine mandates and other factors, leading to an increase in workload for staff remaining in their positions.
- Increase in new staff with less experience learning to navigate and prioritize tasks. In some regions, it is estimated that approximately 50% of the workforce has under one year of child welfare experience.

Through this process, it was learned that the current way in which policy rollouts are occurring via an eLearning platform is not effective. Feedback from field operations and program staff has prompted re-evaluating the current process and to determine a more effective way to rollout policies.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO SAFETY OUTCOME 1
STRENGTHS
- CFSR Item 1 increased by 1% from 2020 to 2021. Although this increase does not seem significant, it occurred during a time when intakes and caseload rates were up, the number of available staff were down, and many staff were new. Although there was feedback regarding how the revised policy rolled out, it is clear from staff input that the new policy has made a difference in prioritizing the urgency of completing initial face-to-face contacts with children, despite the difficulties surrounding the workforce at this time. To assist in this process:
    — Regions increased planning around after-hours assistance in those cases that would exceed the timeframes.
    — Supervisors review efforts in contacting the family prior to entering and approving an extension.
    — Increased ongoing efforts if an extension is originally needed so that the child is seen as soon as possible after the extension is granted.
- Regional and statewide quality assurance and quality practice staff have teamed up to provide high quality training and coaching to staff that was based on need, as informed by data. This included targeted training and coaching in offices where they were struggling on this measure as well as ongoing qualitative extension reviews. These have shown an increase in ongoing efforts if an initial extension is needed due to factors outside of the agencies control.
- Comprehensive information gathering at the time of intake is critical, not only to accurate screening decisions, but also in determining the appropriate CPS response pathway. Results from the December 2020 Intake Review show significant improvements in several areas when compared to the previous validated review in 2016. For example:
    — Accuracy of response pathway increased from 86% to 100%.

— Gathering information related to the child's vulnerability increased from 87% to 98%.
— Gathering information about caregivers relevant to determining safety threats or protective factors increased from 88% to 98%.

BARRIERS/AREAS NEEDING IMPROVEMENT

The three main issues that are contributing to children not being seen within the allotted time frames are the following:

- Attempts to physically locate the child are insufficient.
- Staff waiting until the last day/hours to attempt to locate the child.
- Intakes which are originally screened out and then later screened in, making the first attempts outside of the timeframes when the caseworker receives the intake.

The root cause of these contributing factors appears to be:

- Staff retention. Staff are leaving the agency, leaving existing staff to cover more duties with higher caseloads. When new staff are hired, they are often inexperienced and there is a significant learning curve for child welfare work. Due to a limited applicant pool, many regions are hiring Social Service Specialist 1 (SSS1) positions, which are unable to carry caseloads until they reach a certain level of experience.
- New staff are in a position to train other new staff while they, themselves, are still learning. This is compounded by working in a virtual environment, leading to less connection between peers.
- Staff having to prioritize duties and the belief that risk-only intakes are less serious because there isn't an allegation of abuse or neglect. Risk-only intakes include high risk situations or there is an alleged safety threat and are often emergent.
- The last few policy rollouts being completed by eLearning versus the train the trainer model. Staff say that eLearnings are less effective and staff do not have an opportunity to ask questions they may have.

There is a discrepancy between the CCRT data of 84% compliance to the FamLink data of 87.4% compliance within all case intakes including Investigation, FAR and Risk Only. This is due to the ability for CCRT to take a deeper, qualitative look into whether efforts within specific case circumstances were within the agency's control. The FamLink data pull uses one attempt to locate the child as a measure of compliance. DCYF is discussing if raising this to two attempts within the timeframe will more accurately show compliance or if this will skew the data in the other direction due to collateral contacts to locate the child not being coded correctly.

While intake programs across the state continue to work toward greater consistency and program improvements, four areas of focus were identified as areas needing improvement:

- Accuracy of screening decision for CPS Risk-Only – 84% of intakes indicated imminent risk of serious harm was documented.
- Accuracy and completeness of universal Domestic Violence screening – 82% of intakes contained information gathered to support the universal DV screening question asked at intake.
- Limited information in the child and caregiver functioning narrative boxes.
- Analysis and summary of historical information.

CURRENT PRACTICE IMPROVEMENTS

Strategies and activities that were implemented over the last year include the following:

- A short-term workgroup comprised of HQ program staff, identified regional staff, and an after-hours AA developed and implemented clarifying guidance regarding extensions and documentation requirements.

- The workgroup revised policy related to initial face-to-face responses.
- Regional QA/CQI staff provided training and technical assistance to AAs and supervisors regarding the use of the administrative IFF data report to monitor compliance with IFF practice requirements.
- Supervisors and AAs 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 provides direct feedback and guidance to assigned caseworkers if delays or concerns are noted.
- Regional QA/CQI staff reviews 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 are communicated to the AAs and supervisors. Regional performance is rolled up and reported to the RA monthly.
- HQ program manager, designated regional staff, and Alliance reviewed training curricula and updated to clarity and align with the revised policy and practice related to extensions and exceptions. This included, but is not limited to, RCT, SCT, CPS program training and CFWS program training and multi-modality skill development.

The strategies above have been measured by CCRT case reviews; ongoing, targeted extension reviews by regional and HQ QA/CQI staff; use of administrative data available through the FamLink system; and through discussions with internal staff and external stakeholders and partners. These reviews are not showing a tremendous amount of progress. However, given the amount of worker turnover, higher intakes, higher caseloads and new staff, the small amount of measured improvement is respectable. Without these improvement strategies, it's likely that a marked decrease would have been shown.

- As mentioned above, the Intake Program Community of Practice monthly meetings are supporting practice improvements by reviewing Risk-Only intakes, discussing screening decisions, looking to ways historical information is relevant to current concerns, and providing a space for peers and colleagues to learn from one another.

ANTICIPATED AND/OR PLANNED PRACTICE IMPROVEMENTS
- Given the input that has been received regarding the effectiveness of the last two policy rollouts of the initial face-to-face policy, there will be concentrated effort and additional information provided to ensure that staff understand the revised policy expectations. This strategy will continue to be monitored through CCRT case reviews and targeted reviews by regional QA/CQI staff to see whether progress in this area is shown.
- Initial planning is underway for the Summer 2022 Intake Review. Although the review questions are still being formulated, it is anticipated the review will include questions to evaluate the screening tool of Risk-Only intakes, potentially examining:
  — Should Risk Only screening criteria be further evaluated and revised to increase Risk Only screening consistency?
  — Is the definition of *imminent risk of serious harm* clear enough to support Risk Only screening consistency?
- The Intake Program-Specific in-service training is currently being revised to include an updated series of eLearnings, followed by two to three topic specific webinars providing in-depth instruction and opportunities to practice critical intake tasks. This updated in-service training series is expected to launch Summer 2022 and will be available to all new and current intake workers.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

CPS/Intake has monthly meetings with a group of experts in front end line work. This group includes intake Area Administrators (AAs), CPS regional leads, Alliance training staff, headquarters staff, regional Safety Administrators, critical incident staff, Licensing Division (LD) and quality assurance staff. As part of these meetings, IFF timeliness, IFF extension protocol and IFF assessment of child safety are discussed on a regular basis. Since the rollout of the policy, this same group of front-end experts, along with QA staff have indicated that the way that the policies have been rolled out the last few policy rollouts, through an eLearning, has been ineffective. Prior to this change in the policy rollout structure, these experts were trained as to the changes in the policy and asked clarifying questions. They then trained the offices and sent any additional questions to the program managers and reported back to staff. This format is being re-evaluated to determine the best and most effective way to rollout policies moving forward.

QA/CQI leads have also been consulted and, although the improvement has not been significant, these leads recommend that we leave the policy as it currently is, giving staff additional time to adjust to the new policy particularly given the staffing and caseload issues as mentioned above.

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	74% (70 of 94)	77% (20 of 26)	75% (3 of 4)	84% (16 of 19)	63% (12 of 19)	75% (6 of 8)	69% (13 of 18)
CY2019	85% (62 of 73)	80% (4 of 5)	90% (19 of 21)	85% (17 of 20)	*	83% (5 of 6)	81% (17 of 21)
CY2020	68% (44 of 65)	75% (9 of 12)	50% (1 of 2)	67% (2 of 3)	59% (17 of 29)	69% (9 of 13)	100% (6 of 6)
CY2021	73% (54 of 74)	88% (14 of 16)	0% (0 of 4)	80% (4 of 5)	78% (21 of 27)	65% (13 of 20)	100% (2 of 2)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)

The PIP goal for this item is 77%. DCYF met the PIP goal in Measurement Period (MP) 4 of PIP reporting (01/01/2021 – 06/30/2021).

Washington State's overall performance improved by 5% on this measure from CY2020 to CY2021. Three of the six regions saw improvement, one remained the same (at 100%) and two regions saw decline in performance on this measure:

- Region 1: +13% from CY2020 to CY2021
- Region 2: -50% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +13% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: +19% from CY2020 to CY2021
- Region 5: -4% from CY2020 to CY2021

- Region 6: No change from CY2020 to CY2021 (remained at 100% each year)

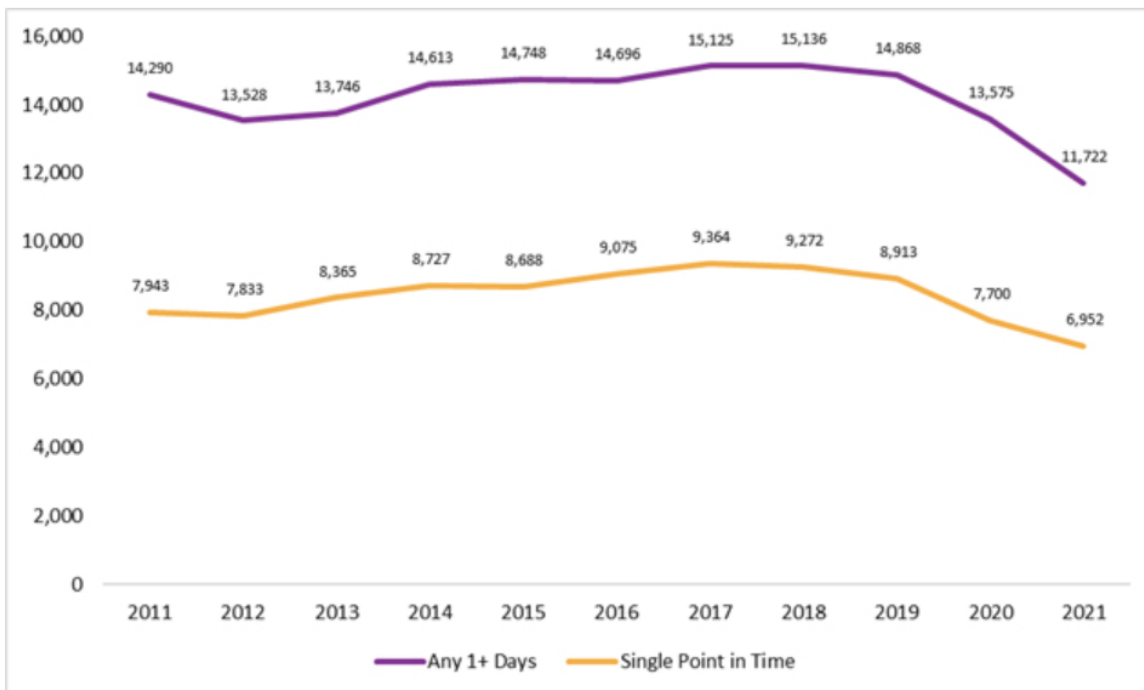Statewide, in CY2021, the CCRT found:
- The agency made concerted efforts to provide or arrange for appropriate services for the family to protect the children and prevent their entry or reentry into foster care in 35% (26 of 74) of the cases.
- Although the agency did not make concerted efforts, children were removed from the home because the action was necessary to ensure the child's safety in 34% (25 of 74) of the cases.
- Concerted efforts were not made to provide appropriate safety-related services and the children remained in the home in 14% (10 of 74) of the cases.
- Item 2 data broken down by case type:
    — Foster care – 77% (45/59)
    — CPS FAR – 50% (2/4)
    — In-Home – 63% (7/11)

CFSR DATA PROFILES
Entry Rates and Entries into Out-of-Home Care
The number of children and youth under 18 in out-of-home care continues to decline year over year since 2017.[2]

Children and Youth under 18 in Out-of-Home Care, SFY 2011-2021

Any 1+ Days: 2011: 14,290; 2012: 13,528; 2013: 13,746; 2014: 14,613; 2015: 14,748; 2016: 14,696; 2017: 15,125; 2018: 15,136; 2019: 14,868; 2020: 13,575; 2021: 11,722

Single Point in Time: 2011: 7,943; 2012: 7,833; 2013: 8,365; 2014: 8,727; 2015: 8,688; 2016: 9,075; 2017: 9,364; 2018: 9,272; 2019: 8,913; 2020: 7,700; 2021: 6,952

[2] Data Source: https://www.dcyf.wa.gov/practice/oiaa/agency-performance/reduce-out-of-home-care
Source: DCYF. (August 2021). Relative versus non-relative [July 2010-June 2021]. infoFamlink.
Notes: Children and youth who were under age 18 for at least one day during the year are included in the year. Counts for each year are unduplicated children/youth. Any 1+ Days includes all children and youth in DCYF's Placement Care Authority who experienced an out-of-home placement for one or more days during the SFY. Single Point in Time includes only children and youth who were in out-of-home care at a single point in time, on the last day of the SFY.
Indicator Type: Outcome

Although the total number of entries into out-of-home care and entry rates per 1,000 have steadily declined over several years, racial disproportionality in entries into out-of-home care remain apparent. One strategy to address bias that contributes to this disproportionality is through questions addressing potential bias during pre-filing consultations. By acknowledging bias and how this bias may affect decisions around placement, DCYF hopes to improve this measure.

Percent of Total Population Vs. Percent of Total Entries into Out-of-Home Care, by Race

Race	Percent of Total Child Population	Percent of Total Entries
American Indian/Alaska Native	1.3%	3.0%
Asian	8.4%	0.6%
Black or African American	4.3%	6.8%
Native Hawaiian/Other Pacific Islander	0.8%	0.9%
Hispanic (of any race)	22.1%	22.0%
White	54.4%	47.8%
Two or More Races	8.6%	18.0%
Unknown/Unable to Determine		0.1%
Missing Race/Ethnicity Data		0.7%
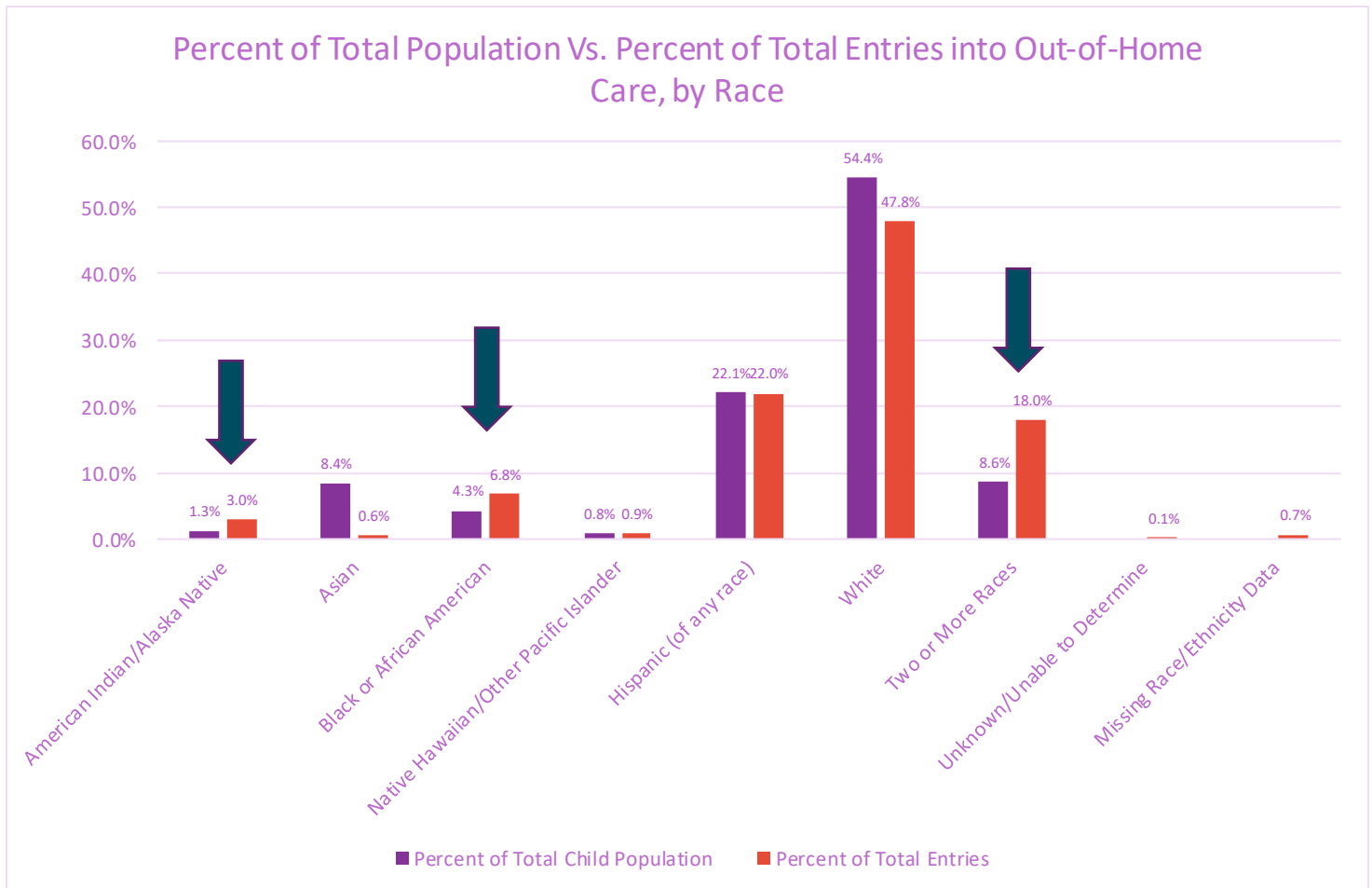
Data Source: Child and Family Services Review (CFSR 3) Data Profile Context Data, August 2021, reflecting percent of total child population in 2020 and percent of total entries for timeframe 20B21A

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.

CFSR Round 3 Federal Data Indicator: Re-Entry to Foster Care								
	National Performance	Data Period Used	16B-19A*	17A-19B*	17B-20A*	18A-20B*	18B-21A*	19A-21B
Re-entry to Foster Care	8.1%▼	Washington Risk Standardized Performance (RSP)	6.4%	8.1%	7.1%	5.7%	6.3%	5.9%

		RSP Interval	5.3%-7.8%	6.0%-8.7%	5.9%-8.5%	4.6%-7.0%	5.2%-7.6%	4.8%-7.2%
		Washington Observed Performance	5.1%	5.9%	5.7%	4.4%	4.9%	4.5%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 01-12-2022 (AFCARS) and (NCANDS), February 2022
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

This Data Profile from February 2022 shows Washington's re-entry rate at 5.9%, which is statistically better than the national performance standard and has declined since the last reporting period. In review of the supplemental context data, children under the age of 1 and between 1 – 5 years of age had the highest percentage of re-entries into care. In addition, there are racial disparities in the percent of total children who exit out-of-home care compared to the percent of total children who re-enter out-of-home care (see chart below), particularly for American Indian/Alaskan Native, Black, and multi-racial children and youth.
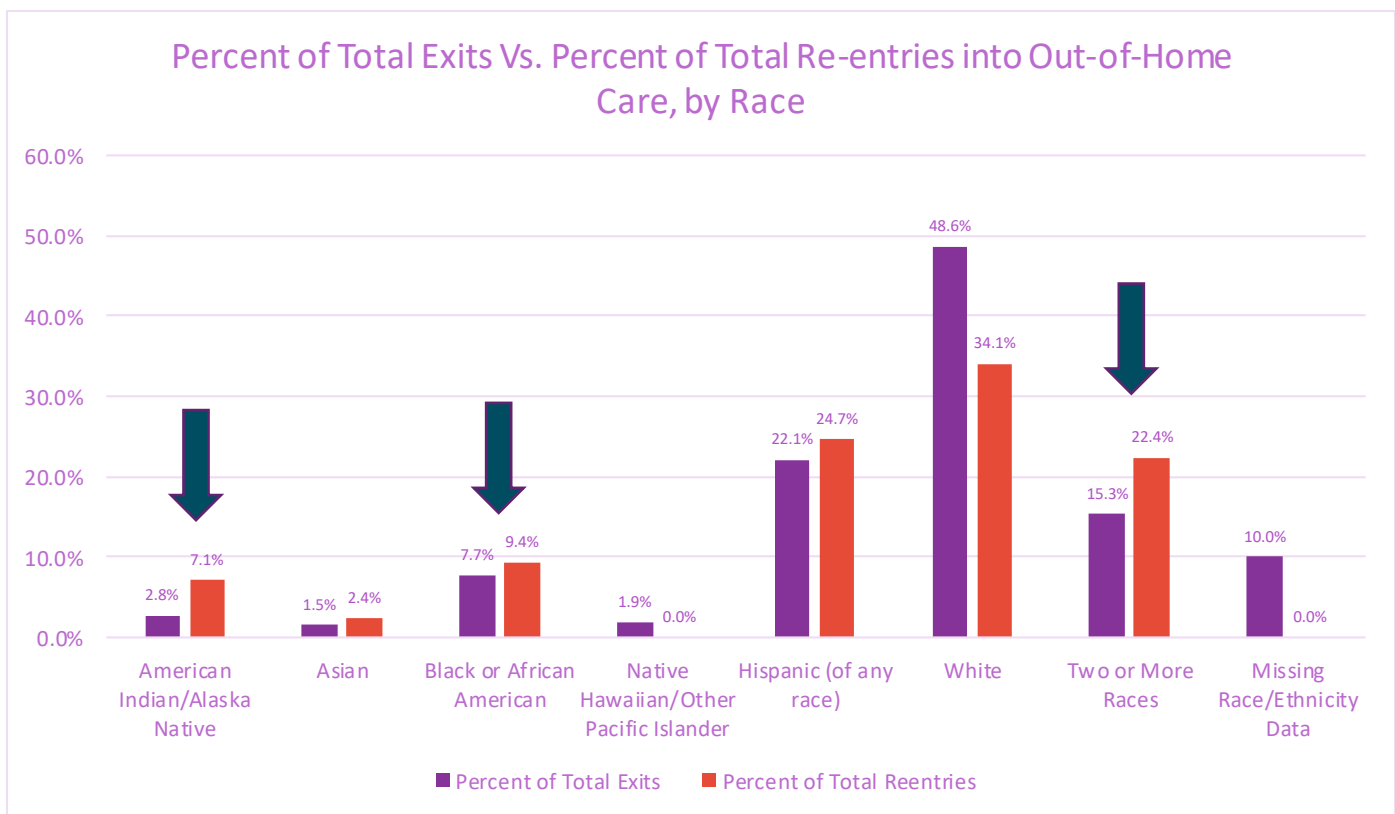
Data Source: Child and Family Services Review (CFSR 3) Data Profile Context Data, February 2022, reflecting percent of total exits and percent of total reentries for timeframe 19A19B

ADMINISTRATIVE INFOFAMLINK DATA

FTDM Data

Through DCYF's PIP, a report was developed in infoFamLink to track FTDM meetings and outcomes. In SFY2021, 33.7% (4,641 of 13,773) of FTDMs were for imminent risk of placement and 20.0% (2,753 of 13,773) were for emergency placement or VPA. Of the FTDMs for Imminent Risk of Placement, the most common outcome of the meeting was a child remaining or returning to a parent, reported in 66.7% of the meeting outcomes. For FTDMs for emergency placement or VPA, that number dropped to 22.3% of meetings resulting in a child remaining or returning to a parent as an outcome. Of all of the FTDMs completed in SFY2021 (for any

type), the meeting outcome documented was a child remaining or returning to a parent in 41.8% of the meetings.

Intakes Opened for Services
In SFY2021, over 21,000 cases were open for some type of service, with 4,212 entries into out-of-home care to ensure child safety.

Child Welfare Overview FY 2021

Percent of Total

100% — **Total Requests for Intervention** TOTAL = 110,106

90% — **CPS Reports of Abuse/Neglect** TOTAL = 99,560 (10,546 Non-CPS Requests*)

36% — **CPS Reports Screened-In for Response** TOTAL = 39,891** (59,669 Screened Out) *57,143 Children Required Face-to-Face Response*

19% — **CPS-Investigations** TOTAL = 20,706
16% — **CPS-FAR** TOTAL = 17,338

19% — **Open for Services** TOTAL = 21,223***

4% — **Children Placed** TOTAL = 4,212

4,871	Exits from Placement
3,118	Reunifications
1,113	Adoptions
321	Guardianships
319	Other Exits

* Includes CFWS, FRS, licensing rule infractions, and other non-CPS intakes
** Includes 1,847 LD-CPS investigations on providers
*** Service counts indicate services provided in addition to the CPS response

Published: April 2022
Source: FamLink data, children age 0-17
Office of Innovation, Alignment, and Accountability
www.dcyf.wa.gov/practice/oiaa

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Item 3: Risk and Safety Assessment and Management
This item determines whether, during a period under review, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 3: Risk and Safety Assessment and Management							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	65% (168 of 257)	60% (39 of 65)	60% (6 of 10)	74% (28 of 38)	63% (41 of 65)	70% (19 of 27)	67% (35 of 52)
CY2019	68% (193 of 282)	90% (27 of 30)	65% (40 of 62)	69% (47 of 68)	*	59% (19 of 32)	67% (60 of 90)
CY2020	61% (122 of 201)	78% (38 of 49)	0% (0 of 4)	60% (6 of 10)	51% (42 of 83)	61% (25 of 41)	79% (11 of 14)
CY2021	63% (168 of 268)	77% (48 of 62)	17% (1 of 6)	63% (10 of 16)	59% (65 of 110)	52% (28 of 54)	80% (16 of 20)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

The PIP goal for this item is 69%. DCYF met the PIP goal in Measurement Period (MP) 6 of PIP reporting (10/01/2021 – 12/31/2021).

Washington State's overall performance improved slightly by 2% on this measure from CY2020 to CY2021. Four of the six regions saw improvement and two regions saw decline in performance on this measure:
- Region 1: -1% from CY2020 to CY2021
- Region 2: +17% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +3% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: +8% from CY2020 to CY2021
- Region 5: -9% from CY2020 to CY2021
- Region 6: +1% from CY2020 to CY2021 (remained at 100% each year)

Statewide, in CY2021, the CCRT found:
- The agency conducted an initial assessment that accurately assessed all risk and safety concerns in 78% (54 of 69) of the cases.
- The agency conducted ongoing assessments that accurately assessed all risk and safety concerns in 63% (168 of 267) of the cases.
- When safety concerns were present, the agency developed an appropriate safety plan with the family and continually monitored the safety plan as needed in 56% (20 of 36) of the cases.
- There were no concerns for the child's safety in foster care during visitation with the parent(s)/caretaker(s) or other family members that were not adequately or appropriately addressed by the agency in 97% (147 of 151) of the cases.
- There were no concerns for the child's safety in the foster home or placement facility that were not adequately or appropriately addressed by the agency in 97% (187 of 193) of the cases.
- Item 3 data broken down by case type:
  — Foster care – 64% (124/193)
  — CPS FAR – 50% (13/26)
  — In-Home – 63% (31/49)

CFSR DATA PROFILES
Maltreatment in Foster Care
This indicator measures whether the agency ensures that children do not experience abuse or neglect while in the State's foster care system and holds the State accountable for keeping children safe from harm while under the responsibility of the State, no matter who perpetrates the maltreatment while the child is in foster care. Maltreatment in foster care has a national performance of 9.67 or less victimizations per 100,000 days in care.

CFSR Round 3 Federal Data Indicator: Maltreatment in Care (Victimization/100,000 Days in Care)						
		Data Period Used	FY17*	FY18*	FY19*
Maltreatment in Care (Victimization/100,000 Days in Care)	9.67▼	Washington Risk Standardized Performance (RSP)	9.34	10.53	11.09
		RSP Interval	8.29-10.53	9.42-11.77	9.94-12.37
		Washington Observed Performance	6.96	7.89	8.33
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 01-12-2022 (AFCARS) and (NCANDS), February 2022						
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 –						

This Data Profile from February 2022 shows Washington's maltreatment in care rate at 11.09 which statistically worse than the national performance standard. Washington State's rates have been increasing over the last several years.

Based on context data (FY19), maltreatment in care rates are highest for children ages 0 – 3 months, 6 – 10 years and 11-16 years. In addition, although maltreatment in care rates dropped from FY18 to FY19 for most races, there was an increase for White and Hispanic (of any race) children and youth.

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.

CFSR Round 3 Federal Data Indicator: Recurrence of Maltreatment					
		Data Period Used	FY17-18*	FY18-19*	FY19-20*
Recurrence of Maltreatment	9.5%▼	Washington Risk Standardized Performance (RSP)	10.4%	12.2%	10.5%
		RSP Interval	9.4%-11.4%	11.2%-13.4%	9.5%-11.6%
		Washington Observed Performance	8.1%	9.6%	8.2%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 01-12-2022 (AFCARS) and (NCANDS), February 2022
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

This Data Profile from February 2022 shows Washington's recurrence of maltreatment rate at 10.5% which statistically no different than the national performance standard. The observed performance of 8.2% is within the national performance standard.

Based on context data, recurrence of maltreatment rates decreased for all age groups from FY18-19 to FY19-20, except for children ages 4 – 11 months where there was an increase in recurrence of maltreatment from 5.3% to 7.6%. There was a substantial decrease in recurrence of maltreatment for American Indian/Alaska Native children from FY18-19 to FY19-20 going from 18.2% to 9.6%, although their percent of total recurring victims is still higher than the percent of initial victims for this population (5.1% vs. 4.4%). In addition, the percent of total recurring victims for children who are Hispanic (of any race) or Two or More races is higher than the percent of total initial victims (Hispanic – 22.2% vs. 20.0%; Two or More races – 15.4% vs. 13.5%).

The following counties had a larger percentage of total recurring victims compared to the percent of total initial victims in FY19-20:

County	Percent of Total (Initial Victims)	Percent of Total (Recurring Victims)
Grant (Region 1)	1.9%	4.8%
King (Region 4)	18.3%	21.1%
Klickitat (Region 2)	0.6%	1.1%
Lewis (Region 6)	2.0%	3.1%

Okanogan (Region 1)	0.6%	1.1%
Pierce (Region 5)	13.3%	13.7%
Skagit (Region 3)	2.4%	4.6%
Snohomish (Region 3)	11.7%	14.2%
Whatcom (Region 3)	3.2%	4.3%

The Office of Innovation, Alignment and Accountability (OIAA) published a report Examination of the Racial Disparities Present in Child Welfare Assessment of Safety in May 2022. A summary of the findings includes, "while the vast majority of the racial disparities in foster care placement in Washington derive from disparities in Intakes received (estimated at 80-90%), there remain concerning disparities in foster care placement for American Indian/Alaska Native (AI/AN) children and Black children in Washington. The research highlighted in finds that these observed remaining disparities in placement are driven in part by caregiver needs (including problems with alcohol and drugs) that create safety threats associated with out-of-control behavior that endanger children. This, in conjunction with chaotic home situations, often undercut the possibility of those threats being controlled by safety plans. In Washington's child welfare system, these needs are identified using DCYF's Safety Assessment System. AI/AN families are most affected by disparity of the Safety Assessment results, Black families are most affected by disparity of the Safety Plan Analysis results, and both of these groups were disparately assessed as lacking home situations calm enough to allow safety providers to function dependably there. One caveat is that Safety Assessment and Safety Plan Analysis items, other than those on which we have focused, also exhibit racial disparities." OIAA, in collaboration with other divisions within DCYF, has embarked on an assessment redesign project to evaluate and redesign validated assessment tools to guide decision-making, service provision and reduce bias and disproportionality. DCYF is working with Chapin Hall on this project.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO SAFETY OUTCOME 2
STRENGTHS
- Despite provider loss and decreased availability due to the COVID-19 pandemic, there has been an overall increase of 5% in services to prevent placement and reentry into care. This item interacts with Item 3 around assessment of safety.
- Through case review results, the accuracy of initial and ongoing assessment of safety and risk has increased by 18% in CPS-FAR and 5% In home services cases from CY2020 to CY2021.

BARRIERS/AREAS NEEDING IMPROVEMENT
- In an DCYF audit, 24 caseworkers and supervisors were interviewed to obtain their perspectives regarding providing preventative services. A theme within these interviews was significant issues with limited availability of services. This results in staff being cautious to refer to DCYF contracted services for the families most in need, even when families ask for these services. This affects both services to prevent removal and services to prevent re-entry, as the same services are available to both populations. However, services to prevent re-entry are typically court-ordered, forcing DCYF to prioritize these over preventions. This results in more scrutiny around resource allocation in CPS-FAR, and Family Voluntary Services (FVS) cases.
    — Key causes of this limited availability for services include:
        - Low pay for providers and lack of payment to providers when families don't show up for services.
        - Cumbersome contracting processes for providers.
        - Provider reluctance to travel distances.

- Reluctance by families to engage and work with DCYF.
- Workforce issues such as high turnover and insufficient time for cases.
- Systemic limitations around who qualifies for services that are not paid for by DCYF.
— DCYF is working closely with the Legislature and providers to rectify the issues that lead to low provider engagement in contracted services.

- Item 2 case review results for in-home cases have decreased by 20% from CY2020 to CY2021. In-home cases are moderately high or high risk of future maltreatment or have an unsafe child that is being managed in the home through a safety plan. Preventative services are essential to prevent removal. The vaccine mandate led to loss of staff in addition to an already difficult period of staff turnover and vacancies. This occurred around the same time that intake rates were increasing, which has caused pressure on the initial assessment of safety for investigations. This pressure often causes FVS workers to assist with investigations or FAR cases, leaving less time to work directly on service provision and case planning in FVS.

- DCYF staff have been struggling with consistently applying the safety framework to individual cases. This results in children remaining in care even if they are indicated as safe on the safety assessment as well as children being placed in out-of-home care who could remain home. Training and coaching have been provided to staff but COVID-19 has resulted in less coworker support, increased staff turnover, isolated working environments, and new supervisors with less experience than historically seen. The safety framework can be complex and difficult to learn, especially for an inexperienced workforce.
— A top struggle with the safety framework is the articulation of conditions for return home. This indicates that either workers do not understand what changes need to be made for children to be safe, that workers are unable to articulate this or that workers don't know this section is needed and not enough focus has been placed on this aspect of the framework. Without the articulation that is behaviorally specific of what needs to be changed, focus turns to compliance versus progress-based results. This leads to children remaining in care because the parent has not finished the service even if the child is indicated as safe on the safety assessment and significant progress has been made. It can also lead to children being unsafely returned to parents because parents completed services even if they did not make progress and their behaviors did not change.

CURRENT PRACTICE IMPROVEMENTS
- CPS-FAR has seen a 33% increase in providing services to prevent removal. This is a result of an increased focus in offering safety related services and case planning in FAR and FVS.
- Pre-Filing Consultations, implemented statewide in April 2021, have reinforced reasonable efforts and matching services with needs to prevent placement through safety related services.
- On December 31, 2021, DCYF Policy 1150. Case Plan was updated, adding a case planning meeting note for tracking purposes and emphasizing family engagement in the case planning process. The case planning meeting case note will allow targeting of cases that do not have a case plan and training and coaching in those areas which are low in this area. In turn, this is expected to increase safety related services through better assessment and planning with the family. An Introduction to Case Planning and the Structured Decision Making Risk Assessment eLearning was developed to assist CPS-FAR and FVS workers in this process in addition to a policy rollout eLearning. Due to low utilization of the case planning meeting note, additional messaging did go out to field operations staff to reinforce not only the usage of the case note code but the importance of partnering with families in the development of case plans.
- DCYF has prioritized the support of workers accurately and comprehensively assessing and planning around the safety of children. The following activities occurred:

- — A Child Safety Program Manager was hired to oversee the development, implementation, monitoring and evaluation of statewide child welfare safety related services, practice, and policy to child welfare field operations.
- — Safety Framework Guides were revised to clarify and simplify guidance to workers.
- — The safety framework was reinforced through pre-filing consultations that were conducted prior to removal of children.
- — Safety Summits were held in six areas throughout the state with our court partners. A crosswalk of DCYF's safety framework language and the American Bar Association safety framework was developed and trained to at the Safety Summits. In those areas, safety assessments are now being attached to the court reports. This has increased understanding of the safety threats and decreased contested shelter care hearings.
- — FTDM facilitators are reinforcing the assessment and articulation of safety threats by asking about the safety framework components during FTDM meetings.
- — Training and coaching was provided to supervisors to help them support and coach their staff in ongoing learning and application of skills.

All of DCYF's improvement efforts included an emphasis on supervisory consultation, articulation and documentation of critical thinking and decision making. There is also an emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies. These strategies are being measured by CCRT case reviews; ongoing, targeted qualitative reviews by regional and HQ QA/CQI staff; data obtained through the pre-filing consultation implementation period; use of administrative data available through the FamLink system; and through discussions with internal staff and external stakeholders and partners. The Safety Summit project is being evaluated through a Hearing Quality Evaluation in partnership with the Capacity Building Center for Courts and information related to that evaluation is anticipated in June 2022.

The targeted qualitative reviews show that more focus is needed on conditions for return home, safety threshold articulation and timely assessment. Qualitative and quantitative data regarding pre-filing consultations showed that:

- More cases were coming to pre-filing consultations that meet the safety threshold indicating better understanding of the safety framework.
- Caseworkers are better able to articulate safety threats to families and during meetings after a pre-filing consultation occurs.
- Pre-filing consultations helped workers flush out the safety threshold and articulation of the safety threat.
- Staff were better prepared to articulate safety threats in behavioral terms at transfer staffing's between CPS and CFWS, in dependency petitions, in court, in FTDM's, with AAG's, and with judicial officers.
- There were increased conversations around safety in visitation and conditions for return home.

ANTICIPATED AND/OR PLANNED PRACTICE IMPROVEMENTS

- DCYF is currently developing a comprehensive short and long-term plan to strengthen and improve the service array so that every family with an open DCYF case will have access to culturally responsive and appropriate services that build on the family's strengths, address their needs, and result in children staying safely at home. This plan will include support for providers to better serve people and communities of color and will have short term and longer-term goals. See the *Service Array* section for more information.

- As part of the development of the Family Practice Model (FPM), DCYF will be looking to redesign the child welfare assessment system so that workers, parents and courts can more easily understand the framework and what changes need to be made. Another goal is also that an updated assessment system will help reduce bias that leads to disproportionality.
- Focus additional resources on safety for children in foster care and conditions to return home to ensure that children are not remaining in care that could be safely reunited with their family and vice versa.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

In March and in April 2022, the internal CPS/Intake and CFWS/Permanency Leads met regarding these items and provided input into the what they have observed. Their input has been incorporated throughout this section of the report.

The Safety Summit project is a multidisciplinary project with partnership between DCYF, the Administrative Office of the Courts-Court Improvement Program (AOC-CIP), Court Appointed Special Advocates (CASA), Guardians Ad Litems (GALs), the Mockingbird Society, Parents for Parents (P4P), the Attorney General's Office (AGO), the Office of Public Defense (OPD), judges/commissioners and other court partners. These partners met to develop the curriculum and training materials for the initial Safety Summits that were held in 2021 and 2022. The group will continue to meet to plan for expansion of the Safety Summits as well as expansion to incorporate the HOPE Theory into future opportunities. Court partners in the jurisdictions where the summits have been held have expressed that they like receiving the safety assessment attached to the court report, have seen improvement in documentation and articulation of safety threats by DCYF staff, and more informed safety-related conversation occurring during court hearings. Additional information will be available once the Hearing Quality Evaluation is completed in June 2022.

DCYF has been in various meeting with stakeholders within the last six months for planning related to implementation of the Keeping Families Together Act (HB 1227). Internal and external stakeholders and partners were included in workgroups that addressed specific items around services needed to prevent placement or re-entry into out-of-home care and assessing safety and risk. Those who participated included parent allies, AOC, OPD, law enforcement, CASA, Office of Civil Legal Aid (OCLA), Tribes, youth representatives and DCYF staff. Representatives outside of DCYF stated the following:

- The safety framework is complex and needs to be simplified and be more behaviorally specific.
- Services are not available in rural and tribal communities.
- High turnover results in new caseworkers not having knowledge of the existing resources.
- Lack of experience combined with high caseloads results in staff not understanding the safety framework well, resulting in bias and inaccurate assessment of safety.
- Removal of children is harmful and has long term negative impacts so DCYF needs to weigh the harm of removal with the safety threat.

Specific components of the Keeping Families Together Act are required to be implemented by July 2023. Recommendations from these workgroups will be integrated into an overarching child welfare transformation work plan in alignment with other practice changes as mentioned in the *Collaboration* section.

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	CY2021 Performance	Status	PIP Target
Permanency Outcome 1: Children have permanency and stability in their living situations	17%	10%	⬇	
Item 4: Stability of out-of-home care placement	68%	72%	⬆	74%
Item 5: Establishment of an appropriate permanency goal for the child in a timely manner	60%	43%	⬇	66%
Item 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangements	23%	18%	⬇	28%
Permanency Outcome 2: The continuity of family relationships and connections is preserved	68%	67%	⬇	
Item 7: Placement with siblings	85%	75%	⬇	N/A
Item 8: Visiting with parents and siblings in out-of-home Care	64%	58%	⬇	N/A
Item 9: Preserving connections	82%	77%	⬇	N/A
Item 10: Relative placements	81%	75%	⬇	N/A
Item 11: Maintaining relationships between the child in out-of-home care and their parents	67%	75%	⬆	N/A

⬆ Improved performance compared to CFSR Round 3   ⬇ Decreased performance compared to CFSR Round 3

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

Permanency Outcome 1: Children have Permanency and Stability in Their Living Situations.

Item 4: Stability of Foster Care Placement

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 4: Stability of Out-of-Home Care Placement						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	65% (120 of 184)	65% (31 of 48)	67% (4 of 6)	67% (16 of 24)	67% (31 of 46)	73% (16 of 22)	58% (22 of 38)
CY2019	74% (151 of 204)	68% (15 of 22)	70% (30 of 43)	76% (37 of 49)	*	63% (15 of 24)	82% (54 of 66)
CY2020	75% (109 of 145)	78% (29 of 37)	50% (1 of 2)	60% (3 of 5)	74% (43 of 58)	79% (45 of 57)	70% (7 of 10)
CY2021	72% (138 of 193)	74% (34 of 46)	75% (3 of 4)	88% (7 of 8)	74% (57 of 77)	59% (26 of 44)	79% (11 of 14)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021).
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)

The PIP goal for this item is 74%. DCYF has met the PIP goal. DCYF met the PIP goal in Measurement Period (MP) 1 of PIP reporting (01/01/2020 – 09/30/2020).

Washington State's overall performance decreased by 3% on this measure from CY2020 to CY2021. Three of the six regions saw improvement, one remained the same, and two regions saw decline in performance on this measure:

- Region 1: -4% from CY2020 to CY2021
- Region 2: +25% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +28% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: No change from CY2020 to CY2021
- Region 5: -20% from CY2020 to CY2021
- Region 6: +9% from CY2020 to CY2021 (remained at 100% each year)

Statewide, in CY2021, the CCRT found:
- Of the 193 cases reviewed for Item 4, children and youth were placed in the following placements at the time of review:
  — Non-relative foster family home – 45.6% (88 of 193)
  — Relative foster family home – 44.6% (86 of 193)
  — Group home – 4.7% (9 of 193)
  — Pre-adoptive home – 2.1% (4 of 193)
  — Other – 2.1% (4 of 193)
  — Institution – 1% (2 of 193)
- Of the 193 cases reviewed for Item 4, the age breakdown of the children and youth at the time of the review was the following:
  — <6 years old – 46.1% (89 of 193)
  — 6-12 years old – 30.1% (58 of 193)
  — 13-15 years old – 8.8% (17 of 193)
  — >15 years old – 15% (29 or 193)
- Placement changes for the child were planned by the agency in an effort to achieve the child's case goals or to meet the needs of the child in 21% (11 of 53) of the cases.
- The child's most current or recent placement setting is stable in 91% (176 of 193) of the cases.

CFSR Data Profiles
Placement Stability
This indicator measures whether the agency ensures that children who the agency removes from their homes experience stability while they are in foster care. Placement stability has a national performance of 4.44 or less placement moves per 1,000 days in care.

CFSR Round 3 Federal Data Indicator: Placement Stability (Moves/1,000 Days in Care)								
	National Performance	Data Period Used	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21A-21B*
Placement Stability (Moves/1,000 Days in Care)	4.44▼	Washington Risk Standardized Performance (RSP)	6.93	7.53	7.38	6.24	5.80	6.00
		RSP Interval	6.73-7.13	7.32-7.74	7.17-7.6	6.03-6.46	5.58-6.02	5.78-6.23

		Washington Observed Performance	6.26	6.88	6.77	5.57	5.07	5.34

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 01-12-2022 (AFCARS) and (NCANDS), February 2022
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

This Data Profile from February 2022 shows Washington's placement stability rate at 6.00, which is statistically worse than the national performance standard. Placement stability rates had been steadily declining over the last several reporting periods, with a slight increase during this last reporting period. In review of the supplemental context data, children age 17 years have the highest rate of moves at 12.77/1,000 days but a significant decline in moves compared to the last reporting rate of 22.02/1,000 days. The next highest age group are children and youth that are 11-16 years of age at a rate of 10.08/1,000 days. These two age groups experience moves at approximately double the rate of any other age group. Generally, children and youth within these age groups make up the population of children and youth who experience exceptional placement stays (i.e. night to night, hotels). Regions 4 and 6 have the highest number of these children and youth.

In CY 2021, there were 3,339 exceptional placement entries for 265 children[3]:
- 71 (2%) were for hotel stays, placement refused.
- 152 (5%) were for night-to-night stays.
- 2,577 (77%) were for hotel stays.
- 539 (16%) were for office stays.

Region 4 had 1,804 of the exceptional placement entries (54% of total). Region 6 had 1,242 of the exceptional placement entries (37% of total).

DCYF began work in January 2021 to frame a stronger foster care continuum in partnership with contracted providers, foster parents, and other stakeholders. DCYF believes that with more support available to all caregivers (licensed and unlicensed), we can improve placement stability of youth in out-of-home placements. DCYF is partnering with the Health Care Authority (HCA) to have historical health history information to help aid in informing the leveling decision of support the caregiver will need to support youth in their homes. This information, paired with real time assessments will give caregivers immediate access to supports to help care for and stabilize youth in out of home care. DCYF is excited about this project because it will give relatives access to the same level of supports through a DCYF contracted agency. DCYF is writing a decision package (DP) to request funding in the next state legislative budget.

In 2021, a lawsuit was filed relating to Washington State's out-of-state and exceptional placements. A temporary order was entered by the U.S. District Court on June 29, 2021. This order was mutually agreed to between DCYF and the Plaintiffs. The order had very specific requirements related to use of exceptional placements. In addition, the order required DCYF to develop a plan by September 1, 2021 for how DCYF will cease the use of hotels, motels or offices for youth by November 1, 2021. A settlement agreement was reached in June 2022. Under this agreement, DCYF will make improvements to practices and initiatives to increase the number of safe, stable and therapeutic placements for children and youth including:
- **Emerging Adulthood Housing Program** - An array of supported housing programs statewide for 16 to 21-year-olds in foster care who would prefer to live independently rather than in a family setting.
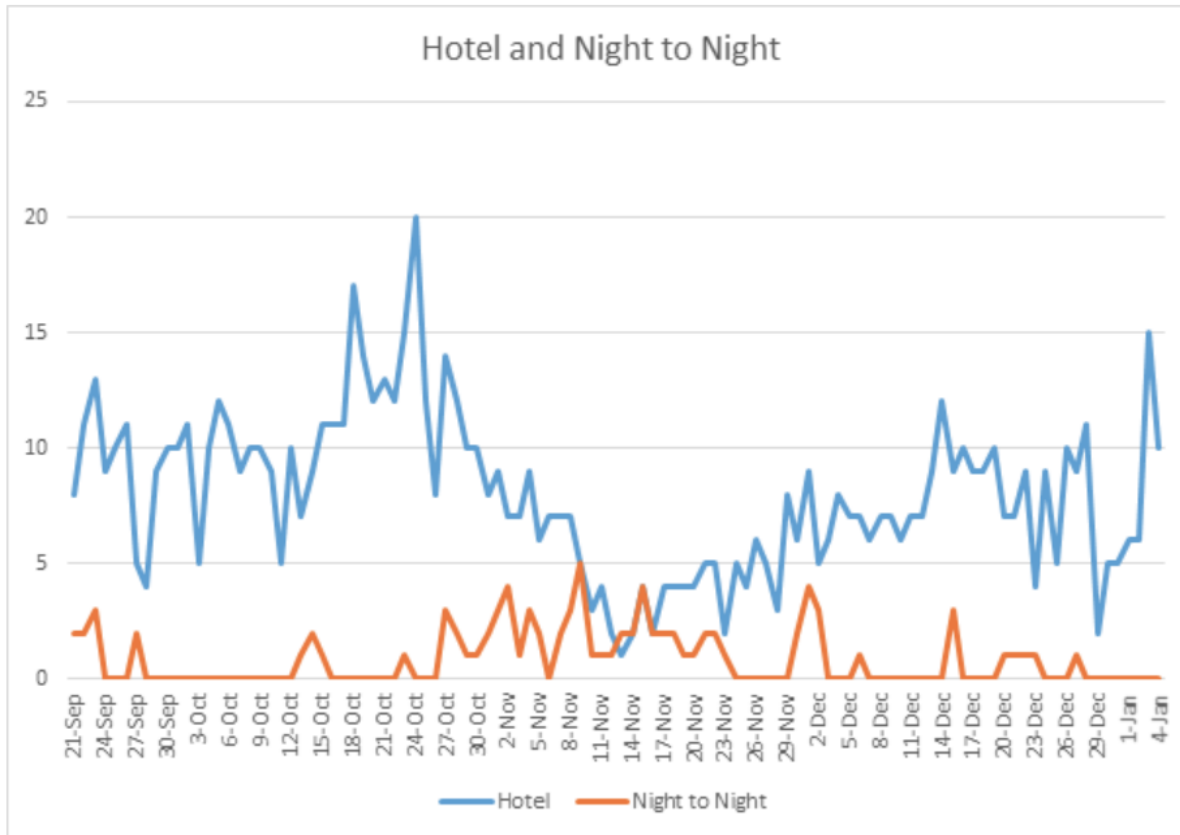
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[3] Data source: AIRS Placement Exception Summary, infoFamLInk, CY2021, pulled 01/03/2022

- **Professional Therapeutic Foster Care** - A contract and licensing category with increased training requirements for full-time caregivers. These caregivers would support children and their immediate families when reunification or placement with extended or chosen family is not possible due to needs associated with the child's developmental disabilities or behavioral health needs.
- **Statewide Hub Home Model Program** - Comprised of, at a minimum, one Hub Home Group (HHG) for each DCYF Region that supports up to 10 Satellite Homes.
  - A Hub Home is defined as a licensed foster parent with experience caring for young people who currently or previously qualified for Wraparound with Intensive Services (WISe) or Behavioral Rehabilitative Services (BRS) services. The Hub Home must be licensed for and maintain at least two bedrooms to accommodate respite care.
  - A Satellite Home is defined as a caregiver with an approved home study and includes foster parents, kinship caregivers, and other adults connected to the young person.
- **Revised Licensing Standards** - Amend licensing requirements for foster care placements to be more developmentally appropriate and/or flexible to meet individual youth's needs.
- **Kinship Engagement Unit** – A family finding model to identify and engage extended family members and friends and support families in safely reunifying or staying together.
- **Family Group Planning** - Review Shared Planning Meeting (SPM) and Family Team Decision Meeting (FTDM) policies and practices for improvements and revise in response to input from individuals with lived experience and stakeholder feedback. Establish a quality assurance process for SPM and FTDM practices.
- **Referrals and Transitions** - Develop trauma-informed, culturally responsive, and LGBTQIA+ affirming referral and transition protocols in response to input from individuals with lived experience and stakeholder feedback.
- **Qualified Residential Treatment Programs (QRTP)** – initial evaluation must demonstrate the need for placement in a congregate care setting. By the end of 2023, subsequent evaluations every 90 days after that must demonstrate that QRTP placement is and continues to be the most appropriate level of care for the child in the least restrictive environment.

DCYF will contract with a stakeholder facilitator and this information will inform the development of an implementation plan for these system improvements.

The chart below shows the number of unique children experiencing a placement exception for each week in the 4th quarter of the year (September 21st, 2021 – January 4th, 2022)[4].

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[4] Data source: https://www.dcyf.wa.gov/news/dcyf-ofco-report-response-letter-0

Hotel and Night to Night

The trend was down in the fall but increased over the holidays and as a result of the increased concerns around COVID-19.

ADMINISTRATIVE INFOFAMLINK DATA

FTDM Data

Through DCYF's Program Improvement Plan (PIP), a report was developed in infoFamLink to track FTDM meetings and outcomes. In SFY2021, 28.6% (3,943 of 13,773) of FTDMs were for change of placement. Of these FTDMs, the following outcomes were noted:

- Change to same level placement – 34.8%
- Maintain child in present placement – 29.7%
- Change to less restrictive placement – 20.4%
- Change to more restrictive placement – 11.2%
- Unable to reach consensus – 3.9%

The infoFamLink report was developed as a practice improvement report versus a compliance report and to replace hand-counting that was occurring by facilitators in the regions. There is some information that is not contained in FamLink that continues to be of value to facilitators and they continue to hand-track such as who was invited to FTDM meetings (administrative data only tracks who attends) and comparison of dates between when meetings occur and if an out-of-home placement occurs. There are further discussions occurring around if additional modifications need to be made to the report to ensure it is of value.

Foster Homes and Kinship Placement

At the end of CY2021, there were 4,653 licensed foster homes, a decrease from the 4,927 that were noted at the end of CY2020[5]. The COVID-19 pandemic has impacted our ability to recruit and retain foster parents. In the midst of the pandemic, DCYF launched a new Recruitment and Retention framework. This new approach consists of community-focused, targeted recruitment to meet the needs of children entering care, rather than focusing on generalized recruitment in which many applicants wanted placement of very young children without special needs. This results in many homes sitting vacant. With efforts being targeted, it is not surprising to see the overall number of foster homes decreasing. 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 long-term placement.

As of May 12, 2022, 52.08% of all children and youth in out-of-home care in Washington State were placed with kin or relatives. This is the first time Washington State has had a relative/kinship placement rate over 50%. This percentage continues to increase each year as Washington places a strong emphasis on placement with kin or relatives. In addition, some data errors were found where placements were coded incorrectly in the FamLink system. Once those data entries were corrected, this raised the rate to more accurately reflect the number of children and youth in relative/kinship care.

- Region 1 – 48.4% placed with kin or relatives
- Region 2 – 58.7% placed with kin or relatives
- Region 3 – 55.8% placed with kin or relatives
- Region 4 – 58.3% placed with kin or relatives
- Region 5 – 51.4 placed with kin or relatives
- Region 6 – 45.3% placed with kin or relatives

Data suggests that children and youth are more likely to be stable when placed with kin. When comparing strengths and areas needing improvement on Item 4 of the CFSR, the following was noted:
- 50% of the cases rated as a strength were children and youth placed in relative care compared to 44.2% of the cases rated as a strength being placed in non-relative foster care.
- 49.1% of the cases rated as an area needing improvement were children and youth placed in non-relative foster care versus 30.9% of the cases rated as needing improvement being placed in relative care.

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

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%	54%	67%	63%	43%	73%	61%

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

	(104 of 184)	(26 of 48)	(4 of 6)	(15 of 24)	(20 of 46)	(16 of 22)	(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)
CY2020	66% (95 of 143)	78% (28 of 36)	100% (2 of 2)	100% (5 of 5)	46% (26 of 57)	79% (44 of 56)	80% (8 of 10)
CY2021	43% (82 of 191)	59% (27 of 46)	50% (2 of 4)	50% (4 of 8)	30% (23 of 77)	45% (19 of 42)	50% (7 of 14)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)

The PIP goal for this item is 66%. DCYF met the PIP goal in Measurement Period (MP) 2 of PIP reporting (07/01/2020 – 12/31/2020).

Washington State's overall performance decreased by 23% on this measure from CY2020 to CY2021. All six regions saw decline in performance on this measure:

- Region 1: -19% from CY2020 to CY2021
- Region 2: -50% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: -50% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: -16% from CY2020 to CY2021
- Region 5: -34% from CY2020 to CY2021
- Region 6: -30% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:

- Of the 191 cases reviewed for Item 5, the following permanency goals were identified at the time of review:
  — Reunification and adoption – 33% (63 of 191)
  — Adoption – 22.5% (43 of 191)
  — Reunification – 20.9% (40 of 191)
  — Reunification and guardianship – 8.9% (17 of 191)
  — Guardianship – 5.8% (11 of 191)
  — Other Planned Permanent Living Arrangement (OPPLA) – 3.7% (7 of 191)
  — Adoption and guardianship – 2.6% (5 of 191)
  — Reunification and OPPLA – 1.6% (3 of 191)
  — Adoption and OPPLA – 1% (2 of 191)
- Permanency goals in effect during the period under review were established in a timely manner in 70% (133 of 191) of the cases.
- Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and to the circumstances to the case in 62% (119 of 191) of the cases.
- The agency either filed or joined a termination of parental rights petition in a timely manner or an exception applied in 74% (96 of 129) of the cases.

INFOFAMLINK ADMINISTRATIVE DATA

Children and youth who have been in out-of-home care for 15 of the last 22 months meet the Adoption and Safe Families Act (ASFA) threshold for filing a termination of parental rights petition or documentation of a compelling reason not to file. DCFY Policy 43061. Termination of Parental Rights (TPR) – Compelling Reasons requires a TPR referral to be submitted to the Attorney General's Office (AGO) when a child has been in out-of-home care 12 of the last 19 months or sooner, unless compelling reasons/good cause exists. This allows

time for the AGO to review the information and draft and file the TPR petition with the court to meet the ASFA 15-month timeframe. As of January 2022, 3,820 children and youth are within the timeline qualifying them for ASFA, and of those, 72.3% (2,760) are compliant with ASFA:

- Region 1 – 75.6% (492 of 651)
- Region 2 – 48.7% (199 of 409)
- Region 3 – 73.5% (302 of 411)
- Region 4 – 67.4% (523 of 776)
- Region 5 – 86.6% (634 of 732)
- Region 6 – 72.5% (610 of 841)

There are a variety of reasons for compliance including the child/youth is currently on a Trial Return Home (TRH), a TPR referral has been submitted, and/or that compelling reasons have been documented. Of the 2,760 considered compliant with ASFA as of January 2022, 20% were on a trial return home, 28% had compelling reasons documented, and 47% had filed a TPR referral with the AGO and/or a TPR petition has been filed with the Court. The other small percentage (around 5%) either had aggravating circumstance or another Court finding of why TPR may not be appropriate at that time[6].

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	28% (52 of 184)	33% (16 of 48)	50% (3 of 6)	38% (9 of 24)	13% (6 of 46)	23% (5 of 22)	34% (13 of 38)
CY2019	35% (73 of 204)	18% (4 or 22)	51% (22 of 43)	31% (15 of 49)	*	29% (7 of 24)	36% (24 of 66)
CY2020	30% (44 of 145)	38% (14 of 37)	50% (1 of 2)	60% (3 of 5)	17% (10 of 58)	36% (12 of 23)	40% (4 of 10)
CY2021	18% (34 of 193)	20% (9 of 46)	25% (1 of 4)	0% (0 of 8)	12% (9 of 77)	30% (13 of 44)	14% (2 of 14)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

The PIP goal for this item is 28%. DCYF met the PIP goal in Measurement Period (MP) 1 of PIP reporting (01/01/2020 – 09/30/2020).

Washington State's overall performance decreased by 12% on this measure from CY2020 to CY2021. All six regions saw decline in performance on this measure:

- Region 1: -18% from CY2020 to CY2021
- Region 2: -25% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: -60% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: -5% from CY2020 to CY2021
- Region 5: -6% from CY2020 to CY2021

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[6] Data Source: ASFA Compliance Detail Report, infoFamLink, date in time data pull as of 01/03/2022

- Region 6: -26% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:
- Of the 193 cases reviewed for Item 6, the following length of time in out-of-home care was identified at the time of review:
  — Less than 12 months – 14% (27 of 193)
  — 12 – 24 months – 34.2% (66 of 193)
  — 24+ months – 51.8% (100 of 193)
    — 11.4% (22 of 100) were in care 48+months
- The agency and court made concerted efforts to achieve reunification in a timely matter in 18% (22 of 125) of the cases.
- The agency and court made concerted efforts to achieve guardianship in a timely matter in 6% (2 of 33) of the cases.
- The agency and court made concerted efforts to achieve adoption in a timely manner in 11% (12 of 113) of the cases.
- The agency and court made concerted efforts to place a child with a goal of Other Planned Permanent Living Arrangements in a living arrangement that can be considered permanent until discharge from foster care in 58% (7 of 12) of the cases.

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.

CFSR Round 3 Federal Data Indicator: Permanency in 12 Months (Entries)								
	National Performance	Data Period Used	16B-19A*	17A-19B*	17B-20A*	18A-20B*	18B-21A*	19A-21B*
Permanency in 12 Months (Entries)	42.7%▲	Washington Risk Standardized Performance (RSP)	35.9%	35.3%	35.7%	37.7%	39.5%	42.6%
		RSP Interval	34.6-37.3%	34.0-36.6%	34.3-37.0%	36.3-39.1%	38.1-41.0%	41.2-44.1%
		Washington Observed Performance	35.4%	34.9%	35.2%	36.9%	38.9%	42.2%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 01-12-2022 (AFCARS) and (NCANDS), February 2022
*Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).

This Data Profile from February 2022 shows Washington's permanency in 12 months rate at 42.6%, which is statistically no different than the national performance standard. As seen in the chart above, Washington state has been making steady progress in this area over the last several reporting periods.

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)

	National Performance	Data Period Used	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21A-21B*
Permanency in 12 Months (12-23 Months)	45.9%▲	Washington Risk Standardized Performance (RSP)	36.7%	37.5%	38.1%	36.7%	34.7%	36.0%
		RSP Interval	35.1-38.3%	36.0-39.1%	36.5-39.7%	35.1-38.4%	33.0-36.4%	34.2-37.7%
		Washington Observed Performance	39.6%	40.3%	41.0%	39.6%	37.3%	38.3%
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 01-12-2022 (AFCARS) and (NCANDS), February 2022 *Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).								

This Data Profile from February 2022 shows Washington's permanency in 12 months for children and youth in out-of-home care 12 – 23 months rate at 36.0%, which statistically worse than the national performance standard. This rate increased during the last reporting period after having two reporting periods of decline. The timeframes of decline in this measure correlate with COVID-19 pandemic impacts on the Washington State court system.

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)								
	National Performance	Data Period Used	18B-19A*	19A-19B*	19B-20A*	20A-20B*	20B-21A*	21A-21B*
Permanency in 12 Months (12-23 Months)	31.8%▲	Washington Risk Standardized Performance (RSP)	30.5%	32.4%	33.9%	33.7%	31.7%	31.2%
		RSP Interval	29.3-31.6%	31.2-33.5%	32.8-35.0%	32.6-34.9%	30.5-32.9%	30.0-32.3%
		Washington Observed Performance	39.9%	42.8%	45.0%	44.6%	41.6%	41.0%
Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 01-12-2022 (AFCARS) and (NCANDS), February 2022. *Data used refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome. The FY or federal year, refers to NCANDS data, which spans the 12-month period Oct 1 – Sept 30. All other periods refer to AFCARS data. "A" refers to the 6-month period Oct 1 – March 31. "B" refers to the 6-month period April 1 – Sept 30. The two-digit year refers to the calendar year in which the period ends (e.g. 13A refers to the 6-month period October 1, 2012 – March 31, 2013).								

This Data Profile from February 2022 shows Washington's permanency in 12 months for children and youth in out-of-home care 24+ months rate at 31.2%, which is statistically no different than the national performance standard. This rate was increasing until the last two reporting periods, but has remained within national average. The timeframes of decline in this measure correlate with COVID-19 pandemic impacts on the Washington State court system.

INFOFAMLINK ADMINISTRATIVE DATA
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.

Median length of stay has remained relatively consistent with some increase over the last several years.

Median Length of Stay in Out-of-Home Care, 2010-2018   ✕
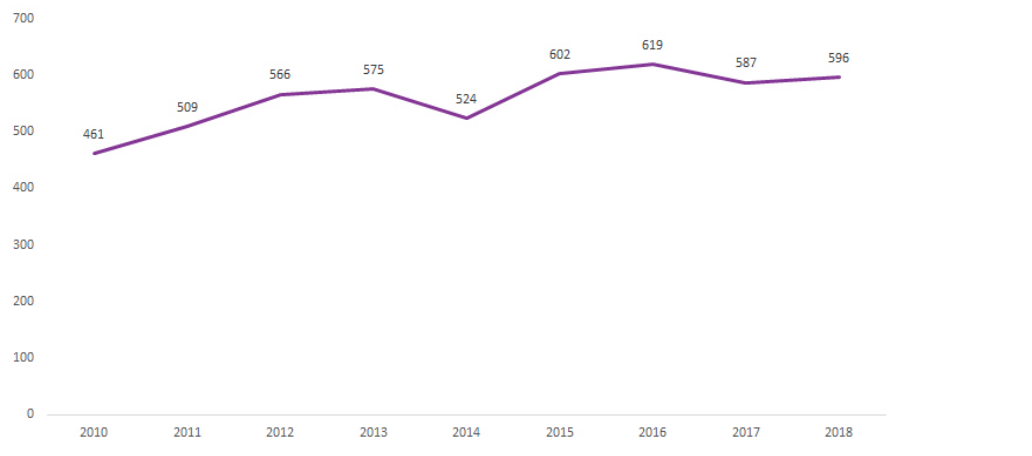
Source: infoFamLink, Child Welfare Priority Performance Measures

Notes: Median number of days children are placed in out-of-home care on the last day of the state fiscal year. Episodes of less than seven days are not included, but days spent in any Trial Return Home period are included up to a maximum of 30 days. "Median" is the middle number in a list of numbers in value order (for example, lowest to highest). There is an equal probability of falling above or below the median. This chart has been updated with State Fiscal Year counts, replacing some previously reported data that were calculated for the Calendar Year.

Data source: Resilience Goals, Agency Performance, https://dcyf.wa.gov/practice/oiaa/agency-performance/resilience

As of April 2022, the statewide median lengths of stay is 641 days[7]. This information is consistent with the information presented above showing that over 50% of the cases reviewed by CCRT had children and youth in care for 24 or more months. This is also consistent with the Data Profile information that Washington State struggles systemically with achieving timely permanency, particularly after the 12 month out-of-home placement timeframe.

The Permanency from Day 1 (PFD1) grant has targeted a small number (30) of Length of Stay cases in Region 4 for intervention with Enhanced Permanency Planning Meetings (PPMs). These are cases with youth in care over 12 months who have not had consistent permanency planning meetings. Of these 30 cases, 8 (27%) were dismissed in calendar year 2021. Another two have completed termination of parental rights hearings and the children and youth are now legally free for adoption. Facilitators report that bringing teams together for case planning seems to be the most important factor in case progression for these cases.

EXITS FROM OUT-OF-HOME CARE

As of April 2022, there were 6,564 children and youth in out-of-home care[8]. This is an approximate 25% reduction of children and youth in out-of-home care since the initial development of DCYF's Strategic and Racial Equity Plan, which contains the priority of safely reducing the number of children and youth in out-of-

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[7] Data Source: Median Length of Stay, Child Welfare Management Dashboard, infoFamLink, pulled 05/12/2022
[8] Data Source: Children in Out-of-Home Care, Child Welfare Management Dashboard, infoFamLink, pulled 05/12/2022

home care by half. The number of children and youth in out-of-home care has not been this low in Washington State since the 1980s.

The figure below illustrates the completed permanent plans for any length of stay from 2019 – 2021. There was a large spike in exits from care in the fourth quarter of 2020 (October – December). Some of this may be related to cases that were paused from the impacts of the early stages of the COVID-19 pandemic that were able to move forward during this time as adjustments were made to case and court practice in relation to the pandemic.
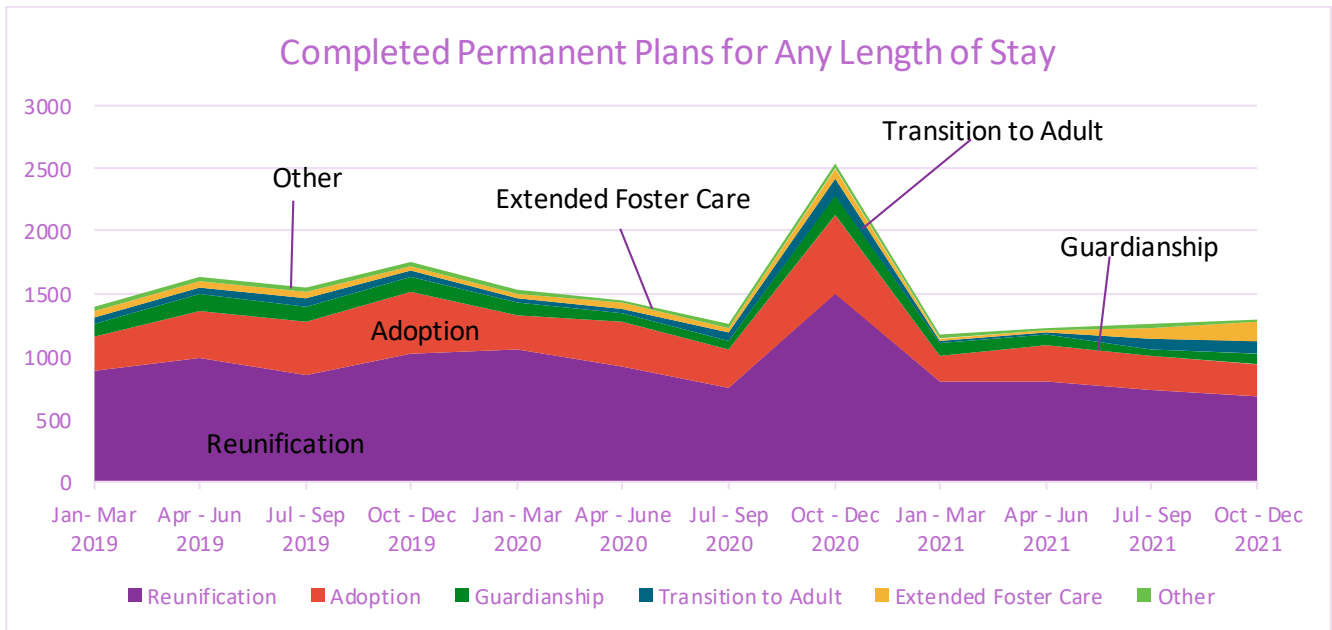
Data Source: Child Welfare Monthly Informational Report, infoFamLink

REUNIFICATION

A majority of children and youth who enter out-of-home are reunified with their parents/guardians. DCYF saw an increase in the percentage of reunifications in SFY 2021 (see figure below).[9]

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[9] Data Source: https://www.dcyf.wa.gov/practice/oiaa/agency-performance/reduce-out-of-home-care
Source: DCYF. (August 2021). Out of home exits and entries [July 2009-June 2021]. infoFamlink.
Notes: Annual reunification is calculated by exit cohort. Chart represents percent of exiting children and youth who were reunified each year.
Indicator Type: Balancing

Percent and Number of Children Reunified Annually, SFY 2010-2021
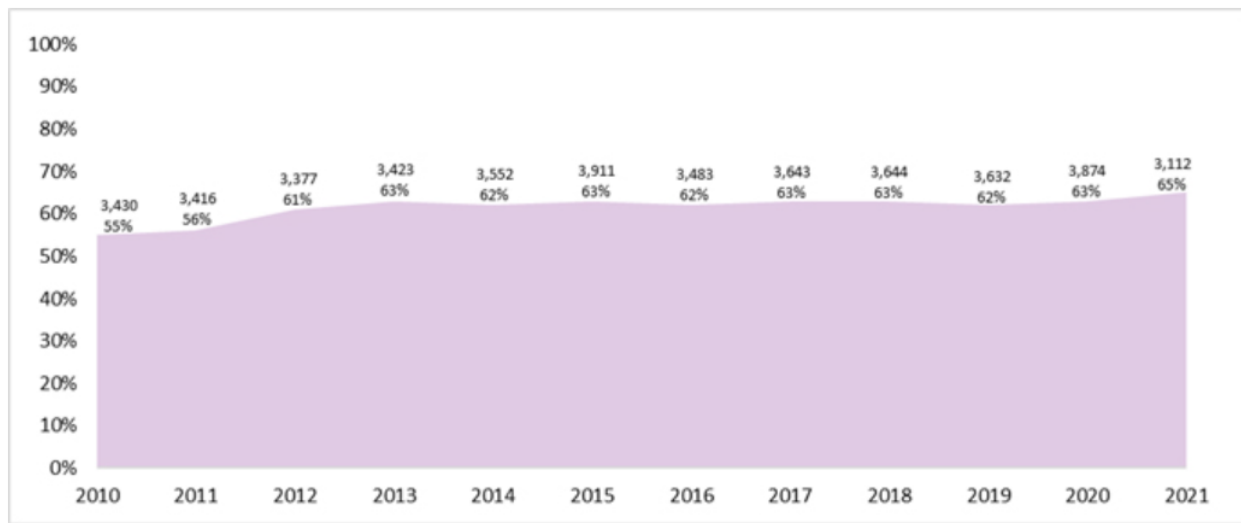
GUARDIANSHIP

Based on Washington Court data, 272 guardianships were established in juvenile court in CY2021.[10]

	Children in Out of home Care (does not include TRH)*	Children in Out of Home Care w/ DCYF recommendation of Guardianship as Primary/Alternative Plan*	Children in Out of Home Care with Guardianship court-ordered as Primary/Alternate Plan*	Total Guardianships in CY 2021 (any type)	3rd Party Custody/Superior Court Guardianship in CY 2021	Total T13 Guardianships in CY2021
Washington State Guardianships						
Region 1	1,268	181	106	26	15	11
Region 2	809	178	130	39	24	15
Region 3	712	158	81	65	19	46
Region 4	1,194	216	143	46	25	21
Region 5	1,198	227	243	32	9	23
Region 6	1,462	209	185	64	20	44
Statewide	6,643	1,169	888	272	112	160

*This reflects a point in time count as of data pull date of 03/26/2022
Data Source: OIAA, CW Reporting, Relative vs Non Relative
Data Source: OIAA, CW Reporting, Permanency Monitoring
Data Source: OIAA, CW Reporting, Out of Home Exits and Entries, CY2021

As seen in the chart above, there are approximately 24% more recommendations for guardianship as the primary or alternate permanent plan by DCYF than there are court-ordered plans for guardianship. At times, the court or other involved parties may not agree to adding or changing a plan to guardianship. The reasons why this occur vary across the state due to each county conducting their court business in a different manor.

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

Generally speaking the reasons include: The parent wants the child back, when this is expressed during the court hearing by the parents or the parent's attorney the courts tend to not change the plan; The child may not be placed with a relative. In Washington we do not have a state funded guardianship program which limits who can receive a subsidy. While finance should not be the only reason to base a guardianship on – the financial stability of the home is a consideration; In the case of multiple siblings – a court could object if the siblings are not placed together; Caregiver hesitation due to anxiety the parents could petition the court for the child to be returned to their parental care. Recent legislation now requires guardianship to be discussion with parents and caregivers prior to discussions of adoption and filing a TPR. This will elevate guardianship in the conversation for workers and caregivers and it is likely more guardianship will occur in the future. DCYF still strives to work the primary and alternate plan as identified by the agency.

Statewide there was a significant increase in children in out-of-home care with a recommendation of guardianship as their primary or alternate plan.

	CY2020 Children in Out of Home Care w/ DCYF recommendation of Guardianship as Primary/Alternate Plan*	CY 2021 Children in Out of Home Care w/ DCYF recommendation of Guardianship as Primary/Alternate Plan**
Region 1	51	181
Region 2	55	178
Region 3	101	158
Region 4	72	216
Region 5	97	227
Region 6	92	209
Statewide	468	1169
*CY 2020 This reflects a point in time count as of data pull date of 08/13/2021. Data Source: Removal Episodes, infoFamLink, as of 08/16/2021 Data Source: Out of Home Exits and Entries, infoFamLink, CY2020 **CY 2021 This reflects a point in time count as of data pull date of 03/26/2022.Data Source: OIAA, CW Reporting, Relative vs Non Relative Data Source: OIAA, CW Reporting, Permanency Monitoring Data Source: OIAA, CW Reporting, Out of Home Exits and Entries, CY2021		

In CY2020, there were a total of 468 children with a recommendation of guardianship as their primary/alternate plan. In CY2021 that number increased to 1,169 children with a recommendation of guardianship as their primary/alternate plan, almost tripling during that timeframe. As an agency, DCYF has promoted leadership and staff to invest resources and align practices to prioritize kinship placements due to their invaluable positive impact for children.

TERMINATION OF PARENTAL RIGHTS (TPR) AND ADOPTION

The number of TPR petitions filed statewide has declined over the last several years. Since 2018, DCYF has seen a 60% decrease in the number of TPR petitions filed. The decrease in these petitions may be attributed to

the Family First Prevention Services Act (FFPSA) enacted in 2018 which encourages preventative services to families to decrease the need for out-of-home placements. The steady decline of children and youth in out-of-home placement in Washington is illustrated in the "Exits from Out-of-Home Care" section above.

The decrease in TPR petitions may also be attributed to the on-going impacts of the COVID-19 pandemic. The pandemic impacted DCYF's ability to provide reasonable efforts to parents which constitutes a compelling reason to not file for TPR as outlined in ASFA.

TPR PETITIONS BY MONTH - STATE
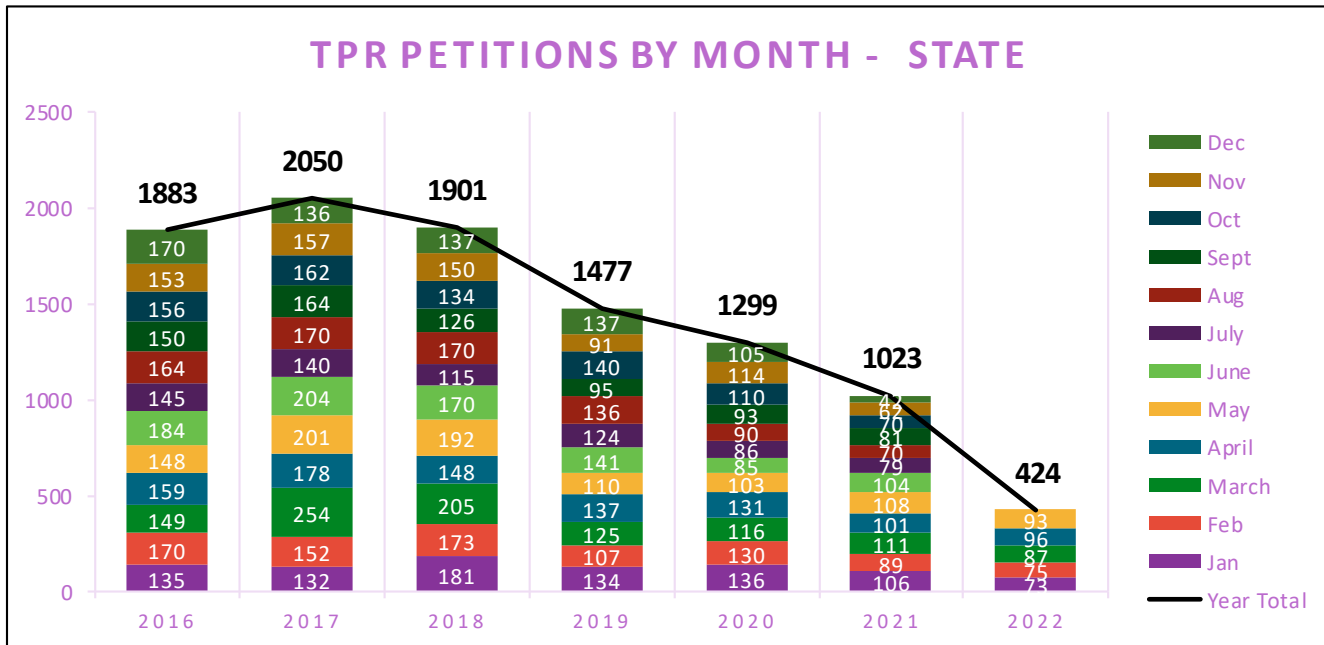
Data Source: Washington State Center for Court Research (WSCCR)

In CY2021, 2,111 children and youth were legally free[11]. This is a point in time count. Of those children and youth, the following is the regional and age group breakdowns:

Legally Free Youth, CY2021, by Age Group and Region							
Age Group	Statewide	R1	R2	R3	R4	R5	R6
0-5 years	801 (38%)	176	68	119	162	114	162
6-11 years	647 (31%)	132	49	86	153	76	151
12-17 years	567 (27%)	130	42	77	126	72	120
18+ years	96 (4%)	25	7	14	21	8	21
TOTAL	2,111	463 (22%)	166 (8%)	296 (14%)	462 (22%)	270 (13%)	454 (21%)
Data Source: Legally Free report, infoFamLink, CY2021							

Of children and youth under the age of 18 that were legally free in CY2021, 57% (1,152 of 2,015) were legally free for more than 6 months:
- 0-5 years – 25% (289 of 1,152)
- 6-11 years – 36% (412 of 1,152)
- 12-17 years – 39% (451 of 1,152)

Of children and youth under the age of 18 that were legally free in CY2021, 33% (673 of 2,015) were legally free for more than 12 months:

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

- 0-5 years – 14% (91 of 673)
- 6-11 years – 33% (226 of 673)
- 12-17 years – 53% (356 of 673)

Of the children who were legally free in CY2021, 1,229 are now adopted (as of March 31, 2022). Of those children and youth that were adopted, the following is the regional and age group breakdown:

Legally Free Youth in CY 2021 that are Now Adopted, by Age Group and Region							
Age Group	Statewide	R1	R2	R3	R4	R5	R6
0-5 years	581 (47%)	136	50	98	107	81	109
6-11 years	397 (32%)	81	31	62	76	56	91
12-17 years	220 (18%)	43	18	42	44	17	56
18+ years	31 (3%)	11	4	5	6	-	5
TOTAL	1,229	271 (22%)	103 (8%)	207 (17%)	233 (19%)	154 (13%)	261 (21%)
Data Source: Legally Free report, infoFamLink, CY2021							

LEGAL PERMANENCY ACHIEVED BY RACE

Addressing racial disproportionality continues to be at the forefront for systemic change. As previously outlined in the chart titled, "Completed Permanent Plans for Any Length of Stay", the data indicates reunification occurs at a much higher rate than other legal permanent outcomes[12]. Although legally free youth[13] constitute a small demographic of dependent youth, a review of racial differences within this population provides data to determine if youth of color experience a longer overall length of stay and/or a longer length of stay from termination of parental rights to a legal permanent outcome.

RACIAL CLASSIFICATION OF LEGALLY FREE YOUTH

Data suggests that, over the course of five years, the percentage of youth made legally free based on race remains relatively consistent. Consistently over the course of the five years, White legally free youth average over 51% of the total legally free population with the remaining 49% consisting of all other racial demographics.

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[12] The definition for a "legal permanent outcome" within this section includes only those youth who exited care due to a legal plan being established in court. This includes adoption, guardianship, or third-party custody. This information does not consider cases where a youth has aged out of care, entered EFC, or remains a dependent.

[13] Represents only youth who became legally free within the respective year within the five-year range.

Legally Free Youth Based on Race

Legend:
- AI/AN-Multi
- Asian/PI
- Black
- Black-Multi
- Hispanic
- Multi-Other
- White
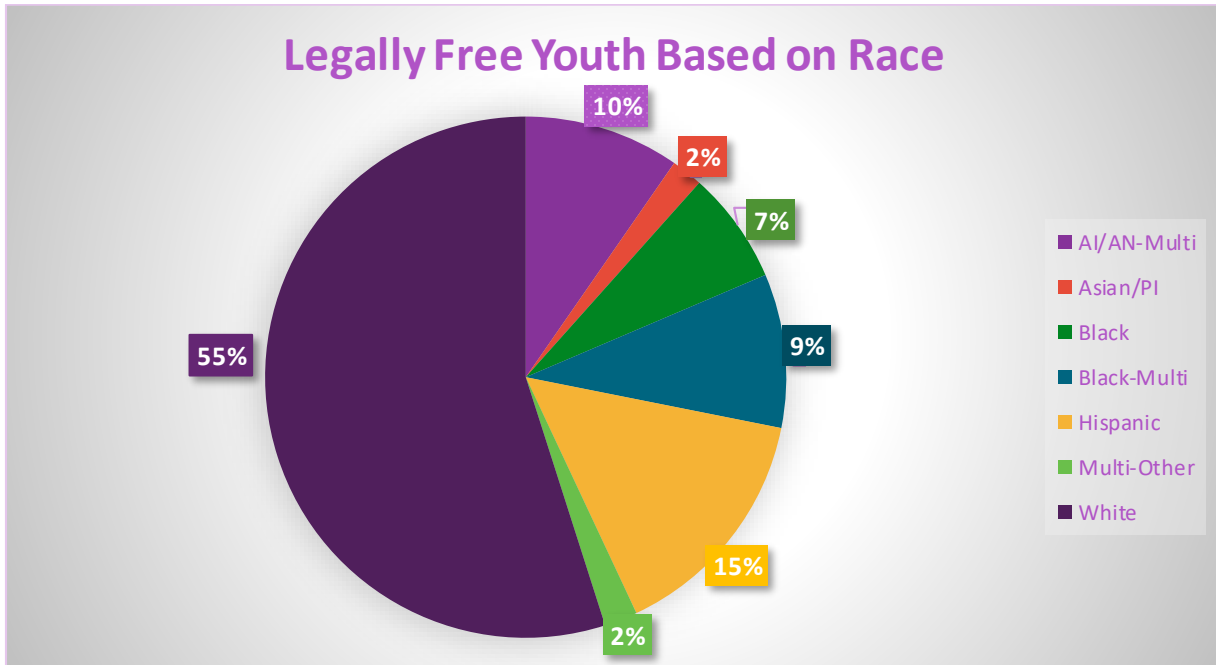
Pie chart values: 10%, 2%, 7%, 9%, 15%, 2%, 55% [14]

Data Source: Legally Free report, infoFamLink, CY2017-CY2021

LENGTH OF STAY

The graph below illustrates the overall length of stay for youth who became legally free and the resulting discharge was due to a legal permanent outcome. The information indicates that legally free Black youth consistently experience a much longer overall length of stay with a five-year average of 1,314 days in care versus White legally free youth with an average of 1,050. This equates to a 22.3% difference between these two races. When the total of races other than White are factored in, the average number of lengths of stay for all youth of color is 1,143. While this is slightly less than the previous comparison, the data continues to indicate that legally free children of color consistently experience a longer overall length of stay in comparison to their White counterparts.

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[14] Total average percentage of legally free youth over the course of five years delineated by race.

Total Length of Stay

Source: DCYF, OIAA, CW Reporting, Legally Free Children
Data pulled: 4/28/22
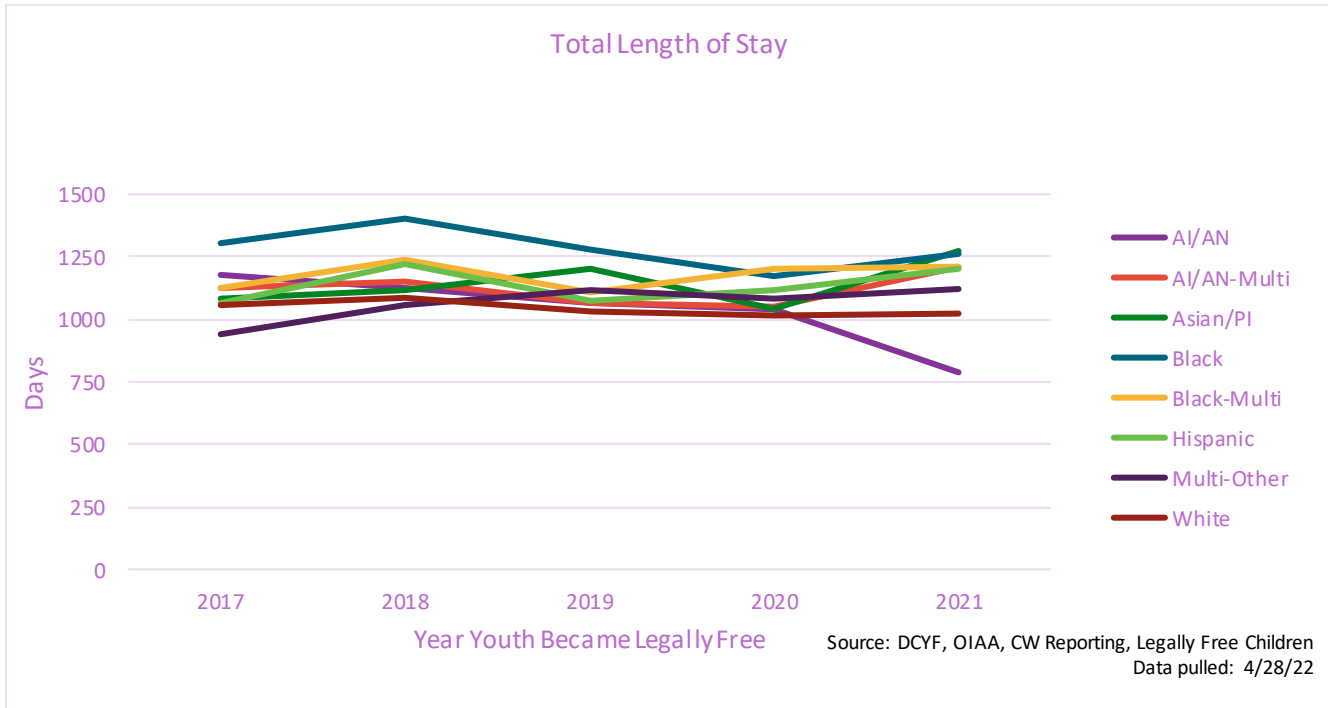
15

The graph below illustrates the median number of days between the point a youth becomes legally free and is discharged due to a legal permanent outcome. As indicated previously, the overall number of youth becoming legally free has decreased. The data indicates the median number of days between termination of parental rights and a legal permanent outcome has significantly decreased since 2019. Over this five-year span, Black legally free youth experienced a 62%[16] decrease in the median length of stay for these data points. This data indicates movement in the right direction for this population in comparison to their White counterparts who experienced a decrease of 54%. However, when considering the average number of days for the population of children of color (329) in comparison to White (294) children, children of color experience a 11.2% higher amount of time within these data points. All of the data indicates DCYF must continue to identify barriers related to the length of stay for legally free children of color. [17]

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[15] Average days from removal date to discharge date for Children (ages 0-17) who became legally free in calendar year, achieved legal permanency and discharged from DCYF, by race

[16] Black youth's average days from 2017 is 484 and 2021 days is 185. White youth's average days in 2017 was 341 and 157 in 2021.

[17] Average days from removal date to discharge date for Children (ages 0-17) who became legally free in calendar year, achieved legal permanency and discharged from DCYF, by race

Length of Stay from TPR to Discharge

Source: DCYF, OIAA, CW Reporting, Legally Free Children
Data pulled: 4/28/22
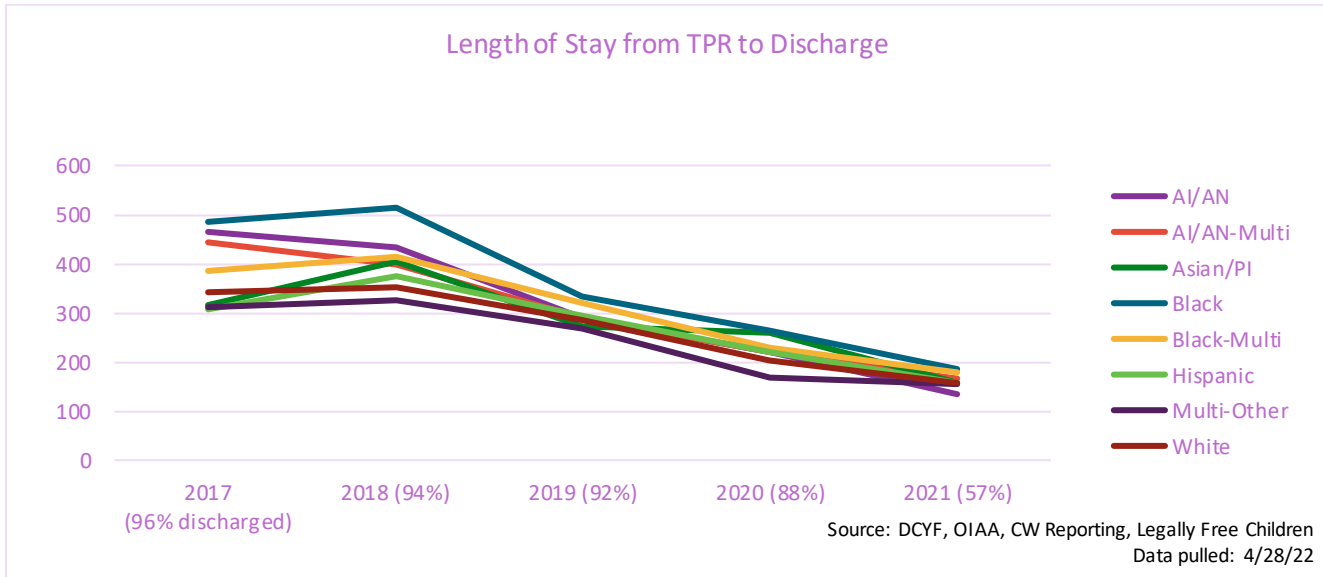
STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO PERMANENCY OUTCOME 1

STRENGTHS

- DCYF has safely reduced the number of children in care by approximately 25% since the initial development of the Strategic and Racial Equity Plan.
- Over this past year, the Enhanced Permanency Planning Meeting (PPM) strategy through the Permanency from Day 1 (PFD1) grant has been able to expand to 22 offices in Regions 1, 4 and 6. These offices account for approximately 44% of the total number of children and youth currently in out-of-home care and 72% of the PIP measured case review population.
- One of the unintended, positive consequences of the PFD1 Enhanced PPM strategy is that one facilitator is assigned to a case and facilitates meetings throughout case progression. Given the amount and level of staff turnover, this has been beneficial to both families and staff to have a consistent individual to bridge gaps in information sharing.
- There has been a strong emphasis in the state on Shared Planning Meetings. More regions who have not historically had designated facilitators are hiring positions to support these meetings. Some regions have shifted from having permanency planning meetings every 6 months (as indicated in policy) to every four months or sooner. This promotes family engagement in case planning and increased monitoring of case progression.
- There has been a focus and marked increase in the utilization of guardianship as a primary and/or alternate plan by the agency.
- Although there was a decline from CY2020 to CY2021 on Item 4 (Placement Stability), thus far in CY2022, we are seeing improvement during the first quarter on this item through CCRT case reviews:

	CY2020	CY2021	CY2022 (through April 2022)
Item 4 (Placement Stability)	75%	72%	80%

- Adoption stakeholders reported the following practice strengths:

- — Increased teaming in some areas of the state involving CFWS and adoption staff in promoting timely permanency – this can include establishment of co-assignments between CFWS and adoption caseworkers when a case is moving towards adoption.
- — On-going assistance from the Electronic Files Unit (EFS) which decreases administrative workload for caseworkers through the creation and assembly of legally free files and files necessary for disclosure to adoptive families. The use of EFS has led, in part, to a decrease in the average number of days between the point of a child becoming legally free and reaching a legal permanent outcome.
- — Utilization of Permanency Program Consultants in some regions who identify and provide action plans for barriers to permanency early on rather than after a child or youth is legally free.
- — Working with local courts to accept adoption home studies per DCYF policy rather than requiring an update every three years.
- — Decrease in case load sizes in adoptions has resulted in improving timeliness to adoption but also afforded caseworkers with the time to recruit for youth who may have significant needs.
- — DCYF teaming with Northwest Adoption Exchange (NWAE) to encourage recruitment services.
- Wendy's Wonderful Kids (WWK) services are now directly through DCYF versus a sub-contractor. WWK is a program of specialized adoption recruiters who are dedicated to finding permanent families for children in foster care who are most often overlooked. DCYF hired a supervisor and six recruiters for this work. Although this team is relatively new at DCYF, there has been positive feedback from youth and staff who have had the opportunity to work with these staff.

BARRIERS/AREAS NEEDING IMPROVEMENT

- DCYF saw a decline related to Item 5 (Permanency Goal for the Child) and Item 6 (Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangements) from CY2020 to CY2021 and continuing into the first quarter of CY2022. Some of this is related to the continued impacts of the COVID-19 pandemic on the court system. Trials were rescheduled and continued for various reasons. Lack of services for parents contributed to the court not wanting to make findings on parental progress. Without findings of parental progress, more time has been needed to offer these services and visitation to the parents once providers opened back up for services. Many court hearings are still being held virtually and courts are undergoing a cultural shift while they adjust to hybrid hearings and consider which practice changes to maintain as pandemic restrictions are eased. Many providers, even upon re-opening for services, were largely only offering virtual services. It has only been recently that in-person services have begun to pick back up. In person services are crucial to make observations on a parent's progress.
- Due to COVID-19 restrictions for contact (which varied across the State), many parents were not open to in-person visitation or meetings. This caused an issue for caseworkers to appropriately identify and mitigate new safety threats, assess progress and have quality engagement with parents to effectively work towards a successful reunification.
- In the 22 offices supported by the Enhanced PPM strategy, facilitators identify the following challenges and barriers to timely permanency outcomes. These identified areas are in alignment with findings through CCRT case reviews and targeted, qualitative reviews.
  - — Concurrent goals listed but the agency is not working both goals.
  - — Lack of engagement with parents resulting in lack of assessment of needs and services.
  - — Permanency goal being changed to adoption but lag in filing TPR referral and/or petition after the goal was changed, at times up to 12-18 months later.

- — Courts not approving change in permanent plan (at times there is a hesitancy to remove a goal of reunification)
- — Court continuances and courts not wanting to proceed with TPR unless the child is placed in an identified permanent home.
- — Some courts are reluctant to dismiss dependencies until a parenting plan is finalized and in place.
- — Extensive shelter care continuances. Although extensive shelter care status is experienced in various areas throughout the State, Region 4 has the largest share of continuances.
- — High staff turnover resulting in changes in assigned workers and supervisors which resulted in interruption in case progression.

- There is a lack of training, guidance and consistency on how to document Shared Planning Meetings in FamLink. This makes is difficult to use administrative data without extensive validation.
- Similarly (as mentioned in the Safety Outcome sections), high staff turnover and vacancies have contributed to the lack of meaningful engagement with parents. This has also caused a lag in identifying services, and documentation of compelling reasons due to new caseworkers needing the time to review the case and get up to speed on the needs of the parents and children. The high turnover and vacancies continue to be a struggle and it has been increasingly difficult to fill vacancies since the vaccine mandate.
- Adoption stakeholders reported the following practice barriers/areas needing improvement:
  - — Inconsistency in ongoing relative searches, especially for youth who were originally placed in a relative placement but were later moved to another placement.
  - — Lack of clear and consistent understanding and practice around concurrent planning with DCYF, the AGO, parent attorneys and the courts.
  - — Lack of consistency in regions as to how supervision in the adoption programs are administered.
  - — Youth not registered with the Washington Adoption Resource Exchange (WARE).
  - — Lack of knowledge by caseworkers and the community regarding recruitment services provided by the exchanges and other recruitment strategies.
  - — Lack of timely response by caseworkers when internal WWK staff ask questions or need permission to pursue a potential connection.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

- DCYF has continued implementation of the strategies as identified in the PFD1 grant:
  - — The Enhanced Permanency Planning Meeting (PPM) strategy has been able to expand to 22 offices in Regions 1, 4 and 6 as of August 2021.
  - — The Enhanced Youth Recruitment (EYR) strategy, which is a statewide strategy for legally free children and youth, initiated changes in identification of adoptive placements. As a result of this intervention, 230 families were identified within Washington State between January 2021 and January 2022.

The PFD1 grant intervention is being evaluated internally and externally. The grant has a dedicated CQI Program Manager and OIAA Data Analyst to support ongoing data management, fidelity monitoring, and continuous quality improvement. In addition, we are contracting with the Kempe Center with the University of Colorado to conduct a thorough evaluation of the efficacy of the grant interventions and to assist in identifying ongoing administrative and qualitative data points that DCYF can continue to measure after the evaluation is complete.

- Continued implementation and monitoring of DCYF's Program Improvement Plan (PIP) strategies. There are multiple strategies and associated activities related to permanency. See *Update on Plan for Enacting the State's Vision* for current status of implementation of these strategies.
- The Administrative Office of the Courts has been working with local jurisdictions to address case back logs and continue COVID court recovery efforts.
- In several of the regions, regional QA/CQI staff have begun to present at CPS/CFWS meetings on the ongoing Child and Family Service Review (CFSR) items. This includes documenting compelling reasons, filing of TPR referrals, concurrent planning, identification of appropriate case plans and services, and family engagement. They are also conducting onboarding of new caseworkers that includes this information.
- Recent legislation ([HB 1227](#) - Keeping Families Together Act) along with additional court rulings have placed an increased emphasis on placement with relative and kinship caregivers. There is work being done to explore changing the definition of a relative placement. This may open more placement possibilities.
- Training around guardianships and ensuring that discussions occur with caregivers around guardianship as a permanency option alternate to adoption, should increase timeliness of permanency for children. This also support implementation of [HB 1747](#), which was passed in the 2022 legislative session.
- The Northwest Adoption Exchange (NWAE) will initiate a customer journey mapping process to establish the core of the problem of families experiencing lack of caseworker response or negative experiences. This process will hopefully result in identifying opportunities for process change as well as supports for caseworkers and families.
- NWAE will take over adoption consortium with the hopes of increasing engagement of families, caseworkers, and private agencies.
- To address some of the knowledge gaps regarding recruitment services in Washington State, DCYF created a publication called, ["Child-Specific Recruitment Services in Washington State"](#). This document is accessible to the community and staff through the DCYF internet page.
- DCYF will evaluate why legally free children of color are experiencing a longer overall length of stay as well as a longer timeframe between termination of parental rights and a permanent legal outcome.

All of DCYF's improvement efforts included an emphasis on supervisory consultation, articulation and documentation of critical thinking and decision making. There is also an emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies. These strategies are being measured by CCRT case reviews; ongoing, targeted qualitative reviews by regional and HQ QA/CQI staff; review of CFSR data profiles; use of administrative data available through the FamLink system; and through discussions with internal staff and external stakeholders and partners. In addition, some of the specialized adoption services are included in the agency's work around [Performance-Based Contracting](#).

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

- The Family Team Decision Making (FTDM) leads meeting includes identified leads from each region and the headquarters program manager. Practice improvements related to the FTDM process are discussed in these meetings.
- This year, a Shared Planning Meeting (SPM) Leads meeting was started. This includes identified SPM leads from around the State along with PFD1 representatives. Practice related to SPMs are discussed in these meetings.
- Adoption Area Administrators and supervisors participate in quarterly meetings with the Adoption Program Manager. These participants, in addition to caseworkers and staff from NWAE provide ideas for changes and interventions to improve timely adoption. The feedback themes remain relatively consistent in the area of strengths, concerns, and where practice could be improved. Overall, the feedback demonstrates the impressive resiliency of caseworkers to promote permanency for children and youth despite the impacts of COVID-19.

These meetings also provide an opportunity to invite external stakeholders and partners to share information and form relationships. For example, a Parents for Parents (P4P) representative has attended the CFWS meetings to discuss the P4P program and to build stronger partnerships between DCYF and P4P.

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

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 7: Placement With Siblings						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (98 of 122)	89% (32 of 36)	80% (4 of 5)	82% (9 of 11)	79% (23 of 29)	88% (15 of 17)	63% (15 of 24)
CY2019	80% (103 of 129)	93% (13 of 14)	79% (22 of 28)	76% (22 of 29)	*	74% (14 of 19)	82% (32 of 39)
CY2020	76% (75 of 99)	71% (20 of 28)	100% (2 of 2)	75% (3 of 4)	76% (29 of 38)	83% (15 of 18)	67% (6 of 9)
CY2021	75% (96/128)	57% (17 of 30)	100% (2 of 2)	71% (5 of 7)	79% (42 of 53)	81% (21 of 26)	90% (9 of 10)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)

Washington State's overall performance remained consistent on this measure, declining 1% from CY2020 to CY2021. Two of the six regions saw improvement, one remained the same (at 100%) and three regions saw decline in performance on this measure:

- Region 1: -14% from CY2020 to CY2021
- Region 2: No change from CY2020 to CY2021 (remained at 100% each year; please note small sample size in each year)
- Region 3: -4% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: +3% from CY2020 to CY2021
- Region 5: -2% from CY2020 to CY2021
- Region 6: +23% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:

- The child was placed with all siblings who also were in foster care in 40% (51 of 128) of the cases.
- There was a valid reason for the child's separation from siblings in placement in 58% (45 of 77) of the cases.

ADMINISTRATIVE INFOFAMLINK DATA

The Sibling Visit report in infoFamLink helps us identify the number of children in DCYF custody and out-of-home care that are not placed with one or more of their siblings. As of January 2022, there are 4,460 children in placement care authority of DCYF. Of those, 3,468 are currently in out-of-home placement (the remaining are on trial return home, had a prior discharge or on the run). Of those children, 3,033 (87%) are placed with at least some or all of their siblings.

DCYF has identified some common areas needing improvement across the regions for the lack of sibling placements. The main issue has been and remains the lack of availability of foster homes with the capacity to take sibling groups. This lack of availability increased with the COVID-19 pandemic and we have not seen a significant change yet. Other identified issues are the number of identified items that need to be done by a caseworker at a child's initial removal and lack of adequate time to find a potential relative/suitable other placement. There was an extensive list of individual activities identified through the work on the Keeping Families Together Act that a caseworker must complete in the first 72-hours after a child's removal. This lack of adequate time and resources results in the separation of siblings at the initial removal.

Staff also struggle after initial placement with follow up on relative searches. This area needing improvement has been noted to be caused by workload issues, along with the ongoing issue of high turnover and vacancies as this has increased during the last two years and more as vacancies are increasingly difficult to fill. Documentation is also an area needing improvement. Caseworkers in some regions struggle to document the valid reason for not placing siblings together.

Item 8: Visiting with Parents and Siblings in Foster Care

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 8: Visiting With Parents and Siblings in Foster Care						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	60% (88 of 146)	59% (24 of 41)	60% (3 of 5)	59% (10 of 17)	63% (22 of 35)	61% (11 of 18)	60% (18 of 30)
CY2019	63% (111 of 177)	71% (10 of 14)	76% (29 of 38)	51% (24 of 47)	*	62% (13 of 21)	61% (35 of 57)
CY2020	57% (63 of 110)	65% (17 of 26)	100% (2 of 2)	60% (3 of 5)	43% (19 of 44)	67% (16 of 24)	67% (6 of 9)
CY2021	58% (85 of 147)	65% (24 of 37)	75% (3 of 4)	33% (2 of 6)	58% (34 of 59)	57% (17 of 30)	45% (5 of 11)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)

Washington State's overall performance remained consistent on this measure, improving 1% from CY2020 to CY2021. One of the six regions saw improvement, one remained the same and four regions saw decline in performance on this measure:

- Region 1: No change from CY2020 to CY2021
- Region 2: -25% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: -27% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: +15% from CY2020 to CY2021
- Region 5: -10% from CY2020 to CY2021
- Region 6: -22% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:

Visits between the child and mother:
- Concerted efforts were made to ensure that the frequency of visitation between the child and mother was sufficient to maintain and promote a relationship in 81% (83 of 102) of the cases.
- Concerted efforts were made to ensure the quality of visitation between the child and mother was sufficient to maintain and promote a relationship in 68% (65 of 100) of the cases.
- The frequency and quality of visitation between the child and mother was sufficient to maintain and promote a relationship in 61% (62 of 102) of the cases.

Visits between the child and father:
- Concerted efforts were made to ensure that the frequency of visitation between the child and father was sufficient to maintain and promote a relationship in 84% (38 of 45) of the cases.
- Concerted efforts were made to ensure the quality of visitation between the child and father was sufficient to maintain and promote a relationship in 77% (33 of 43) of the cases.
- The frequency and quality of visitation between the child and father was sufficient to maintain and promote a relationship in 64% (29 of 45) of the cases.

Visits between the child and siblings:

- Concerted efforts were made to ensure that the frequency of visitation between the child and siblings was sufficient to maintain and promote a relationship in 60% (44 of 73) of the cases.
- Concerted efforts were made to ensure the quality of visitation between the child and siblings was sufficient to maintain and promote a relationship in 83% (54 of 65) of the cases.
- The frequency and quality of visitation between the child and siblings was sufficient to maintain and promote a relationship in 59% (43 of 73) of the cases.

ADMINISTRATIVE INFOFAMLINK DATA

On July 25, 2021, the Strengthening Parent-Child Visitation Law (E2SHB1194) went into effect. This statute requires DCYF to conduct an initial parent-child visit within 72 hours once a child has been removed from their parent's home and placed into out-of-home care. This bill also addresses the supervision levels of visitation. The intent of the legislation is that all visitation will be unsupervised unless DCYF brings safety concerns forward to the courts to support monitored or supervised visitation. This will be at the judge or commissioner's discretion to make a ruling based on the safety related information provided to the court. If the department does not bring concerns forward, the visit will be considered unsupervised. Changes were made to practice and policy to implement the new requirements of the legislation. New contracts were developed with different payment methodology to help each regional 72-hour visit contractor have the capacity and infrastructure to receive and provide visits within 72 hours of a child being removed from the home.

Preliminary, non-validated 72-hour contractor data indicated about 78% of the visits occurred, but only about 57% within the 72-hour time frame. Contractors reporting on why these visits failed to occur indicated, but not limited to, the following:

- Unresponsive parents
- Referral withdrawn (various reasons, child returned home, Caseworker, caregiver or relative provided visit)
- Cancellations or no shows
- Parent contact info incorrect
- Parent refused
- Child refused
- Incarcerated parent (setting up prison or jail accounts, visit approval can take longer than 72 hours)

As of June 2021, of the visitation plans in FamLink, the most recent level of supervision is the following [18]:

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[18] Data Source: Visitation Plan Parent Child Visits, infoFamLink, point in time count, pulled 01/18/2022

Family Time Visitation Population
by Region and Supervision Level
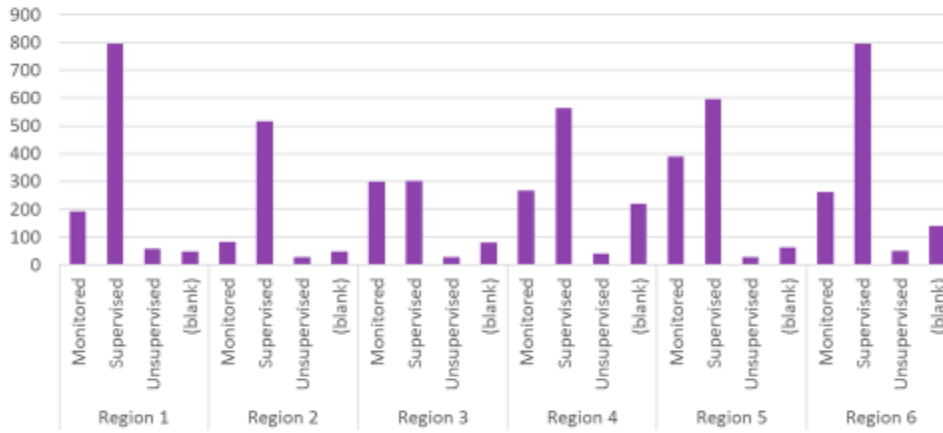
Data Source: OIAA, InfoFamLink
Visit Plan Data
Total N=5,890
Accessed June 10, 2021

Comparably, as of January 2022, of the visitation plans in FamLink, the most recent level of supervision is the following:

Family Time Visitation Population
by Region and Supervision Level

Data Source: OIAA, InfoFamLink
Visit Plan Data
Total N=5578
Accessed January 26, 2022

Per the graph above the most recent level of supervision is the following
- 58% supervised
- 27% monitored
- 6% unsupervised

- 9% not specified

This would indicate a significant change from supervised, some increase in monitored and no change to unsupervised. It is uncertain as to why in a small percentage of cases this item is left blank on the visit plan.

VISITATION SPROUT DATA

Sprout is a cloud-based platform designed to support multiple case management functions and currently serves primarily as a tool for collecting visitation data. As mentioned in the prior report, there continues to be Sprout visitation data transfer issues, causing difficulties in validating any data within Sprout and reconciling with the data available in FamLink. This issue continues to be worked on between DCYF and the University of Washington.

Item 9: Preserving Connections

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

	ITEM 9: Preserving Connections						
	On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	77% (139 of 181)	65% (31 of 48)	80% (4 of 5)	92% (22 of 24)	84% (38 of 45)	77% (17 of 22)	73% (27 of 37)
CY2019	85% (172 of 203)	82% (18 of 22)	90% (38 of 42)	78% (38 of 49)	*	83% (20 of 24)	88% (58 of 66)
CY2020	76% (110 of 145)	73% (27 of 37)	50% (1 of 2)	80% (4 of 5)	76% (44 of 58)	82% (27 of 33)	70% (7 of 10)
CY2021	77% (148 of 192)	72% (33 of 46)	75% (3 of 4)	88% (7 of 8)	82% (63 of 77)	65% (28 of 43)	100% (14 of 14)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

Washington State's overall performance remained consistent on this measure, improving 1% from CY2020 to CY2021. Four of the six regions saw improvement and two regions saw decline in performance on this measure:

- Region 1: -1% from CY2020 to CY2021
- Region 2: +25% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +8% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: +6% from CY2020 to CY2021
- Region 5: -17% from CY2020 to CY2021
- Region 6: +30% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:
- Concerted efforts were made to maintain the child's important connections in 78% (149 of 192) of the cases.
- Sufficient inquiry was conducted to determine whether a child may be a member of, or eligible for membership, of a federally recognized Indian Tribe in 92% (177 of 192) of the cases.
- The Tribe was provided timely notification of its right to intervene in any state court proceedings in 86% (12 of 14) of the cases.

- A child who is a member of, or eligible for membership in, a federally recognized Indian Tribe was placed in foster care in accordance to Indian Child Welfare Act placement preferences or concerted efforts to make such placement were made in 83% (10 of 12) of the cases.

Item 10: Relative Placement

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 10: Relative Placement						
On Site Review Instrument						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	74% (135 of 183)	73% (35 of 48)	100% (6 of 6)	83% (20 of 24)	76% (34 of 45)	73% (16 of 22)	63% (24 of 38)
CY2019	79% (161 of 203)	73% (16 of 22)	88% (38 of 43)	78% (38 of 49)	*	83% (20 of 24)	75% (49 of 65)
CY2020	75% (108 of 144)	68% (25 of 37)	50% (1 of 2)	100% (5 of 5)	72% (42 of 58)	84% (27 of 32)	80% (8 of 10)
CY2021	75% (144 of 193)	72% (33 of 46)	100% (4 of 4)	63% (5 of 8)	79% (61 of 77)	66% (29 of 44)	86% (12 of 14)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

Washington State's overall performance remained consistent on this measure with no change in performance from CY2020 to CY2021. Four of the six regions saw improvement and two regions saw decline in performance on this measure:

- Region 1: +4% from CY2020 to CY2021
- Region 2: +50% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: -37% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: +7% from CY2020 to CY2021
- Region 5: -18% from CY2020 to CY2021
- Region 6: +6% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:

- The child's current, or most recent, placement was with a relative in 45% (87 of 193) of the cases.
- The child's current, or most recent, placement with a relative was stable or appropriate to the child's needs in 93% (81 of 87) of the cases.

RELATIVE SEARCH

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

Relative Search Unit				
	CY2018	CY2019	CY2020	CY2021
Relative Search Referrals	5,361	5,061	4,477	3,682

Relative Searches Complete	2,302	3,527	4,198	3,658
Letters sent to Potential Relatives	93,309	145,318	137,374	121,791
Relatives Interested in Placement	3,405	5,934	4,511	4,113
Relatives Interested in Providing Family Support	2,545	4,278	4,229	3,375
Telephone Calls/Emails Received from Relatives	8,653	14,093	15,744	11,232
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry				

NATIVE AMERICAN INQUIRY REQUEST (NAIR)

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

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

Relative Search Inquiries with Native American Ancestry				
	CY2018	CY2019	CY2020	CY2021
Case determined to have Native American heritage based on relative response	64	95	184	105
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry				

Native American Inquiries Submitted to NAIR				
	CY2018	CY2019	CY2020	CY2021
Referrals received from field operations	7,854	4,911	4,941	5,517
Unable to process because referral received when case is closing or closed	878	1,148	1,014	789
Inquiries completed	3,560	3,176	2,822	5,065
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry				

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

Native American Inquiries Completed by NAIR				
	CY2018	CY2019	CY2020	CY2021

Total letters sent to Tribes (1st, 2nd, and 3rd letters)	22,574	21,447	19,110	29,070
Children determined to be members based on tribal response	543	283	168	290
Children determined to be eligible for membership based on tribal response	864	353	101	362
Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry				

Washington State has strengths to build on, as well as challenges and barriers, in maintaining kinship connections in the child welfare system. Strengths include resources to find and communicate with kin, and resources for kinship caregivers. When a child cannot remain safely with their parents, and they are able to be placed with relatives or other kin, they tend to have better outcomes than if they are placed with foster parents in terms of placement stability, permanency, behavioral and mental health outcomes, placement with siblings, and preservation of cultural and community connections. Existing programs, pilot projects, and initiatives present opportunities that Washington State can leverage to increase the connections between children and kin, and increase the proportion of children in out-of-home care that are placed with kinship caregivers. DCYF has seen a significant jump in guardianship as the primary/alternative permanency plan for children in out-of-home care as well as an increase in placement with relatives. DCYF continues to develop strategies to involve relatives and suitable others earlier and throughout the case, not only as a permanent placement, but also as a support throughout the child's life.

Item 11: Relationship of Child in Care with Parents
This item determines whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and their mother and father or the primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 11: Relationship of Child in Care With Parents							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	63% (85 of 134)	62% (23 of 37)	50% (2 of 4)	59% (10 of 17)	69% (22 of 32)	59% (10 of 17)	67% (18 of 27)
CY2019	64% (103 of 160)	63% (5 of 8)	66% (23 of 35)	64% (29 of 45)	*	63% (12 of 19)	64% (34 of 53)
CY2020	65% (60 of 93)	74% (14 of 19)	50% (1 of 2)	40% (2 of 5)	57% (21 of 37)	77% (17 of 22)	63% (5 of 8)
CY2021	75% (86 of 115)	81% (22 of 27)	75% (3 of 4)	80% (4 of 5)	72% (31 of 43)	71% (20 of 28)	75% (6 of 8)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

Washington State's overall performance improved by 10% from CY2020 to CY2021. Five of the six regions saw improvement and one region saw decline in performance on this measure:

- Region 1: +7% from CY2020 to CY2021
- Region 2: +25% from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +40% from CY2020 to CY2021 (please note small sample size in each year)

- Region 4: +15% from CY2020 to CY2021
- Region 5: -6% from CY2020 to CY2021
- Region 6: +12% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:
- Concerted efforts were made to promote, support and otherwise maintain a positive, nurturing relationship between the child in foster care and their mother in 77% (79 of 102) of the cases.
- Concerted efforts were made to promote, support and otherwise maintain a positive, nurturing relationship between the child in foster care and their father in 73% (33 of 45) of the cases.

The COVID-19 pandemic impacted in-person parent-child and sibling visits for quite some time, making it more challenging to maintain connections and bonding. The pandemic also made it difficult for parent(s) to practice parenting skills as many visits were virtual. Visitation is now being held in-person; however, if/when a visit member tests positive for COVID or is experiencing symptoms, the visits are either canceled or virtual. The pandemic also made it challenging for parents/caregivers who don't have computers to do virtual visits. DCYF did work with parents/caregivers and provide support through concrete goods, when possible, to address barriers related to equipment. Providers were limited during the pandemic as well. Prospective caregivers were more hesitant during the pandemic to accept placement of a child. This was more noticeable with grandparents who were in a higher risk category if they were to get COVID. Licensed caregivers and facilities were more hesitant to accept placement and put their own family at risk due to the lack of available information of the child's biological family and the precautionary measures they have/haven't taken due to COVID.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO PERMANENCY OUTCOME 2
STRENGTHS
- As mentioned in the Permanency Outcome 1 section, 52% of children and youth in out-of-home care in Washington State are currently placed in kinship care. This is the first time Washington has had over 50% of children and youth placed in kinship care and there continues to be an emphasis on supporting relative and kinship placements.
- Despite continued impacts of the COVID-19 pandemic and staffing challenges, outcome measures on these items remained consistent and/or saw slight increases.
- Relative and caregiver supports are used to host and supervise visits between children and their parents. In addition, when siblings are not able to be placed together, caregivers and relatives work together to coordinate visitations.
- There has been a noticeable shift in moving from supervised visitation between children, youth and their parents to less restrictive forms of visitation, although work continues to be done in that area.
- DCYF continues to be strong in identifying and inquiring about Native ancestry and informing Tribes of their notification and right to intervene in court proceedings.
- DCYF made significant improvement on supporting the relationship between children in out-of-home care and their parent(s). This appeared to be strongly related to parents being invited to children's school activities, children being connected and involved in tribal activities, and children and youth continuing to be involved in school community and extracurricular activities.

Barriers/Areas Needing Improvement

- Siblings are often separated at the time if initial placement. Contributing factors were mentioned above under Item 7. Of those contributing factors, the primary root causes that have been identified for this area needing improvement are around the following:
  — Lack of placement resources that take sibling groups and/or high needs children and youth, and
  — Lack of concerted efforts to identify relatives through an ongoing relative search process and, when relatives are located and interested, a lack of follow-up with those identified relatives.
- The frequency and quality of visits between parents and children/youth in out-of-home care is not consistent or sufficient. Contributing factors identified include:
  — Difficulty locating some parents.
  — Parents unable to attend visitation (cancelled or no showed).
  — Transportation barriers for parents to the visit location.
  — Children being placed far away from the parents causes increased difficulty with parent's ability to regularly attend visitation.
  — Virtual visits have helped with continuing connections, but the quality of the visit may be jeopardized.
  — Limited access to local office visit rooms due to COVID-19.
  — Level of supervision for visitation appeared to be too high based on case information.
- The frequency and quality of visits between children/youth in out-of-home care and their siblings is not consistent or sufficient. Contributing factors identified include:
  — Siblings not wanting to visit each other.
  — The distance between siblings placed in different homes. Transportation time for the child is too great and at times longer than the actual visit.
  — Lack of ongoing engagement and problem solving from the department.
  — Although virtual visits are an option when transportation is a barrier to visits, this is not always used as a default option. Virtual visits for younger children are not always effective due to lower attention spans, thus reducing the time of a visit dramatically.
  — Caregivers are not always supportive of virtual visits.
  — Some locations not being conducive to children's needs (environment too formal or sterile).
- Although the State began reopening in 2021, there are still impacts from the COVID-19 pandemic. Quarantine requirements still impact visitation frequency, service availability and visitation locations. Provider staff retention and recruitment remained an issue.
- The primary root causes that have been identified for visitation between children/youth in out-of-home and their parents and siblings as an area needing improvement include:
  — Inconsistent effort and focus on making sibling and parental visits a priority,
  — The focus on frequency was not always matched by a focus on quality (setting in particular), and
  — Lack of Department resources (contracted providers) and/or personnel to facilitate and supervise visits.
- ICWA priorities as to cultural connections and placement were not adhered to on a consistent basis. There were minimal search efforts and/or facilitation of relative connections to maintain community connections once a youth was removed from their home. Contributing factors to this item include many of the same factors as mentioned above. Of those contributing factors, the primary root cause that has been identified for this area needing improvement is around the following:
  — Absence of concerted effort as to searching for and facilitating relative connections that in turn may have connected youth to the community from which they were removed.

- Caregivers (more so when children are in foster care) do not wish to meet the parent(s) or do not wish to interact with parent(s) without DCYF present. Parents are not consistently provided the opportunity to attend medical, dental, and other appointments related to their child(ren). The primary root cause that has been identified for this area needing improvement is around the following:
  — Communication barriers between foster parents and the department; foster parents do not consistently share information regarding medical appointments for the child, preventing quality engagement and impacting reunification efforts.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

- Continued implementation and monitoring strategies identified in our Plan for Enacting the State's Vision. See *Update on Plan for Enacting the State's Vision* for current status of implementation of these strategies.
- Implementation of the Strengthening Child-Parent Visitation legislation occurred in July 2021. DCYF contracted with one provider for each region to accept and provide the initial visit between children/youth placed in out-of-home care and their parent(s) or guardians within 72 hours. Having just one contracted provider expedited the referral process. Changes were made to Sprout and FamLink to separate the 72-hour visits from regular ongoing visits. A new payment methodology was created to support contractors to accept referrals after business hours, and on weekends and holidays. Being able to accept the referral and start the visit planning, as soon as possible, supports the visit happening within 72 hours. Training was provided to field operations staff to ensure they understood the new legislative requirements and procedures for making the referrals.
- Modifications and improvement to the Family Time contract (in collaboration with the provider community) were implemented in October 2021. DCYF conducted a rate study with providers to help support and determine a new hourly rate. DCYF submitted and decision package based on this rate study. This decision package was updated based on further analysis in December 2021. The rate increase supports providers having more program and accounting oversight, with higher employee or sub-contractor supervision.
- Sprout 2.0 development has been greatly delayed with a new anticipated date of summer 2022. Improved Sprout and FamLink interface will assist in obtaining valid visitation data for contracted visit providers.
- Some Regions are conducting targeted Indian Child Welfare (ICW) reviews to enhance engagement with Tribes, and ensure youth are connected with their tribal activities and Native American Heritage.
- There is planned work with Licensing Division to assist with setting expectations with all foster parents regarding information sharing to the Department. Caregivers will communicate with the department to ensure parents have appropriate information to attend their child's medical appointments. Allowing parents to engage in activities outside of Family Time will enhance quality engagement with their child(ren) and promote reunification efforts.
- Enhancing placement and support with relative and kinship caregivers is a strong focus for DCYF. Field Operations headquarters and regional data and Quality Assurance staff are regularly reviewing data regarding children who are initially placed with a relative compared to children later placed with a relative. Timely identification and approval of relatives can reduce the number of placement moves a child has and increase their connectiveness and overall well-being.
- Recent legislation ([HB 1227](#) - Keeping Families Together Act) along with additional court rulings have placed an increased emphasis on placement with relative and kinship caregivers. There is work being done to explore expanding the definition of a relative for purpose of placement. This can open more placement possibilities. This work also includes recommendations around a process flow for follow-up with relatives

and suitable others and increasing resources for kinship caregivers. Specific recommendations and strategies around this work is still being finalized.

All of DCYF's improvement efforts included an emphasis on supervisory consultation, articulation and documentation of critical thinking and decision making. There is also an emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies. These strategies are being measured by CCRT case reviews; ongoing, targeted qualitative reviews by regional and HQ QA/CQI staff; use of administrative data available through the FamLink system; and through discussions with internal staff and external stakeholders and partners. The goal is that we will have additional data to help inform and monitor practice improvement efforts related to Family Time through the Sprout system. Family Time is also included in the agency's work around Performance-Based Contracting.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

There are multiple meetings with field operations staff around these outcomes:

- The Child and Family Welfare Services (CFWS) leads meeting is a group of experts in line work from around the State. This group includes area administrators, CFWS/permanency regional leads, Alliance training staff, headquarters staff, quality practice specialists and regional quality assurance/continuous quality improvement staff. As part of these meetings discussions related to permanency, visitation, shared planning meetings, PIP implementation, implementation of legislatively mandated requirements and other topics are regularly discussed.
- The Family Team Decision Making (FTDM) leads meeting includes identified leads from each region and the headquarters program manager. Practice improvements related to the FTDM process are discussed in these meetings.
- This year, a Shared Planning Meeting (SPM) Leads meeting was started. This includes identified SPM leads from around the State along with PFD1 representatives. Practice related to SPMs are discussed in these meetings.

These meetings also provide an opportunity to invite external stakeholders and partners to share information and form relationships.

During 2021, regular meetings and discussions were held with visit providers and community stakeholders in order to be responsive to the various changes that were occurring within the Family Time program in response to the Governor's orders and/or local health data. DCYF partnered with visit providers and stakeholders throughout the process of planning and implementing the Strengthening Parent-Child Visitation legislation and continues to do so. Modifications and improvements to the Family Time contract were implemented. This work was completed in collaboration with the provider community. DCYF conducted a rate study with providers to help support and determine a new hourly rate.

DCYF has been in various meetings with stakeholders within the last six months for planning related to implementation of the Keeping Families Together Act (HB 1227). Internal and external stakeholders and partners were included in workgroups that addressed specific items around services needed to prevent placement or re-entry into out-of-home care and assessing safety and risk. Recommendations from these workgroups are still being finalized.

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	CY2021 Performance	Status	PIP Target
Well-being Outcome 1: Families have enhanced capacity to provide for their children's needs	47%	39%	⬇	
Item 12: Needs and services of child, parents, and foster parents	50%	45%	⬇	56%
Item 13: Child and family involvement in case planning	62%	48%	⬇	67%
Item 14: Caseworker visits with child	80%	66%	⬇	84%
Item 15: Caseworker visits with parents	53%	40%	⬇	58%
Well-being Outcome 2: Children receive appropriate services to meet their educational needs	94%	93%	⬇	
Item 16: Educational needs of the child	94%	93%	⬇	N/A
Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs	54%	67%	⬆	
Item 17: Physical health of the child	59%	77%	⬆	N/A
Item 18: Mental/behavioral health of the child	60%	61%	⬆	N/A
⬆ Improved performance compared to CFSR Round 3 ⬇ Decreased performance compared to CFSR Round 3				
Data Source: Washington 2018 CFSR Final Report and CFSR Portal, Onsite Review Instrument Report CY2020				

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

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

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

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

CY2021	45% (120 of 268)	55% (34 of 62)	17% (1 of 6)	44% (7 of 16)	43% (47 of 110)	35% (19 of 54)	60% (12 of 20)

*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)

ITEM 12: Needs and Services of Child, Parents and Foster Parents, Sub-Items, State Level Data			
	Item 12-A (Needs Assessment and Services to Children)	Item 12-B (Needs Assessment and Services to Parents)	Item 12-C (Needs Assessment and Services to Foster Parents)
CY2018 CFSR	79% (102 of 129)	58% (69 of 118)	70% (64 of 92)
CY2018 Non-CFSR	85% (105 of 123)	53% (60 of 113)	85% (67 of 79)
CY2019	83% (233 of 282)	55% (146 of 267)	79% (157 of 200)
CY2020	70% (140 of 200)	41% (72 of 174)	80% (109 of 136)
CY2021	66% (177 of 268)	49% (102 of 208)	69% (126 of 183)
Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)			

The PIP goal for this item is 56%. DCYF has not met the PIP goal.

Washington State's overall performance increased 3% from CY2020 to CY2021. One of the six regions saw improvement and five regions saw decline in performance on this measure:
- Region 1: -4% from CY2020 to CY2021
- Region 2: -8% CY2020 to CY2021 (please note small sample size in each year)
- Region 3: -6% from CY2020 to CY2021
- Region 4: +19% from CY2020 to CY2021
- Region 5: -11% from CY2020 to CY2021
- Region 6: -4% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:
- Needs assessment and services to children
  — The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the child's needs in 76% (146 of 193) of the cases.
  — Appropriate services were provided to meet the child's needs in 55% (80 of 145) of the cases.
- Needs assessment and services to parents
  — The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the mother's needs in 48% (59 of 122) of the cases.
  — Appropriate services were provided to meet the mother's needs in 47% (57 of 121) of the cases.
  — Concerted efforts were made both to assess and address the needs of mothers in 46% (56 of 122) of the cases.
  — The agency conducted formal or informal initial and/or ongoing comprehensive assessments that accurately assessed the father's needs in 53% (58 of 129) of the cases.
  — Appropriate services were provided to meet the father's needs in 52% (50 of 113) of the cases.
  — Concerted efforts were made both to assess and address the needs of father in 50% (39 of 78) of the cases.
- Needs assessment and services to foster parents
  — The agency adequately assessed the needs of the foster or pre-adoptive parents related to caring for children in their care on an ongoing basis in 77% (141 of 183) of the cases.

— The agency provided appropriate services to foster and pre-adoptive parents related to caring for children in their care in 62% (92 of 149) of the cases.
- Item 12 data broken down by case type:
  — Item 12A (needs assessment and services to children)
    ▪ Foster care – 66% (127/193)
    ▪ CPS FAR – 58% (15/26)
    ▪ In-Home – 71% (35/49)
  — Item 12B (need assessment and services to parents)
    ▪ Foster care – 44% (58/133)
    ▪ CPS FAR – 38% (10/26)
    ▪ In-Home – 69% (34/49)

In October 2021, a deep dive was done on CFSR Item 12. The sampling period including cases with the period under review (PUR) beginning on January 1, 2018 through August 30, 2021. The quantitative sample size was 696 cases. Of those, 310 were identified as an Area Needing Improvement (ANI) on Item 12 overall. A stratified sample from all regions was identified for a qualitative analysis for items 12A, 12B and 12C.

For Item 12A, 88 cases were included in the qualitative sample. Of those, 48% were foster care cases, 23% in-home cases, and 29% CPS-FAR cases. The following graph demonstrates the top reasons identified for why the cases were rated as an ANI by case type.

12A Statewide ANI Qualitative Breakdown
Top Rating Reasons by Case Type
N:88

Legend:
- Needs identifed however not addressed/Services not appropriate
- Ongoing assessment did not occur
- Initial Assessment did not occur
- No follow-up to address barriers/efficacy of service
- Unknown needs therfore unknown what services were needed

Categories: FOSTER CARE, IN-HOME SERVICES, IN-HOME SERVICES – DR/AR
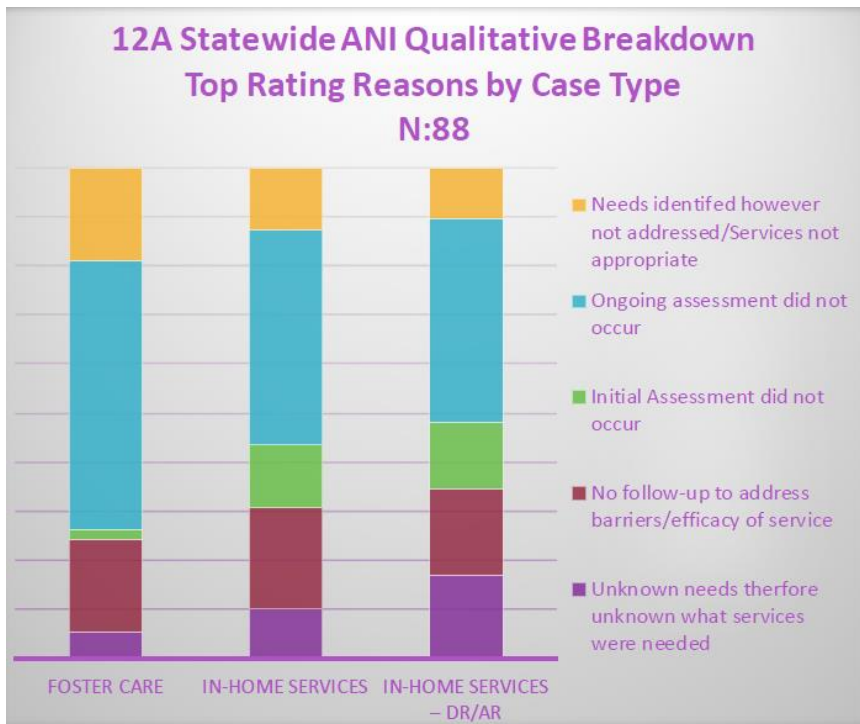
In addition, barriers were identified and coded.
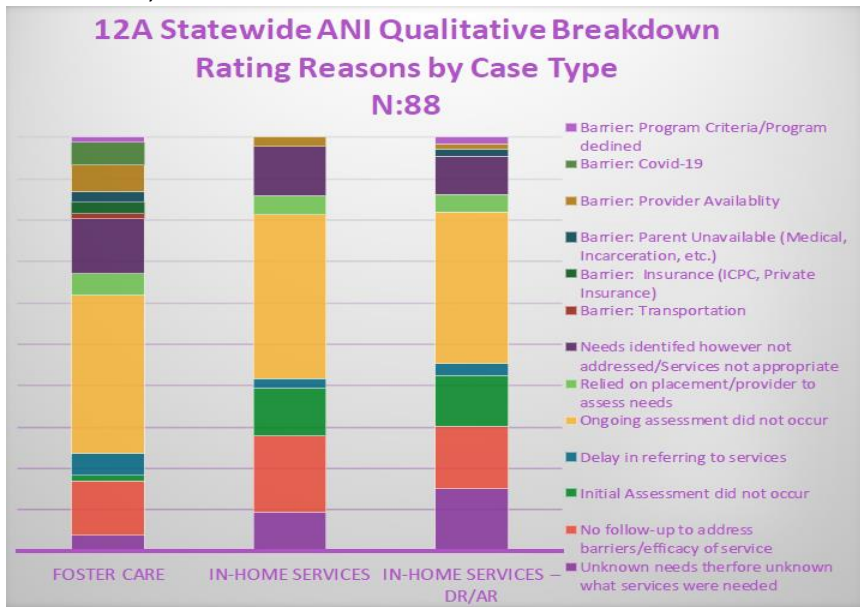
For Item 12B, 135 cases were included in the qualitative sample. Of those, 52% were foster care cases, 23% in-home cases, and 25% CPS-FAR cases. The following graph demonstrates the top reasons identified for why the cases were rated as an ANI by case type and broken out by mothers and fathers.

Mothers
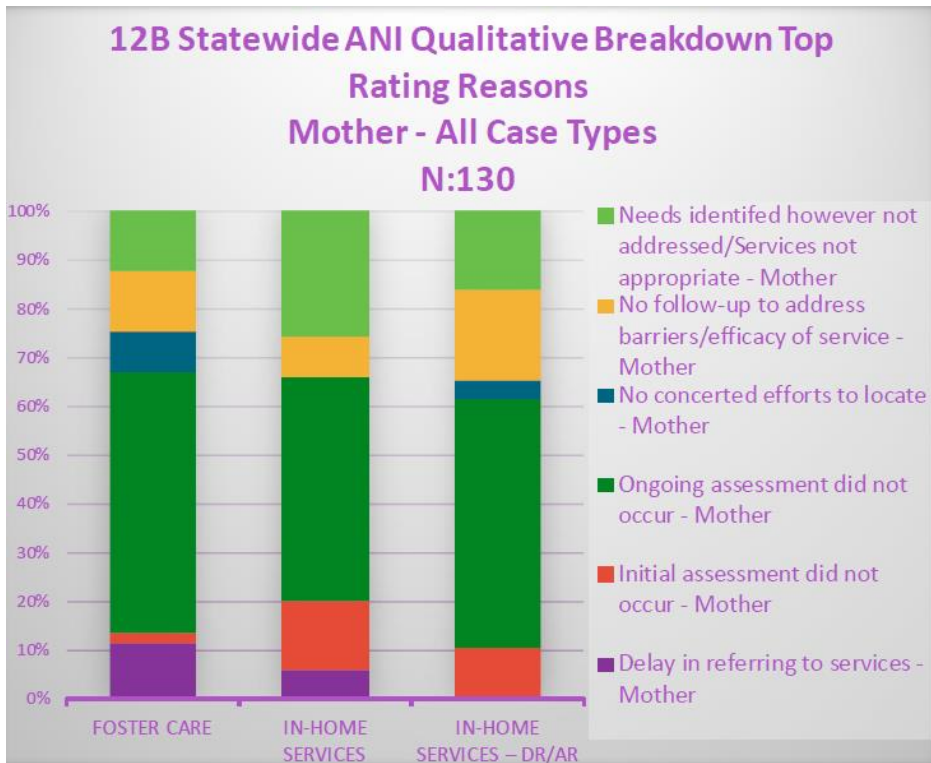
Fathers
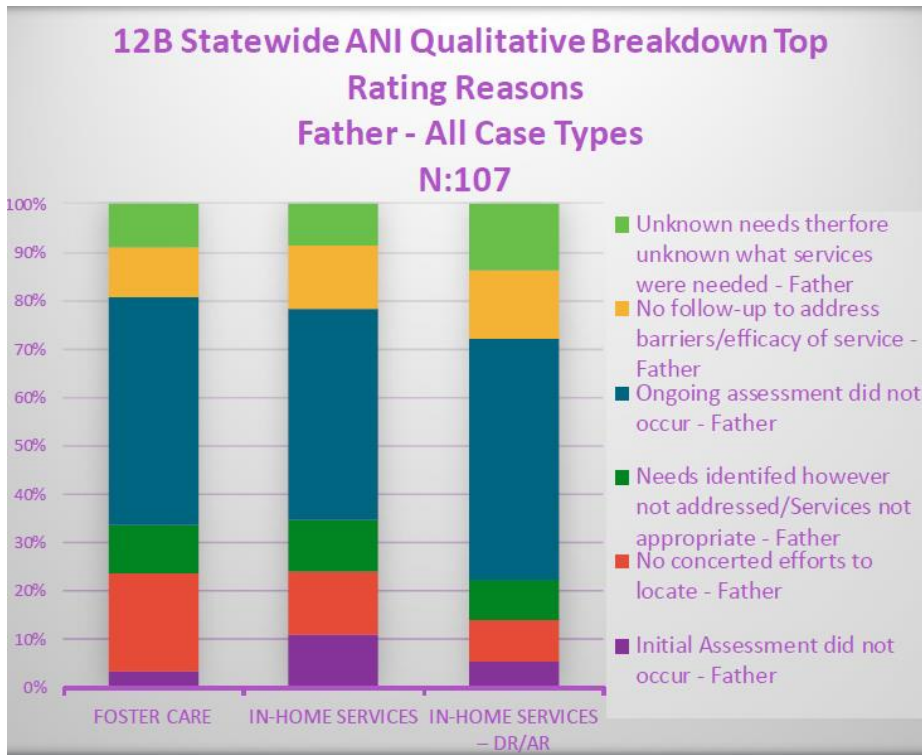
For both children and parents, the most common reasons identified for this area needing improvement is a lack of ongoing assessment of needs followed by a lack of follow-up on services for the needs that were identified.

This information directly relates to CFSR Items 14 and 15 as lack of frequency and quality of contacts impacts our ability to assess for appropriate services and/or identify and assist with barriers to service access.

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 13: Child and Family Involvement in Case Planning							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	61% (153 of 250)	59% (38 of 64)	70% (7 of 10)	68% (25 of 37)	56% (35 of 62)	67% (18 of 27)	60% (30 of 50)
CY2019	53% (146 of 276)	64% (18 of 28)	59% (34 of 58)	47% (32 of 68)	*	50% (16 of 32)	51% (46 of 90)
CY2020	46% (86 of 189)	63% (29 of 46)	0% (0 of 4)	40% (4 of 10)	28% (21 of 76)	55% (22 of 40)	77% (10 of 13)
CY2021	48% (115 of 238)	56% (30 of 54)	17% (1 of 6)	50% (8 of 16)	47% (45 of 96)	44% (21 of 48)	56% (10 of 18)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

The PIP goal for this item is 67%. DCYF has not met the PIP goal.

Washington State's overall performance increased 2% from CY2020 to CY2021. Three of the six regions saw improvement and three regions saw decline in performance on this measure:

- Region 1: -7% from CY2020 to CY2021
- Region 2: +17% CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +10% from CY2020 to CY2021
- Region 4: +19% from CY2020 to CY2021
- Region 5: -11% from CY2020 to CY2021
- Region 6: -21% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:

- The agency made concerted efforts to actively involve the child in the case planning process in 63% (59 of 94) of the cases.
- The agency made concerted efforts to actively involve the mother in the case planning process in 44% (51 of 117) of the cases.
- The agency made concerted efforts to actively involve the father in the case planning process in 54% (37 of 68) of the cases.
- Item 13 data broken down by case type:
  — Foster care – 44% (72/163)
  — CPS FAR – 38% (10/26)
  — In-Home – 67% (33/49)

ADMINISTRATIVE INFOFAMLINK DATA

As part of the Program Improvement Plan, a new contact code was added to FamLink to document case planning engagement efforts for FAR and In-Home cases. In order to track the use of this code, a summary section was added to the FAR & Investigation Intake Summary report to identify cases that have a case plan. This was developed to support revisions to DCYF Policy 1150.Case Plan that further emphasized child and family engagement and new requirements about having a meeting with the child and family in development of the case plan goals. This requirement was implemented December 31, 2021. See additional information about implementation of this code in the *Update on Plan for Enacting the State's Vision* section.

Item 14: Caseworker Visits with Child

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 14: Caseworker Visits With Child						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	80% (205 of 257)	71% (46 of 65)	80% (8 of 10)	89% (34 of 38)	80% (52 of 65)	81% (22 of 27)	83% (43 of 52)
CY2019	74% (201 of 282)	83% (25 of 30)	74% (46 of 62)	79% (54 of 68)	*	72% (23 of 32)	69% (62 of 90)
CY2020	69%	82%	50%	60%	58%	73%	86%

	(138 of 201)	(40 of 49)	(2 of 4)	(6 of 10)	(48 of 83)	(30 of 41)	(12 of 14)
CY2021	66% (176 of 268)	76% (47 of 62)	67% (4 of 6)	63% (10 of 16)	59% (65 of 110)	61% (33 of 54)	85% (17 of 20)
No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

The PIP goal for this item is 84%. DCYF has not met the PIP goal.

Washington State's overall performance decreased 3% from CY2020 to CY2021. Three of the six regions saw improvement and three regions saw decline in performance on this measure:
- Region 1: -6% from CY2020 to CY2021
- Region 2: +17% CY2020 to CY2021 (please note small sample size in each year)
- Region 3: -3% from CY2020 to CY2021
- Region 4: +1% from CY2020 to CY2021
- Region 5: -12% from CY2020 to CY2021
- Region 6: -1% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:
- The caseworker never had visits with the child(ren) in less than 1% (1 of 193) of the cases.
- The typical pattern of visits between the caseworker and the child(ren) was sufficient in 84% (162 of 193) of the cases.
- The quality of the visits between the caseworker and the child(ren) was sufficient in 77% (148 of 192) of the cases.
- Item 14 data broken down by case type:
  — Foster care – 71% (137/193)
  — CPS FAR – 31% (8/26)
  — In-Home – 63% (31/49)

As mentioned above, there is a direct correlation between Items 12A, 13 and 14.

ITEM Comparison (Items 12A, 13 and 14)					
On Site Review Instrument (OSRI)					
	Item 12A		Item 13		Item 14
CY2021	66% Strength	34% ANI	48.3% Strength	51.7% ANI	65.7% Strength	34.3% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report, Multi-Item Data Analysis Tool (as of 01/19/2022)					

60.1% of cases were rated as a strength in all three items while 39.9% of cases were rated as an area needing improvement in all three items.

There is also a strong correlation between Item 14 and Item 3. If we are unable to have frequent, quality conversations with children, we are unable to conduct ongoing, comprehensive assessments of safety.

ITEM Comparison (Items 3 and 14)				
On Site Review Instrument (OSRI)				
	Item 3		Item 14	
CY2021	62.7% Strength	37.3% ANI	65.7% Strength	34.3% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report, Multi-Item Data Analysis Tool (as of 01/19/2022)				

67.4% of cases were rated as a strength in both items while 32.6% of cases were rated as an area needing improvement in both items.

ADMINISTRATIVE INFOFAMLINK DATA

Administratively, DCYF is strong in contacts with children and youth in out-of-home care. For CY2021, 97% of children and youth had contacts, with slight variances amongst the regions[19]:

- Region 1 – 98%
- Region 2 – 97%
- Region 3 – 99%
- Region 4 – 94%
- Region 5 – 96%
- Region 6 – 96%

There is also an In-Home FVS Health and Safety Visit report available in infoFamLink. This report identifies if monthly visits occurred with children and youth with an FVS in-home services assignment, if two visits were documented for children under the age of 6 per DCYF policy 4420.Health and Safety visits with Children and Youth and Monthly Visits with Parents or Guardians and Caregivers, and if a visit was documented within 7 days of a return home. As of December 2021, statewide, DCYF met all of the above-mentioned requirements as outlined above 77.0% of the time. There were 7.4% of visits completed that were not compliant per the above conditions and 1.9% that were attempted only[20].

Item 15: Caseworker Visits With Parents

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 15: Caseworker Visits With Parents						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	51% (117 of 228)	53% (32 of 60)	78% (7 of 9)	53% (17 of 32)	46% (26 of 56)	48% (12 of 25)	50% (23 of 46)
CY2019	48% (126 of 265)	59% (13 of 22)	50% (29 of 58)	49% (33 of 68)	*	35% (11 of 31)	47% (40 of 86)
CY2020	40% (68 of 170)	55% (22 of 40)	0% (0 of 4)	40% (4 of 10)	22% (15 of 67)	47% (17 of 36)	77% (10 of 13)
CY2021	40% (83 of 207)	57% (25 of 44)	17% (1 of 6)	53% (8 of 15)	36% (30 of 83)	27% (12 of 44)	47% (7 of 15)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

The PIP goal for this item is 58%. DCYF has not met the PIP goal.

Washington State's overall performance remained the same from CY2020 to CY2021. Four of the six regions saw improvement and two regions saw decline in performance on this measure:

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[19] Data Source: Monthly Health and Safety Visits with Child, infoFamLink, previous calendar year, pulled 01/19/2022
[20] Data Source: In-Home Health and Safety Summary Report, infoFamLink, data month December 2021, pulled 01/19/2022

- Region 1: +2% from CY2020 to CY2021
- Region 2: +2% CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +13% from CY2020 to CY2021
- Region 4: +14% from CY2020 to CY2021
- Region 5: -20% from CY2020 to CY2021
- Region 6: -30% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:
- Visits with mother
    — The caseworker never had visits with the mother in 3% (3 of 117) of the cases.
    — The typical pattern of visits between the caseworker and the mother was sufficient in 48% (56 of 117) of the cases.
    — The quality of the visits between the caseworker and the mother was sufficient in 53% (60 of 114) of the cases.
    — Both the frequency and quality of caseworker visits with the mother were sufficient in 35% (41 of 117) of the cases.
- Visits with father
    — The caseworker never had visits with the father in 6% (4 of 68) of the cases.
    — The typical pattern of visits between the caseworker and the father was sufficient in 53% (36 of 68) of the cases.
    — The quality of the visits between the caseworker and the father was sufficient in 63% (40 of 64) of the cases.
    — Both the frequency and quality of caseworker visits with the father were sufficient in 46% (31 of 68) of the cases.
- Item 15 data broken down by case type:
    — Foster care – 34% (45/132)
    — CPS FAR – 23% (6/26)
    — In-Home – 65% (45/132)

As mentioned above, there is a direct correlation between Items 12B, 13 and 15.

ITEM Comparison (Items 12B, 13 and 15)					
On Site Review Instrument (OSRI)					
	Item 12B		Item 13		Item 15	
CY2021	49% Strength	51% ANI	48.3% Strength	51.7% ANI	40.1% Strength	59.9% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report, Multi-Item Data Analysis Tool (as of 01/19/2022)					

43.3% of cases were rated as a strength in all three items while 56.7% of cases were rated as an area needing improvement in all three items.

There is also a strong correlation between Items 3, 6 and 15. If we are unable to have frequent, quality conversations with mothers and fathers, we are unable to conduct ongoing, comprehensive assessments of safety and that inform conditions for return home or other permanency options which impacts achievement of timely permanency.

ITEM Comparison (Items 3, 6 and 15)

On Site Review Instrument (OSRI)					
	Item 3		Item 6		Item 15
CY2021	62.7% Strength	37.3% ANI	17.6% Strength	82.4% ANI	40.1% Strength	59.9% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report, Multi-Item Data Analysis Tool (as of 01/19/2022)					

19.7% of cases were rated as a strength in all three items while 80.3% of cases were rated as an area needing improvement in all three items.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO WELL-BEING OUTCOME 1

STRENGTHS

- DCYF made improvements on two of the Well-Being Outcome 1 items (Items 12 and 13) from CY2020 to CY2021.
- In some regions, there was an increased effort and focus on father engagement. In addition, Courts statewide have been focused on increasing father engagement. This was supported through case review data as on Item 12 from CY2020 to CY2021, we saw an increase in assessing the needs of fathers and providing appropriate services to fathers while we saw a decrease in assessing the needs of mothers and providing appropriate services to mothers.
- Parents being able to engage in case planning via Zoom or virtual platforms has increased participation from parents in the case planning process. There has also been an increase in father engagement with Zoom participation as an option for fathers to participate in case planning. This is also supported through case review data as on Item 13 from CY2020 to CY2021, there was a 9% increase to involve fathers in the case planning process.
- There has been an increase in workers meeting privately with children during Health & Safety visits to then have more of a voice and role in their ability to take part in their own case planning. This is also supported through case review data as on Item 13 from CY2020 to CY2021, there was a 6% increase to involve children and youth in the case planning process.
- The quality of contact with parent(s) is more notable when visits are in-person. A lot of communication with parents is done via phone, text and email.
- Regions continued to focus on strengthening documentation efforts in their assessments of children, youth, families and caregivers.

BARRIERS/AREAS NEEDING IMPROVEMENT

- Through case review data, we saw an increase in father engagement and a decline in mother engagement from CY2020 to CY2021. It has been challenging to effectively engage mothers; mothers were not as likely to return calls, show up for meetings, and did not appear to be as responsive to engagement attempts with caseworkers during this reporting period. There was also an enhanced focus on engagement with fathers which may have contributed to a decrease in engagement with mothers.
- We saw a notable decline in assessing the needs of foster parents and providing services to foster parents from CY2020 to CY2021. The number of children moving quickly after initial placement and/or not remaining in foster homes for extended periods of time have an impact on ability to assess the caregiver and provide appropriate supports.
- The lack of in-person visits with child(ren) and families often lead to an inadequate assessment of their needs.
- As mentioned in prior outcome areas, the COVID-19 pandemic impacted the ability to offer relevant services. With lack of services to offer, caseworkers have not been fully engaging in ongoing connections

with families and caregivers. During the pandemic, there has been a challenging time matching needs to services versus utilizing what is 'just available' at the time.

- As mentioned in prior outcome areas, workload and retention barriers have continued to have an impact on being able to conduct thorough assessments. DCYF staffing and retention rates remained a barrier among the workforce and contributed to lack of providing adequate services and support to the families DCYF serves.

- Health and Safety visits with children, parents, and caregivers conducted by the caseworker whether in the family home or in the foster home continue to be impacted by COVID-19 as families and caseworkers continued to test positive for COVID-19, resulting in staff having to do visits virtually at times or not at all.

- As mentioned in the *Safety Outcome 2* section as well as above, the case plan policy updated and rolled out; however, there was some ineffectiveness with the rollout process and ensuring caseworkers were aware of the policy updates, new coding requirement and training.

- ICPC in other states often only provide quarterly reports and monthly visits do not always occur. Courtesy workers are oftentimes less thorough and do not cover all required discussion points. Caseworkers are often instructed by supervisors to contact the courtesy worker to gather more monthly visit information and document the conversation in FamLink.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

- Continued implementation and monitoring of DCYF's Program Improvement Plan (PIP) strategies. There are multiple strategies and associated activities related to engagement with children, youth, families and caregivers. See *Update on Plan for Enacting the State's Vision* for current status of implementation of these strategies.

- As mentioned in the *Safety Outcome 2* section, DCYF Policy 1150. Case Plan was updated in December 2021, adding a case planning meeting note for tracking purposes and an emphasis on family engagement in the case planning process. In addition, an Introduction to Case Planning and the Structured Decision Making Risk Assessment eLearning was developed to assist CPS-FAR and FVS workers in this process in addition to a policy rollout eLearning. Due to low utilization of the case planning meeting note, additional messaging will go out to field operations staff to reinforce not only the usage of the case note code but the importance of partnering with families in the development of case plans.

- As mentioned in the *Permanency Outcome 1* section, DCYF has continued implementation of the strategies as identified in the PFD1 grant. The Enhanced Permanency Planning Meeting (PPM) and the Enhanced Youth Recruitment (EYR) strategies both have goals of improving engagement outcomes with children, youth, families and caregivers.

- Virtual Shared Planning Meetings, such as FTDMs and PPMs, were held due to the COVID-19 pandemic restrictions. This format has decreased barriers and allowed better engagement with case participants. This is particularly seen with fathers as the virtual platform allows them to engage or feel engaged in a different way than when meetings were held only in-person. DCYF will continue to host these meetings in multiple format including in-person, virtual or hybrid options depending on the family's needs and specific circumstances of each case.

- All regions have been engaged in pre-filing consultations. These consultations include discussions regarding assessing safety, family engagement and services needed and/or recommended for the family. In addition, triage and or complex case staffing teams are utilized where staff were given opportunities to explore additional ideas and resources when navigating the unique needs of the family they are serving such as exploring other ideas to support the family, improving their knowledge of services available, and conducting thorough assessments.

- Regional QA/CQI staff complete regionally based qualitative reviews of Health & Safety visits and parent contacts. Feedback is shared with the offices, with reviews of quantitative and qualitative data along with recommendations for coaching and guidance to caseworkers. The Department also continues to work with caseworkers on accurately documenting efforts to engage all parents and caregivers throughout the life of the case by offering coaching and conducting both quantitative and qualitative assessments.

The PFD1 grant intervention is being evaluated internally and externally for quality assurance. The grant has a dedicated CQI Program Manager and OIAA Data Analyst to support ongoing data management, fidelity monitoring, and continuous quality improvement. In addition, we are contracting with the Kempe Center with the University of Colorado to conduct a thorough evaluation of the efficacy of the grant interventions and to assist in identifying ongoing administrative and qualitative data points that DCYF can continue to measure after the evaluation is complete.

All of DCYF's improvement efforts included an emphasis on supervisory consultation, articulation and documentation of critical thinking and decision making. There is also an emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies. These strategies are being measured by CCRT case reviews; ongoing, targeted qualitative reviews by regional and HQ QA/CQI staff; use of administrative data available through the FamLink system; and through discussions with internal staff and external stakeholders and partners.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

As mentioned in the safety and permanency outcome sections, there are regular meetings with regional representatives, QA/CQI and Alliance representatives in multiple program areas such as CPS, CFWS, Adoption, FTDM and SPM. As engagement crosses the entire spectrum of child welfare involvement, all of these meetings allow opportunities to discuss strengths, areas needing improvement and share practice improvement efforts around the state in relation to how we are currently and want to engage with families. This also includes concentrated work with the Parents for Parents (P4P) program to help support engagement with parents who are involved in the child welfare dependency court system.

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

There have been collaborative efforts occurring through implementation of Motivational Interviewing (MI) through our Family First Prevention Plan. DCYF meets with internal staff, parents, youth, and Tribes to seek input on the work as well as in development of the MI implementation plan.

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 16: Educational Needs of Children						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6

CY2018	93% (147 of 158)	98% (42 of 43)	83% (5 of 6)	95% (19 of 20)	95% (37 of 39)	91% (20 of 22)	86% (24 of 28)
CY2019	90% (149 of 166)	100% (20 of 20)	94% (30 of 32)	89% (33 of 37)	*	95% (21 of 22)	82% (45 of 55)
CY2020	95% (116 of 122)	100% (31 of 31)	100% (2 of 2)	100% (5 of 5)	90% (46 of 51)	96% (24 of 25)	100% (8 of 8)
CY2021	93% (142 of 153)	94% (32 of 34)	100% (4 of 4)	100% (5 of 5)	89% (57 of 64)	97% (34 of 35)	91% (10 of 11)

No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)

Washington State's overall performance decreased by 2% from CY2020 to CY2021. One of the six regions saw improvement, two regions remained the same (at 100%) and three regions saw decline in performance on this measure:

- Region 1: -6% from CY2020 to CY2021
- Region 2: No change from CY2020 to CY2021 (please note small sample size in each year)
- Region 3: No change from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: -1% from CY2020 to CY2021
- Region 5: +1% from CY2020 to CY2021
- Region 6: -9% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:

- The agency made concerted efforts to accurately assess the children's educational needs in 93% (139 of 149) of the cases.
- The agency made concerted efforts to address the children's educational needs through appropriate services in 87% (72 of 83) of the cases.
- Item 16 data broken down by case type:
  — Foster care – 93% (138/149)
  — CPS FAR – 100% (1/1)
  — In-Home – 100% (3/3)

Child Health and Education Tracking (CHET) Educational Domain[21]

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-being and includes the domain of education. The education domain includes children and youth between six and 18-years old. During the CHET screening process, CHET screeners obtain and summarize the child's education records. Ongoing needs are identified for further follow-up and the CHET screener makes referrals for services as needed. The statewide completion rate for the education domain in CY2021 was 99%. In addition, CHET received and uploaded 1,122 educational records into the FamLink system in CY2021.

Graduation Rate for Children and Youth in Foster Care

For the class of 2021, out of 657 foster care students in Washington State that were eligible, 317 (48.2%) of those students graduated. Of that cohort, 21.6% of students remained enrolled after the fourth year to pursue

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[21] 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.

obtaining their high school degree and 34.4% of students dropped out. Those students that stayed on for another year brought the cohort graduation rate up to 55.9%. In comparison to the global school population in Washington State, which is 84,171 students in the class of 2021, 82.7% graduated from high school, 8% remained enrolled to continue, and 9% of that cohort of students dropped out[22]. Although all Washington state public schools were required to return to offer in-person options for some populations, most schools remained a hybrid for most of the school year, with the primary mode for students being online schooling. This learning style was met with mixed results and, although we saw a slight rise in the graduation rate, many students were still left behind due to needing one-on-one teacher support, in person socialization, and peer group motivation.

Foster Care Graduation 2020-21

	Graduate	Final Cohort
Four Year	317	657
Five Year	359	642
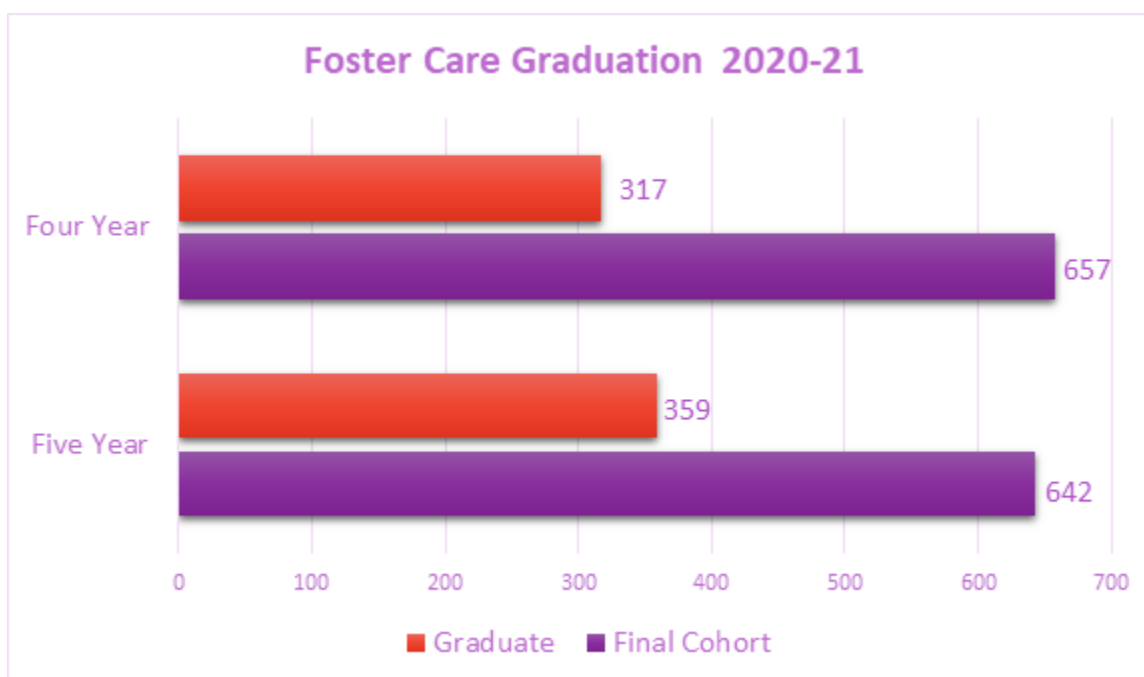
Currently, one of the strongest supports for students in foster care is the Graduation Success program through Treehouse. During the 2021 legislative session, the program was granted additional funding for full state expansion. Treehouse will be expanding to the remaining 100 of 295 school districts over the next two years.

- Graduation Success is currently serving 49 school districts, with 865 active cases, and 128 youth currently in the intake process for the 2021-22 school year.
- The program is on track to meet the goal of offering graduation success services to youth statewide by the end of the 2023 school year.
- The program is currently negotiating contracts (Memorandums of Understanding and Data Share Agreements) to offer services in the 2022-23 school year with districts that have a population of 10 or more youth in foster care.
- To serve youth in districts with fewer than 10 qualifying youth, Treehouse will utilize the Joint Education Letter recently updated and signed by DCYF and the Office of Superintendent of Public Instruction (OSPI) leadership, releases of information, and by partnering with school district Foster Care Liaisons, School Building Points of Contact, and area DCYF staff.

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[22] Data Source: Report Card Graduation 2014-15 to Most Recent Year, data.wa.gov
https://data.wa.gov/education/Report-Card-Graduation-2014-15-to-Most-Recent-Year/9dvy-pnhx/data

- In Spring 2022, Treehouse utilized current staff capacity to eliminate waitlists, saturate existing service areas, serve districts in close proximity to established Graduation Success teams, and serve high school aged youth currently being served by Education Advocacy.
- In September 2022, service will begin for districts with qualifying populations of 10 or more students.
- In November 2022, service will begin for districts with qualifying populations of 5-9 students.
- By January 2023, service will be offered to all qualifying youth statewide.

Treehouse Educational Advocacy Program[23]

The Treehouse Educational Advocacy Program is a public-private partnership and collaboration with OSPI, DCYF and Treehouse. The program provides short-term interventions intended to have long-term impacts that result in youth graduating from high school. There are 13 Education Advocates co-located in DCYF offices across the state who collaborate with caseworkers, caregivers and schools to improve education outcomes for youth in out-of-home care. There has been an advocacy vacancy that Treehouse has not been able to fill this year during the pandemic so waitlists have been longer than usual for referrals; Treehouse's previous strategy to have advocates in other areas of the state work cases remotely has not been as successful this year. The DCYF Education Program Manager worked with Treehouse on some new strategies to include: asking the regional DCYF Ed Leads to review monthly waitlists and do outreach to caseworkers to see if they could help resolve the education need, and revising the Treehouse referral process to collect more complete information that will help triage cases and move them towards assignment to an advocate quicker. Due to the year over year number of waitlisted cases, Treehouse and DCYF advocated within the legislature for additional advocacy staff. Treehouse was granted funding for four staff for a one-year period beginning July 1, 2022. This will give Treehouse and DCYF time to coordinate an ask for increased funding in the next legislative session. The contract has not received any expansion in funding for nearly a decade. Of the four staff, two will be advocates that will cover the waitlist and two will be dedicated to highly mobile youth who are in exceptional placements or night to night foster homes. This will support efforts of school stability while placement stability is being addressed.

From July 1, 2021 – December 31, 2021:
- Treehouse received 654 referrals for youth to the Educational Advocacy Program.
  — Of those referrals, 73% were from the DCYF caseworker, 15% from the CHET screener, 6% from tribes/other, and 1% from school personnel. Although there was a decrease in referrals in Spring of 2020 after schools closed down due to the COVID-19 pandemic, the number of referrals received at the beginning of the current school year was consistent with the few years prior to the pandemic.
  — 580 youth were served through the Educational Advocacy Program.
    o Out of the 580 youth served, 470 youth received either a direct intervention or consultation.
- Education Advocates provided 717 Information and Referral (I&R) interventions.
  — That breaks down to 450 youth-specific I&R contacts delivered to 238 unique youth and 267 general knowledge I&R interactions.
  — Education Advocates provided 37 trainings, workshops and presentations statewide for 739 attendees including caseworkers, caregivers, CASA/GAL, Education Liaisons, community providers, and school personnel. These trainings, workshops and presentations address a variety of topics such as school enrollment, special education, discipline and general trainings on how to be the best educational advocate for children and youth. All of the trainings, workshops, and presentations are based on state and federal education laws. Treehouse also provides youth advocacy trainings as requested. Due to

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[23] Data Source: Treehouse Educational Advocacy Program Mid-Year Report 2021-2022

COVID-19 pandemic, trainings have been facilitated by Education Advocates remotely. The numbers of attendees were up from 420 the prior year to 739 with only 8 additional trainings provided from July to December 2021, speaking to the flexibility that remote trainings offer.

2022 Legislative Session

The 2022 legislative session brought about two changes for students experiencing foster care which was a result of recommendations from the Project Education Impact Legislative workgroup.

1. SHB 1955 was passed to create uniformity in education requirements for children and youth who are the subject of a dependency proceeding. This bill:
   - Adds the definition of school of origin to RCW 28A.225.350. "School of Origin" means the school in which a child is enrolled at the time of placement. If a child's placement changes, the school of origin **must** be considered the school in which the child is enrolled at the time of the placement change.
   - Expands the school districts' requirements to collaborate with DCYF and support children and youth in foster care so that students in shelter care and **in a trial return home** may access and receive education supports from the school districts to include school of origin provisions and school transportation.
   - Language in all Washington state foster care education RCWs was changed from "foster care or out-of-home care" to children who are *"the subject of a dependency proceeding"* pursuant to chapter 13.34 RCW.
   - The school district must provide transportation. Districts may work together to collaborate on transportation and DCYF can share excess cost with the districts.

   Additional language was added to reflect current practice and clarify caseworker's process for best interest determinations for school placement and "transportation planning."

   The changes to DCYF practice include extending the process for determining school placement and transportation services to trial return home cases. Prior to this legislation, when trial return home occurred, even if it was 4 weeks before the end of the school year, the child or youth had to move to the school that belonged to their parent's neighborhood unless DCYF or the parent could maintain transportation to the school of origin. DCYF is currently updating the education policy to include the definition for school of origin and to strengthen instructions on process for reducing school moves and collaborating to make the best interest determination for school selection.

2. A funding proviso was added to allow the Treehouse Advocacy program to hire additional staff to meet long standing waitlists and to work with DCYF staff to address school stability for students experiencing high mobility in placements. Treehouse, OSPI and DCYF have a three-way contract and have agreed that two staff will be hired to address the waitlists across the state and two staff will address education needs for kids in exceptional placements and night to night foster care placements. The later will address items DCYF is under a current court order for if the order is extended past June 2022.

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

- DCYF saw a slight decline on Item 12, although minimal, compared to the high turnover and staff shortages across the state.

- OSPI user interface allows education data to populate FamLink, allowing improved caseworker access to key education information. As mentioned above, additional data share addendums have been made to further improve data collection and monitoring.
- Despite barriers related to the COVID-19 pandemic, educational needs were still addressed.

BARRIERS/AREAS NEEDING IMPROVEMENT

- The continuing COVID-19 pandemic created barriers that impacted education efforts. See the COVID-19 Impact section below.
- Inability to analyze the data available and the lack of a link between education and transition planning. The Central Case Review Team (CCRT) finding indicate staff are assessing and addressing education needs at 93% statewide and OSPI data shows students in foster care are still only graduating at around a rate of 50% and performing less than any other subgroup on all school measures. We are not able to access and analyze all of the data received and needed to determine the root causes related to school stability, educational resources and graduation rates.
- Continue to strengthen documentation of education needs and services to meet those needs.
- Caseworkers need to provide needed information to complete Treehouse referrals for advocacy and follow up with the school/district regarding special education services when needs are identified.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

- Addendum to data sharing agreement between DCYF and OSPI to add caseworker and supervisor names and contact information to OSPI file to be sent to school districts so they may connect with a student's caseworker more easily. Implemented in Fall of 2021.
- DCYF Education Program Manager began hosting Open Doors to create a regular space for DCYF child welfare staff to ask education questions, staff challenging cases, and learn about specific education related topics. These were held weekly during the 2020-21 school year and moved to every other week for the 2021-22 school year.
- In March 2022, DCYF launched a comprehensive Zoom training on the DCYF Education Policy. This will be held every other month. The first was held March 2022. The Education Program Manager and Regional Education Leads are working with Regional Administrators to identify new or existing staff to attend.
- DCYF Education Program Manager partnered with FamLink trainers to develop an eLearning about how to enter education (early learning, K-12, and postsecondary) information into FamLink. This is part of Regional Core Training (RCT) and added practice tips in the training regarding why gathering and assessing education information is mandated and beneficial. The training was completed in the Fall of 2021.
- DCYF and Treehouse updated the Treehouse response to receiving referrals by requesting additional information regarding a student's needs to better triage and expedite assigning of an advocate.
- The Graduation Success program 2021 legislative budget provided for a full state expansion. Expansion will occur across a two-year period.
- The 2022 legislature provided funding for additional Education Advocacy staff for the 2023 budget year to prioritize regions with service referral waitlists, services for youth who are in exceptional placements, and changed foster care RCWs to create uniformity in education requirements for children and youth who are the subject of a dependency proceeding.
- Updates are underway to the DCYF Policy 4302A.Eductional Services and Planning: Early Childhood Development, K-12, and Post-Secondary with language and guidance around Every Student Succeeds Act

(ESSA) and best determination decisions that occur whenever a student moves schools. Policy updates are due to be released June 2022.

- Several meetings were held between OSPI's transportation director and DCYF's fiscal director to address transportation costs so children in out of home care who are placed outside of their district continue to attend their home school. DCYF agreed to continue to partner with school districts by either helping to arrange transportation or by sharing the excess costs of transportation at the rate of 50%. Guidance and the form were posted on OSPI and DCYF's sites for staff in February 2021. DCYF conducted a series of 6 identical trainings for staff on the new process and, in total, trained 300 caseworkers and supervisors. In January 2022, additional changes were made to the form to further streamline the process from having to fill out a 3-page form for each child to being able to include up to 20 students per form. This has cut down on the time it takes districts to complete the form and for DCYF to review and process, thus increasing the number of districts choosing to enter into cost sharing agreements. This not only strengthened relationships between DCYF and the districts, but ultimately increases collaborations to set up transportation, keeping students in their schools of origin.

- The School Notification form, which DCYF caseworkers submit to the school when a youth comes into care, changes placements or returns home, was updated to allow for documentation of the state and federal mandate for the Best Interest Determination (BID). Updates to this form included a BID checklist, ability to document the determination, who was part of the decision and a link to the school district foster care liaison contact list for submission. Prior to updating this form, the only way to record the best interest determination was through a case note and there was no clear process for engaging the school in the determination or for sending documentation to the district that this requirement had occurred.

- Continued joint outreach, in collaboration with OSPI, to school district staff and DCYF caseworkers through emails, listservs, in-person trainings, and networking opportunities.

COVID-19 IMPACTS

There were multiple challenges that occurred during the COVID-19 pandemic that impacted educational efforts. DCYF continued to primarily work remotely and staff turnover and shortages continued. Although most schools were in person, there were frequent disruptions due to COVID-19 outbreaks. Many families choose to continue to have their students remain in online options.

During the pandemic, an exception was made to DCYF policy 4302A. Eductional Services and Planning: Early Childhood Development, K-12, and Post-Secondary. The exception allowed caregivers to choose distance learning if health and safety was a concern for their family. Before the exception, a DCYF Administrative Authorization Request and court order were required for a student to be able to participate in public school distance learning/alternative learning. During the 2021-22 school year, the school choice exception continued. However, for private school or home school options, the DCYF Administrative Authorization Request was still required. During the 2021-22 school year, requests for private school and home school placements increased. A number of requests were mitigated and ultimately denied and instead we were able to help the caregiver connect their student with appropriate school services within their district. The DCYF Administrative Request form is completed by the caseworker but as part of the process is reviewed by the caseworker supervisor, Regional Education Lead, Regional Administrator, and Director of Field Operations. Occasionally requests come to the HQ Program Manager when there are outstanding concerns or questions.

There continues to be inconsistencies in the availability of public internet for youth who may be at DCYF offices in between placements or for those in night-to-night placements. The request for internet access has been approved by DCYF IT leadership, but has not been fully implemented statewide.

School districts had inconsistent approaches to online and hybrid learning. The pressures of the pandemic also continue to cause delays in reviewing and updating IEPs. Although most schools were in person this year, transportation has been a challenge due to school bus driver shortages and car service driver shortages. Some districts stated they were unable to provide transportation for any students outside their district, which included students in foster care who were attending the school of origin. This put a heavy burden on DCYF caseworkers who provided school transportation for children and youth on their caseload.

Despite these challenges, there were also positive activities that occurred during the pandemic to support children and youth. DCYF, OSPI and Treehouse collaboratively held statewide and regional virtual trainings and Q&A sessions. In addition, back to school tip sheets were developed for caregivers, caseworkers and school foster care liaisons which provided specific tips for supporting students during the pandemic. There were multiple articles related to education placed in the Caregiver Connection that goes out to foster and kinship parents. Regions started their regional education gatherings back up, this time through Zoom and other online platforms. Headquarters and the regional education leads hosted Open Doors every other week for DCYF staff to staff cases and learn about specific topics once a month. Treehouse staff attended as an additional resource. These collaborations increased staff outreach to the regional education leads and DCYF Education program manager for additional staffings or with invitations to school meetings.

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

STAKEHOLDER INVOLVEMENT AND FEEDBACK

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

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

- The Superintendent's Special Education Advisory Committee (SEAC)
- School Safety and Student Wellbeing - OSPI
- Project Education Impact (PEI)
    — A state policy workgroup where leadership and program managers of state and nonprofit agencies come together to strategize and support working for education equality for children and youth experiencing out-of-home placement or homelessness.
    — 2021 PEI Partner and Community Engagement Plan goal and objectives:
        ▪ Goal – gather input from the people most affected by foster care and/or homelessness, including young people in foster care or experiencing homelessness; parents, guardians, and caregivers; and service providers to inform development of the 2021 PEI Report to the Legislature and future PEI actions.

— Recommendations for DCYF that came from stakeholder engagement included building DCYF staff capacity by creating Dedicated Regional Education Lead positions (currently the leads hold anywhere from 5-20 programs) and create additional DCYF agency metrics to include K-12 Education and report on Placement moves. Unfortunately, these recommendations did not make it into a bill this year; however, the 2022 Legislative Session section above details the efforts to support foster care students that did pass.

This year, in the continuing wake of the pandemic, the American Bar Association (ABA) continued the convening of a Foster Care Continuum of Practice series where state's foster care education representatives from state education and child welfare agencies could come together and share guidance and ask questions about other state's practices. Washington OSPI and DCYF foster care education program managers participated in the monthly meetings.

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 17: Physical Health of the Child						
On Site Review Instrument (OSRI)						
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	64% (141 of 222)	65% (37 of 57)	78% (7 of 9)	57% (17 of 30)	53% (28 of 53)	73% (19 of 26)	70% (33 of 47)
CY2019	64% (150 of 234)	80% (20 of 25)	57% (29 of 51)	62% (33 of 53)	*	65% (17 of 26)	65% (51 of 79)
CY2020	81% (130 of 161)	97% (38 of 39)	50% (1 of 2)	86% (6 of 7)	73% (49 of 67)	81% (29 of 36)	70% (7 of 10)
CY2021	77% (170 of 221)	85% (46 of 54)	60% (3 of 5)	90% (9 of 10)	67% (60 of 90)	80% (37 of 46)	94% (15 of 16)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

Washington State's overall performance decreased 4% from CY2020 to CY2021. Three of the six regions saw improvement and three regions saw decline in performance on this measure:
- Region 1: -12% from CY2020 to CY2021
- Region 2: +10% CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +4% from CY2020 to CY2021
- Region 4: -6% from CY2020 to CY2021
- Region 5: -1% from CY2020 to CY2021
- Region 6: +24% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:
- The agency accurately assessed the children's physical health needs in 90% (173 of 193) of the cases.
- The agency ensured all appropriate services were provided to the children to address all identified physical health needs in 88% (163 of 185) of the cases.
- The agency accurately assessed the children's dental health needs in 81% (149 of 185) of the cases.
- The agency ensured all appropriate services were provided to the children to address all identified dental health needs in 79% (141 of 178) of the cases.

- The agency provided appropriate oversight of prescription medications for the physical health issues of the target child in foster care in 90% (57 of 63) of the cases.
- Item 17 data broken down by case type:
  — Foster care – 75% (144/193)
  — CPS FAR – 88% (7/8)
  — In-Home – 95% (19/20)

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 CY2021 was 96% in the first 30 days of placement. The COVID-19 pandemic continued to have some impact on the ability for children and youth to receive an EPSDT in the first 30 days of placement. Providers lacked available appointments or pushed out appointment dates when COVID infections, exposures, or quarantines occurred. Children who were not able to see a provider within 30 days were kept open in the CHET process until they could be seen. When children and youth do not receive an EPSDT exam during the CHET process, the need for the exam is included in the "Items Needing Follow-Up" section of the CHET report. These items can then be tracked by the caseworker and the caregiver. The child can be referred to Apple Health Core Connection (AHCC) for care coordination efforts, as appropriate.

The physical health domain also includes addressing children's dental health. Dental appointments are scheduled, records are obtained, and dental exam results are documented. Further dental health recommendations are documented in the "Items Needing Follow-Up" section of the CHET report.

Item 18: Mental/Behavioral Health of the Child

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

CENTRAL CASE REVIEW TEAM (CCRT) PIP CASE REVIEW DATA

ITEM 18: Mental/Behavioral Health of the Child							
On Site Review Instrument (OSRI)							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	67% (99 of 148)	73% (27 of 37)	86% (6 of 7)	78% (14 of 18)	73% (27 of 37)	26% (5 of 19)	67% (20 of 30)
CY2019	67% (97 of 145)	75% (12 of 16)	69% (18 of 26)	58% (19 of 33)	*	74% (14 of 19)	67% (34 of 51)
CY2020	74% (73 of 98)	91% (20 of 22)	100% (3 of 3)	80% (4 of 5)	63% (26 of 41)	71% (15 of 21)	83% (5 of 6)
CY2021	61% (67 of 109)	56% (14 of 25)	0% (0 of 1)	100% (2 of 2)	63% (30 of 48)	60% (15 of 25)	75% (6 of 8)
*No Region 4 cases were reviewed in 2019 as the entire region was part of the 2018 CFSR and all years of PIP reviews (2020/2021). Data Source: CFSR Portal, Onsite Review Instrument Report (as of 12/28/2021)							

Washington State's overall performance decreased 13% from CY2020 to CY2021. One of the six regions saw improvement, one region remained the same, and four regions saw decline in performance on this measure:
- Region 1: -35% from CY2020 to CY2021
- Region 2: -100% CY2020 to CY2021 (please note small sample size in each year)
- Region 3: +20% from CY2020 to CY2021 (please note small sample size in each year)
- Region 4: No change from CY2020 to CY2021

- Region 5: -11% from CY2020 to CY2021
- Region 6: -8% from CY2020 to CY2021

Statewide, in CY2021, the CCRT found:
- The agency accurately assessed the children's mental/behavioral health needs in 77% (68 of 88) of the cases.
- The agency ensured that all appropriate services were provided to the children to address all identified mental/behavioral health needs in 62% (52 of 84) of the cases.
- The agency provided appropriate oversight of prescription medications for the mental/behavioral health issues of the target child in foster care in 92% (33 of 36) of the cases.
- Item 18 data broken down by case type:
    — Foster care – 64% (56/88)
    — CPS FAR – 44% (4/9)
    — In-Home – 58% (7/12)

In October 2021, a deep dive was done on CFSR Item 18. The sampling period included cases with the period under review (PUR) beginning on January 1, 2018 through September 1, 2021. The quantitative sample size was 707 cases. Of those, 115 were identified as an Area Needing Improvement (ANI) on Item 18 overall. A stratified sample from all regions was identified for a qualitative analysis.

For Item 18, 61 cases were included in the qualitative sample. The following graph demonstrates the top reasons identified for why the cases were rated as an ANI by case type.
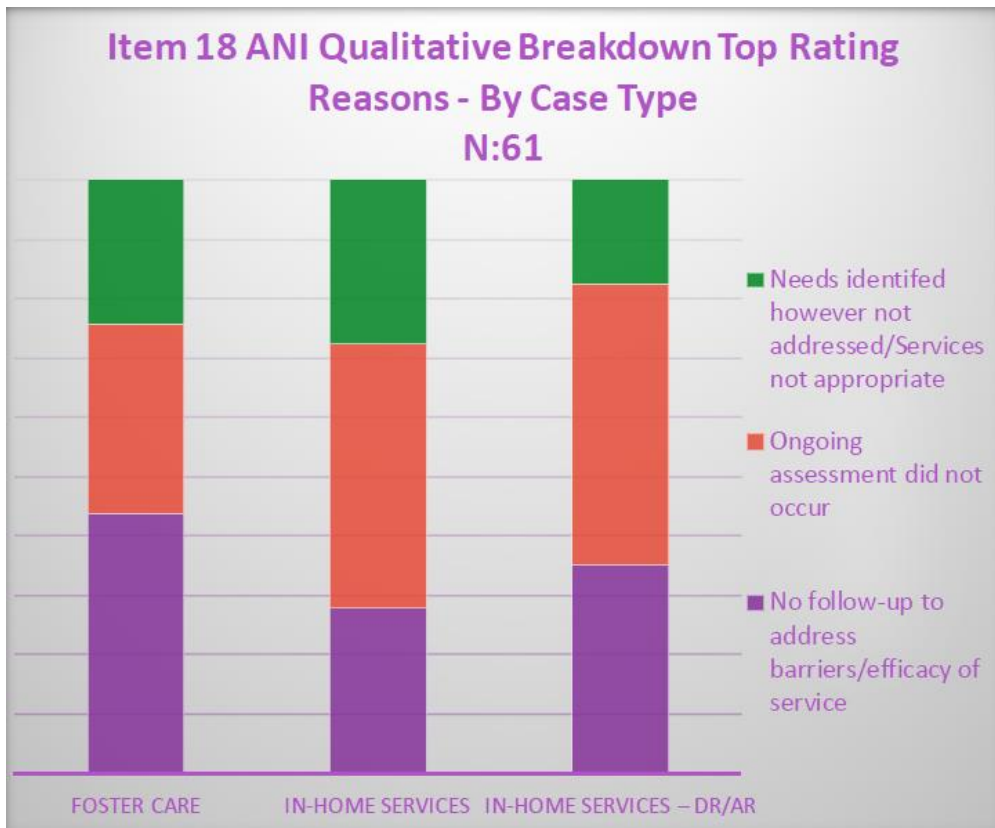
In addition, barriers were identified and coded.

Item 18
Rating Reasons

Item 18 ANI Qualitative Breakdown Rating Reason by Case Type
N:61

Legend:
- Barrier: Covid-19
- Barrier: Provider Criteria
- Barrier: Provider Availablity
- Barrier: Parent Unavailable (Medical, Incarceration, etc.)
- Barrier: Insurance (ICPC, Private Insurance)
- Barrier: Transportation
- Needs identifed however not addressed/Services not appropriate
- Relied on placement/provider to assess needs
- Ongoing assessment did not occur
- No follow-up to address barriers/efficacy of service
- Delay in referring to services
- Initial Assessment did not occur

Categories: FOSTER CARE | IN-HOME SERVICES | IN-HOME SERVICES – DR/AR

The most common reasons identified for this area needing improvement mirrors what was found on Item 12 which is a lack of ongoing assessment and lack of follow-up to address barriers to service access.

There is also a strong correlation between Item 12A and Item 18.

ITEM Comparison (Items 12A and 18)				
On Site Review Instrument (OSRI)				
	Item 12A		Item 18	
CY2021	66.0% Strength	34.0% ANI	61.5% Strength	38.5% ANI
Data Source: CFSR Portal, Onsite Review Instrument Report, Multi-Item Data Analysis Tool (as of 01/24/2022)				

59.1% of cases were rated as a strength in both items while 40.9% of cases were rated as an area needing improvement in both items.

Child Health and Education Tracking (CHET) Emotional and Behavioral Health Domain
The emotional and behavioral health domain includes standardized screenings for emotional and behavioral health using validated screening tools. The screening tools used screen for internalizing behaviors, externalizing behaviors, attentional behaviors, trauma concerns, overall child/infant mental health, substance abuse concerns, and CSEC (Commercially Sexually Exploited Child) concerns. Results from the screening tools are used to develop an appropriate case plan and assist in placement decisions for the child. The caseworker is notified when a child is screened with possible concerns which indicates a need for further mental health assessment. This need is documented in the "Items Needing Follow-up" section of the CHET report. The statewide completion rate for the emotional and behavioral health domain in CY2021 was 98%.

Ongoing Mental Health
Ongoing Mental Health (OMH) screening is a follow up to the emotional/behavioral health screening that occurs during the Child Health and Education Tracking (CHET) process, and a quick check for any unmet

physical health needs. A cohort of children or youth ages three through 17 who have been in out-of-home care for more than six months are eligible for OMH Screening. An OMH screener will call the caregiver and re-administer the standardized screening tools used during the CHET process. They will also ask questions about how the child or youth is doing to include physical/dental health. Youth 13 years and older can talk to the OMH screener directly if they are available and would like to participate in the screening.

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

The OMH program was started as part of a five-year grant between 2014 and 2018. An evaluation was conducted during this time on the efficacy of the program. DCYF was able to find a combination of dollars to sustain the program; however, no longer has the evaluation component. At this time, there is no formalized mechanism established to collect and report data regarding OMH. However, a process is underway to track how many OMH reports are completed each month and how many of those children/youth's screens indicate further mental health assessment is appropriate. This data will be available for the next review.

Coordination of Care for Physical and Behavioral Health Concerns

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

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

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

DCYF partners with HCA and the ALTSA through the FWB Program to ensure children eligible for fee for service receive appropriate physical and behavioral health services and treatment through the CHET process. Expedited referrals receive immediate attention from the FWB Program Specialists and clinical staff. FWB triages every child/youth and outreaches to all DCYF caseworkers and caregivers. FWB provides care coordination for children in out-of-home placement that need transportation, dental and orthodontia services through the HCA that are not covered by managed care.

Apple Health Core Connections (Managed Care Plan), Children and Youth Served			
Foster Care Members – All Subgroups - # of Unique Members			
	CY2020 (duplicated numbers)	CY2020 Unique Members	CY2021 Unique Members
Health Care Coordination	8,398	1,853	2,257
Care Management	4,962	1,079	1,197
Health Care Coordination Tasks Completed by Member Services	15,004	15,004	23,835
Number of Unique Members who Received Mental Health Services	9,171	10,128	9,957
Received Telehealth Mental Health Services	--	4,680	5,092
Second Opinion Network (SON)			
Received SON Reviews	--	308	215
Wraparound with Intensive Services (WISe)			
Received WISe Services	--	1,378	1,350
In BRS Receiving WISe Services	--	627	680
Data Source: Health Care Authority, Coordinated Care of Washington (CCW)			

Reporting Methodology Change

The data reflected in the table above are reflective of the number of unique members served. In years past, this data was presented differently and, in an effort, to focus on the individual members within the program, Coordinated Care changed the reporting methodology. Coordinated Care has back-dated the data to include report outs for calendar years 2020 and 2021 for comparison, and will continue to provide data reflective of unique members served moving forward.

- **Increase in unique members served through Coordinated Care's Health Care Coordination and Care Management Programs:**
    — Coordinated Care of Washington (CCW) served 18% more Apple Health Core Connections (AHCC) members in their Health Care Coordination and Care Management Programs in 2021 (3,454 total unique members) versus those served 2020 (2,932 total unique members). Additionally, CCW served 31% more DCYF involved youth in Health Care Coordination and Care Management Programs in 2021 (1,823 total unique members) versus those served in 2020 (1,393 total unique members).
    — This increase is reflective of Coordinated Care's strategy to improve program performance through the use of data, evaluating operational efficiencies, and by leveraging clinical best practices within the Health Care Coordination Program. These improvements allowed CCW to serve more children, youth, and young adults in the program.
- **Access to Mental Health Services:**
    — COVID-19 and historically high workforce shortages impacted the way in which children, youth, and young adults accessed care. Similar to data provided in the prior year's APSR, AHCC members continued to access a hybrid model of mental health services offered in-person and virtually/telephonically. There was a slight increase in the number of unique members who accessed mental health services in CY2021 (2% over the previous year).
- **Increase in Health Care Coordination Tasks**
    — Coordinated Care experienced a 72% increase in the number of Health Care Coordination Tasks completed in 2021 (25,835 tasks) compared to 2020 (15,004 tasks). This notable increase was

driven by outreach efforts to membership to explain how to access COVID-19 testing and vaccines for age-approved populations.

- **Decrease in SON Referrals**
  - Similar to information reported in last year's APSR, Coordinated Care saw a 30% decrease in referrals to the Second Opinion Network. This was due to a process improvement that was put in place in 2019.

Fostering Well-being (FWB), Children and Youth Served	CY2020	CY2021
Received Care Coordination Services for Physical, Behavioral, and Co-Occurring Concerns	740	577
Medicaid Fee for Service Medically Fragile Ongoing Care Coordination Case Load	15	53
Comprehensive Health Overviews Completed	139	138
Medicaid Coverage/Benefit Questions Answered	200	171
Medicaid Fee for Service Prior Authorization Denial Issues Resolved	7	21
Medically Complex/Medically Fragile Clinical Determinations Made	2955	2,892
Contacts Made	13,701	11,076
Data Source: Fostering Well-Being (FWB)		

Fostering Well-being (FWB), Regional Medical Consultants, Children and Youth Served	CY2020	CY2021
"At Risk Statements" – Possible Child Physical and Behavioral Risk Prior to Adoption	107	58
Chart Note Reviews – Medication and Treatment Plans*	182	78
General Consultations Provided to Caseworkers and Caregivers	263	211
Non-Specific Child Consultation (newly tracked)	--	523
Completed at the request of the caseworker. *Data Source: Fostering Well-Being (FWB)*		

Oversight of Prescription Medications

In 2020, Coordinated Care implemented an improvement process to proactively screen pharmacy data that could potentially trigger the need for a Second Opinion Network (SON) review. This process starts at the point of sale to reject the pharmacy fill request based on the established SON referral criteria. Coordinated Care's Pharmacy Benefit Management system receives the rejection, flags the request through the need for a prior authorization review, and it is sent directly to Coordinated Care's Pharmacy Team for further evaluation. If Coordinated Care's Pharmacy Team determines that a SON referral is needed, the team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This process has decreased unnecessary referrals to the SON by 56%; from over 700 in 2019 to 308 in 2020. There were only 215 SON reviews in 2021, showing a continued decrease in unnecessary referrals and efficiency in the process of filling requests.

Wraparound with Intensive Services (WISe) Utilization

WISe is an approach to help Medicaid-eligible children, youth, and their families with intensive mental health care. Services are available in the home and community settings and offer a system of care based on the individualized needs of the child or youth. WISe is available to Medicaid-eligible children and youth 20 years of age or younger with complex emotional, behavioral, and social issues who meet medical necessity criteria for WISe services. In CY2021, an estimated 5,967 unduplicated children and youth received WISe across

Washington State. (This is slightly underestimated due to a data lag.) In CY2021, there were 680 children and youth in BRS that received WISe concurrently.

The graphic below represents all children/youth served through WISe by State Fiscal Year (SFY). These are all Medicaid children/youth, not only children and youth in out-of-home care through DCYF.

Number of Youth Served in WISe, by SFY

Cumulative = **15,280** (thru SFY 2021)

Year	Number of Youth
2015	940
2016	1,886
2017	2,974
2018	4,026
2019	4,945
2020	5,945
2021	6,144
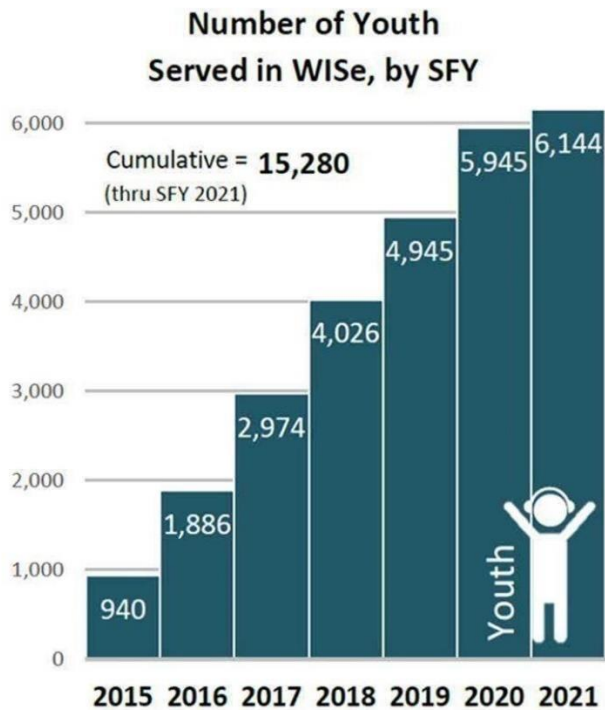
Washington State Family Youth System Partner Round Tables (FYSPRT)
FYSPRT provide a forum for families, youth, state agencies and communities to strengthen sustainable resources that provide community-based approaches to address the behavioral health needs of children, youth and families. FYSPRT also 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 and access to WISe. DCYF partners with HCA by participating in local and statewide recurring FYSPRT meetings to learn about new resources for the DCYF-involved population, and to advocate for foster youth and their families' needs.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO WELL-BEING OUTCOME 3
STRENGTHS
- In late 2021/early 2022, Memorandum of Understandings (MOUs) were developed with each of the five Managed Care Organizations (MCOs) in Washington State - Amerigroup (AMG), Community Health Plan of Washington (CHPW), Coordinated Care of WA (CCW), Molina Healthcare of WA, Inc. (MHW), and United Healthcare Community Plan (UHC). These MOUs are all signed and executed. The agreements are all relatively similar in that the process for obtaining care coordination services through the MCO will be the same for parents and their children who are touched by the child welfare system and when there is no dependency. Based on the general process, a guidance document was provided to field operations staff in February 2022 on how to access care coordination services for children and parents.

- CCW liaisons are connecting with regional and HQ staff for children/youth in dependency to answer questions regarding access to Medicaid services. CCW liaisons have been joining regional level case staffings on a regular basis to assist at the lowest level possible prior to any need for escalation.
- CCW has a dedicated email inbox for caseworkers to use to refer children and youth to care coordination services. CCW responds with a confirmation email that the case has been assigned to a specific care coordinator and provides the contact information.
- DCYF continues to utilize BRS and WISe programs concurrently to increase service intensity for children and youth who have high-level, complex needs. There is close partnership between the DCYF BRS staff and CCW WISe liaisons to support the concurrent delivery of these services.

BARRIERS/AREAS NEEDING IMPROVEMENT

- WISe capacity and accessibility continue to be an area of concern statewide. Certain counties have interest lists when services are not immediately available. There is also difficulty engaging WISe services if the child is in an unstable placement.
- Behavioral Health Residential Treatments are limited in Washington State. The Children's Long-Term Inpatient Program (CLIP) is currently working on expanding the number/type of beds (including specialty beds for Habilitative Mental Health) through our partner agency, the Health Care Authority (HCA). However, although some funding has been secured, there is still a statewide search for providers willing and able to build and implement these programs. Most children or youth that need behavioral health residential level of care must receive care in out-of-state programs.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

- Continued implementation and monitoring of DCYF's Program Improvement Plan (PIP) strategies. There are multiple strategies and associated activities related to improving physical and mental health outcomes for children, youth and families. See *Update on Plan for Enacting the State's Vision* for current status of implementation of these strategies. The implementation of the care coordination MOUs as outlined in the Strengths section above was one of these strategies.
- In 2021, Substance Use Disorder (SUD) services rates were increased to match HCA Medicaid rates. Rates were increased for SUD Assessments, Case Management, Individual Therapy, and Group Therapy services. SUD rate increases were a priority in 2021 as all of the rates of payment for services were lower than the 2020 Medicaid reimbursement rates.
- In 2021, several Evidence Based Practices (EBP) were added to the approved Professional Services contracts. These include CBT, TF-CBT, AF-CBT, and DBT. Furthermore, the EBP rates were enhanced in comparison to the regular counseling rates, to ensure quality of EBP services provided to DCYF involved families, and to encourage more providers to become EBP certified to enhance the DCYF service array.

All of DCYF's improvement efforts included an emphasis on supervisory consultation, articulation and documentation of critical thinking and decision making. There is also an emphasis on the use of qualitative and quantitative data to identify areas of strengths, areas needing improvement and to inform practice improvement strategies. These strategies are being measured by CCRT case reviews; use of administrative data available through the FamLink system; use of data available through partner agencies; and through discussions with internal staff and external stakeholders and partners.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

DCYF regularly collaborates with internal staff and external stakeholders. Some examples of this collaboration include the following:

- DCYF/Health Care Authority (HCA)/Children's Long-Term Inpatient Program (CLIP) Monthly Meeting – to discuss individual cases and discharge planning needs, and to update each system on upcoming/new resources for youth who are potentially entering or exiting CLIP treatment
- DCYF/Coordinated Care of WA (CCW) bi-weekly check-in - to develop processes and resources for caseworkers to access care coordination services from CCW; to discuss process improvement and quality of care coordination services; to identify challenges between caseworkers and care coordination services to better assist the youth and families.
- DCYF/HCA/CCW/Development Disabilities Administration (DDA) Multi-System Weekly case staffing meetings - to staff individual high needs/high risk cases of children and youth involved in multiple systems and to collaborate on treatment planning; to discuss larger multi-system issues regarding access to services, collaboration of systems, and identifying creative ways to meet the behavioral health needs of each unique youth/family.
- WISe Data Meeting with HCA and RDA - to discuss and analyze ongoing WISe and BRS data to identify how to best meet the needs of youth with complex behavioral health needs. The T.R. Settlement has been closed since the last APSR report which is a strength.
- As part of the PIP, the Interagency Workgroup (DCYF HQ and field operations staff, HCA, and AHCC) meets quarterly to discuss data, process development and improvements, and access to Medicaid services.

Statewide Information System

Item 19: Statewide Information System

The Department of Children, Youth, and Families (DCYF) currently uses FamLink, a system was implemented in Washington from another states' transfer system developed under the Statewide Automated Child Welfare Information System (SACWIS) guidelines. While the transfer code was received in 2007 and implemented in February 2009, the base code for the transfer system is from approximately the year 2000.

FamLink is a mission critical system used by approximately 2,700 DCYF staff (including intake, CPS and child welfare social service specialists, foster care licensors and fiduciaries) in addition to 400 external users (including tribal partners, Office of Children and Families Ombudsman independent living providers and others), and supports approximately 233,000 clients (children and families within the state of Washington).

Prior to the formation of the new DCYF, Washington had been pursuing replacement of the aging system due to ongoing challenges in operational maintenance and new development within the system. Changes to the application, modifications, and enhancements are resource intensive. In addition, the ongoing modifications and increase in data have caused the system to become slow and unstable for a 24/7 operation.

At this point, DCYF is unable to meet our business needs for our end users in support of the children and families of Washington that we serve, nor are we able to fully implement new state and federal legislation and/or reporting requirements (e.g. HB127, Family First Prevention Services Act, and Adoption and Foster Care Analysis and Reporting System (AFCARS) 2.1 implementation).

Child welfare requires an IT solution/application that supports end users in direct services with children and families, supports legal and policy requirements, and allows for the collection of data to track and report outcomes, make data driven decisions, and report on federal requirements for national outcomes and as required for funding.

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.

Adoption and Foster Care Analysis Reporting System (AFCARS)

DCYF just completed its 2022A AFCARS submission. The 2021B and 2022A submissions continues to reflect that WA had no elements with error rates above 10%, which meets the "exceeds standards" threshold. Washington runs regular data checks and quality reports using the AFCARS data elements throughout the year. AFCARS data elements specific to systemic factor item 19 from the most recent AFCARS submission demonstrate Washington's ongoing commitment to accurate data collection.

AFCARS SUBMISSION TIMELINESS ERRORS					
Data Element	2020A Errors	2020B Errors	2021A Errors	2021B Errors	2022A Errors
FC-22 Removal Transaction Date	81 Errors (0.60% failing)	57 Errors (0.46% failing)	58 Errors (.49% failing)	81 Errors (0.72% failing)	69 Errors (.63% failing)
FC-57 Foster Care Discharge Transaction Date	176 Errors (5.37% failing)	143 Errors (5.42% failing)	99 Errors (4.11% failing)	105 Errors (4.48% failing)	109 Errors (4.39% failing)
Data Source: DCYF AFCARS Submissions Reports					

Analysis and requirements were completed to implement the new AFCARS rules, published May 12, 2020, into the FamLink application. These new rules will require significant modifications to our system by adding new data elements, modifying existing elements, new utilities, batch work and a new extraction batch. Due to ongoing modifications over the years for new development and maintenance, security patching and updates to the servers and supporting software, and increased data stored in the CCWIS database, we have had to direct significant attention toward stabilization efforts over the last year in order to maintain FamLink in a workable condition to support the child welfare programs. DCYF met with the Administration for Children and Families (ACF) regarding AFCARS in November 2021 to discuss our inability to meet the regulatory implementation timelines for the new AFCARS elements data collection and submission. The direction from this meeting was for Washington to at a minimum, develop a submission file to submit AFCARS data elements that do exist in the system. While the file will be non-compliant, it will at least allow for CFSR data to be extracted from our submission.

Another issue identified during the analysis and requirements work to implement the new AFCARS data set is that the identified data collection and mapping will continue to only support two options for mapping on gender, male and female, which does not align with Washington's three options for gender (male, female, and gender X) implemented on Washington State birth certificates in January 2018. This is not unique to only Washington and was raised as an issue by Washington and other states during the AFCARS comment period. Unfortunately, the proposed rules were not modified through the comments to accommodate this gender option for states that have more than two gender options on legal documentation. Washington has added the option of gender X to its new caregiver application portal (WA CAP), and has a pending request to make the change in FamLink for data synchronization. Washington State will continue conversations with our federal partners in AFCARS to determine how this gender will be mapped to AFCARS. Without an addition of a 3rd value of "other" in AFCARS to map to, Washington will be unable to submit a compliant file if a single child is documented as gender X in our system due to the 100% threshold for the child file.

Status and Permanency Goal

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

Another area of focus for AFCARS data is completing quality assurance reviews, which look at the documentation of the permanency plan, and ensuring a permanent plan is documented within the first 60 days of a child's placement in out-of-home care. While we are well within the federal allowable error rate, this is an area that DCYF will continue to focus on for improvement by reducing the number of missing records and goals. Through PIP data analysis meetings and the PFD1 grant, DCYF is having conversations regarding identification of appropriate permanent plans and concurrent planning to help ensure information is current and reflected in the FamLink system. We can use the Permanency Monitoring report in infoFamLink to identify primary and alternative plans and determine any potential missing records and/or documentation. A barrier is that the report pulls data directly from the legal section in FamLink and there is variance on who enters and what information is entered in that section. Information on permanent plans, particularly around concurrent planning and alternate plans, may be found in other areas of documentation (i.e. case notes, court reports, shared planning meeting module, etc.).

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. This interface will be built in to the CCWIS replacement roadmap.

Documentation of Placement Entry, Changes and Closing

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

Average Lag in Placement Entry, By Days			
Calendar Year	Average Lag in FamLink Services Entry	Average Lag Child Location Application	Average Lag in Placement Entry
CY2018	16	1	14
CY2019	15	1	12
CY2020	16	<1	8
CY2021	17	<1	8
Data Source: Lag Placement Entry Detail, infoFamLink, as of 05/13/2022			

Entry of Placement Events				
	CY2018	CY2019	CY2020	CY2021
Total Placement Events Entered	16,156	17,255	10,622	12,594
Entered Via Child Location Application	5,094 (31.5%)	9,312 (54%)	5,898 (55.5%)	7,076 (56.2%)
Entered directly via PET Tool	11,062 (68.5%)	7,943 (46%)	4,724 (44.5%)	5,518 (43.8%)
Entries Made Within 3 days	8,750 (54%)	11,206 (65%)	7,121 (67%)	8,728 (69%)
Data Source: Lag Placement Entry Detail, infoFamLink, as of 05/13/2022				

Placement Entry Data for CY 2021			
	Placement Moves	Removals	Total
Total Placement Events Entered	8,843 (70.22%)	3,751 (29.78%)	12,594 (100%)
Entered through Child Location Application	4,755 (67.20%)	1430 (25.92%)	7076 (56.19%)
Entered directly via PET Tool	4088 (74.08%)	2321 (32.80%)	5518 (43.81%)
Data Source: Lag Placement Entry Detail, infoFamLink, as of 05/13/2022			

Data indicates that as the use of the Child Location Application has increased as has the percentage of placements entered within the three-day policy time frame. As of CY2021, 56.2% of placement events were entered using the Child Location Application within three days of placement. Of the total placement events entered, 69% (8,728 of 12,594) were made within the three-day policy time frame. Data also indicates that average number of days of placement entry lag has decreased by almost half over the last two years.

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

Timely placement entry continues to be an area needing improvement. As discussed earlier, focus has been on training and policy to support timely entry. We are also doing analysis on the change request to make system modifications to support data quality in this area, allowing for more timely entry when a Provider ID does not exist in the case of a relative/kinship placement. Timely entry is a high priority for safety of knowing where children are placed and physically located at all times. Unfortunately, these changes have not yet been prioritized for work due to issues related to IT resource constraints and system stability.

DCYF continues to use the InfoFamLink Data Lag in Closing Episodes report to provide clarity on the status of documentation and to support staff in reducing the time lag of closing episodes. Late data entry may lead to overpayments, cause late payments to providers, and means that FamLink has less accurate information regarding the current placement settings for children in out-of-home care. Improvements continue in 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. The Data Lag of Closing Episodes illustrates the percentages of data lag in closing episodes by number of days, with the second chart illustrating the percentage of lag within five days after the closing episode.
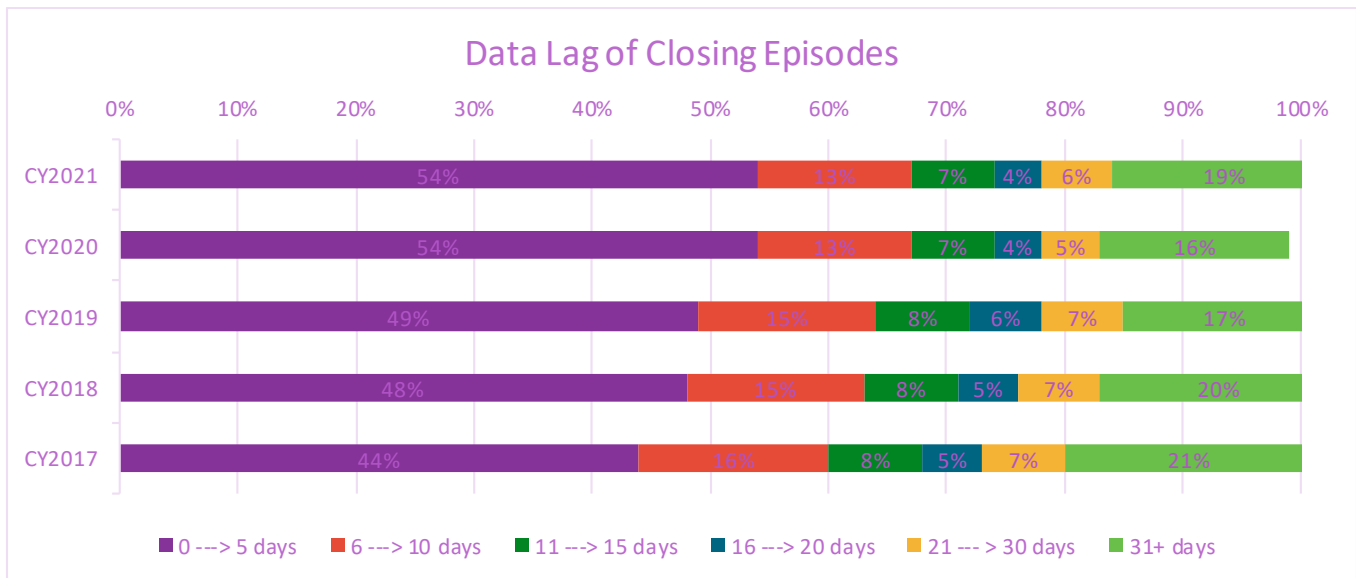
Data Lag of Closing Episodes

	0 ---> 5 days	6 ---> 10 days	11 ---> 15 days	16 ---> 20 days	21 --- > 30 days	31+ days
CY2021	54%	13%	7%	4%	6%	19%
CY2020	54%	13%	7%	4%	5%	16%
CY2019	49%	15%	8%	6%	7%	17%
CY2018	48%	15%	8%	5%	7%	20%
CY2017	44%	16%	8%	5%	7%	21%

Data Source: Data Lag in Closing Episodes, infoFamLink

0 ---> 5 days

	CY2017	CY2018	CY2019	CY2020	CY2021
0 ---> 5 days	44%	48%	49%	54%	54%
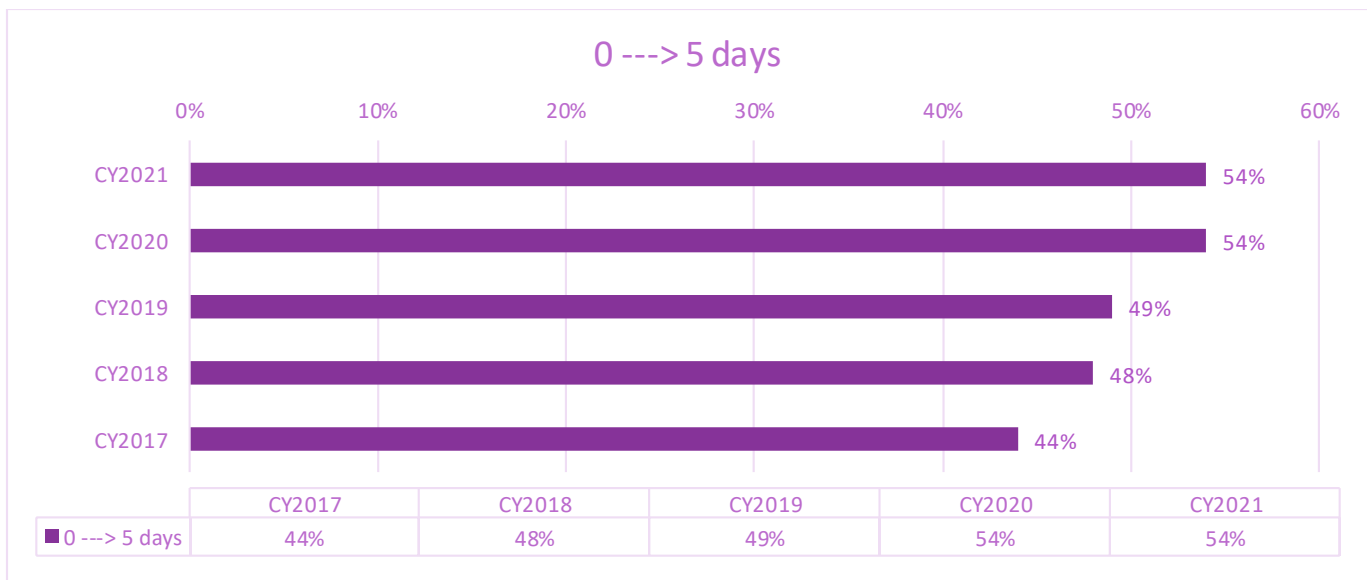
Data Source: Data Lag in Closing Episodes, infoFamLink

As illustrated in the figures above, DYCF has made improvements in ensuring placement episodes are closed timely, with a higher percentage occurring in CY2020 within the first five days after the end of the placement episode and maintained in CY2021.

Washington Caregiver Application Portal (WA CAP)

Funding was received for a foster parent/caregiver application portal to address Washington's cumbersome licensing process and shortage of providers for children in out-of-home care within our state. Based on the circumstances of our aging transitional CCWIS, it was determined that Washington could not develop that

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level of new functionality within the system and pursued a Commercial Off-the-Shelf (COTS) or SaaS solution that could be integrated or exchange information with FamLink.

Implementing a foster care recruitment and licensing solution will improve the efficiency of the workforce in a critical high needs area, and it is DCYF's first new development under CCWIS rules, utilizing a COTS waiver. This solution will ultimately replace the foster care licensing functionality currently in FamLink, in addition to adding features currently missing from FamLink. Based on our analysis, we believe using a COTS/SaaS type solution is the best option for Washington at this juncture to support our work in this area; improving efficiency and effectiveness in the recruitment, licensing, and licensing renewals for foster care. We also believe that this is the most economical solution for the state to meet business needs at this time.

After completion of the RFP procurement, Washington awarded Binti as the successful bidder and initiated a contract for the licensing and service for their foster care licensing portal. Work began during the FFY21 and will continue into late FFY22 for full implementation to include all DCYF licensing division staff and all private child placing agencies (CPA's) that certify homes prior to licensure by the state. Many of these CPA's meet the CCWIS definition of a child welfare contributing agency (CWCA).

We anticipate that there may be some acceptable duplication as we replace existing functionality in this project, however we plan to remedy the majority of these duplications over the projected 18-month period to completion of the foster care recruitment and licensing project by shutting down access through security to those replaced legacy functions. We have assessed that attempting to decouple functions in the monolithic legacy system would be too high of a risk to the grandfathered CCWIS system and to our program areas relying on the system to support them in their work with children and families.

The WA DCYF Licensing Division is working with private CPAs throughout the state to standardize the licensing home study and ensure that the new functionality will meet the needs to support all recruitment and licensing work in the future to be done through this module by both State and CWCA's.

Unfortunately, project timelines have been impacted by the IT resource issues and FamLink stability work discussed throughout this section of the report. However, the vendor and DCYF Licensing Division staff have continued to move forward and make progress in their work. DCYF IT resources are focused on the CCWIS database integration work that is required prior to implementing this new portal/functionality to the users.

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 the new WA CAP functionality. While this project has suffered some delays in timeline due to COVID, resources, and FamLink instability issues, it is well underway in development toward implementation.

Data Quality
DCYF has created a Data Quality Plan in compliance with CCWIS Regulation 1355.52. These regulations require the title IV-E agency's CCWIS to support the efficient, effective, and economical administration of the programs including:
- Federal reporting.
- Data required for title IV-E eligibility determinations, authorizations of services, and expenditures under IV-B and IV-E.
- Data to support federal and state child welfare laws, regulations, and policies; requirements, audits, program evaluations, and reviews.
- Case management data to support federal audits, reviews, and other monitoring activities.

- Data to support specific measures taken to comply with the Indian Child Welfare requirements in section 422(b) (9) of the Act.

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

The data quality team completed its first biennial data quality review in 2021 through a series of small team meetings, resulting in the identification of 9 data quality issues that the team chose to focus on.

The data quality includes program, field, data/reporting, and IT resources. It will be expanded in the future to include additional stakeholders.

Technical Assistance

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

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

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

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO STATEWIDE INFORMATION SYSTEM
STRENGTHS

- Collection and support of data utilized by InfoFamLink for operational reports on child welfare outcomes and practices.
- Provides statewide access to information regarding children and families involved in the DCYF system.

BARRIERS/AREAS NEEDING IMPROVEMENT

As discussed throughout this section of this report, the current FamLink application does not adequately meet the needs of the department or its clients. The system complexity causes several problems that make it hard for department staff and partners to serve Washington families, including:

- Timely system modifications resulting from federal rule changes are impossible.
- No way to streamline system functionality to support day to day case management work.
- Difficult to incorporate new technology to support evolving child welfare practices.
- Interoperability with other state systems is time consuming and expensive.

- The existing system has poor data quality to measure outcomes and support effective decision-making.

DCYF staff continue to correct system malfunctions, modify the system as necessary for changing state and federal legislative mandates and changing business practices, as well as maintain application software and hardware dependencies. These efforts require a significant time investment to avoid unexpected impacts to other data sets in the system. This lack of flexibility can cause a significant amount of work for child welfare workers to meet the needs of the children and families. The FamLink database lacks enforced referential integrity, scalability, and is overtaxed with data redundancy and inconsistencies, requiring regular data clean-up efforts and data fixes to ensure the information in the system is accurate.

The Office of the Administration for Children & Families (ACF) implemented new Comprehensive Child Welfare Information System (CCWIS) regulations in 2016 to allow states greater flexibility in developing case management information systems focused on data quality and allows for the use of modern technology that will enable data sharing between multiple systems. This new modularly designed information system will be a gradual but complete replacement and enhancement of the legacy child welfare information system, enabling DCYF to more effectively serve families and protect children.

At this time, only minor changes in FamLink (e.g. reference values in dropdowns, document versioning, etc.) will be evaluated as necessary to support our programs/practice during our planning and future transition to a new system.

DCYF also has continue to face challenges in hiring experienced IT staff to resource the needs of the work within the IT Division to support applications critical for our program staff. DCYF IT has struggled with a near 30% vacancy rate. We are currently supplementing IT development resources with contractor support.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

Through the Office of Strategic Initiatives and Collaboration (OSIC), an integration team has been developed to review the number of projects underway in addition to future planned activities with regulatory deadlines. These include items such as development of the Family Practice Model, implementation of Motivational Interviewing, development of service array, kinship placement and supports, foster care continuum work, and others. This team is in the process of developing an integrated workplan and workstreams and overarching governance structure to streamline these initiatives. All of these initiatives have direct impact to improvements and maintenance of the Statewide Information System (FamLink). The CCWIS planning and replacement project falls within this governance to ensure integration and alignment with the related workstreams that have dependencies on the CCWIS system.

COVID-19 IMPACTS

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

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

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

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 every 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 CY2021, 63% (59 of 94) of out-of-home cases had involved children and youth in case planning. Mothers were identified as being involved in case planning in 44% (51 of 117) of the out-of-home cases and fathers were identified as being involved in case planning in 54% (37 of 68) of the out-of-home cases. In CY2021, we did see an increase in father involvement in case planning as described in the *Well-Being Outcome 1* section.

Through the interviews held via the CCRT case review process, we can conclude that documentation is not the primary issue for performance on this item. Children, youth and parents are met with during monthly face to face visits and are also involved in shared planning meetings; however, as stated in the Well-being Outcome 1 section, conversations do not always include information related to case planning and identification of needs, barriers and service progression. Field operations staff agree that the documentation have not been fully capturing how staff are engaging children, youth and parents in case planning as caseworkers are struggling with finding the time needed to adequately document engagement efforts. Workload issues due to high turnovers and vacancy rates are impacting quality engagement with parents and children. Caseworkers struggled to meet with parents face to face as some parents still did not feel comfortable with in person contact.

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

Item 21: Periodic Reviews

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

AOC and Washington State Center for Court Research (WSCCR) track all of the juvenile dependency and termination cases that were filed in Washington's courts. Due to King County transitioning to a locally implemented and maintained case management system, there was lack of ability to obtain and integrate data from King County in 2018 and 2019. However, in 2020, extensive work was performed to verify data and implement the statewide data warehouse to report on dependency efforts. This made it possible to return to

a statewide reporting of dependency timeliness data for CY2020, including King County. Court records from the AOC's Superior Court Management and Information System (SCOMIS) are matched with information from the DCYF's FamLink system

DEPENDENCY FILING RATES

Dependency filings have steadily decreased over the last several years.

DEPENDENCY FILINGS PER YEAR - STATE
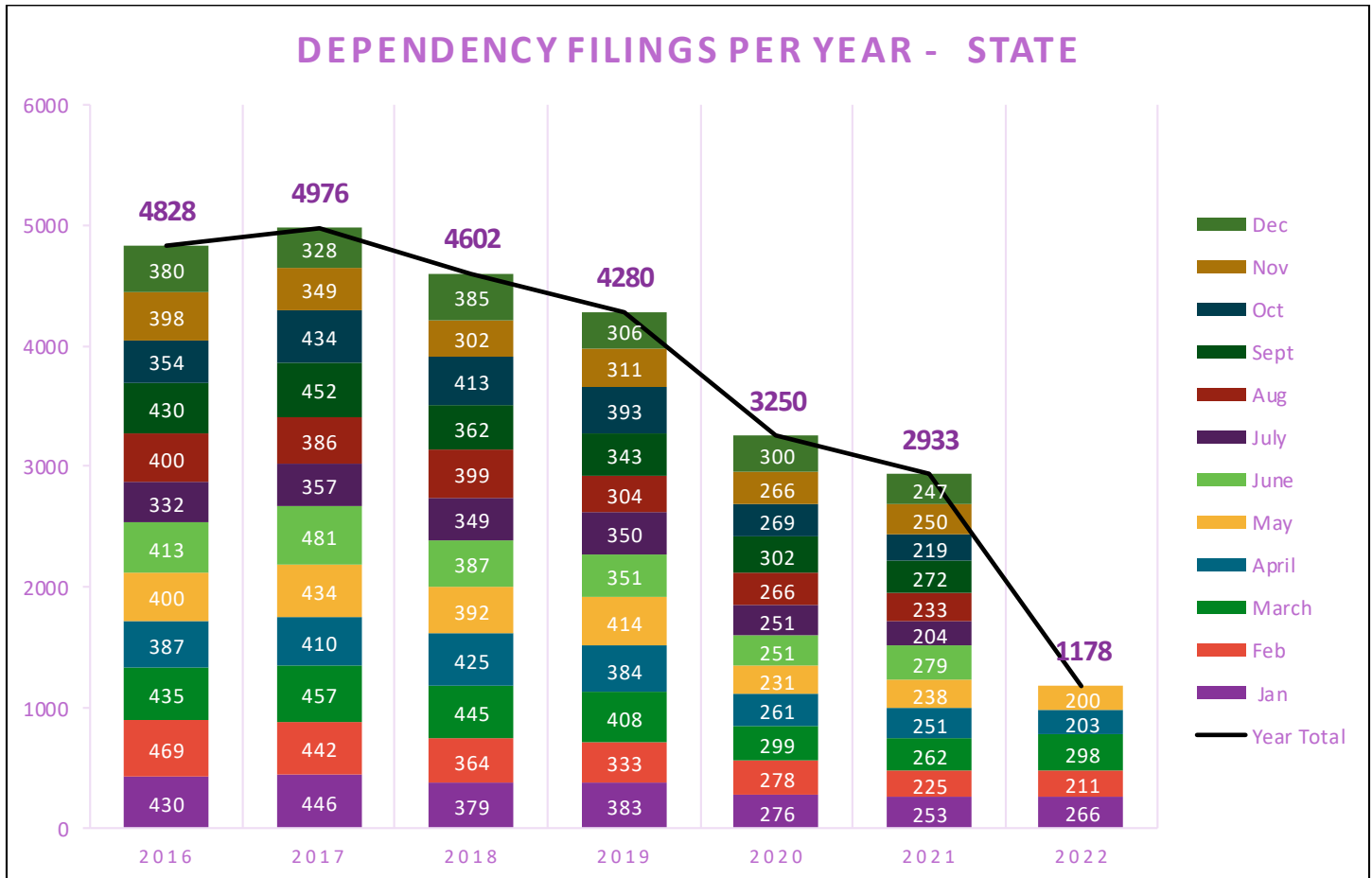
Data Source: Washington State Center for Court Research Dependency Interactive Data; DPP Filing – OROD Month – Monthly Updates; CY2015-CY2021

There have been intentional efforts, such as implementation of pre-filing consultations statewide, to use assessment tools in decision-making to ensure filings occur on the families that need that level of intervention in the child welfare system.

In CY2021, approximately 1/3 of dependency petitions filed indicated that placement removal (in FamLink) was attributed to parental drug and/or alcohol abuse.

Over the last several years, we can look at dependency filings over time by race/ethnicity to determine where we may be seeing disparities in the child welfare system.

DEPENDENCY FILINGS BY RACE/ETHNICITY

■ 2018 ■ 2019 ■ 2020 ■ 2021

	AI/AN	AI/AN-MULTI	ASIAN/PI	BLACK	BLACK-MULTI	HISPANIC/LATINO	MULTI-OTHER	UNKNOWN	WHITE
2018	4%	11%	2%	7%	9%	16%	2%	0%	50%
2019	4%	11%	3%	7%	9%	16%	2%	0%	49%
2020	2%	14%	1%	6%	9%	16%	2%	0%	49%
2021	3%	14%	2%	5%	8%	17%	2%	2%	47%

Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018-CY2021

We can also see disparities when we look at specific measures by race/ethnicity such as the percent of cases filed in CY2021 with a prior dependency filing.

Percent of Cases with a Prior Dependency Filing

(1) AI/AN	8%
(2) AI/AN-Multi	10%
(3) Asian/PI	2%
(4) Black	7%
(5) Black-Multi	12%
(6) Hispanic/Latino	10%
(7) Multi-Other	12%
(8) White	8%
(9) Unknown	0%
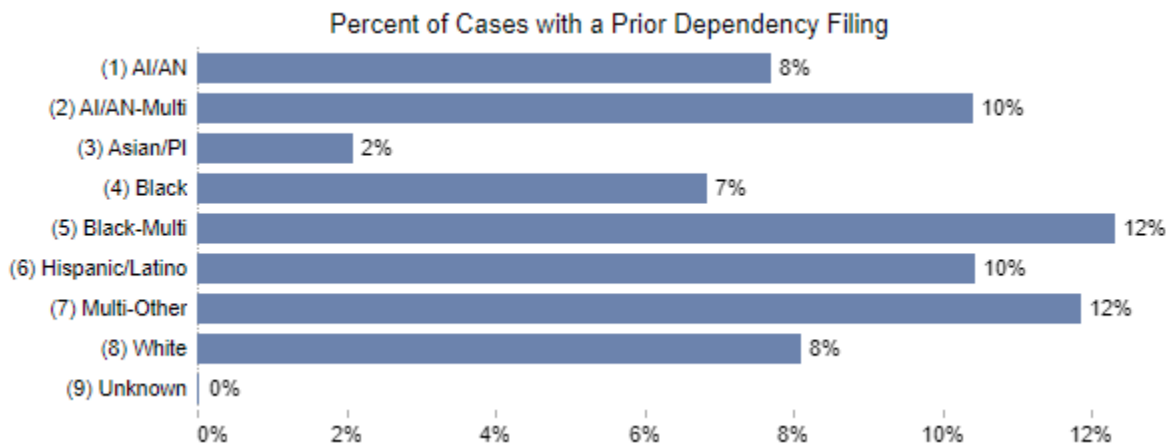
Data Source: Washington State Center for Court Research Dependency Dashboard, Dependency Timeliness Measure by Race/Ethnicity, January – December 2021

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

Fact-finding is one of the first major judicial events in the dependency process, and significant delays in fact-finding may prolong court involvement and increase the amount of time a child spends in foster care.[24]

The figure below illustrates the percentage of cases with fact-finding within 75 days of the filing of the dependency petition.

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[24] Dependent Children in Washington State: Case Timeliness and Outcomes, 2020 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2020DTR.pdf
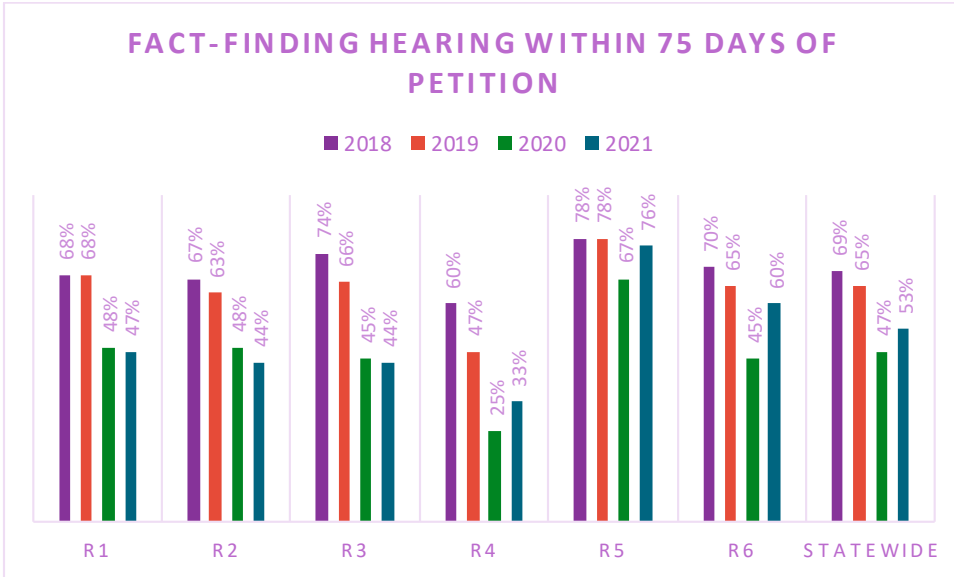
FACT-FINDING HEARING WITHIN 75 DAYS OF PETITION
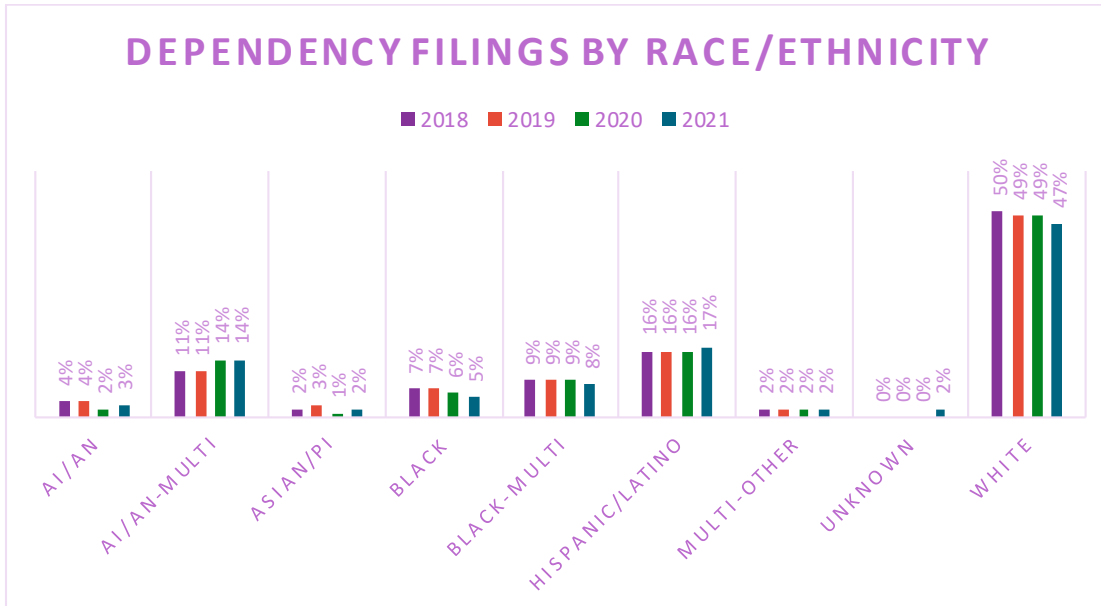

Data Source: Washington State Center for Court Research Dependency Interactive Data; Fact Finding – Monthly Updates; CY2018-CY2021

The purpose of a review hearing is to assess the progress of the parties and determine whether court supervision should continue.[25]

The figures below illustrate the percentage of first dependency review hearings within six months and the percentage of all dependency review hearings within six months.

FIRST DEPENDENCY REVIEW HEARING WITHIN 6 MONTHS
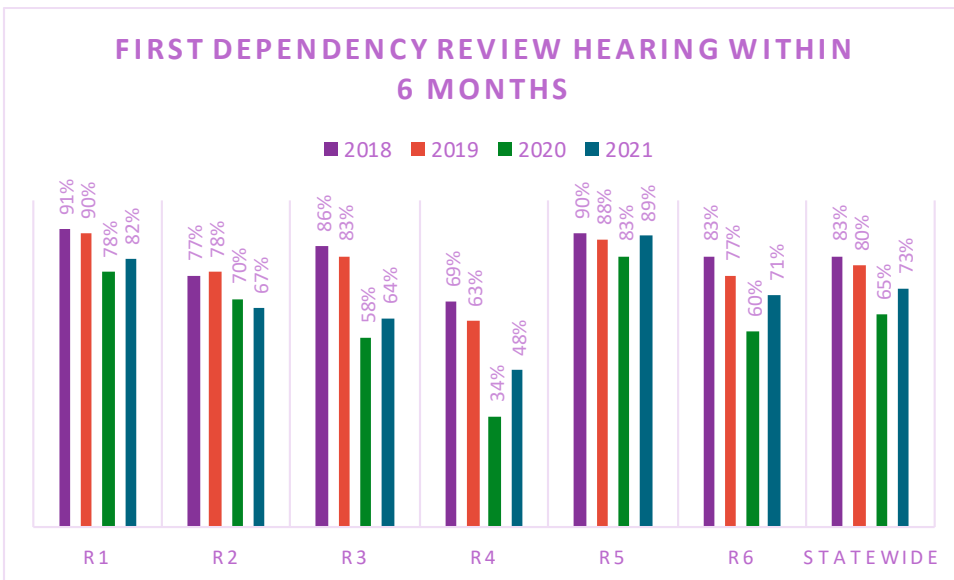
Data Source: Washington State Center for Court Research Dependency Interactive Data; First Review Hearing – Monthly Updates; CY2018-CY2021

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

ALL REVIEW HEARINGS HELD WITHIN 6 MONTH OF PREVIOUS HEARING

Legend: 2018, 2019, 2020, 2021

Region	2018	2019	2020	2021
R1	93%	95%	90%	88%
R2	89%	94%	85%	88%
R3	91%	92%	80%	85%
R4	92%	90%	73%	72%
R5	97%	97%	91%	94%
R6	92%	90%	79%	87%
STATEWIDE	93%	93%	83%	86%
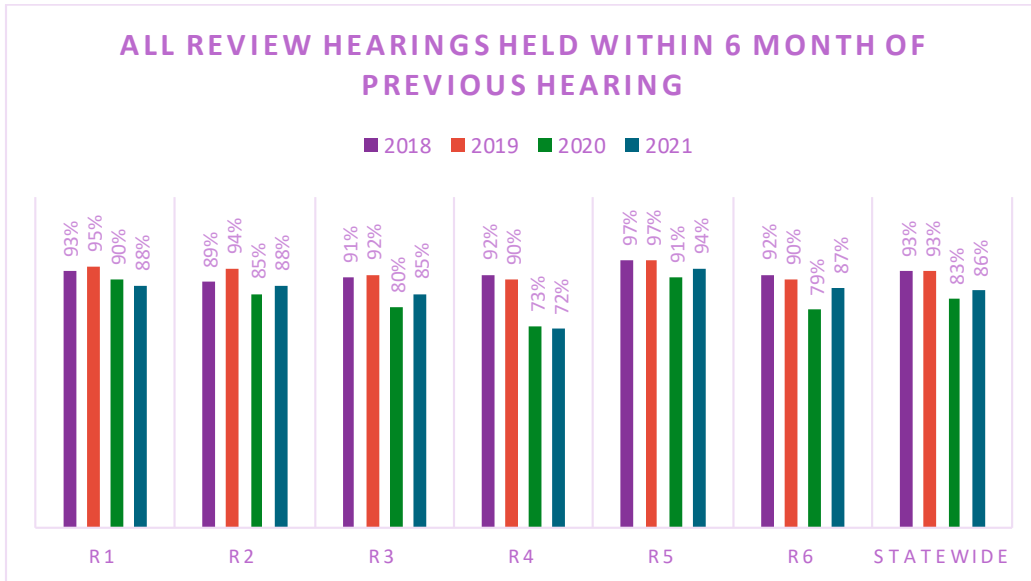
Data Source: Washington State Center for Court Research Dependency Interactive Data; All Review Hearings Cnts – Monthly Updates; CY2018-CY2021

Hearing timeliness in Region 5 seems to have been least impacted over the last few years by the COVID-19 pandemic. This region has a dedicated court unit. This unit handles the case from the initial filing to when dependency is established. This may be a contributing factor to these cases moving through to dependency in a timelier manner. In addition, there is a strong Court partnership in Region 5 with both counties (Pierce and Kitsap) in Region 5 having Family and Juvenile Court Improvement Program (FJCIP) coordinators.

Item 22: Permanency Hearings

The purpose of a permanency planning hearing is to inquire into the welfare of the child and progress of the case, and to reach decisions regarding permanent placement.[26]

The figures below illustrate the percent of cases with first permanency planning hearing within 12 months of placement and all dependency permanency planning hearings within 12 months.

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

FIRST PERMANENCY PLANNING HEARING WITHIN 12 MONTHS

Legend: ■ 2018 ■ 2019 ■ 2020 ■ 2021

Region	2018	2019	2020	2021
R1	90%	88%	80%	69%
R2	80%	67%	51%	35%
R3	79%	76%	58%	49%
R4	75%	80%	39%	32%
R5	92%	90%	85%	77%
R6	78%	83%	64%	56%
STATEWIDE	83%	82%	65%	56%

Data Source: Washington State Center for Court Research Dependency Interactive Data; Perm Planning 12mnth – Monthly Updates; CY2018-CY2021

ALL PERMANENCY PLANNING HEARINGS WITHIN 12 MONTHS OF PREVIOUS HEARING

Legend: ■ 2018 ■ 2019 ■ 2020 ■ 2021

Region	2018	2019	2020	2021
R1	93%	94%	93%	88%
R2	91%	92%	85%	87%
R3	89%	90%	82%	87%
R4	87%	88%	71%	74%
R5	96%	96%	93%	95%
R6	91%	94%	84%	88%
STATEWIDE	91%	93%	85%	86%
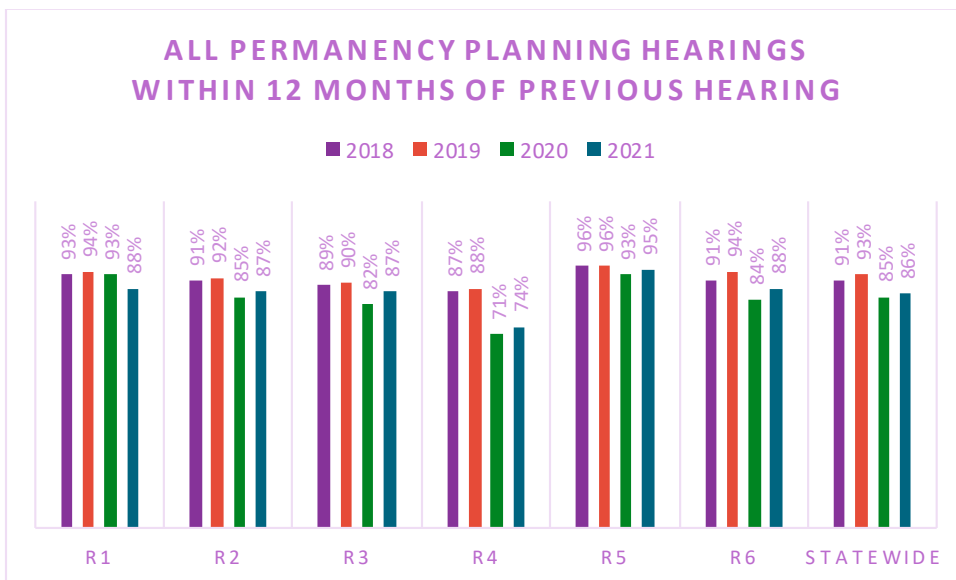
Data Source: Washington State Center for Court Research Dependency Interactive Data; All Perm Planning Hearing Cnts – Monthly Updates; CY2018-CY2021
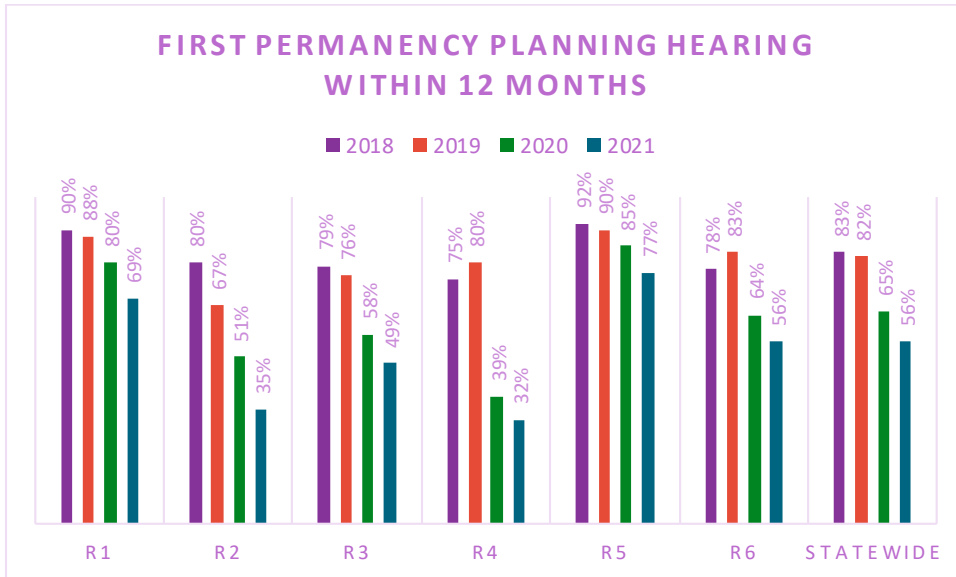
Overall, timeliness of review hearings and permanency hearings have declined since the COVID-19 pandemic (CY2020) and, as evidenced through the data, continued to be impacted in CY2021. Enduring a second year of pandemic uncertainty, many Washington courts have adjusted to virtual and hybrid hearings and embraced electronic document signatures and filings. It is clear that dependency courts are undergoing a cultural shift while they adjust to hybrid hearings and consider which practice changes to maintain as pandemic restrictions are eased.[27]

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[27] Dependent Children in Washington State: Case Timeliness and Outcomes, 2021 Annual Report; https://www.courts.wa.gov/subsite/wsccr/docs/2021DTR.pdf

Item 23: Termination of Parental Rights (TPR)

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

The Adoptions and Safe Families Act (United States Public Law 105-89, section 103) requires states to begin the process of terminating parental rights for certain cases, including those in which children have been in foster care for 15 of the most recent 22 months. Exceptions to this rule are cases where the child is being cared for by a relative, there is a compelling reason why termination would not be in the best interest of the child, or the State has failed to offer the necessary services to the family. [28]

The figure below illustrates the number of TPR petitions filed, by calendar year.
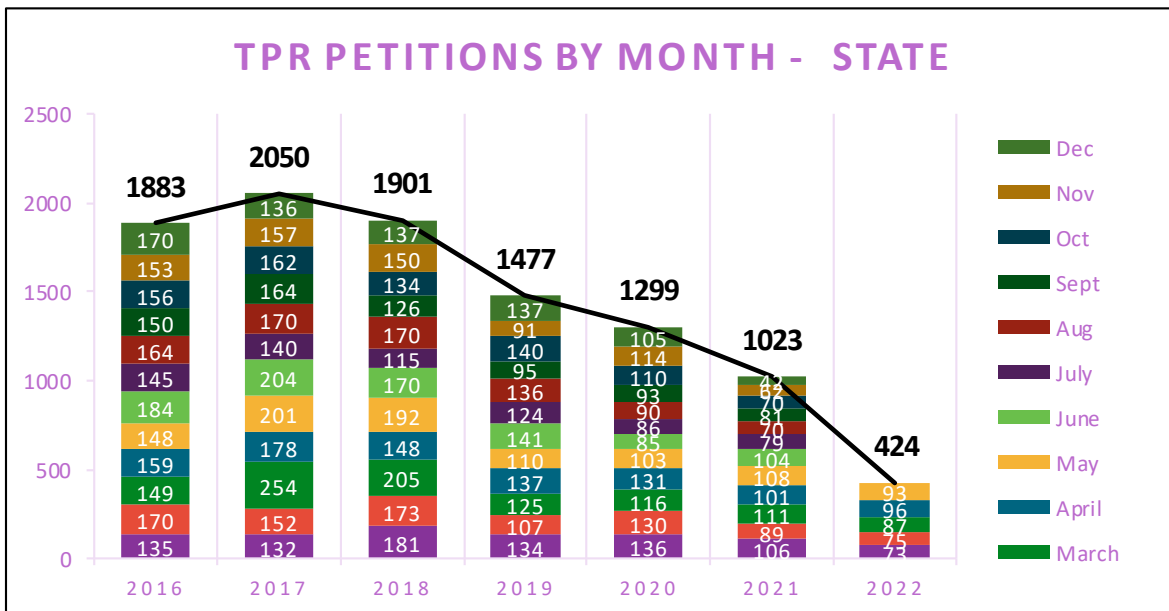
TPR PETITIONS BY MONTH - STATE

Data Source: Washington State Center for Court Research Dependency Interactive Data; Term Petitions – Monthly Updates; CY2015-CY2021

The figure below illustrates the number of TPR petitions filed within 15 months of the child's federal termination date for CY2021, broken down by region.

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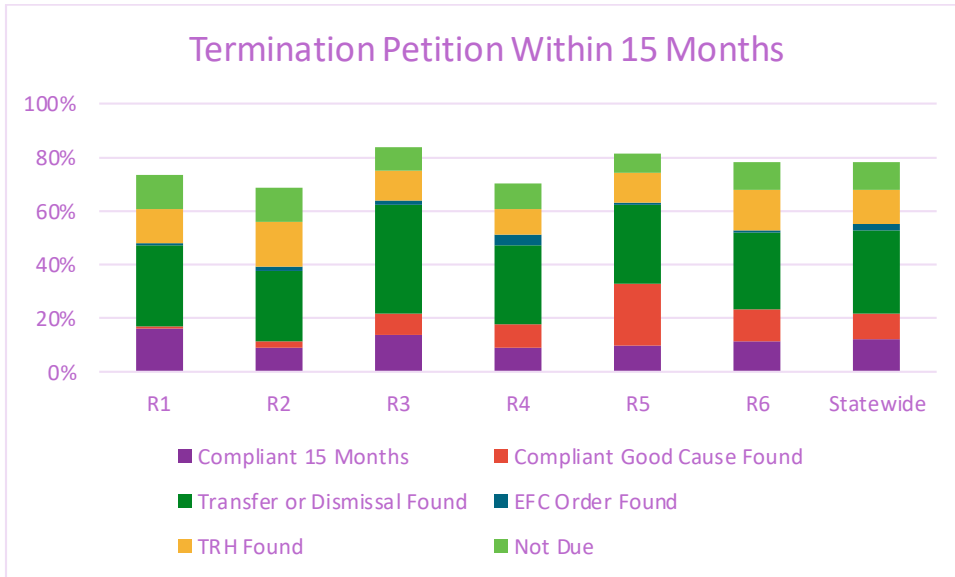
Termination Petition Within 15 Months

Data Source: Washington State Center for Court Research Dependency Interactive Data; Term Pet 15mnth – Monthly Updates; CY2015-CY2021

In CY2021, we can see that 45% of cases had adoption completion within 6 months of the termination date. This is an increase over the last several years.

Adoption Within 6 Months of Termination				
	CY2018	CY2019	CY2020	CY2021
Region 1	27%	25%	22%	39%
Region 2	42%	45%	62%	47%
Region 3	27%	36%	35%	48%
Region 4	10%	6%	19%	33%
Region 5	33%	36%	47%	66%
Region 6	20%	28%	29%	45%
Statewide	26%	29%	31%	45%
Data Source: Washington State Center for Court Research Dependency Interactive Data; Adoption 6mnths – Monthly Updates; CY2018-CY2021				

In June 2021, a new TPR referral process was completed and rolled out statewide. Data is being tracked on the timeliness of referrals being completed, rejection of referrals and acceptance of referrals by the Attorney General's Office (AG0). This data is provided to DCYF monthly to cross-reference with FamLink data. In review of the data it was noted that approximately 35% of referrals were being rejected by the AGO. In further analysis this appeared to be largely due to the lack of ICWA information and reasonable efforts being provided to parents.

DCYF also saw an increase in the number of reunifications and guardianships being completed, as well as reluctance by attorneys and courts to proceed with termination due to the lack of services available to the parents partly due from impacts of the COVID-19 pandemic.

COURT CONTINUANCES

Court continuances have been reported as a barrier contributing to timeliness. The chart below lists the total number of continuances per year of continuance activity on dependency cases. Cases may be duplicated across years and continuance categories. Some of these delays are a continued impact of the pandemic. Due to the lack of in person services for parents, the courts were not making rulings on parental progress and

continued hearings on those issues until a parent had ample time to engage in an ordered service once those resumed.

Court Continuance Orders - Statewide					
Reason Listed		CY2018	CY2019	CY2020	CY2021
Order of Continuance	Continuance Cnts	11,876	12,663	13,685	12,908
	Count of Cases	6,360	6,474	6,440	5,547
Order of Continuance of Trial Date	Continuance Cnts	1,892	2,090	1,943	922
	Count of Cases	828	861	617	418
Order of Continuance - Stipulated	Continuance Cnts	958	913	717	366
	Count of Cases	845	781	589	306
Order of Continuance - Setting	Continuance Cnts	6	3	4	2
	Count of Cases	6	3	4	2
Order of Continuance – Plaintiff Attorney Request	Continuance Cnts	16	38	3	5
	Count of Cases	16	29	3	5
Order of Continuance – Defense Attorney Request	Continuance Cnts	2	-	2	-
	Count of Cases	2	-	2	-
Order of Continuance – Court Mandated	Continuance Cnts	-	-	1	-
	Count of Cases	-	-	1	-
Order of Continuance – Calendar Conflict	Continuance Cnts	-	-	-	-
	Count of Cases	-	-	-	-
Data Source: Washington State Center for Court Research Dependency Interactive Data; Cont Cnts – Monthly Updates; CY2018-CY2021					

As you can see from the table above, the order of continuances is not decreasing in relation to the number of impacted cases.

In CY2021, of the 14,203 continuances (across all reasons listed) impacting 6,278 cases, the following is the regional breakdown:[29]

- Region 1 – 2,352 continuances impacting 1,140 cases
- Region 2 – 1,269 continuances impacting 558 cases
- Region 3 – 1,183 continuances impacting 358 cases
- Region 4 – 4,257 continuances impacting 1,949 cases
- Region 5 – 2,743 continuances impacting 1,025 cases
- Region 6 – 2,399 continuances impacting 1,248 cases

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[29] Cases may be duplicated across continuance type. Data Source: Washington State Center for Court Research Dependency Interactive Data; Cont Cnts – Monthly Updates; CY2021

King County (Region 4) accounts for 30% of all continuances in the entire state. King County also has the lowest compliance with timely court hearings.

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

The annual dependency timeliness report is legislatively mandated to include information regarding whether resource families received timely notification of dependency hearings as required by RCW 13.34.096 and 13.34.145, and whether caregivers submitted reports to the court. The table below is based on a query of the SCOMIS data. Changes to the court pattern forms used for dependency hearings were made in order to track whether adequate and timely notice was given to the child's caregiver and if the court received a caregiver report[30].

Court Name	Adequate and Timely Notice was given to the Child's Caregiver		Court Received a Caregiver Report	
	Yes	No	Oral Report	Written Report
Adams				
Asotin				1
Benton	560	3		4
Chelan	492		2	1
Clallam	273		5	14
Clark	9			11
Columbia				1
Cowlitz	144			41
Douglas	2			10
Ferry	10			
Franklin	221			
Garfield				
Grant				3
Grays Harbor	455		3	53
Island	92		5	24
Jefferson	90			4
King	3,309	115		412
Kitsap	651		51	23
Kittitas				
Klickitat	57			
Lewis	413			3
Lincoln				
Mason	426			6
Okanogan				
Pacific				14
Pend Oreille				
Pierce	2,155	9	146	260
San Juan	10			3
Skagit	382	2		17
Skamania	34			9
Snohomish	1,422	2	2	153
Spokane	2,096			65
Stevens	107	1		8
Thurston	1,059		7	38
Wahkiakum				2
Walla Walla	216	1		1
Whatcom				1
Whitman				26
Yakima				15
Grand Total	14,685	133	221	1,223

[30] Data source: Dependent Children in Washington State: Case Timeliness and Outcomes, 2021 Annual Report 2021DTR.pdf (wa.gov)

While reporting has improved, there is a noticeable 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.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO CASE REVIEW SYSTEM

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

STRENGTHS

- Regional and statewide quality assurance and quality practice staff provide an extensive amount of technical assistance and support to staff. This technical support includes, but is not limited to:
  — Training (for new and experienced staff)
  — Coaching
  — Use of data to identify and support practice improvements
- All regions have Permanency Outcome Facilitators (POFs) or Social and Health Program Consultants (SHPC) to help support timely shared planning meetings (FTMDs and PPMs). This is through their own staffing or through the PFD1 grant (Regions 1, 4 and 6). These positions help track permanency timelines and facilitate shared planning meetings that include judicial partners (i.e. parent and youth attorneys, CASA, GAL, etc.). Through the PFD1 grant, there has been extensive effort to include judicial partners in the local implementation process. Although all regions are building capacity to have staff to support shared planning meeting processes, there are still gaps in the shared planning meeting process as there are not enough individuals to facilitate every meeting.
- FJCIP operates in 10 counties in Washington State: Spokane, Chelan, Snohomish, Island, King, Pierce, Kitsap, Thurston, Jefferson and Clallam. Through this program, funding is provided to superior courts to implement enhancements to their family and juvenile court operations. Generally, compliance percentages are higher than the statewide average on dependency measures in FJCIP courts.

BARRIERS/AREAS NEEDING IMPROVEMENT

- Despite trainings, caseworkers continue to struggle with concurrent planning and documentation of compelling reasons.
- Due to the high turnover rates and vacancies, caseworkers are struggling with workload impacts which, in turn, impacts quality engagement as well as the inability to attend trainings due to time constraints.
- Caseworkers are reporting that the nature of cases coming in are increasingly complex which can cause emotional strain on the workforce.
- Courts do not always adhere to federal permanency timelines and allow for many continuances, this includes shelter care, fact finding hearings and reviews. It is reported across the state that some cases remain in shelter care status for over eight months. This delays fact-finding and has a ripple effect of delays in permanency timelines.
- Some courts do not recognize the 12-month permanency timeline and instead refer to the 15-month timeline when it comes to a change of permanent plan.
- The courts and other systems have still not fully recovered from the impacts of the COVID-19 pandemic. Many courts still hold virtual hearings. Due to the lack of in person services for parents, the courts were not making rulings on parental progress and continued hearings on those issues until a parent had ample time to engage in an ordered service once those resumed. The courts also would not move forward with

termination trials due to the lack of services available and often prioritized case by urgency. Many permanency hearings, dependency review hearings and termination trials were continued multiple times. Those hearings and trials are still backlogged.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

- Continued implementation and monitoring of DCYF's Program Improvement Plan (PIP) strategies. There are multiple strategies and associated activities related to improving engagement with children, youth and families and increasing permanency timeliness through collaboration with court partners. See *Update on Plan for Enacting the State's Vision* for current status of implementation of these strategies. One of these strategies included implementation and training around the new TPR referral process and information about concurrent planning and documentation of compelling reasons in the FamLink system.
- Many counties have Tables of Ten. This is a gathering of individuals from the child welfare legal community to look at court improvement efforts through review of data, looking at work processes and determining where interventions may be able to occur. Although most of these gatherings were paused during the pandemic, there have been some opportunities to connect via a virtual platform. In those counties that do not have an official Tables of Ten gathering, there are still efforts to engage and have discussions with judicial partners.
- Many regions have QPS/CQI staff conducting case reviews, consultations and triages in order to assist the caseworker with the permanent/alternate planning.
- Onboarding of new workers is being done for all new hires in their respective regions, with training surrounding permanency.

All of DCYF's improvement efforts included an emphasis on supervisory consultation, articulation and documentation of critical thinking and decision making. There is also an emphasis on the use of qualitative and quantitative data to identify areas of strength, areas needing improvement and to inform practice improvement strategies. These strategies are being measured by CCRT case reviews; use of administrative data available through the FamLink system; use of data available through partner agencies; and through discussions with internal staff and external stakeholders and partners.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

DCYF partners extensively with courts and judicial partners as mentioned in the *Collaboration* section. Regular meetings are held through these initiatives to ensure there is a cross-system understanding and engagement in the full child welfare spectrum of service delivery.

Once the new TPR referral process was completed and rolled out, training was provided to DCYF staff along with court partners and AOC. Most recently, a training was provided to court partners and AOC regarding permanency options. The training outlined each permanency option, along with the various resources each permanency option has available.

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

Additional information on Washington State court performance and improvement efforts can be found in the following two resources:
Dependent Children in Washington State: Case Timeliness and Outcomes, 2021 Annual Report
Child Welfare Court Improvement Programs

Quality Assurance System

Item 25: Quality Assurance System

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

System Functioning – Operating Where Services Are Provided

The HQ Child Welfare QA/CQI section consists of the central case review team (one supervisor and seven staff), four QA/CQI managers (one performance improvement and federal reporting supervisor, two data analysts, and one targeted reviewer), fatality review team (one supervisor and three staff), two FFPSA quality assurance managers, and the Statewide QA/CQI Administrator. On February 16, 2022, the QA/CQI section transitioned within DCYF from Administrative Services to Prevention and Client Services. In addition, the Performance Measurement Administrator that served as the federal lead for reporting transitioned to a new role within the agency as the Senior Administrator for Projects and Initiatives; the QA/CQI Administrator reports to this Senior Administrator. This realignment allows the two previously separate teams to work in a unified manner with the headquarters administrators and program managers within the division. Also, on February 16, 2022, child welfare field operations established a Child Welfare Data and Policy Administrator. This position provides data and answers policy and data related questions for the child welfare field operations Assistant Secretary. The position also works closely with the regional field operations QA/CQI teams. This addition strengthens the QA/CQI structure across the agency with a QA/CQI Administrator in Prevention and Client Services, Field Operations, and OIAA working closely together to improve outcomes for children.

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

- Resource family meetings
- Court meetings
- Tribal meetings
- Office unit and all staff meetings
- Regional leadership meetings

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

regional leadership team meetings where they are able to share the data and information learned from their partners across the state.

DCYFs Central Case Review Team (CCRT) is fully operational across the state and is currently active in all regions. Results from case reviews are utilized by local offices to develop plans and strategies for implementation to improve outcomes. 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 staffing's, 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

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

Beginning in June 2022, the facilitation of these meetings will transition to the CCRT. The review team will structure, coordinate, and facilitate the meetings with regional and office leadership. The meetings will focus directly on the results of the reviewed cases along with how the items intersect and practice expectations.

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
- Fatality Reviews

- Systems Mapping
- Ad Hoc Reviews: These have included a review of denied home studies, home study update requests, IFF extensions, failed trial return home, Safety Framework utilization, and supervisory reviews.
- Service needs are identified during the office data analysis meetings and through an FFPSA quality assurance evaluation for implementation.
- The results of the review processes, data analysis meetings, and implemented strategies are provided to various levels of leadership within DCYF.
  — DCYF Strategic Leadership Team
  — DCYF Executive Leadership Team
  — DCYF Child Welfare Leadership Team

System Functioning – Provides Relevant Reports

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

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

Through the PIP process, a report was developed in collaboration with the AGO. The AGO provides information back to DCYF regarding TPR referrals, if referrals are accepted or rejected, the timeframe to screen the referral, and the timeframe to file a petition with the court. This report is distributed to the regional QA/CQI teams who analyze which cases had a rejected referral and determine trends and themes regarding why a referral was rejected, determine where staff knowledge can be improved to reduce rejection rates, and what conversations need to occur with our AGO partners to improve timely permanency.

Agency QA/CQI Assessment

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

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

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

In June 2021, DCYF leadership approved the recommendation to establish a small, centralized QA/CQI support team. As mentioned in last year's APSR, this team does **not** have supervisory authority over existing QA/CQI teams within programs and service lines. The team was instead placed in DCYF's Office of Innovation, Alignment & Accountability (OIAA) as an enterprise resource. Fiscal and HR approved the creation of two new positions: 1 FTE QA/CQI Support Specialist focused on providing training and technical assistance (TA) to QA/CQI practitioners embedded in program service lines and a 1 FTE QA/CQI Manager to lead the development and implementation of an agency QA/CQI framework. The framework will help standardize and

coordinate QA/CQI functions across the agency, provide structural guardrails to ensure proper checks and balances, and highlight and expand the use of effective practices within child welfare, and across DCYF program divisions. The QA/CQI Support Specialist position was filled in March 2022 and the QA/CQI Manager is currently being recruited. Since starting, the QA/CQI Support Specialist has facilitated a monthly QA/CQI Community of Practice to provide an opportunity for practitioners across the agency to meet and learn from each other. The new staff is also beginning to develop an agency QA/CQI intranet page to store information about the various QA/CQI teams, projects, and TA resources. That project is estimated to be complete by January 1, 2023. Lastly, with assistance from the OIAA QA/CQI support team, DCYF's Juvenile Rehabilitation (JR) division is considering replicating and adapting the statewide child welfare QA/CQI coordination structure as they work to strengthen their QA/CQI practices over the next year.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO QUALITY ASSURANCE SYSTEM

STRENGTHS

- Use of the OSRI allows DCYF to identify strengths and areas needing improvement in our system. Utilization of the seven practice outcomes allows us to frame our work and the social work expectation 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 detail at the case level allows DCYF to better identify practice improvement strategies.
- Quarterly fatality review recommendation meetings with the DCYF Secretary to discuss review recommendations.
- DCYF is in the process of joining the National Partnership for Child Safety, a collaborative effort by Casey Family Programs and the University of Kentucky to share data for analysis following a child fatality or near-fatality.
- Development of Area Administrator (AA) cohorts to disseminate information regarding PIP strategies and review outcomes to every field office across the state.
- Coordination of HQ Program Manager meetings to discuss themes and trends identified by the CCRT and fatality review team.
- Quarterly meetings with the regional field operations Quality Practice Specialist (QPS) staff to discuss themes and trends identified by the CCRT and fatality review teams and to promote regional consistency in the approach to improve outcomes.
- Participation and coordination with the Alliance for Child Welfare to improve the training and coaching based on themes and trends identified by the CCRT and fatality review team.

BARRIERS/AREAS NEEDING IMPROVEMENT

- DCYF remains a recently established agency therefore, adjustments to agency alignment continue to be made to integrate across the division lines (child welfare, JR, licensing, early learning) and improve outcomes for children. This impacts lateral communication across the agency. Similarly, work continues to improve communication vertically up and down the agency.
- Turnover, vacancies, and worker retention. As with many child welfare agencies across the nation, DCYF has struggled with maintaining a stable workforce. This leads to difficult conversations regarding outcome expectations while remaining supportive of a stressed child welfare system.

- DCYF has struggled with sustaining program improvement and initiative efforts. Extensive energy is exhibited when rolling out a new strategy or program; however, when the initial support is not sustained, the focus on fidelity and sustainability diminishes.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

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

- There are a number of targeted reviews which have occurred over the last year based on the PIP strategies which have been implemented. Results of the targeted reviews are discussed with the regions during the monthly statewide QA/CQI meeting, with the HQ Program Managers during monthly meetings, and with the statewide QPS team during monthly meetings in order to assist in determining if the strategy is improving outcomes and how the information from the targeted review is being utilized to improve outcomes.
- CCRT will conduct reviews throughout the DCYF Child Welfare PIP offices to measure improvements on outcomes related to the PIP strategies.
- PIP strategies include ongoing QA/CQI processes for monitoring at the local office, regional and statewide level including, but not limited to, review of administrative data, review of qualitative data and targeted case reviews.
- As part of the CQI process, local office training, coaching and supports will continue to be provided by regional QA/CQI staff, QPS staff, the Alliance, and AA Cohorts to assist in ongoing local office practice and program improvement strategies.
- Provide statewide PROSCI change management training materials to support and assist the regions and local offices to move through the people side of change to gain the needed knowledge to sustain long term practice changes.
- Conduct Systems Mapping following a fatality review where findings or recommendations are made.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, occurs with statewide and regional stakeholders. Monthly meetings occur with the Administrative Office of the Courts, the Alliance, Resource Family meetings, Tribal meetings, Youth Engagement meetings, and Parental Partnership meetings. DCYF utilizes field staff input, administrative data, CCRT and fatality review results, and external evaluations to inform the selection of improvement goals and strategies. External stakeholders are included during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

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 Professional Development and Caregiver Excellence (the

Alliance). RCT is Washington State's foundational training designed to prepare newly hired caseworkers with the basic knowledge, skills, and understanding of child welfare. Cohorts are offered bi-monthly across the state. In March 2020, the COVID-19 pandemic significantly impacted the delivery of RCT and the Alliance moved quickly to convert RCT, including simulation to a statewide virtual delivery. In CY 2021, a total of 24 cohorts were offered. A total of 305 DCYF trainees were registered to participate in RCT and 285 completed the course. Over the course of the CY, The Learning Center (TLC) data showed 20 enrollees were dropped from the course. The TLC does not capture the specific reasons for dropped enrollments; however, some of the common reasons are:

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

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

In July 2021, the Alliance contracted with Center for States to do a third-party evaluation to assess the structure, curriculum format, and the design of RCT that provided objective recommendations that support adult learning theory, establishes advanced preparation for foundational learning, ensures experiences in what has been taught, and integrates values in the lessons.

A report was completed November 2021 providing guidance and direction for re-visioning the workforce core training. In collaboration with DCYF an activities charter has been drafted which memorializes process and direction on workgroup structure, roles and responsibilities for projects moving forward. In partnership with DCYF, the new Core 2.0 project will begin in July 2022 with a clear scope of work and timeline that supports a launch date for fall 2023.

Licensing Division (LD) Staff Training Customization

Historically, LD foster care staff have been trained by the Alliance for onboarding and ongoing training needs. Since December 2018, the LD Workforce Development Team (WDT) focused its work on establishing relevant training options to the licensing functions required in position descriptions for all direct service position classes of the LD: Foster Care Licensors, Home Study Specialists, Regional Licensors, Caregiver Engagement Unit (CEU), LD/CPS Investigators and Safety and Monitoring (SAM) Licensors.

In Spring of 2020, an initial assessment of the Alliances' professional development training supports was conducted by the LD WDT to ascertain the efficacies of meeting position specific professional competencies required for LD staff. An analysis of the Alliance Regional Core Training (RCT) sessions resulted in the conclusion that there is a need for a customized approach for LD staff participation in the series. Each LD program was analyzed and customized to prioritize the job duties with particular attendance in RCT. Additionally, WDT partnered with Alliance and the DCYF State Training team to develop a course in the Washington State Learning Center (WSLC). This would ensure that LD participants in RCT received training certification for the customized program approach and utilized their time more efficiently in training attendance. WDT will continue to evaluate the customized approach and build onboarding curriculum for all LD programs. LD seeks to fully equip, strengthen and establish its workforce with consistent field practices focused on continuous improvement of services.

Initial Staff Training for Tribal Staff

This was an area identified as needing improvement on the 2018 CFSR to ensure that workers have adequate knowledge and skills for their positions. The Alliance is dedicated to providing training for the 29 federally recognized Indian tribes of Washington State, along with any caregivers, caseworkers, administrators or other staff's necessity to understand the needs of tribal communities and Indian children. Tribal caseworkers are invited and encouraged to attend any available trainings and participate along with DCYF caseworkers and supervisors.

Over the last year, the Alliance's internal Indigenous Child Youth and Family (ICYF) Wellness group has prioritized effective engagement with Indigenous communities and building allies with, and within, child, youth and family serving organizations in Washington State. Through these efforts the Alliance has been meeting with the Office of Tribal Relations regularly, brought together a Tribal Guidance group for curriculum development and has collaborated with ICW partners at the University of Washington, School of Social Work to ensure ICWA training is provided to BSW and MSW in preparation for entering the workforce.

Regional Core Training – There has been Tribal participation in six (6) of the twelve (12) cohorts that were conducted in CY 2021.

The Indian Child Welfare Qualified Expert Witness (QEW) training was developed by the Whitener Group and offered in the late spring of 2021. Learning objectives for this course were identified as the following:

- Participants will have an understanding of the basic state child welfare proceedings from removal to permanency.
- Participants will understand the history, purpose, and necessary qualifications of a QEW in an ICWA case.
- Participants will be able to distinguish between a witness for the Tribe and the QEW.
- Participants will be able to answer standard questions an attorney may ask them if they are a QEW.

The Alliance is currently partnering with the Office of Tribal Relations to revise training to better support the needs of Tribal members and communities. Through the partnership with the National Indian Child Welfare Association (NICWA), working with Qualified Expert Witnesses in support of ICWA has been offered to ensure there is continued support in identifying Qualified Expert Witnesses and QEW testimony. In addition, the Alliance has also hired indigenous knowledge keepers of traditional ways, started the process of indigenizing Alliance curricula which has involved incorporating more subject matter expertise into the curriculum development process.

The two-day Washington State Indian Child Welfare training is mandatory for all DCYF Social Service Specialists within the first year of employment. A total of 10 training sessions were provided which included Tribal staff. This training occurred virtually statewide, which has enhanced the learning and development of the child welfare workforce.

Members of the Alliance Inclusive Practice team actively participate in Tribal Policy Advisory Committee including the Tribal State Work Group and ICW sub-committees. This has provided invaluable insight into the specialized needs of Tribes and allowed for collaboration as to how we move forward in addressing Tribal sovereignty and self-determination within training. The Alliance has been active listeners in policy revisions and taken a proactive role in preparing and planning for the revisions and responding to impacts to practice and curricula.

Home Study Training Track Sessions

The LD WDT developed and implemented a three-day Home Study Track Training in May, July and October 2021 for 24 new Home Study Specialists and 3 Regional Licensors. This onboarding training was developed to prepare and educate newly hired staff to meet the performance standards for the Home Study process and understand the interconnectivity of program partners.

LD WDT dedicated the May 2021 Home Study Training Track to include Child Placing Agency (CPA) Tribal licensors. There were 12 Tribal licensors who attended from Tribal Sovereignties across the state of Washington. Subsequently, there were 25 CPA licensors from various agencies in Washington who attended the trainings held in July and October of 2021.

Quantitative and qualitative feedback from the Home Study Training session participants was positive overall. Participants indicated the training was informative and engaging. Specifically, participants thought the guest panels and LGBTQIA+ presentation were supportive and informative. Although the training was rated positive overall, participants indicated a need for more time allocated to case specific situations and questions. Due to COVID-19 the 3-day sessions were delivered virtually. Most of the participants reported this was too much sitting and would have preferred to have the training done in person.

Training Evaluation

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

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

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

RCT was modified in 2021 to incorporate several requirements defined in the Program Improvement Plan (PIP). Trainee surveys for the modified curriculum were administered at two points in time during the course, and 39 learners completed the Midpoint survey (week 3) survey and 34 completed the Post survey (week 8). The week 8 survey sample includes some responses collected in early 2022 from learners who had begun RCT in December 2021.

Participant ratings indicated improvement across all targeted learning objectives associated with the PIP. These included:

- Ability to gather necessary information about risk and safety in Initial Face to Face or Health and Safety visits with children.
- Confidence in interviewing children and adults to assess risk and safety.
- Ability to decrease resistance and improve cooperation in adult interviewing.
- Understanding of reasonable efforts to locate children in required timeframes and the importance of documenting those efforts.
- Knowledge about meeting timelines for initial assessment of child safety following an intake.
- Knowledge about requesting extensions and exceptions when needed.
- Ability to use the Child Safety Framework and Structured Decision Making Risk Assessment (SDMRA) to identify and articulate threats to child safety.
- Confidence in using the Child Safety Framework and SDMRA to articulate how the conditions in the family meet the threshold to identify an active safety threat.
- Confidence in community based and contracted resources to make referrals to meet a variety of family needs.
- Confidence in using the case planning guide for in-home and FAR cases.
- Ability to use CHET and OMH reports to inform case planning to address behavioral, developmental and mental health needs.
- Confidence in assessing when a child or youth requires care coordination for complex needs (through Coordinated Care).

In open ended responses, learners shared:

Strategies for trauma-informed engagement with parents and children: Learners most often mentioned showing empathy and compassion, being aware of trauma parents may have experienced, and using active listening skills and avoiding judgmental statements.

Court Simulation: The majority of learners valued this simulation to prepare them for the reality of court, appreciated learning about their role and how to respond to questions, and the feedback received from the judge and attorneys. Forty percent of learners felt that their simulation experience was limited due to inadequate course preparation or due to the online vs in person court experience.

Support needs: Many learners would like feedback from a supervisor or coach based on observation or review of their cases. Individuals also mentioned needing support on using tools, understanding procedures and responsibilities (IFF, H&S, court report, navigating services for families), organization of case information, a clearer understanding of their role within CPS or CFWS, and support for engaging families.

Most useful aspect of the course: At the midpoint survey, learners felt the most useful aspect of the course were the interviewing and court simulations, the child safety assessment tools and skills, resources to refer back to, and the overview of the child welfare system, programs and roles.

How equity and cultural humility impact timely location of children: When prompted to consider their practice, about half of learner responses showed awareness of the impact of trauma and potential resistance they may encounter in locating children. Several mentioned being aware of cultural differences, the need for cultural supports, and/or bringing curiosity and humility to their contacts with families. A few learners mentioned following ICWA or NAIR.

Benefits of using the child safety framework to support consistency and equity in case outcomes: About half of responses to this question conveyed that learners understand that the framework can support fairness and reduce bias or subjectivity in safety assessment.

Valuing family involvement in case plans: All learners who responded recognize that family involvement in case plan goals increases buy-in and motivation, recognizes family self-determination and strengths, and helps identify potential barriers to achieving the goals.

Ensuring developmental, behavioral, and mental health needs are met for children and youth on my caseload: Learner responses to this question were mainly on target. About one third of learners mentioned gathering information from caregivers, children, youth and collaterals. Several mentioned making referrals/offering services, and a few mentioned ongoing assessments through health and safety visits and case evaluation, and reviewing the records.

Suggestions to improve RCT: When asked about suggestions for improvement the vast majority of respondents indicated that the course materials, links and schedule could be better organized and navigable. A few learners suggested shifting from online to in person and applied learning or more individual coaching or mentoring from coworkers.

Supervisor Core Training

Supervisor Core Training (SCT) is administered through a contract with the Alliance and is Washington State's foundational training designed to prepare newly hired supervisors with the basic knowledge, skills, and understanding to enhance and grow their careers in child welfare. In CY2021, the Alliance provided three statewide cohorts and had 11 participant completions. In August 2020, an identified SCT workgroup that included representatives from DCYF and the Alliance developed a plan identifying priorities for change and revisions that reflected legislation and PIP recommendations.

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

SCT has been increased from forty-two (42) hours/seven (7) days spread over a three-month period to 112 hours spread over five months. The design of SCT is divided into three parts. Each new hire will be able to begin part 1 on their first day in their new position. Each part of SCT runs consecutively and new supervisors are integrated into small groups for peer-based activities. Upon completion of part 2, the new supervisor will receive coaching and professional development support as needed. The goal for completion of all three parts is within 12 months from the date of hire.

The three sections of SCT are broken down as follows:

- **Part 1**: The new hire can begin with eLearnings with a focus on FamLink, Administrative Incident Reporting System (AIRS), Aiden's Act, personnel files, and everyday leadership. If time allows before starting part 2, this is a great opportunity for the new hire to develop skills in leadership-focused trainings outside of SCT by attending the in-service training in their program area, or connecting with a coach for 1:1 support.
- **Part 2**: Webinar/classroom trainings are the focus of this section and include team-based activities and simulations. It is important that the new hire complete part 2 in the same cohort, both to support team dynamics and to move toward completion efficiently, since part 2 only runs three times per year.

- **Part 3**: The supervisor will conduct a coaching session during an already scheduled supervisory review and receive coaching and 1:1 support. Coaching based on the individualized need of the learner as needed.

The increased time developed for SCT was necessary to ensure all the PIP and legislative mandates were included. Out of respect for supervisors' schedules, supervisors commit to the same day each week when they are required to be in the classroom.

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

- Becoming a Supervisor
- Workload and Caseload Management
- Navigating FamLink for Effective Supervision
- Supervising with Data
- Elements of Administrative Supervision
- Talent Management
- Elements of Clinical Supervision
- Self-Care
- Secondary Trauma
- Burnout Prevention and Conflict Management
- Building and Facilitating Effective Teams
- Role of the Supervisor in Critical Incidents and AIRS
- Professional Ethics
- ICW Government to Government

Added learning to the curriculum:

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

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

The Alliance strives to be nimble and responsive to the needs of the supervisors. This includes working with P4C in developing surveys that are responsive to what learners are experiencing during this initial pilot. The Alliance met with the steering committee fall of 2021 to review feedback from the revisions that occurred after the initial pilot. The changes made received positive reviews due to a more predictable calendar schedule and improved communication with DCYF.

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

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

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 or SCT, DCYF caseworkers must successfully complete specific trainings within the first and second years of employment. Additionally, existing caseworkers and supervisors must complete program specific training within one year of transferring to a new position. DCYF's training policy was recently revised and finalized in March 2022. DCYF's training policy identifies which training is required based on an employee's program and position. All training registrations and completions are tracked through The Learning Center. There is not currently a required number of training hours designated for each employee but courses are identified through the training policy. The Alliance facilitators leading RCT cohorts currently provide a written training plan to new employees and their supervisors upon completion of RCT. DCYF supervisors are responsible for managing an employee's required training. Additionally, the Alliance is now offering continuing education credits for some topic specific courses that enhance social service specialists' knowledge and skills.

The Alliance offers training through multiple modalities including a traditional classroom setting, webinar, and eLearning. In CY2021, DCYF workforce completed 1,443 in-service trainings and 29,255 eLearning trainings. Supervisors have access to staff training records and are required to review their staff's training annually during their Performance and Development Plan (PDP) to ensure that mandatory training requirements are met. Development of new in-service training is assessed for priority and developed to meet the needs of the workforce. Training is reviewed annually to ensure that outdated training is archived. Each new or updated in-service training is developed through a workgroup process involving Alliance Development and Facilitation Specialists, and DCYF subject matter experts. Often, new training workgroups include external stakeholders including tribal members, partner agencies and caregivers.

New workforce training released in CY 2021 included:
- Assessing Safety Beyond Removal: Family Time and Conditions for Return Home
- DCYF Policy Rollout eLearning (including: Case Planning, CPS initial face to face response, Case Transfer, Monthly Visits with Children or Youth, Parents or Guardians and Caregivers, Monthly Clinical Supervision Reviews and Courtesy Supervision)
- Quality Matters: Engagement for Quality Contact with Caregivers
- Quality Matters: Engagement for Quality Contacts with Parents
- Quality Matters: Engagement for Quality Contacts for Children and Youth
- Facilitated Cohort Learning Sessions to Support ICWA Practice

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

Workforce In-Service Training and Coaching Evaluation
In this reporting period, 1244 participant surveys were analyzed representing 25 workforce courses and coaching evaluations. The average response rate was 46%. There are 22 course surveys that ask participants to self-assess the extent to which the course and instructor were motivating, gave examples of when to use

ideas, skills, and strategies on the job, whether the learner foresees opportunities to try new skills on the job, and whether the learner improved their understanding of what they already do on the job. These items support transfer of learning. Learners used a five-point scale ranging from 1=Strongly Disagree to 5=Strongly agree. The average transfer of learning ratings across these courses was 4.2 out of 5.0. The five courses rated strongest on transfer of learning items included Supervisor Readiness, CFWS, CPS, Cultural Competence and Racial Microaggressions courses, with average ratings of 4.6 out of 5.0 or higher. When learners commented on what was most useful to their learning the most common themes were instructor knowledge and engagement (in 14 courses), application of skills (in 13 courses), and tools and strategies provided (in 11 courses).

Learner Centered Coaching (LCC) for Supervisors and Area Administrators

In July 2020, the Alliance launched an evidence informed Learner Centered Coaching (LCC) Model for AAs and supervisors. LCC aligns well with the agency priorities identified in the PIP by incorporating reflective supervision and targeted action planning with staff to promote critical thinking, increased competence and confidence in child welfare practice. Coaching is an important part of a braided strategy to support PIP goals related to child safety, permanency and well-being. The Alliance has worked closely with DCYF leadership to support the integration of LCC in the identified PIP measured offices across the state. Initial launch began in Region 4, in all King County offices. Offerings were then provided to Region 3, Region 5 and Region 6. Regions 1 and 2 were trained in April 2021. The rollout in the identified PIP offices concluded in June 2021 with full implementation. LCC has been offered 2 times per quarter since July 2021, and is open to all Supervisors and AAs across the State.

The LCC course consists of five 3-hour webinars that include specific skill development opportunities with feedback, as well as follow-up coaching activities to support the integration of coaching into supervisory practice. Additionally, the Alliance coaches facilitate statewide quarterly reflective supervisor and AA workshops. Upon completion of LCC, supervisors and area administrators are required to attend the quarterly sessions.

The focus of the session is for supervisors and AAs to work collaboratively with their peers to celebrate the successes and discuss any barriers they may be experiencing as they continue to implement coaching with their staff. The groups also identify coaching skills they want to work on within the group. Workshop materials such as handouts and video demonstration of coaching skills have been developed by the Alliance to enhance and support the use of coaching skills. In 2021 there were 33 quarterly sessions held with 80 participants attending. The average group attendance was six. The Alliance has been facilitating the quarterly workshops. The workshops will move to an open invitation, being offered two times per quarter for Supervisors and one time per quarter for Area Administrators starting in July 2022. The LCC curriculum is now used as its foundation for reflective supervision in SCT. New Supervisors who have engaged in the LCC course or are enrolled in SCT are assigned an Alliance coach who supports them as they learn new coaching skills and apply the model in supervision.

Evaluation of LCC in partnership with Partners for Our Children (P4C) includes participant surveys, process notes from quarterly reflective supervision sessions, observations and feedback to supervisors regarding their use of coaching skills, and follow-up phone interviews of supervisors and surveys of social service specialists has been completed. An additional survey for Regions 1 and 2 is went out in April 2022. Webinar survey participants (response rate ~50%) rated their acquisition of learning objectives at 4.3 out of 5.0. They also shared that they valued group discussions, shared experiences, self-reflection, and examples in the course. With regard to learning engagement, some participants valued annotations and chat boxes, whereas others

found them to be distracting. Many participants requested more breakout groups, more examples, and resources like the workbooks. The Alliance has since developed and distributed job aids to the field, showing the key elements of the coaching stance, skills and process. In quarterly reflective supervision sessions, supervisors and AAs have most often commented on their use of early stages of coaching 1) Engage, 2) Assess, and 3) Reflection and Feedback, whereas few have mentioned utilizing stages 4) Co-create a plan or 5) Review progress. Supervisors felt that the impact of their coaching was that it promotes an individual approach to pinpoint where staff need support. Supervisors shared that coaching builds staff confidence, and promotes professional growth and sustainability by strengthening the supervisory relationship. Challenges to using coaching included time constraints, resistance among some staff, and needing more skills and support for their use of coaching.

Alliance Coaching
Coaching sessions are an effective method in responding to and providing immediate attention to the DCYF workforce. In CY2021, the Alliance provided 1295.5 hours of coaching to 561 DCYF staff. In CY 2021, the Alliance specifically provided 359.5 hours of coaching to DCYF supervisors.

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

Child Welfare Training and Advancement Program (CWTAP)
The three universities, University of Washington Seattle (UW Seattle), University of Washington Tacoma (UW Tacoma) and Eastern Washington University (EWU) continue to work closely on the administration and oversight of CWTAP. The COVID-19 pandemic has had a tremendous impact on how our programs operationalized both in the classroom and in the field. Educational seminars went from in-person teaching (pre-COVID) to remote online learning, to hybrid, and now we are mostly in person. All of these transitions meant that our curriculum and delivery had to pivot to the changing format.

All three programs offer generalist and specialized practicums to our students. Being remote presented many practicum challenges for students, as it was not allowed or safe to be in a DCYF office with other people, and because of this, students could not participate in case planning in person. DCYF, IT and CWTAP worked together to find a solution, resulting in DCYF providing laptops (with remote access) to students so they could work in FAMLINK. This enabled student hands-on learning experiences, which is a vital part of their practicum.

Pre-COVID, students and DCYF employees worked together at a DCYF office, but now with remote work/hybrid approaches occurring, CWTAP had to get creative when matching students to our mentors/Agency Field Instructors. Workers are not always in the office so coordination now is key! Students now sometimes will meet the worker directly in the field, at a coffee shop, or at the office. This will be a new way of doing business as we move forward.

CWTAP continues to have strong partnerships with DCYF, the Alliance, and our tribal and community partners. The shared knowledge amongst us all gives our students a well-rounded education and preparation for public child welfare work.

Evaluation of CWTAP

Among 83 graduates in 2021, 87% responded to surveys assessing satisfaction, competencies, and preparation for the field. The aspects of CWTAP that students like best include support received from peers, mentors, and program staff. Current employees also cited the tuition assistance as a strong draw and benefit of CWTAP. Regarding child welfare competencies, respondents were most confident (4.67 out of 5.0) in the program's enhancement of their understanding of racial disproportionality and disparities for children and families involved in the system. They were least confident (4.23 out of 5.0) in their ability to engage with parents experiencing domestic violence and assess the impact of DV on child safety and impacts to parenting, although this area was still rated fairly high overall. The majority of prospective employee graduates felt well prepared by CWTAP and committed to the field.

Item 28: Foster and Adoptive Parent Training

Caregiver Core Training

Caregiver Core Training has had 1,724 completions online in CY 2021. The majority of participants completed the course on average within 2-3 hours per session and the full course within one month. 53% of caregivers identified their role as general foster care, 30% identified as kinship care, and 8% as adopt only, with the remaining 9% in other roles. The four areas participants noted they "learned a lot" in were:

- The experience of children within the system
- Resources that are available to caregivers
- The rules and language of Child Welfare System
- Attachment, trauma, grief, and loss

The average rating regarding the quality of the course ranged from 4.9 out of 5.0. 90% found the coaching session "very helpful", and two-thirds found it easy to register and navigate through the course platform. 97% found the coaching sessions helpful and resourceful.

The aspects participants found to be most helpful in their role were:

- Personal stories from caregivers, youth in the system, birth parents, and others
- Understanding trauma, and how to respond supportively to children
- Understanding the child welfare system (the rules and experiences of children in care)
- Supporting cultural connections, understanding race, and supporting LGBTQIA+ youth

Regarding suggestions for improving the course participants noted:

- In-person instruction
- Support for managing trauma-related child behaviors
- Support for navigating the course registration and platform
- Updates to the sexual orientation and gender identity and expression content
- Adding a midpoint coaching session

Caregiver In-Service Training

Caregiver in-service training offered over 53 In-service courses with total completion of 4,271 participants in FY 2021. Additionally, the Alliance offered 47 eLearnings with participant completions of 15,250 participants. In the 2021 reporting period, 751 participants were surveyed across 24 caregiver courses.

Participants were asked to self-assess their knowledge and skills related to course topics both prior to and after training. The four courses with the biggest difference in self-assessment knowledge and skills prior to and after training were:

- Attention Deficit and Hyperactivity Disorder (2.7 to 4.8)
- Introduction to Adoption From Foster Care (2.9 to 4.4)
- ABCs of Autism, Behaviors, and Coping Strategies (2.9 to 4.4)
- Paper Trail: Documentation Training for Caregivers (2.9 to 4.4)

There are three items in the caregiver course surveys that assess aspects of training that support the transfer of learning. The average rating of items that support the transfer of learning (TOL) was 4.5 out of 5.0 across 24 caregiver courses. The two highest rated courses in terms of TOL included Introduction to Positive Discipline and Caregiver's Responsibility in Supporting Family Time, with ratings of 4.8.

Learner's feedback on the most useful aspects of Alliance caregiver courses found that learners surveyed over 22 courses shared their eagerness to practice skill applications learned from class.
Caregiving Tools & Strategies over 14 courses highlighted participants' appreciation of learning tools and strategies to use with their children. Examples of specific caregiving tools and strategies learners took away from courses included:

- 6 trauma-informed strategies for connecting with teens
- "Break the Code", The belief Behind the Behaviors worksheets
- The Four P's (Proximity, Presence, Parallel, and Patience)

Caregivers often stated having knowledgeable instructors enriched their experiences in class and valued the resources they received from their instructors such as books and websites. Caregivers appreciated opportunities to interact and connect with each other in class through a variety of different means such as breakout rooms, group discussions, chat boxes, etc. Caregivers also reported that they found examples such as videos, follow-up activities, and lived experiences helpful for their learning.

Across all surveys, few learners offered substantive suggestions and left comments such as "great" or "informative" with no additional suggestions.
Collected qualitative data across a wide range of courses and learners gave voice to:

- More examples/time on scenarios/resources
- Interest in more interaction and engagement
- Webinar materials
- Inclusive language/representation

24 caregiver courses received 10 or more surveys with a five-point scale for transfer of learning items.

- Advanced Adoption 17% response with an average of 4.5 transfer of learning
- Caregiver Core Training (CCT eLearning) 7% response with an average of 4.5
- Caregiver's Responsibility in Support Family Time 12% response with an average 4.8
- Emotion Coaching 14% response with an average of 4.7
- Honoring their History 20% response with an average of 4.5
- Infant Safety and Care for Caregivers 20% response at 4.7

Caregiver trainings requested by WDT finalized:

- Parenting Teen: launched January 2021
- LGBTQIA+ for LD staff: launched January 2021
- Investigative Process for Caregivers: launched April 2021
- Trusted Based Relational Intervention (TBRI) introduction: launched July 2021
- SOGIE for LD staff: launched July 2021
- Coaching for Caregiver Discipline: launched November 2021

Request for new trainings in 2021 that are in development:
- Coaching for caregivers: supervision
- Foster Care Portal
- Relative/kinship caregiving: Navigating change in the family
- Parenting Teen: Group Care
- In-person CPR
- Kinship Core Training (KCT)

Office of Administrative Hearings (OAH) Training Series
In 2021, the Alliance, in collaboration with OAH, developed six eLearnings covering the topics required by RCW 43.216.345:
- Child Protection Investigations and Standards
- Assessing Safety and Reducing Maltreatment
- Forensic Child Interviewing and Child Witnesses
- Childhood Trauma Recovery and Resilience
- Basics of Child Development and Effective Discipline
- Understanding Child Maltreatment

Additionally, since January 2021, several DCYF Licensing Division staff delivered training to the Administrative Law Judges (ALJs) with the Office of Administrative Hearings (OAH). The ALJs learned about childcare, foster care and other interconnected programs through six different 2-hour sessions. The six sessions were:
- Navigation, Duties and Intent of Child Care
- Navigation, Duties and Intent of Foster Care
- Exempt, Certified, Kinship, Family, Friend and Neighbors and Unlawful Care of Child Care and Foster Care
- Child Care Licensing 110-300 Updates
- Suitability of Providers, Background Checks, Equitable Assessments and Licensor's Role of Child Care and Foster Care
- Child Care Subsidy Program (CCSP), Overpayments and Electronic Attendance Records

The 2021 OAH training package that was provided by DCYF Licensing Division included PowerPoint presentations, resource guides, acronym keys and supportive learning materials to enhance the learning experience for the ALJs.

Additionally, questions that were posed during the webinars were answered live or captured in a formal Q&A document that was later delivered to OAH to support the learning environment. DCYF has completed our 2021 training series and all webinars were recorded with transition into the The Learning Center (TLC) system for access to those ALJs unable to attend the live webinars.

Kinship Core Training (KCT)

During community stakeholder meetings, kinship caregivers and advocates of kinship caregivers report that one of the reason kinship caregivers did not pursue foster care licensure was due to the number of requirements to obtain licensure, specifically training. This is comparable to the 2019 Caregiver Report where finding time to complete the training was difficult due to their busy lives. DCYF requires all applicants to complete pre-service training regardless of the type of children who are being placed in the home. Currently DCYF requires 3 hours of Orientation and 32 hours of pre-service training (this includes the Caregiver Core Training and First Aid/CPR/BBP). After post licensure, to maintain their foster care license, the licensed foster parents must complete 30 hours of continuing education during their second year of the licensing period and then 24 hours during all subsequent three-year licensing periods.

In order to provide equity and make licensing more attainable for kinship caregivers, DCYF is modifying pre-service training for kinship caregivers. The pre-serve trainings will be more inclusive, offer skills tailored toward kinship care and reduce total training time.

DCYF is collaborating with the Alliance to provide a new Kinship Core Training (KCT), a pre-service training designed for kinship caregivers pursuing foster care licensure. DCYF is also combining Orientation into KCT to reduce redundancy. With the revision, it is the goal of pre-service to be completed in eight hours or less, depending on the learning style of the kinship caregivers, and KCT would need to be completed prior to issuing a foster care license. KCT will meet the requirements of RCW 74.13.250 Preservice Training-Foster parents. It will include information about the potential impact of placement on children; social service agency administrative processes; the requirements, responsibilities, expectations, and skills needed to be a kinship caregiver; attachment, separation, and loss issues faced by birth parents, children, and their caregiver: child management and discipline; birth family relationships; information on the limits of the adoption support program. DCYF is also expanding their non-safety exemptions to include additional WAC's that kinship caregivers may be eligible to waive, depending on their circumstances. One of the exemptions is to include on-going training hours post licensure. Kinship caregivers mainly obtain foster care licensure to receive financial support to care for the kin child. Many kinship caregivers do not have the intention to care for additional children who are not related to them.

Prior to implementing the new KCT, the WDT will deliver training to LD staff to provide education and information on:
- The new KCT.
- Additional non-safety exemptions.

It is the goal that KCT will be made available by July 1, 2022 so that it could coincide with the Child-Specific License.

Washington Caregiver Application Portal (WA CAP by Binti)

DCYF is implementing a new online caregiver application tool called the Washington Caregiver Application Portal (WA CAP by Binti). The agency is working with Binti, a California-based software company that has worked with more than 120 government and private agencies, to transform and modernize data systems focused on working with children in out-of-home care. The idea behind this transition from a paper-driven to an electronic system is to help streamline the application process. WA CAP by Binti's user-friendly application process will help increase and diversify the population of licensed homes, kinship caregivers (licensed and

unlicensed), group care facilities, and CPAs. This tool is designed to speed up safe and legally permanent transitions to youth in out-of-home care.

In 2021, the WDT participated in the planning, development, consultation, and ongoing collaboration of training plan and curriculum development for the implementation of WA CAP by Binti. The WDT, in collaboration with Binti and the DCYF LD WA CAP by Binti team, has developed a training model for internal staff and external CPAs. This model includes a train the trainer approach (power users), an overview of the basic Binti functionality, and training that covers LD program specific tasks and workflows.

The LD Staff training model for WA CAP by Binti includes:
- Bi-Weekly Training and Curriculum Workgroup Sessions
- Power User Train the Trainer – Coaching Session
- Home Study Framework Training
- Binti led Functionality Training
- WDT led LD Program Specific Training

This training package is developed as a three-month series, which builds on the previous curriculum. Implementation for the LD Staff Training Model is scheduled for August to October 2022.

In 2023, Binti and the WDT will train DCYF LD Regional Licensing staff and external CPAs in partnership in a cohort style implementation schedule. This implementation is scheduled to be delivered in early 2023. Development of curricula and training resources are ongoing and tailored to match final and emerging business decision.

These training models are developed to equip staff and CPA partners with the knowledge, tools, and skills to efficiently and proficiently provide support to the children, youth, and families of WA state in the new, electronic WA CAP by Binti system.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO STAFF AND PROVIDER TRAINING
STRENGTHS
- Initial and ongoing training for the workforce and caregivers is reviewed regularly through use of qualitative and quantitative feedback data to improve curriculum and delivery of training.
- Training is provided in a variety of modalities for learners. All mandatory training was provided virtually and/or eLearning.
- In general, post-survey results of RCT participants indicate moderate increases in caseworkers' attainment of knowledge and skills for casework practice, particularly those identified in the PIP.
- Additional feedback is communicated by the LD WDT as training concerns or needs arise from the field.
- The LD WDT continues to assess and monitor additional ongoing and onboarding training needs.
- The LD WDT is actively involved in curriculum development and reviews to ensure learning objectives are met and current field practices are illustrated.

BARRIERS/AREAS NEEDING IMPROVEMENT
- There continue to be challenges because of the shifting COVID-19 pandemic. As communities transition back to in-person events, trainings are being evaluated by modality to best serve the learner.

- High turnover rate and vacant positions have made it difficult for staff to attend even a virtual training. The Alliance will be collaborating on a new project for recruitment and retention in the creation of the Realistic Job Preview video series featuring front line staff discussing the rewards and challenges of working for DCYF.

- Learners understand that the pandemic has impacted training delivery, there are some portion of DCYF staff and caregivers who express in learner surveys a preference for more interactive learning, more opportunities to practice skills, and/or in person training and coaching.

- The reduction and near elimination of face-to-face social interaction has reduced or minimized some learners' growth or concept implementation due to differences in learning styles or the need for a hands-on instructional approach.

- An evaluation is needed to address enhanced learning for veteran staff when RCT, SCT or other modules are updated for onboarding. When RCT is changed and improved, it is important to address any learning gaps created for veteran staff, supervisory or management staff. An assurance that all field staff and levels are working from the same framework or latest research is vital.

- The need for a 360-degree approach to the evaluative process of learning brings challenges. However, an all-encompassing evaluative approach is needed to fully realize the transfer and application of learning concepts or objectives.

- When particular placements are made, it would be beneficial to the caregivers to get a "refresher" training on behaviors or awareness needed to adequately serve or support a recent placement.

- After evaluative process of Alliance RCT, SCT and AA tracks on behalf of LD training and practice-based needs, it was determined that large portions of the curricula do not apply or address licensing division professional growth and training needs.

- The WDT serves all of LD and the customized or general training needs are robust. There continues to be prioritization of onboarding and ongoing training needs with program specific needs addressed.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

- The learner's experience has been a driving factor in the improvement of the Alliance Catalog of courses. In the past year, the Alliance has:
  — Continued spotlights to the main website page and to each audience page so learners can see the most recent developments and releases quickly and easily.
  — Continued to use direct emailing via Constant Contact to alert caregivers and DCYF staff to newly available webinars each month so that they can continue training while sheltering at home. Individual notices of new trainings are sent to highlight their content and availability.
  — Modified several course descriptions and titles for improved learner understanding of training content.
  — Developed additional eLearning offerings for caregivers in Spanish
  — Begun a migration to a new Learning Management System for caregivers that will better support early identification of accessibility needs and make it easier for caregivers to track which courses count toward their competency areas and other training credits.

- In December 2020, the Alliance was awarded a DCYF contract for caregiver retention and support, statewide. The Alliance CaRES (Caregiver Retention, Education, and Support) Program offers resources, support and community to caregivers. The new program includes outreach and mentoring to prospective caregivers on their journey to licensure as well as ongoing support for licensed and kinship caregivers at the point of licensure, first placement, at six months post licensure, and beyond. The CaRES Program is also focused on increasing retention through the provision of topic-based and community-based support groups, the FIRST line (which prepares for how to navigate an investigation) and social media. Topic-based

support groups are based on a model known as "Communities of Practice" and use facilitated group discussions as the format. Support group topics are determined through surveys of caregivers and on-going feedback gathered through the daily operation of the program. Participation in these support groups count as continuing education requirements for caregivers to maintain their foster care license. The CaRES Program currently offers 20 such topic-based groups. In addition, the CaRES Program offers community-based groups and events throughout the state. Response from caregivers to the new program has been overwhelmingly positive as measured by the increasing participation and engagement with the program each month. In the first year of the program, the CaRES team provided over 6,000 supportive contacts to caregivers. In addition, there were about 1300 participants who attended our support groups for training credit, and over 400 caregivers who attended our events.

- All courses created through the LD WDT include a leadership component to solidify and support training messages, resource documents to support learning, the PowerPoint presentation for follow up reference, and an FAQ document that is generated by learners, answered by leadership and dispersed to all learners and a follow up survey evaluation.
- All curricula developed by the LD WDT is reviewed by subject matter experts (SMEs) in the field to ensure accuracy and applicability to the learning required. Additionally, all training deliveries have included a field presence in guest presenters to ensure a connection and representation of the field.
- All trainings or webinars are followed with an evaluative survey to glean from staff what they have learned, what continue to be their learning needs and feedback for overall training efficacy.
- The WDT has implemented a Retention and Succession Framework. The framework is designed to help inform LD leadership about staff's experiences working in LD. More specifically, this framework is intended to gain an understanding about what staff enjoy about their jobs, what supports they need to do their jobs well, what LD can do to better engage with them, and what will keep them happy and thriving as valued staff members of the DCYF LD. In addition to supporting and engaging its staff, LD is committed to providing staff appropriate opportunities for professional development to support them to thrive in their roles. LD is currently developing a model for equitable and consistent succession planning to better prepare for vacancies, to develop leaders, to provide LD staff with opportunities for growth and to promote continuity of service delivery to the children, youth, and families served.
- All LD programs will have onboarding plans developed to address field needs specific to daily job duties, policy and procedure reviews and enhanced growth opportunities.

Stakeholder Engagement, Involvement and Feedback

Training needs are determined through a combination of learner requests, learner surveys, the Alliance and DCYF Field Operations, Licensing Division and Child Welfare Programs input. Each spring, the Alliance and DCYF Leadership teams meet to determine the following year's allocations of existing trainings and which new training topics will be developed into new curriculum for DCYF staff and caregiver providers. The Alliance works closely with each region meeting quarterly in Regional Advisory Groups and attending regional leadership meetings.

The purpose of the LD Field Advisory Board (LD/FAB) is to inform upper management on issues that are happening at the field level. The board serves as a communication mechanism from field staff to upper management, so that management is aware of the need for improvements/changes. This method of communication allows for anonymity, while giving line staff a voice. Additionally, the LD/FAB acts as a sounding board to provide feedback to LD management related to improving licensing practice, ensuring child safety, and making DCYF work more efficiently. The board is a chartered entity that ensures that the innovation and creativity of line staff is heard and their hard work recognized. The Field Advisory Board

members are asked to serve on the board for at least 24 months. At 24 months, the members find a replacement within the same or similar job role and geographic location. Many FAB members send an e-mail out prior to upcoming FAB meetings and ask about adding agenda items. Additionally, FAB members email the meeting notes or the notes are sent out by the FAB facilitator. This ensures that all LD staff are aware of the communication, decisions and ongoing work happening in practice improvements. All meeting notes are also stored on share point which is accessible to all staff. This group has been sharing field and process issues together for several years and moving toward developing solutions. Additionally, the cross-program work has been a valuable part to build culture, trust and an awareness of LD wide intersectionality.

Service Array

Item 29: Array of Services

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

INFOFAMLINK ADMINISTRATIVE DATA

Combined In-Home Services By Program Multi-Year Comparison											
Combined In-Home Services	SFY2016			SFY2018			SFY2019			SFY2020*		
Program Types	Total	Adult	Children	Total	Adult	Children	Total	Adult	Children	Total	Adult	Children
Family Preservation Services (FPS)	6,844	2,670	4,174	10,756	4,293	6,472	11,136	4,437	6,699	8,291	3,310	4,981
Crisis Family Intervention (CFI)	997	465	532	688	325	363	570	271	299	439	199	240
Functional Family Therapy (FFT)	2,242	951	1,291	2,669	1,115	1,554	2,404	1,005	1,399	1,501	670	831
Homebuilders	2,360	909	1,451	2,368	949	1,419	2,221	855	1,366	1,676	669	1,007
Incredible Years (IY)	1,315	609	706	1,658	729	929	1,807	815	992	1,334	625	709
Parent-Child Interaction Therapy (PCIT)	597	226	371	643	232	411	637	232	405	426	168	258
SafeCare	1,546	720	826	1,764	846	918	1,742	878	864	1,110	554	556
Positive Parenting Program (Triple P)	4,333	1,650	2,683	4,612	1,769	2,843	5,241	1,976	3,265	4,442	1,751	2,691
Promoting First Relationships (PFR)	1,088	533	555	1,431	707	724	1,537	746	791	1,661	818	843
Unduplicated Total	18,901	7,867	11,034	22,999	9,649	13,350	23,536	9,840	13,696	17,539	7,526	10,013
*Data is incomplete due to contracted provider retainer payments during COVID-19 pandemic in 2020. CY2021 is the only full data set for this FY.											

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, 2022

STAFF SURVEY DATA

In 2019, a staff survey was conducted to help inform program improvement efforts. Respondents were asked questions about availability of services to meet individualized needs. Approximately 828 responses were received, with a good representation from across the State. In that survey, 67% of caseworkers and 64% of supervisors indicated that they could "always" or "usually" access the services needed for children and youth on their (or their staff's) caseload. This result was less for services for parents. Sixty percent (60%) of caseworkers and 58% of supervisors indicated that they could "always" or "usually" access the services needed for parents on their (or their staff's) caseload. When looking at caseworkers who responded that they could "always" or "usually" access services for children and parents, there was a clear discrepancy in access to services across case types.
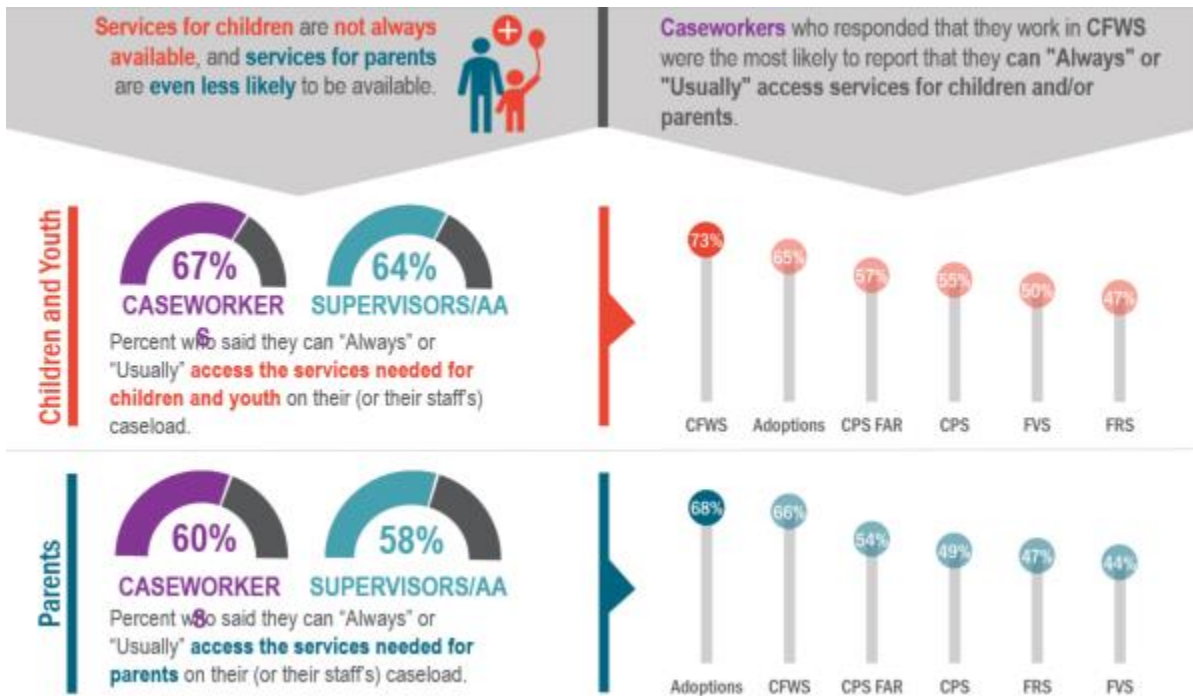
Three-hundred ninety-one (391), or 39% of respondents, responded to open-ended questions. Of those responses, the top three services that respondents identified as needing for parents included:

- Mental Health – 54% of Respondents
- Housing – 31% of Respondents
- Substance Abuse – 22% of Respondents

To expand upon this information, a revised survey was developed and launched in mid-2021. Comparably to the 2019 survey, there was a relatively low response rate of 285 responses. There were responses from all six regions and a majority of offices, although response rate was particularly low in Region 2. Sixty-eight percent (68%) of the responses were from caseworkers. A majority of staff indicated that they knew how to access

care coordination services and there was not much difference between the knowledge of care coordination and the ability to access care coordination. Although we do believe that there may have been confusion on the question and if the question was referencing the population in out-of-home care versus the in-home population and parents. Survey questions were focused around ability to access non-DCYF services and DCYF contracted services. For non-DCYF services, SUD assessment and treatment were indicated as being often/always available only 38% of the time for youth and 61% of the time for parents. However, assessment and treatment were combined in the question and there may be differences in access for assessment versus treatment.

Data Source: 2021 DCYF Staff Survey Results – CFSR Service Array Assessment and Improvement

We know that substance abuse services are a high need in our State. Approximately 27% of all child-welfare caregivers and 58% of those with children in out-of-home care had SUD in the prior year. We know that there is a low access rate to treatment (less than 50%) and there are variations across the state regarding treatment access. We also know that pre-natal substance abuse intervention is needed as the highest age group of children being placed out-of-home with substance abuse as a contributing factor being under 1 year of age[31].

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[31] Substance Use Disorder Treatment Penetration among Child Welfare-Involved Caregivers, https://www.dshs.wa.gov/sites/default/files/rda/reports/research-7-121.pdf

Family First Prevention Services & Service Array

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

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

A FFPSA Services Needs Assessment is being finalized for publication in summer of 2022. This analysis was prepared specifically to inform the prevention services array. Key findings and recommendations that will be included in the report include the following:

Key Findings	Recommendations	Key Steps
Families with young children in the child welfare system are in the greatest need for prevention services.	Connect parents in the child welfare and juvenile justice systems who have young children to prevention services.	✓ Institutionalize and scale DCYF's Child Welfare Early Learning Navigators. ✓ Expand FFPSA approved evidence-based home visiting programs that serve young children. ✓ Coordinate linkages to the Early Support for Infants and Toddlers (ESIT) services for child welfare involved families with young children.
Child welfare involved families are likely to be economically disconnected.	Work closely with child/family serving agencies to address the financial needs of families at the earliest stages of their involvement in the child welfare system.	✓ Promote access and continued engagement in social safety net programs. ✓ Identify family participation status in social safety programs. ✓ Connect families with housing assistance.

Parents involved in child welfare are more likely than their peers to have significant behavioral health and substance use treatment needs.	Coordinate services with Health Care Authority (HCA) to better identify and address behavioral health needs of child welfare involved families.	✓ Create behavioral health liaison positions in regional offices. ✓ Identify and support potential substance use treatment provider organizations/tribes to expand services for child welfare involved caregivers. ✓ Expand integrated and services of parental SUD treatment and infant social-emotional development for child welfare involved parents and their infants such as Pregnant and Parenting Women (PPW) program and the Family Based Recover (FBR) program.

This information is being used to help inform various decision packages that are in development for the next legislative biennium including decision packages around prevention, substance abuse treatment, and services expansion.

ORGANIZATIONAL CAPACITY

As mentioned in the *General Information* section, DCYF has made some structural changes to support integration of the service array work. In November 2021, the Division of Prevention and Client Services was created. This new division combines the previous divisions of Child Welfare Programs, Adolescent Services and Family Support Programs (home visiting, Strengthening Families). DCYF believes that helping families stay together is the most important thing we can do to make the world a better place. Our research-based service array will need to expand to serve the entire state and become consistently culturally competent. We want to use programs in home visiting like Nurse-Family Partnerships to help families before they come to Child Protective Services, not after. We want to divert families from formal court involvement to community-based programs that have strong histories of effectiveness. Once children, youth, and families become involved with either child welfare or juvenile rehabilitation, we want to work to reunite them as quickly as possible. Our vision for our field practice depends on community services being available and working well. We need an adequate supply of Behavioral Rehabilitation Services providers and a Family Time visitation service that ensures caseworkers don't have to drive for visits, taking them away from their social work. Our work with adolescents can be particularly challenging as we help them navigate a complex world, often without strong support from home. Consistent availability of high-quality substance use disorder treatment, behavioral therapy, education, and housing resources is part of the new team's mandate, which builds on the solid foundation of the Adolescent Program division and focuses on integration across the service continuum. Getting our portfolio of services to work requires strong programs that integrate well with the rest of the agency.

In March 2022, a temporary appointment was made for the Senior Administrator of Service Continuum in the Prevention and Client Services Division. This appointment was made to organize the services work into one

coordinated effort to meet current requirements resulting from court decisions and timelines for decision packages and implementation of new legislation. This position will work with teams across the agency who are already working on service array and expansion and will begin to knit that work together into a comprehensive plan for development of our service array.

PROVIDER SERVICES QUALITY AND AVAILABILITY ACCOUNTABILITY GROUP

The purpose of the Provider Services Quality and Availability Accountability Group is to oversee the four areas of focus for this work as identified in the DCYF Integrated Strategic and Racial Equity Plan:

1) Agency wide implementation of outcomes-oriented performance-based contracting (PBC) initiative.
2) Expansion of access to effective and needed services.
3) Enhanced service matching at the individual and population levels.
4) De-siloing of agency services, identify opportunities to integrate contracts and management.

The group was developed in September 2021 and is co-lead by the Director of OIAA and the Assistant Secretary of Division of Prevention and Client Services.

This group is looking at data to understand the availability and utilization of contracted services by geographic location and client population that will help inform the decision packages as mentioned above as well as help inform the development of an agency service array framework.

Item 30: Individualizing Services

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

There are several factors that make individualizing services difficult. One factor is the limited service capacity of both community and Medicaid-funded services, as well as DCYF contracted services. When there is limited capacity, services are provided based on availability, rather than on the unique needs of the child, youth, or family. Another factor is limited DCYF workforce knowledge and understanding of the available behavioral health assessments and services that can meet the unique needs of the child welfare involved population.

DCYF currently has a contract with Chapin Hall over the next two years to 1) develop a Family Practice Model to guide how caseworkers Engage with, Assess, and Coordinate Services for Clients and 2) modify the current assessment system and develop new assessment tools to support DCYF in more accurately identifying safety threats to children as well as identifying family strength/protective factors and needs.

Effective service provision requires engagement of family members in a manner that ensures they feel they have a guiding voice in the development of service plans for their family. One of the primary avenues in which caseworkers and family members can engage in case planning and service selection is through the use of assessment tools. With the support of Chapin Hall, DCYF is currently developing a suite of assessment tools with support for their validity and reliability. The tools are being designed to provide the caseworker and family members with accurate information of the strengths and needs of the individuals in the family home. In addition to providing accurate information, the assessment tools are also being designed to maximize family voice in both the assessment and the service selection process (e.g. fully integrated with motivational interviewing practice). By allowing family members to select the service(s) they participate in to the greatest

extent possible it is believed that family engagement in these services will increase. Additionally, as the tools used will have support for their validity and reliability, and will be re-administered to family members during their involvement with DCYF, the impact of the service(s) on individual/family well-being can be monitored. The information gathered through the re-assessment process will not only inform the family members and caseworker as to if the implemented intervention is having the desired effect, but will also inform the DCYF system of care as to which interventions are effective with which families, resulting in a system that can better match families with appropriate services.

The key requirement of the assessment system and estimated development and implementation timelines are outlined below.

Key Requirements:
- Assessment system tools to be fully integrated with the Family Practice Model, fully supporting the key activities of Engagement, Assessment and Service Coordination.
- Assessment tools will have support for their reliability and validity
- The developed tools will be integrated and cover most of the assessment needs for Child Welfare caseworkers and clients, which include:
  — Alignment with Washington States principles and practice profiles.
  — Adherence to Washington States Family Practice Model.
  — Being fully integrated.
  — Lend itself to reassessment and the measurement of progress.
  — Administered in a timely manner.
  — Easily completed by staff.
  — Support client engagement/Motivational Interviewing (MI).
  — Support accurate measurement of current and future needs.
  — Not disadvantaging BIPOC families.
  — Involving parents in the assessment of their strengths and needs.
  — Development will involve individuals and communities with lived expertise.
  — Be cost-effective.
  — Help youth receive beneficial services.
- Tools to be developed in partnership with Chapin Hall.

Four Assessment Tools of Focus:
- Update the **Intake Assessment** to better guide decision making around assignment to differential response(s) for screened-in intakes.
  — A dataset is currently being created for Chapin Hall to perform statistical modeling. A survey of intake tools used in other states as well as a literature review will be conducted. It is anticipated that creation of the new tool will be completed by February 2023 and implementation is dependent on status of IT projects.
- Update the **Safety Assessment and Safety Framework**
  — A review of DCYF's current safety assessment tool has been completed. A survey of safety assessment tools used in other states as well as a literature review will be conducted. It is anticipated that creation

of the new safety assessment tool will be completed by June 2023 and pilot testing and implementation is dependent on the status of IT projects.

- **Standardized Behavioral Health Assessments** – these tools can support work with caregivers and youth (both when in home and when in out-of-home care).
  — A survey of standardized behavioral health assessment tools (with a focus on computer adaptive assessment tools) used in other states as well as a literature review will be conducted. It is anticipated that selection of the standardized behavioral health tools will occur by March 2023 and pilot testing and implementation is dependent on the status of IT projects.
- **Consensus based Strength and Needs Assessment** – this tool will incorporate information from the other assessment tools as well as provide the caseworker an opportunity to summarize all the gathered information. Will also provide a clear path for the caregiver to have voice in expressing their own strengths and needs.
  — A survey of available consensus-based tools as well as a literature review will be conducted. It is anticipated that selection and/or development of the consensus-based tool will be completed by March 2023 and pilot testing and implementation is dependent on the status of IT project.

To support work around assessments, DCYF developed an Assessment Oversight Group (AOG). The AOG includes representation from divisions around the agency and is responsible for monitoring the ongoing use of assessments, approve the selection of new tools and coordination of the assessment tools used in the agency. The initial focus is on assessment used in child welfare and juvenile rehabilitation. The goal is that all assessments utilized as part of DCYF for child welfare and juvenile rehabilitation are re-examined every three years to obtain support for reliability and validity. This group is critical in ensuring DCYF's assessments are also in alignment with DCYF's strategic priorities.

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO SERVICE ARRAY
STRENGTHS

- DCYF is making organizational shifts to better support agency-wide service array efforts.
- DCYF implemented the Amazon e-voucher statewide. This allows families to shop for the items they need using the DYCF Amazon Marketplace.
- Due to an increase in funding, DCYF has been able to implement a rate increase for Combined In-Home Services (CIHS) providers, which goes into effect July 2022.
- EBP training contracts resumed in late 2021 and are funded through the fiscal year with a plan to increase available training in the next fiscal year.
- The transition for the CANS-F Assessment to an online platform from the previous Excel worksheet format has been fully implemented. The first initial data set from the approved online platform is currently going through analysis to assist with PBC efforts in CIHS.

BARRIERS/AREAS NEEDING IMPROVEMENT

- The current child welfare assessment system does not seem to be adequate for service matching for children, youth and families.
- There is a lack of substance use disorder providers, particularly in areas where high removals occur due to substance use related safety concerns.
- Difficulty in developing service availability in rural parts of the state.
- Difficulty in accessing culturally responsive services.

- There has been a high level of turnover and vacancies, not only within DCYF staff, but also within contracted provider agencies.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)

- As mentioned above, DCYF is undergoing an assessment re-design process in child welfare, in collaboration with Chapin Hall.
- Since 2020, DCYF has been collaborating with the Government Performance Lab (GPL) to improve the wellbeing of pregnant people experiencing substance use. This work includes piloting, demonstrating, and expanding an upstream referral pathway that connects substance-using pregnant people who are reported to the DCYF hotline (and screened-out) to voluntary prevention services. These prevention services are offered by community care coordinators in eight pilot counites: Spokane, Pierce, Kitsap, Snohomish, Whatcom, Skagit, Island, and San Juan. The ultimate goal of this effort is to keep families together by reducing the likelihood of child removals after birth. In 2022, DCYF also began testing a specialized referral pathway for Native American clients in Spokane County. Through this pathway, Native clients are offered culturally responsive, voluntary services through a Recognized American Indian Organization. DCYF intake staff are now referring close to 100% of eligible clients in pilot counties to care coordinators after implementing process adjustments with support from the GPL. With the planned expansion to a fourth region (and ninth county), the pilot will have the potential to reach 60% of pilot-eligible clients statewide.
- Since July 2021, Harvard Government Performance Lab (GPL) is supporting DCYF to better meet the needs of BIPOC families in alternative response by strengthening contracted service array and referral process. GPL produced initial diagnostic findings informed by interviews with 17 providers and other organizations across four counties with the highest placement rates for Black and Native families. GPL helped DCYF identify priority strategies which include:
  — Expansion of DCYF mechanisms to build Tribal and small provider capacity.
  — Procuring additional culturally relevant services including services for Native perinatal populations. early parenting supports for native families, and service navigator positions.
  — Expansion of rural supplement option to incentivize providers.
  In addition to beginning to support implementation of a subset of these strategies, GPL helped DCYF communicate insights from this project to critical internal and external stakeholders, including DCYF's Parent Advisory Group, Office of Tribal Relations, Office of Racial Equity and Social Justice, and senior leadership group responsible for service planning. GPL also shared findings back with the original interviewees and received positive feedback.
- DCYF completed a cost study of the in-home services, which helped inform a Decision Package to request additional funding to sustain the provider network. Funding was approved and the resulting rate increase will be implemented in July 2022. Additional program improvements were included in the request such as accounting standards, program management, and culturally responsive services.
- DCFY is implementing revised minimum qualifications to four of the EBPs that align more closely with the model developer standards. This change will have a direct impact on capacity building. Through engagement efforts with BIPOC communities, we have heard that the current contract qualifications make it difficult to recruit BIPOC providers. It is believed that the changes will also help us build a more diverse provider network that represents the communities they serve.
- DCYF is planning to procure and contract with community-based service organizations to be Community Network Administrators (CNA) in order to improve timely, consistent provision of services. These contracts will cover the entire state, through identified services (catchment) areas, to serve families in their communities. This will address the issues we know and understand from the recent CIHS and Family Time

Cost Study, as well as feedback from families, youth and stakeholders. Contracting with CNA to serve our children and families in their community, to hire, train, build capacity (especially in our remote areas) and monitor fidelity. A series of stakeholder meetings is being held in summer of 2022; procurement will be conducted in 2022 and 2023 with the goal of the procurement being finalized and implemented in fall of 2023.

- DCYF is developing decision packages related to prevention, integrated service expansion and substance use disorder services for the next legislative biennium. In addition, a service array framework will be developed to look at short, mid, and long-term service expansion efforts.

COVID-19 IMPACTS

In 2021, the personal services contract freeze was lifted and the EBP training/consultation contracts were re-issued. This has brought EBP providers back into fidelity and has allowed for capacity building to occur. Additionally, as the state lifted in-person restrictions, face to face service delivery resumed with telehealth as an alternate option when COVID-19 related needs arise with a family. The provider community has advocated strongly for DCYF to consider a long-term application of telehealth in Combined In-Home Services as a strategy to increase service access for families in areas where there is a lack of resources. A workgroup is being formed to assess this further and develop recommendations for the agency on a wider application of telehealth. The workgroup will have both DCYF staff and provider representation. CIHS providers continue to feel the effects of the pandemic in recruitment and retention of qualified staff to deliver services in all areas of the state, though the impacts are more significant in King County where the cost of living can make it difficult to find and keep qualified service providers.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

DCYF has been in various meetings with stakeholders within the last six months for planning related to implementation of the Keeping Families Together Act (HB 1227). Internal and external stakeholders and partners were included in workgroups that addressed specific items around services needed to prevent placement or re-entry into out-of-home care and assessing safety and risk. Those who participated included parent allies, AOC, OPD, law enforcement, CASA, Office of Civil Legal Aid (OCLA), Tribes, youth representatives and DCYF staff. Representatives outside of DCYF stated the following:

- The safety framework is complex and needs to be simplified and be more behaviorally specific.
- Services are not available in rural and tribal communities.
- High turnover results in new caseworkers not having knowledge of the existing resources.
- Lack of experience combined with high caseloads results in staff not understanding the safety framework well, resulting in bias and inaccurate assessment of safety.
- Removal of children is harmful and has long term negative impacts so DCYF needs to weigh the harm of removal with the safety threat.

Specific components of the Keeping Families Together Act are required to be implemented by July 2023. Recommendations from these workgroups will be integrated into an overarching child welfare transformation work plan in alignment with other practice changes as mentioned in the *Collaboration* section. The service expansion efforts and framework will also be responsive to the recommendations from the workgroup.

An effort to engage with tribal partners on service gaps and barriers was initiated in early 2022, starting with the tribes in the Upper Peninsula of Region 6 where families often have to travel far to access services. The Office of Tribal Relations will carry this work forward in partnership with child welfare programs to provide the same opportunity with all tribes in Washington State.

A series of stakeholder meetings with CIHS, Family Time Providers and DCYF staff are occurring in the summer of 2022 to discuss and develop the model that will be procured and used related to Community Network Administrator (CNAs). Information about the Community Network Procurement can be found [here](#).

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, parents and parent representatives, and community partners at both at the regional and state level. Meaningful engagement occurs throughout the development, implementation and monitoring of DCYF's CFSP; APSR; child welfare initiatives such as the PIP, PFD1 grant, FFPSA, Family Practice Model, and other agency strategic planning initiatives. Engagement also occurs through the continuous quality improvement cycle, which includes defining the problem, assessing the problem, planning strategies for improvement, implementing improvement strategies and monitoring results.

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

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

Examples of engagement and collaboration include the following:
- Co-design is being used in the development of the Family Practice Model (FPM). Co-design means learning continuously from and with people closest to the work. In the case of FPM, that means caseworkers and lived experts. The co-design methodology challenges historic imbalances of power in systems where leaders make important decisions about other people's lives and families. There continues to be a strong commitment to this work. In addition, Adolescent Programs hired a Co-Design Program Manager that will also be implementing co-design methodology into development and improvement of programs.
- There has been active and extensive work done between DCYF and Tribal partners to review and revise DCYF ICW policies and procedures in accordance with the Supreme Court ruling that was issues in 2021 related to reason to know and active efforts.

DCYF publishes a variety of legislative, federal, program and OIAA reports on the department's internet site.[32]

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

Examples of coordination with other federal programs include the following:

- DCYF Parent Locators and other staff use federal and state databases to continuously and actively search for parents whose whereabouts are unknown. Use of these resources has allowed staff to locate parents and engage them in child welfare services.
- DCYF Adolescent Programs and Juvenile Rehabilitation are partnering with Career Connect Washington (funded by the Workforce Education Investment Act). This program provides students with an opportunity to develop career awareness, exploration, preparedness and launch. This will help DCYF support youth in achieving their highest potential.

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

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

DCYF Licensing Division (LD) ensures state standards are applied equally to all foster family home and childcare institutions through the use of standardized materials and processes, consensus building within LD, and CQI activities.

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

Only fully licensed foster homes and childcare institutions are claimed by the State for federal funding reimbursement. Placements in approved, unlicensed kinship caregiver homes are important to maintain family connections; however, IV-E and IV-B funding is not claimed for these homes unless the kinship caregiver completes the licensing process. Unlicensed kinship placements are required to have a home inspection, complete the home study, and pass a background check that includes FBI fingerprints and, if applicable, an out-of-state child abuse and neglect check. Due to the COVID-19 pandemic, Washington State has been under a state of emergency and fingerprint requirements were suspended due to limited resources and other barriers. LD has been tracking all COVID-19 related waivers which consist of the fingerprint background check requirement and in person CPR. On April 8, 2022 Governor Inslee announced the upcoming rescission of Proclamation 20-31.12, effective July 1, 2022 and we will return to pre-COVID-19 procedures. Planning is underway to resolve any outstanding waivers that were granted during the pandemic.

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. This policy will change to accommodate the implementation of the LD online application portal, as a paper application referral will no longer be needed. 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 May 1, 2022, 3,390 (52%) out of 6,566 children with an open out-of-home placement are in a relative home. Of those, 536 (16%) are in unlicensed kinship caregiver home and in need of a home study; however, many of these children are placed together in kinship care, leaving a total of 391 kinship caregivers who need a home study. DCYF continues to make significant improvements in this area. Continued improvements are anticipated with the online portal implementation because it will be an automated process, no longer relying on the assigned caseworkers (who have competing priorities) to make the paper referral.

The effort to license more kinship caregivers in Washington State continues. Last year, DCYF sought legislation to establish "child specific" licenses for kinship caregivers. The legislation passed and child specific licenses will be implemented in the summer of 2022. LD has further expanded the list of items in the Washington Administrative Code (WAC) that do not pertain to safety so that "non-safety waivers" can be used to license relatives who otherwise might not be able to become licensed. The expanded list of "non-safety waivers" will begin with the implementation of the child specific licenses. Additionally, a preservice training specifically for kinship caregivers is in the final stages of development, this training is much shorter and is designed to meet the unique needs of kinship caregivers. The rules for child specific licenses are open for public comment until May 24, 2022. The implementation of an online application portal for caregivers has been delayed, but is expected to be up and running in November of 2022. The portal will have tracks specifically for kinship caregivers, so that it is an efficient process free of barriers. It is expected that the online application portal, the expanded non-safety waivers and the ability to do child specific licenses will create a friendlier and streamlined licensing process for kinship caregivers.

The Children's Bureau awarded a federal grant to Amara in collaboration with DCYF and UW Partners for our Children Research and Evaluation to pilot a five-year program supporting kinship families who are caring for their kin child(ren) who are in the care and custody of DCYF. The Supporting and Connecting Kinship Families Grant will be available in King County. The grant aims at supporting kinship caregiving and increasing the number of kinship caregivers getting licensed, so they have access to more financial support. A comprehensive kinship support program will be developed to address identified needs and create a co-parenting program to

support kinship caregivers and the child's parent. The first year will be spent designing and developing the pilot with a goal of implementation and evaluation beginning in October 2022.

Foster Parent Licensing

Washington State general licensing standards for families submitting an initial application requires:

- A fingerprint-based background check through the FBI and the Washington State Patrol (WSP), to include a child abuse and neglect history check of every state the adult individual has lived in the five years preceding the background check application. COVID-19 related waivers were issued for some licensed foster homes due to a lack of open fingerprinting vendors; however, most homes have now obtained fingerprints for all adult household members and there are very few outstanding waivers. Waivers will no longer be issued effective June 1, 2022 (30 days prior to Governor Inslee's rescission: Proclamation 20-31.12).
- A WSP criminal background check is required for any household members, ages 16 through 17.
- An approved home study/family home inspection.
- CPR and First Aid training. COVID-19 related waivers were issued for foster parents who were unable to complete in-person CPR training. During the pandemic, only online CPR training was required with the agreement that when in person training became available, it would be completed. Keep the Beat is the provider who provides CPR and First Aid training to Foster Parents at no cost to them. In person classes will be made available July 1, 2022, and waivers will no longer be issued for CPR training. Planning is underway to resolve the outstanding waivers that were issued during the COVID-19 pandemic.
- Bloodborne Pathogen training.
- Completion of orientation and Caregiver Core Training (CCT).

At the end of CY2021, there were 4,653 licensed foster homes, a slight decrease from the 4,908 licensed foster homes at the end of CY2020.[33]

In 2021 all maintenance duties for state licensed foster homes were transferred from the Assessment section to the Safety and Monitoring (SAM) section of LD. There were some unexpected challenges that have been worked out and each SAM worker has a caseload of approximately 120 licensed homes. It is hoped that additional resources and restructuring the caseload will be reduced to about 90 homes per worker; allowing SAM licensors to provide more assistance and support to state licensed foster homes.

Number of DCYF and Private Agency Licensed Foster Homes		
Calendar Year	# of First New Licenses Issued In Calendar Year	# of Renewal Licenses Issues in Calendar Year
CY2019	1,138	667
CY2020	1,039	578
CY2021	939	554
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. During 2021 LD has been preparing for the implementation of an online application portal, WA CAP by Binti. This will remove duplication of work by applicants and will streamline the process for both applicants and LD staff. Timeliness to home study completion has continued to decrease. This decrease is the result of the continued use of

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

reduced application materials and a change in performance measures for staff licensing state homes (90% of all applications will be resolved within 120 days). Additionally, Regional Licensing has restructured so that caseloads are specialized; some staff are dedicated to CPAs and the homes certified by CPAs and the others are dedicated to licensing and monitoring group care facilities.

The average days from application to licensure continues to decrease. Additionally, LD has been working diligently to decrease the backlog (applications pending over 120 days). Average days from application to licensure has been decreasing and the number of homes licensed within 120 days has been increasing.

Average Days Application to Licensure (State & Private Agency Homes)	
2019	160.5
2020	156.7
2021	136.8

% Licenses Completed < 121 Days			
	2019	2020	2021
State Homes	41%	41%	57%
CPA	25%	40%	48%
Total	36%	41%	55%
Data Source: InfoFamLink License_Delay_Detail_Report			

It is anticipated that the following changes will improve how applicants experience our system as well as improve timeliness of completed licenses:

- Kinship Caregiver Engagement Unit (KCEU) - specialized staff who assist kinship caregivers to navigate the home study/licensing process. Because children placed with kinship caregivers have improved outcomes, LD is working to ensure that kinship caregivers are supported. Data shows that children of color are slightly more likely to be placed in kinship care[34] and that kinship caregivers tend to have lower income[35], so this is a way that LD can work to advance racial equity and social justice in a systematic way. This pilot started in Regions 1 and 2 and Region 6 was added January 1, 2022. We continue to see promising results: timeliness has improved by 7.5% and an increase of kinship licenses by 12%. LD is currently deciding on next steps, as it does not appear that LD will have the FTEs needed to implement KCEU statewide in the near future as anticipated.
- Child specific licenses - new legislation was passed that allows caregivers to become licensed for a specific child. This will make the process more efficient and tailored to the needs of kinship caregivers.
- Expanded use of non-safety waivers for relatives.

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[34] Research Brief: Child Outcomes in Kinship Care in Washington State
[35] DCYF Caregiver Survey Report, 2020

- Online application portal.

A file checklist is used by home study licensors to ensure that licensing standards are applied equally to all family foster homes, including kinship homes, going through the licensing process. The checklist identifies all licensing requirements based on rules, regulations, federal law, and guidelines. The checklist is used to confirm that the application form, background information, and collection of additional information is complete. The home study licensor remains in contact with the applicant through the entire process and works closely with the family to ensure the application does not have any missing or invalid information. When the checklist and all application materials are complete, the home study licensor finalizes the written home study using the standard template. All of these materials are forwarded to the LD licensing supervisor who must review and approve all files prior to the foster family's approval for licensure. This approval must be completed, with a signature on the license itself, and an approval in FamLink before a family can receive placement and payment. The FamLink system will not allow a family to have a license finalized, or payment made to a family, prior to receiving supervisory approval in the FamLink system. This review ensures standards are being applied equally across the state. Homes that do not meet standards are denied a license (new applications) or their license is revoked (existing licenses). In 2021, 11 families were denied a license.

Renewal of Foster Family Home License
Licensed caregivers are required to be relicensed every three years. At time of renewal, the licensed caregivers must submit a new application and background checks for all household members age 16 and above. The relicensing process includes a home inspection, renewal assessment, updated background checks and verification of completion of required in-service training. The licensor also collaborates with the family to develop an individualized training plan for the next licensing period to ensure the caregiver's training needs are met. It is anticipated that the online portal will make the process much more efficient for foster parents and LD staff. Training, background checks, expiration dates and the renewal assessment will be able to be tracked and managed online.

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.). All individuals employed at a child care institution must successfully pass a background check before they may begin work at the facility, including those not directly working with children or youth. This includes a fingerprint-based background check through the FBI and the WSP, and a child abuse and neglect history check of every state the adult individual has lived in the five years preceding their background check application. As with licensed foster homes, COVID-19 related waivers have been issued, so that staff could be provisionally hired without having completed fingerprints due to lack of open fingerprinting vendors. Fingerprints were usually completed within a week to 30 days and as of July 1, 2022 there will not be any more provisional hires and all staff must have cleared fingerprint-based background checks prior to working in the facility.

Regional licensing has restructured, specializing between CPAs and group care facilities. There are two supervisors overseeing 12 regional licensors who regulate group care facilities across the state. Supervisors review all checklists and application materials prior to licensure approval or denial, which ensures standards are being applied equally across the region.

All group care facilities with BRS and medically fragile contracts receive a biannual health and safety monitoring visit (one announced and one unannounced) from the regional licensor. Due to the COVID 19 pandemic, at the beginning of the year, there was a mix of virtual and in person visits, as of July 1, 2021, all visits were in person. It was decided that comprehensive reviews (coordinated review of a program including licensing, contracts, and BRS) would be discontinued, as they were not working as intended. Coordinating between programs was cumbersome and time consuming, there was not equal participation between all programs and regions, they were largely contract driven as opposed to licensing driven, and there is a need for regional licensing to conduct monitoring reviews for all licensed group care facilities (not just those with BRS contracts). Contracts and BRS will conduct their own program reviews and will be invited to attend the licensing monitoring reviews. The new process will go into effect January 2023 and the monitoring visits will include the following:

- Questionnaires to be filled out by the assigned caseworkers of children/youth placed in the facility
- Review of compliance agreements and LD CPS investigations
- Site inspection, using inspection checklist
- Review of child files (number depends on the capacity of the facility)
- Review of personnel files
- Review of medication storage and administration process
- Verification that food is not expired and meets the nutritional needs of children/youth
- Incident reports
- Staff schedules to ensure they are meeting background check and ratio requirements
- Shift logs
- Consultation records
- Child/youth interviews (number depends on the capacity of the facility; nonverbal children/youth will be observed)
- Staff interviews (number depends on the capacity of the facility)

A form titled Family First Prevention Services Act Evidence of Compliance is used for all QRTP providers[36]. All sites remain accredited.

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, including updated background checks for all staff. The application and materials are reviewed by the regional licensor to verify compliance with licensing requirements. In addition, a regional licensor visits the facility to review a random sample of personnel and client files. The number and types of files reviewed are based on the size of the agency, the number of children being served, and information from prior reviews. In order to ensure consistency of adherence to all licensing requirements, agency and file reviews are conducted with checklists created by LD based on the requirements in Washington Administrative Code. Normally, in addition to the file reviews, the licensor visits all licensed group care facilities to conduct a full inspection of the physical facility and various required logs and records; however due to the COVID-19 pandemic, these inspections were conducted virtually for the first half of the year and in person for the last half. 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

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

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 and Continuous Quality Improvement

The Licensing Division (LD) traditionally conducts an annual provider home study review using a random sample of provider files selected from the total population of home studies completed during the six-month review period. However, due to the impacts of COVID-19, an internal 2021 home study audit did not occur. Instead, the LD Quality Assurance/Continuous Quality Improvement (QA/CQI) team developed a new framework in an effort to reorganize quality assurance and improvement work. This framework allows LD to have a more comprehensive look at the work being done in the division, rather than the sole focus being home studies. Program areas that will be covered are: group care, child placing agencies, caregiver engagement unit, foster family recruitment and retention, foster home licensing, kinship home studies, safety and monitoring, and LD-CPS. While LD does not have the capacity to cover every program area each year, this data driven process will identify areas of focus, so that those areas needing the most attention will be prioritized.

In January 2022 the Office of Innovation, Alignment, and Accountability (OIAA) published a report, Strengthening Agency Wide Quality Assurance and Continuous Improvement, which prioritized the development and implementation of an agency wide QA/CQI framework. Therefore, this framework for the LD is iterative, with the understanding that this will be adjusted to improve over time, and so that the framework is in alignment with the agency wide framework, once it is developed.

The goals of the new LD QA/CQI framework are to:
- Focus on traditionally marginalized communities.
- Promote a proactive systemic culture and foster continuous learning.
- Provide guidance firmly grounded in the DCYF's overall mission, vision, and values.
- Active inclusion and participation of staff, children, youth, families, caregivers, providers, and tribes.
- Define precise aim and understand the needs of those served by the system, identifying measures of success.
- Brainstorm potential change strategies: planning, collecting, and using data for effective decision-making and applying the scientific method to test and refine changes.
- Remove barriers to ensure staff at all levels are supported equitably and efficiently.
- Utilize positive data culture to inform and improve practice and policy.
- Inform effective and efficient responses to audits, legislation, and budgetary changes or requests.

The new framework prioritizes DCYF's intention to become an anti-racist organization by centering all quality assurance and continuous quality improvement activities around racial equity and social justice. This work aims to dismantle and transform underlying systemic structures allowing all communities equitable opportunities to thrive. It will continuously improve the quality, efficiency, and effectiveness of how the LD serves children, families, caregivers, and providers.

The DCYF Strategic Priorities and Government Alliance on Race & Equity Tools & Resources are central to the new LD QA/CQI framework. With racial equity and social justice being integral to the framework, DCYF will identify root causes and factors that maintain inequities, examine data to determine what it tells us, where the gaps are, explore the root causes that maintain inequities, examine how impacted BIPOC communities were engaged and how the department can improve partnerships with these communities. Additionally, DCYF

will consider the identity and intersectionality of impacted communities and strive to be proactive and responsive while informing/responding to audits, legislation, and budget. DCYF stresses the importance of active and meaningful inclusion and participation of all stakeholders and tribes in the CQI process, while integrating relevant information from various sources such as existing advisory groups and reports. This approach will elevate voices of those who are served by and interact with the systems within the department :

- Youth
- Communities of color and other marginalized communities
- Tribes
- Kinship caregivers
- Licensed foster parents
- Child placing agencies
- Group care facilities
- Parents
- Staff (Child Welfare and Licensing)

Each year will begin with the LD QA/CQI team compiling relevant data into an "information report" which will include typical quantitative metrics (disaggregated by race when possible) from infoFamLink reports as well as a summary of pertinent qualitative data from the following sources:

- WA State Office of the Family and Children's Ombuds
- DCYF Caregiver Survey Report 2020
- DCYF OIAA Reports
- Alliance CaRES
- Results from previous targeted review(s) and/or quality improvement project(s)
- Surveys
- Listening sessions
- Advisory groups
    — Passion to Action (P2A)
    — Mockingbird Society
    — Foster Parent 1624 Consultation Teams
    — Parent Advisory Group
    — Kinship Care Oversight Committee Report
    — LD Field Advisory Board
    — "Suggestion" Box (email inbox for staff to suggest ideas, voice concerns, etc.)
    — LD Racial Equity and Social Justice Advisory Group
    — Tribal Policy Advisory Committee
    — DCYF Inclusive Racial Equity Change Team

In the spring, this "information report" will be reviewed in a collaborative meeting with LD leadership and, based on the data, area(s) of focus for the year will be identified. Targeted reviews will be led by the LD QA/CQI team and will occur during the summer months. A targeted review could vary in size and consists of:

- an in-depth review of a business process (for example the application process);
- an in-depth review of a piece of work (for example the home study); or
- a file review of a random sample of providers (for example, 20% of all denied home studies during specific period of time).

Findings from the targeted reviews will be summarized in a report and shared with leadership in another collaborative meeting in the fall. Based on the findings next steps will be identified. Potential next steps are:

- Quality improvement project to address a problem that was identified in the targeted review.
- Decision package.
- Request for legislative or rule change.

If it is decided that a quality improvement project is needed, the LD QA/CQI team will assist in the design and evaluation of the project plan, and the field will implement. Depending on the project and the outcome, other areas of LD will be included as needed, such as: change management, IT, workforce development, policy, and/or communications. The LD QA/CQI team anticipates determining the focus and initiating its first Targeted Review in 2022.

Racial Equity and Social Justice QA/CQI Framework
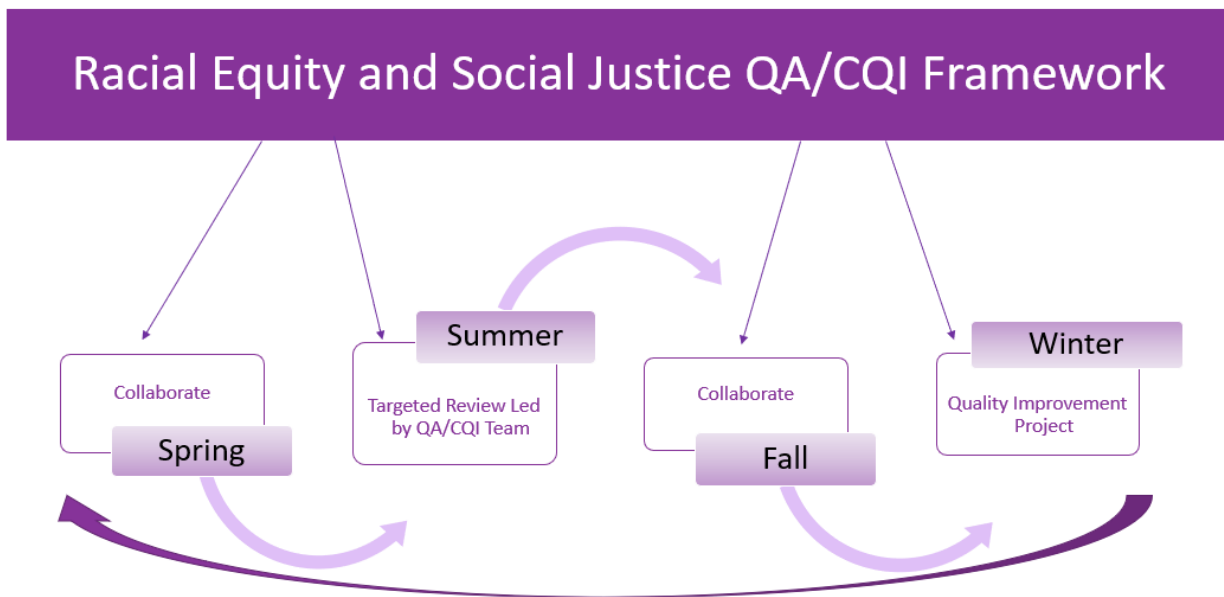
Item 34: Requirements for Criminal Background Checks

Washington State's comprehensive background checks for adoptive and foster care exceeds the federal Adam Walsh Protection and Safety Act requirements to check national crime information databases and state child abuse registries. This background check includes adverse and negative action information from licensed Washington programs, Washington courts dispositions that may not be reflected in the in-state or national background check result, and is required for all household individuals age 16 and older and not just the prospective adoptive or foster parents.

DCYF's crimes list goes beyond the federally disqualifying crimes, but an individual with these additional crimes undergoes an individualized assessment of their character, suitability and competence to determine if these crimes or negative actions relate directly to child safety, permanency or well-being.

DCYF does not have its own background check system and relies on other governmental agencies to facilitate the criminal history portion of the background check process. This lack of automation and reporting capability results in duplicative background checks and associated costs, and increased turnaround times. DCYF does make the final background check decision.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

DCYF continues to operate a full functioning foster, kinship, and adoptive recruitment program per the guidelines of RCW 74.13.325 noting that within available resources, the department shall increase the number of adoptive and foster families available to accept children through an intensive recruitment and retention program. As with many other states, DCYF continues to feel the impacts of the COVID-19 pandemic. All social systems have been stressed, and child welfare has experienced unprecedented challenges to the availability of community services, staff retention, and foster care recruitment and retention. Despite these challenges, DCYF is responsive to the needs of the children, youth, and families served.

DCYF continuously strengthens, improves, and diversifies recruitment efforts for potential foster and adoptive families. DCYF collaborates with Child Placing Agencies (CPAs), Tribes, and the Alliance to aid in recruitment efforts. DCYF uses three recruitment strategies to meet the need for adoptive and foster home placements: general, targeted, and child-specific.

Recruitment Efforts

DCYF's internal recruitment program includes six Targeted Recruitment Specialists (TRS) who develop and implement recruitment campaigns targeting quality, diverse caregivers able to meet the needs of children placed in out-of-home care. The TRS create and implement specific strategies unique to the region they cover.

During recruitment connections, events and activities, TRS are specifically looking to identify caregivers who are:
- Supportive of siblings staying together;
- Racially and culturally diverse;
- Open and affirming of LGBTQIA+ youth;
- Aware that foster care is temporary;
- Supportive of parents and their path towards reunification;
- Open to care for medically fragile/medically complex children;
- Open to caring for children with extensive emotional, behavioral, and physical needs.

At the beginning of 2022, DCYF maintained 4,652[37] licensed foster homes. The number has remained relatively consistent for the past several years, but is showing a downward trend. Many factors contribute to the decline including provider file clean-up projects, COVID-19, and regular attrition rates of caregivers. Of the total number of licensed foster homes, only 27% include at least one caregiver who identifies as a person of color, while 53% of children in out-of-home care are children of color.

Race/Ethnicity of Children in Out-of-Home Care Compared to Race/Ethnicity of Licensed Caregivers	
American Indian/Alaskan Native (includes multi-racial AI/AN) Children	1,113
Foster Homes with AI/AN Caregiver	201
Hispanic Children	1,034
Foster Homes with Hispanic Caregiver	513
Black Children (includes Black-Multiracial)	1,117
Foster Homes with Black Caregiver	378
Total Children of Color	**3,510**
Total Foster Homes with a Caregiver of Color	**1,261**

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[37] Data Source: infoFamLink, Count of CA Licensed Homes as of January 1, 2022.

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, 2022

Diversifying the pool of caregivers impacts all of DCYF. However, each region has unique demographics that can show a particular area of need. This is most clearly seen when comparing the race/ethnicity of children in out-of-home care to that of licensed caregivers. For example, Region 2 has significantly high ratios when looking at American Indian/Alaska Native and Black/African American children compared to licensed caregivers.

Race/Ethnicity of Licensed Caregiver compared to Race/Ethnicity of Children Placed in Out-of-Home Care					
Children to Caregiver Ratio	American Indian/Alaska Native	Asian, Native Hawaiian, or other Pacific Islander	Black/African American	Hispanic	White
Region 1	4.5 to 1	1.3 to 1	4.3 to 1	2.1 to 1	1.2 to 1
Region 2	9.1 to 1	1 to 1	7.7 to 1	2.3 to 1	1 to 1
Region 3	5.1 to 1	.4 to 1	4.8 to 1	1.8 to 1	.8 to 1
Region 4	2.6 to 1	.6 to 1	1.8 to 1	1.1 to 1	.6 to 1
Region 5	5.9 to 1	1.2 to 1	2.0 to 1	1.4 to 1	.9 to 1
Region 6	3.7 to 1	1.2 to 1	2.3 to 1	1.8 to 1	1.1 to 1
Statewide	4.6 to 1	.9 to 1	2.4 to 1	1.8 to 1	.9 to 1
Data Source: InfoFamlink Caregiver Recruitment and Retention Report, Statewide December 31, 2021					

TRS have implemented several recruitment strategies in order to engage the community, bring awareness, and attract diverse, quality caregivers. This is done through:

- Community Connection, Awareness Building, Networking, Reverse Tabling, and General Recruitment Activities in Target Locations
- Initiating Early Relationships/One-on-One Connection Building with Community Leader, Organizations, Cultural Centers
- Targeted Recruitment Vendor/Event [PRIDE, Juneteenth, Indian Heritage Month]
- Targeted Recruitment Material Distribution [Printed Flyers, Banners, Paid Advertisement, Targeted Social Media]
- Micro-Recruitment with Targeted Audiences to include In-person/virtual presentations
- Prospective Foster Parent Engagement [Response to Inquiries, Foster Parent Information Sessions]

DCYF is aware that many families become licensed and do not actually become a placement resource. This occurs for various reasons, but most often is due to the licensed foster family having a very specific age range and type of child they wish to care for—most often a child with no, or a very low, legal risk of reunifying.

DCYF has continued to implement the Be the Way Home campaign—to help educate prospective foster parents on the importance of reunification and placement with kinship caregivers. Concepts from the campaign introduce that caregivers are instrumental in supporting children and parents to reunify. That they are a bridge to keep children and youth connected to family and aid in making that happen. DCYF hopes to attract caregivers who understand the need for fostering, short or long term, and who are open to being a resource for children and youth and their families in need.

In examining the current pool of licensed foster parents, it is important to understand that not all of those families are active. DCYF made improvements to an existing report to further examine the demographics of licensed foster homes by including an Active versus Inactive category. An Inactive home is defined as a licensed foster home who is on a voluntary or involuntary no-referral or a home that has not taken a placement within the prior 6 months.

Using this definition, DCYF finds that on average 45% of licensed foster homes (State, CPA, Tribal) are considered inactive and are not a placement resource for children and youth experiencing foster care. In the next year, DCYF plans to take a closer look into the inactive homes and come up with an effective engagement strategy to address this large pool of inactive caregivers.

As mentioned previously in the *Permanency Outcome 1* and *Permanency Outcome 2* sections, DCYF continues to struggle in finding available placement resources for children and youth who experience complex physical, mental, and emotional needs. Through recruitment efforts, DCYF hopes to find individuals with the desire, skills, and ability to care for children and youth with greater support needs. DCYF also knows that recruiting for a therapeutic Behavior Rehabilitation Services (BRS) home is not easily done for first time foster parents, and that recruiting from the existing pool of caregivers who have experience fostering is a more likely approach. The concept being, "You cannot recruit a BRS home, you have to grow one." BRS homes are provided by a Child Placing Agency with a specific contract to provide these types of therapeutic services.

In calendar year 2021, DCYF experienced another increase in use of exceptional placements. The table highlighted below shows the number of incidents where a child or youth stayed one night in an exceptional placement.

Exceptional Placement Utilization	
Calendar Year	Exceptional Placement Nights Per Year
CY2018	1,460
CY2019	1,650
CY2020	2,603
CY2021	3,122
Data Source: InfoFamLink, AIRS Placement Exception Report	

While the number of children and youth who experience exceptional placements is small (approximately 290) when compared to that of the total number of children and youth in out-of-home care, it has a significant impact. These children and youth present with complex needs that are not easily met and require significant

resources to support them. Exceptional placement stays are not best practice and put a strain on the child, youth and agency staff.

DCYF continues to work toward reducing the utilization of exceptional placements. Significant effort has been put into addressing the systemic issues that impact resources available. This includes partnering with CPAs who hold contracts to provide BRS and expand services and reach. Recently DCYF's OIAA team compiled information on the children and youth experiencing exceptional placements and created the InfoFamlink AIRS Placement Exception data report. The newest element of this report, launched in May 2022, will allow DCYF to gather demographics specific to needs of children and youth experiencing exceptional placements, which will help to further understand the need for placement resources. New information includes: age, race/ethnicity, original removal date, permanent plan, DDA (Developmental Disabilities Administration) eligibility, BRS Services, Missing from Care history, legal status, and last health and safety visit.

Race Equity and Social Justice (RESJ) and Stakeholder Feedback

DCYF strives to have the pool of available caregivers to align with that of the children and families served by the child welfare system. The TRS continue to strategize on multiple efforts to recruit homes that reflect the racial, ethnic and cultural backgrounds of the children and youth who experience foster care. By doing so, there is a higher likelihood a child will be placed with those who match their race/ethnic/cultural identity, are in proximity to culture in their daily lives and are able to maintain cultural norms and activities.

Due to historical, institutional racism, many factors impact why Black, Indigenous, and people of color (BIPOC) are hesitant to engage with the child welfare system. DCYF has implemented a RESJ framework that will support continued efforts to address inequities. DCYF's Caregiver Recruitment and Retention team will advocate for equitable system change, work to build trust throughout diverse communities and implement a RESJ lens to all aspects of the work.

In the fall of 2021, DCYF initiated Co-Design Groups to benefit the program as a whole, in both recruitment and retention efforts. These groups will be instrumental in building community partnerships across our diverse communities. Groups consist of 5-7 internal or external partners outside of DCYF staff leading the work. Goals of the group include:

* Involving members from the community in the creation and decision-making process
* Identifying key values, messages, and themes that reflect this community
* Learning about the best way to connect and engage this community
* Developing recruitment materials and messaging that would be most impactful and represent this community
* Act as a sounding board, review targeted recruitment material and provide feedback/approval

Co-Design Groups in Progress:
* American Indian/Alaska Native
* Black/African American
* Hispanic/Latinx
* LGBTQIA+
* Intensive Behavioral, Emotional, Physical Needs (Juvenile Rehabilitation - Facility, DDA, Medical Complex/Fragile, BRS) and Adolescents
* Permanency (Reunification/Parent Partnership/Adoption from Foster Care)

DCYF is looking forward to the Co-Design Groups to provide feedback and guidance to practice as it relates to the recruitment and retention of caregivers.

Retention and Support

DCYF is committed to taking a balanced approach to recruitment and retention that recognizes the importance and vitality of our existing caregivers while supporting new and emerging caregivers. The following 2018 quote from an article in "The Imprint, Youth and Family News" pointedly captures the value of foster and kinship caregivers and the importance of retaining existing caregivers:

> "Just as you would not begin filling the bathtub without first stopping the drain, the retention of resource families should be addressed prior to or in tandem with recruitment…Resource families are a state asset… Some [state] advocates estimate the price of a resource family to start around $25,000. This includes the cost of recruiting, training and approving a family. Years of experience and training, not to mention the scarcity of available resource families, only increases their value. The retention of resource families is not only in the financial best interest of the state, but is imperative to meet the increased need for family-based care…".

The Alliance for Child Welfare Excellence launched the Caregiver Retention, Education and Support (CaRES) program in March of 2021 as DCYF's new retention and support contractor. The CaRES-DCYF partnership marks the first instance of DCYF and its retention contractor intentionally developing a program in response to the unique needs of both foster and kinship families.

The CaRES program includes:
- Support at key points
  — All prospective caregivers receive an email and caregivers who reside in the 2020 top 25 removal zip codes receive a phone call, too.
  — CaRES staff individually call all state licensed caregivers when they receive their initial license and first placement.
  — All kinship caregivers (regardless of licensing status) receive a supportive call when they have a new placement.
- Ongoing support
  — Topic-based, facilitated discussion groups that provide continuing education credits to licensed caregivers. The topics covered in these groups were identified by caregivers through a CaRES survey and include book clubs, self-care, and parenting specific populations of children and youth such as teens and infants.
  — Recurrent, weekly, virtual drop-in groups.
  — Community groups provide local opportunities to build connections with other caregivers.
  — Information about the facilitated discussion, drop-in and community groups is available at https://www.alliancecarescommunity.org/support-groups/.
  — Staff, mentors, and specialists with lived fostering and kinship care experience provide support to foster parents and kinship caregivers statewide. Learn more about the CaRES team at https://www.alliancecarescommunity.org/about-us/.

Researchers have found that retention is as important to agencies as recruitment. Satisfied, experienced foster parents are the foundation of recruitment. There are many ways DCYF captures information about caregiver's experience. This includes, but is not limited to:

- Annual Caregiver Speak Survey with Kinship and Foster Parents.
- DCYF Constituent Relations and Office of Children and Family Ombudsman Complaint Summary.
- Licensing Division Renewal and Closure Data.
- 1624 Foster Parent Consultation Teams.
- CaRES Monthly, Quarterly, and Annual report including retention themes to include issues, concerns, and practice improvement recommendations.

What we know from the current data is that caregivers appreciate DCYF staff who are:
- Accessible, provide help quickly and offer reassurance during challenging times.
- Active listeners and act based on caregiver input.
- Interested in understanding caregivers' perspectives without judgement.
- Respectful of caregivers' other commitments.
- Inclusive and notify caregivers of meetings, hearings and other key opportunities.

Caregivers expressed concern about:
- Differences in satisfaction based on their caseworker or office.
- Lack of respect, feeling undervalued and being treated as a "babysitter".
- Staff listening and acting upon caregiver perspective on the needs of children.
- The critical importance of communication.
- Prioritizing the best interests of children and youth.

DCYF is working diligently to capture all of the sources of information and provide a comprehensive overview of trends, themes, areas of strength, and areas of improvement. This information will continue to be used to guide field practices and aid in advocating for much needed resources for caregivers. DCYF must concentrate efforts on sustaining the existing pool of caregivers, as they are an invaluable asset.

Prospective Foster Parents Inquiry Data

DCYF continues to contract with Northwest Resource Associates to operate the Statewide Recruitment Information Center (SRIC). The SRIC allows prospective foster, kinship and adoptive families to submit an inquiry online or call the state's toll-free recruitment line at 1-888-KIDS-414. An individual record is then created by the information provided, which is then recorded in the case management system. DCYF is able to gain significant information based on these prospective foster parent (PFP) responses to include location, interest level, motivation, and source of inquiry. These records are a significantly valuable source of information and help us understand recruitment efforts, success, and areas of need.

In 2021, DCYF changed the reporting criteria to better reflect the "potential" aspect of prospective foster parent inquiries. In the past, families had been included in this category if they were entered into the SRIC system, even if they were not potential caregivers. For example, if they were already providing care, or were farther along in the licensing process than to be considered "potential". Now, the term "PFP" in reporting refers only to new inquiries, as opposed to all records created in the month. Due to this change, the 2021 data may reflect lower totals than in previous yearly reports, when "PFP" referred to records created instead of new inquiries.

From January 1, 2021 to December 31, 2021, DCYF has a fully functioning caregiver recruitment and retention program, after the previous year and gaps in service due to the COVID-19 pandemic. During this time, 3,958

prospective foster parents inquired with DCYF to learn more, with 83% of inquiries coming from the DCYF website directly.

Intake by Source CY2021	
DCYF Website	3,297
Adopt US Kids/Northwest Adoption Exchange Website	521
SRIC Hotline	140
Total	3,958

DCYF Regions 4, 5, and 6 continue to see high numbers of prospective foster parent inquiries throughout the year making up 62% of the total number received. Region 2 comes in with the smallest numbers which is a direct result of their small population size compared to the other regions.

Inquiries Regional Breakdown CY2021						
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
572	388	563	853	739	843	3,958

Of those interested in learning more, 36% indicated a primary interest in Adoption from Foster Care and 50% indicated General Foster Care (short or long term). Feedback received during a recent consultation indicated that even the terms provided in the questionnaire are not in simple/plain talk and suggested changing it. The questionnaire will likely go through additional iterations in order to be more user friendly.

Interest Type CY2021	
Adoption from Foster Care	1,415
Adoption (Legacy)	116
Extended Foster Care (Youth 18 to 21)	20
General Foster Care (Short- or Long-Term Placement)	1,992
Guardianship (Legacy)	9
Kinship	186
Short term foster care (Respite Care)	220
Total	3,958
Legacy refers to records created prior to category updates being made	

When asking PFP about what encouraged them to inquire about fostering or adoption in Washington State, 49% indicated "other." When completing an assessment of the responses provided when selecting other, key themes surfaced. Prospective foster parents reported that they inquired because of:

- **Internal motivation** – the individual or couple always had a heart for foster care, want to give back, and want to make a difference.
- **Connection to fostering** - the prospective caregivers knows someone who currently or previously fostered or they are preparing to care for specific children in the future.
- **Current work with children** - many prospective caregivers reported being social workers, teachers, police officers, nurses, group home staff, or counselors.

This continues to be very valuable information and aids in understanding an individual's motivation for fostering. However, it does not tell the story on how the individual found DCYF's website of hotline to learn more.

Starting in April 2022, the questionnaire has been updated and this "other" section has been separated. DCYF hopes that this will provide more insight on the source of the inquiry. The question is now, "What led you to inquire today?" Updated response options include

- Alliance for Child Welfare Excellence
- DCYF Foster Parent Info Session
- DCYF Staff/Foster Parent Recruiter
- DCYF Website
- Event
- Faith-based Organization
- Foster or Adoptive Parent
- Internet Search
- Print Media
- Private agency (CPA, or adoption agency)
- School
- Social Media
- TV/Radio
- None of these apply

The second question is, "Please tell us more about why you are interested in foster care and/or adoption?" An open narrative box is provided for responses. This will allow DCYF to continue enhancing data collection and learn more about the most successful recruitment interventions.

What Encouraged you to Apply? CY2021	
Adopt Washington Kids Website	140
Alliance for Child Welfare Excellence	25
DCYF Staff/Foster Parent Recruiter	168
DCYF Website	208
Faith-based Organization	102
Foster or Adoptive Parent	625
Friend	1
Liaison or Mentor	35
Other	1939
Print Media	24
School	55
Social Media	128
Targeted Recruitment Specialist	5
TV/Radio	76
Website	427
Total	3958

DCYF is seeing a diverse group of individuals inquiring about foster care and adoption at the inquiry stage. Although individuals still chose "Prefer Not to Disclose", it has gone down significantly and only 2% of individuals are marking this. Although the majority of PFP's continue to be White at 54%, the remaining

inquiries indicate a race/ethnicity outside of White. This is promising information and DCYF hopes to continue trending upward. A 2020 comparison is not provided in this data set, as the definition for a PFP changed in 2021. 2022 data will be compared, and DCYF is hopeful that the number of diverse PFP's will continue to grow. 9.7% of PFP's are of Black/African American descent, 6.8% of PFP's are of American Indian/Alaska Native descent, and 7.2% are of Hispanic descent.

Engagement with the PFP's at the initial inquiry through the licensure stage. Work continues on how to create a targeted response system with proactive engagement, ensuring that PFP's have the support, encouragement, and information they need to take the next steps in becoming a licensed foster parent.

Race/Ethnicity of Prospective Foster Parent Inquiries 2021								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Race/ Ethnicity Total	Race/ Ethnicity Percentage
American Indian/Alaska Native	35	33	47	56	47	63	281	6.35%
Multiracial American Indian/Alaska Native	2	2	0	7	4	5	20	0.45%
Asian, Native Hawaiian, or other Pacific Islander	6	7	35	61	34	20	163	3.68%
Black/African American	15	12	27	112	96	46	308	6.96%
Multiracial Black	14	2	21	32	32	21	122	2.76%
Hispanic/Latinx	33	66	45	80	42	51	317	7.16%
Multiracial other	24	15	28	54	64	42	227	5.13%
White	429	238	347	426	392	562	2394	54.09%
Prefer Not to Disclose	8	16	8	19	18	21	90	2.03%
Statewide	566	391	558	847	729	831	3922	100%

Note: Total numbers is this ethnicity table do not match the total number of PFPs as respondents are able to select more than one ethnicity per PFP. Additionally, the number of those with "Unknown" race/ethnicity are not included in the table.

Licensing Pathway: Inquiries, Applications, Licenses

DCYF's current process for licensing prospective foster parents is inefficient and antiquated. A paper process is still being used in a world full of technological solutions and resources. DCYF's LD is working with a contracted provider and will launch an online provider portal called the Washington Caregiver Application Portal (WA CAP) in late 2022. This will be a game changer for prospective foster parents, because of the portal's accessibility and ability to streamline and make the licensing process clearer. DCYF is hopeful that the portal will result in more application completions.

DCYF continues to strengthen communication to prospective foster parents by improving our online presence and ensuring the process is simple and easy to understand.

DCYF has experienced a 29% reduction in the number of licensing applications received for State, CPA, or Tribal agencies compared to 2019. Although applications are down, 2021 saw a slight increase in the number of new licenses issued. DCYF continues to be hopeful that 2022 will have improved numbers of applications submitted by implementing recruitment strategies, a statewide retention and support contract, online provider portal, and improvements to the state's economic and health condition as it relates to the COVID-19 pandemic.

Licensing Applications Submitted, Statewide													
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2019 Statewide	285	157	214	207	217	194	227	208	166	206	165	175	2,394
2020 Statewide	170	174	182	175	165	163	159	163	151	168	134	138	1,942
2021 Statewide	158	145	177	157	136	148	129	142	156	118	112	100	1,690

Data Source: infoFamLink, Foster Home Applications by Month, CY2019 & CY2020

New Licenses Issued, Statewide (State, CPA, Tribal)	
2019	836
2020	919
2021	939

When looking at the number of total prospective foster parent inquiries received, total applications submitted, and total licenses issued there is a 76% drop off from inquiry to license completed when compared to totals received during the same time period.

DCYF is aware of this significant drop off of inquiries and is working on solutions to convert more inquiries into active applicants. One of those solutions is to put more focus into engaging prospective foster parent inquiries an understanding reasons why they do not move forward in the process. A significant barrier is the licensing process itself, which can be confusing and hard to navigate. DCYF anticipates resolving this issue with the initiation of the online provider portal. Stewarding individuals through the process is key and putting a lot of effort in the early stages is vital. DCYF is reshaping the initial onboarding process and plans to improve the experience of first time prospective foster parents.

Inquiry (3,958)

100%

Application Submitted (1,690)

43%

License Issued (939)

24%

* Figures are calculated based on general numbers received in each category during the identified time period. They are not tied to individual record outcomes.
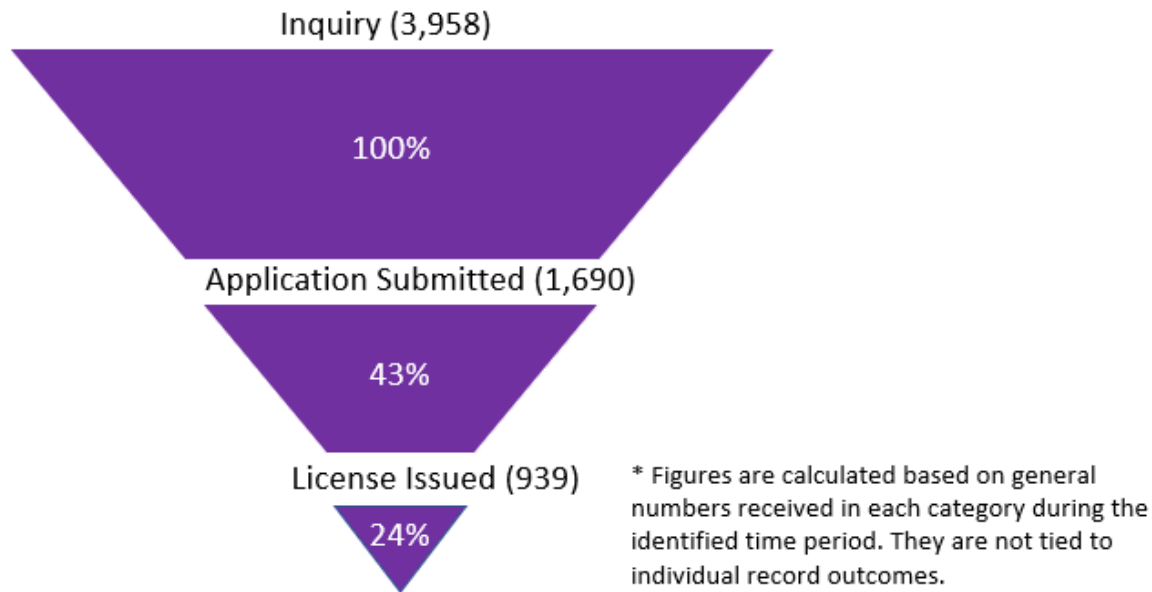
Data Source:
SRIC Inquiry Report January 1, 2021 to December 31, 2021
InfoFamlink Licensed Foster Home Applications by Month January 1, 2021 to December 31, 2021
InfoFamlink Licensed Foster Home Report January 1, 2021 to December 31, 2021 *New License Only*

Kinship Placement and Focus

The culture within DCYF has continued to shift over the past decade to embrace the elements of reunification across all systems. There is a greater understanding that keeping children and youth connected to their parents, siblings, relatives, and extended family is imperative for their health and well-being. These relationships have not always been embraced or supported in the way they are now. Family connections are critical to children's healthy development, sense of belonging, and preserve children's cultural identity and relationship to their community.

With these concepts in mind, efforts for recruitment have changed as well. Communication about reunification, partnering with parents, and the importance of kinship care is being discussed with prospective foster parents. DCYF needs to be transparent about the desire to reunify children and youth, and keep them connected to family. Recruitment messaging includes this language with an emphasis on educating and setting expectations from the beginning.

At the end of 2021, DCYF had placed over 50% of children and youth experiencing foster care in kinship care. DCYF has seen a steady increase in placing with kin over the last several years. This is a positive trend that continues to grow. In January 2018, only 43% of children and youth were placed in kinship care[38]. There are many internal initiatives, state legislation, and court decisions centered around kinship care that will come to fruition in 2022/2023. All of these efforts stem around the importance of kinship care and providing kin families with the support and resources they need to be successful.

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[38] Data Source: infoFamlink Relative Versus Non-Relative Report as of January 1, 2018.

When reviewing the kinship placement data by region, it shows some regional variations. Region 4 has the highest rate of kinship placement at 58.3% with Region 6 having the lowest with 42.7%.

Statewide- 50.7%
Region 1- 47.9%
Region 2- 57.6%
Region 3- 54.2%
Region 4- 58.3%
Region 5- 49.2%
Region 6- 42.7%

When reviewing kinship placement data by the race/ethnicity of the child and youth in care there are regional and statewide trends. Across every region, American Indian/Alaska Native children and youth tend to be less likely to be in kinship care than any other race/ethnic category. This is an important indicator as DCYF works to place with more kinship caregivers. DCYF must continue to examine why kinship caregivers are not found or are not passing the initial screening for placement. DCYF will continue to explore barriers and address systemic racism and implicit/explicit bias that may have a factor in decision making practices.

When children cannot be placed with their parents or kinship care, having a caregiver to support their race, ethnicity, and culture is paramount. The importance of these connections must be supported by the licensed foster parent or kinship caregiver. Recognizing the need to not only support legal permanency, but relational and cultural permanency as well.

Children Placed in Kinship Care Versus Non-Kinship Care by Region and Race/Ethnicity, CY2021					
Statewide					
Race/Ethnicity	Kinship	Non-Kinship	Total Children	% Kinship	% Non-Kinship
AI/AN	80	110	190	42.1%	57.9%
AI/AN-Multi	489	434	923	53.0%	47.0%
Asian/PI	54	53	107	50.5%	49.5%
Black	262	238	500	52.4%	47.6%
Black-Multi	294	323	617	47.6%	52.4%
Hispanic	553	481	1034	53.5%	46.5%
Other-Multi	79	60	139	56.8%	43.2%
White	1522	1542	3064	49.7%	50.3%
Grand Total	3333	3241	6574	50.7%	49.3%
Region 1					
AI/AN	7	17	24	29.2%	70.8%
AI/AN-Multi	125	103	228	54.8%	45.2%
Asian/PI		*	*	0.0%	100.0%
Black	*	13	14	7.1%	92.9%
Black-Multi	46	43	89	51.7%	48.3%
Hispanic	138	88	226	61.1%	38.9%
Other-Multi	17	*	25	68.0%	32.0%

White	261	370	631	41.4%	58.6%
Total	595	646	1241	47.9%	52.1%
Region 2					
AI/AN	*	*	13	38.5%	61.5%
AI/AN-Multi	51	41	92	55.4%	44.6%
Asian/PI	*	*	*	50.0%	50.0%
Black	12	6	18	66.7%	33.3%
Black-Multi	15	28	43	34.9%	65.1%
Hispanic	193	116	309	62.5%	37.5%
Other-Multi	*	*	*	33.3%	66.7%
White	155	117	272	57.0%	43.0%
Total	433	319	752	57.6%	42.4%
Region 3					
AI/AN	24	28	52	46.2%	53.8%
AI/AN-Multi	32	32	64	50.0%	50.0%
Asian/PI	*		*	100.0%	0.0%
Black	*	*	17	47.1%	52.9%
Black-Multi	25	27	52	48.1%	51.9%
Hispanic	41	37	78	52.6%	47.4%
Other-Multi	*	*	11	45.5%	54.5%
White	255	192	447	57.0%	43.0%
Total	392	331	723	54.2%	45.8%
Region 4					
AI/AN	11	11	22	50.0%	50.0%
AI/AN-Multi	106	54	160	66.3%	33.8%
Asian/PI	33	22	55	60.0%	40.0%
Black	171	114	285	60.0%	40.0%
Black-Multi	89	77	166	53.6%	46.4%
Hispanic	87	59	146	59.6%	40.4%
Other-Multi	20	13	33	60.6%	39.4%
White	183	150	333	55.0%	45.0%
Total	700	500	1200	58.3%	41.7%
Region 5					
AI/AN	10	11	21	47.6%	52.4%
AI/AN-Multi	109	125	234	46.6%	53.4%
Asian/PI	15	20	35	42.9%	57.1%
Black	53	57	110	48.2%	51.8%
Black-Multi	94	95	189	49.7%	50.3%
Hispanic	40	59	99	40.4%	59.6%
Other-Multi	26	21	47	55.3%	44.7%
White	244	222	466	52.4%	47.6%
Total	591	610	1201	49.2%	50.8%
Region 6					
AI/AN	23	35	58	39.7%	60.3%

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AI/AN-Multi	66	79	145	45.5%	54.5%
Asian/PI	*	*	*	33.3%	66.7%
Black	17	39	56	30.4%	69.6%
Black-Multi	25	53	78	32.1%	67.9%
Hispanic	53	122	175	30.3%	69.7%
Other-Multi	10	10	20	50.0%	50.0%
White	424	489	913	46.4%	53.6%
Total	621	833	1454	42.7%	57.3%

Data Source: infoFamLink, Relative Vs Non-Relative, December 31, 2021, Total Children means Total Count of Children, ages 0-17, placed in Out of Home Care with DCYF Custody, Counts between 0-9 may not be distributed and are shown as ""*

Child Specific Recruitment

DCYF has a need for diverse, quality caregivers with the desire to be a permanent resource for children and youth in need. DCYF utilizes a number of child-specific recruitment methods, overseen by the Adoptions Program, to identify existing and prospective adoptive families to include:

- Local and national adoption exchanges
- Local events such as KidsFests
- Monthly Adoption Consortium meetings
- Wendy's Wonderful Kids (WWK) child specific recruitment
- Communication regarding adoptive resources between LD, placement desks, and adoptions
- Case management to identify relatives or suitable others.

Child-specific recruitment focuses on an individual child and their need for permanency. For children and youth who do not achieve permanency for a variety of reasons, this form of recruitment seeks to find caregivers that will be the best match for a child's unique needs.

Data from CY2020 and CY2021 found that 50% of children and youth who had been legally-free for one year or longer were between the ages of 12-17 years old. For this reason, child-specific recruitment efforts are centered on that age group. The referral process for participation in the various recruitment strategies depends on the child or youth's legal status. Children and youth who are legally free are able to participate, while court approval or parental permission is required for children and youth whose parental rights remain intact.

Item 36: State Use of Cross-Jurisdictional Resources for Permanency Placements

Interstate Compact on the Placement of Children (ICPC) Referrals to Washington for Placement

Interstate Compact on the Placement of Children (ICPC) is the legal binding agreement/law in all states, the District of Columbia and the Virgin Islands that provides protection to children placed through an approved ICPC across state lines. A Compact is a uniform law; all states have the Articles of the ICPC in their state law.

A challenge with ICPC is states vary in home study requirements, such as licensing relatives or not accepting an adoption home study request prior to termination of parental rights. Planning and encouraging families to respond timely and engage in the home study process quickly is a part of the assigned caseworker's ongoing engagement work with the family.

Permanent plans through ICPC can include return to parent, adoption, guardianship or other court approved permanent options based on the sending state that holds jurisdiction. Achieving permanency for an ICPC case occurs after a period of stable supervision. Article V of the ICPC requires the concurrence of the receiving state's ICPC office. [39]

Article III of the ICPC law requires states to have a home study and placement approval from another state prior to placement. [40] The Safe and Timely Interstate Placement of Foster Care Act of 2006[41] requires states to complete home studies within 60 days. If the home study is not completed in 60 days, the receiving state generally provides a preliminary report to the sending state indicating the reason for delay. This 60-day home study timeline for most states can be difficult to achieve. A completed home study, under ICPC regulations, is due as soon as possible and no later than 180 days, to accommodate licensure or state's adoption home study requirements.

For this report, data was pulled on March 22, 2022. From January through December 2021, 34% of home studies completed from another state were completed or a preliminary report provided within 60 days. This is an increase from CY2020 data at 18%. This may show that states adjusted to doing work within the pandemic requirements using additional tools and new ways of work previously not available to them. A data adjustment this year includes withdrawn home study requests by the sending state, which has not been included in previous years data. The DCYF HQ ICPC unit regularly requests status checks to other states on outstanding home studies and works to alleviate barriers.

During CY2020, HQ ICPC started to capture data on how many placements requests were with relative caregivers. In CY2021, 83% of the incoming referrals and 78% of the outgoing referrals were with relative families. The high number of referrals sent with relative family's shows DCYF's priority to place children with relatives to maintain family and cultural connections.

In CY2021, DCYF received 778 referrals with 128 adoptive placements identified from other states for 123 children. During 2021, 65 children achieved permanency through adoption from other states. It is important to note that children placed through ICPC achieve permanency through multiple permanency avenues such as adoption, guardianship, return to parent and other court-approved plans that are identified by the sending jurisdictional state.

In CY2021, DCYF sent 651 referrals with 124 adoptive placements identified to other states for 104 children. During 2021, 74 children achieved permanency through adoption.

As of March 22, 2022, there are 42 outstanding 2021 home studies for referrals to Washington State. There are 89 outstanding 2021 home study referrals sent to other states. HQ ICPC continues to follow up on outstanding home studies.

The following table shows the numbers of referrals DCYF received from other states.

ICPC Referrals to Washington State for Placement				
Calendar Year	Total ICPC Referrals Received	ICPC Request with Relative/Kinship	Potential Adoptive Placement Identified	WA ICPC Adoptions
CY2019	906	-	177	93
CY2020	723	585 (81%)	115	92

[39] Interstate Compact on Placement of Children. WA RCW 26.34.010 (1971 ex.s c 168 § 1)
[40] Interstate Compact on Placement of Children. WA RCW 26.34.010 (1971 ex.s c 168 § 1)
[41] Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239.

CY2021	778	646 (83%)	128	65
Data Source: PQR 1438, infoFamLink, CY2019, CY2020 & CY2021				

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

Timely ICPC Home Study Decisions Provided by Washington to Sending State in 60 Days or Less								
CY	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	HQ	Total
CY2019	52% (94)	32% (25)	67% (73)	72% (92)	47% (87)	56% (122)	100% (4)	55% (497)
CY2020	34% (33)	27% (19)	35% (35)	29% (31)	31% (42)	20% (43)	100% (1)	28% (204)
CY2021	54% (63)	61% (43)	62% (59)	61% (79)	55% (82)	57% (124)	100% (5)	55% (425)
Data Source: PQR 1438, infoFamLink, CY2019, CY2020 & CY2021								

The following tables are regarding ICPC requests sent to other states.

DCYF Referrals Out of State for Placement				
Calendar Year	Total ICPC Referrals Sent	Timely Decisions (60 Days or Less)	Potential Adoptive Placement Identified	Children Achieving Adoption	ICPC Relative Requests
CY2019	901	-	199	131	-
CY2020	686	126 (18%)	116	114	564 (82%)
CY2021	651	220 (34%)	124	74	508 (78%)
Data Source: PQR 1438, infoFamLink, CY2019, CY2020 & CY2021					

DCYF Referrals Out of State for Adoptive Placements			
	CY2019	CY2020	CY2021
Total WA Out-of-State ICPC Referrals	901	723	651
Identified as Relative Homes	-	585	508
ICPC Permanent Adoptive Placements	199	116	74
WA Children Placed in ICPC Permanent Adoptive Placement	112	77	78
WA Children Achieved Permanency through Adoption in ICPC Placements	131	114	53
Data Source: PQR 1438, infoFamLink, CY2019, CY2020 & CY2021			

Count of ICPC Placement Referrals by Race and Ethnicity			
	CY2019	CY2020	CY2021
Asian/Pacific Islander	12	14	15
Black	79	78	58
Black Multiracial	84	70	57
Hispanic	124	75	65
American Indian/Alaska Native	31	22	27
American Indian/Alaska Native Multiracial	77	66	80
Other Multiracial	26	13	28
White/Caucasian	466	347	321
Unknown	2	1	0
Data Source: PQR 1438, infoFamLink, CY2019, CY2020 & CY2021			

STRENGTHS, BARRIERS AND PRACTICE IMPROVEMENTS RELATED TO FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

STRENGTHS

- DCYF sought legislation to establish "child specific" licenses for kinship caregivers. The legislation passed and will be fully implemented in 2022. LD has finalized the expanded list of items in the Washington Administrative Code (WAC) that do not pertain to safety so that "non-safety waivers" can be used to license relatives who otherwise might not be able to become licensed. The expanded list of "non-safety waivers" will begin with the implementation of the child specific licenses.

- LD has continued to examine business processes, tasks and staff capacity within the various sections of LD across the state. Due to this, LD has been able to shift some tasks to different staff in order to streamline processes.

- LD has implemented a comprehensive recruitment and retention program based on data, research, and best practices approaches. 2021 was the first full year of the program which continues to grow, expand, and reach. There are promising practices with community based targeted recruitment.

- LD is implementing an online provider portal in the Fall of 2022 which will resolve many of the issues prospective foster parents experience as they try to engage in the process.

- At 78%, the majority of cross-jurisdictional placements are with relatives.

- DCYF ICPC has positive relationships with ICPC offices in other states. WA sent 20% of the home study requests to Oregon in CY2021. WA ICPC connects with Oregon ICPC on a regular basis to discuss trends, home study timelines and delays in ICPC home studies.

- Expeditious identification of overdue home studies is important for program improvement. HQ ICPC requested a quarterly data pull of ICPC home study requests in 2021. This assisted in status checks more frequently and understanding barriers to home studies. Communication with caseworkers and other states is key to assess what the barriers may be.

- In an effort to assist in increasing timely permanency, the ICPC Program Manager completed a data analysis of outgoing ICPC requests and placements. If a youth was in a permanent home without an adoption home study and that was the permanent plan, reminder emails sent to caseworkers and supervisors. Barriers for ICPC requests for adoption include: many states will not accept adoption home study request prior to termination of parental rights or accept dual home study requests at the same time - for example foster-adopt home study requests.

BARRIERS/AREAS NEEDING IMPROVEMENT

- Throughout 2021, the COVID-19 pandemic continued to have an impact on the recruitment and retention program. This can be seen by additional pressure and stress on society, resulting in a lack of volunteerism and additional capacity for community members to want to foster. In-person recruitment and retention events were unable to occur, making almost 100% of the work happening in a virtual capacity. In particular communities where relationships are vital, this proved difficult for the recruitment and retention team.

- The number of licensed foster homes continues to decrease; however, many of these homes had been "inactive" or not taking placement for 6 months or more.

- There is a disconnect in the number of PFP's identifying as Black, Indigenous, Persons of color (BIPOC) to the number of licensed foster parents who are BIPOC. DCYF will continue to explore these data values. Having PFP information live in one system within the new portal will tell a comprehensive story to help understand what barriers, roadblocks and issues are preventing all interested caregivers from moving forward.

- The number of exceptional placements, including hotel or night-to-night stays, has increased for some children and youth.

- The number of ICPC home study requests received and sent to other states remains lower than pre-pandemic numbers.
- The ICPC requirement to complete home studies within 60 days is difficult to achieve. It would be beneficial if states could report the 180-day completed home study requirements per the Interstate Compact regulations.
- HQ ICPC continues to telework. Some staff continue to struggle with reviewing documents electronically and working with an electronic format. ICPC staff are in the office once weekly to print work and filing documents in hard files. Some of the processing home study delays were in the ICPC unit, staff missing work sent electronically. Ongoing training and problem solving occurs to reduce and eliminate barriers. A pilot began for a limited number of incoming cases in processing the ICPC work electronically. This limits printing and hard paper case files. Early evidence is positive and the pilot will expand to include additional cases.
- DCYF is at risk of not completing the National Electronic Interstate Compact Enterprise (NEICE) project within the grant period ending September 2022 due to IT barriers. DCYF will determine next steps based on IT resource limitations and time remaining under the grant.

PRACTICE IMPROVEMENTS (CURRENT AND ANTICIPATED AND /OR PLANNED IMPROVEMENTS)
- The Kinship Caregiver Engagement Unit (KCEU) pilot is occurring in Regions 1 and 2 and expanded to Region 6 in January 2022. Dependent on capacity and resources, it is hoped that it will be implemented statewide eventually.
- Development of LD QA/CQI framework is data driven and will allow LD to target resources and reviews in the most needed areas, in alignment with DCYF Strategic Priorities.
- LD continues to work with OIAA to improve data reports to provide valuable information:
    — Identification of licensed foster homes that are actively taking placements vs those that have been vacant for six months or more.
    — Foster home applications disaggregated by race.
    — Primary language of caregiver.
- Delays with the launching of the online Foster Parent Application Portal.
    — This system will include an online application, digital case management tools and the ability to upload documents. It will assist in expediting the process for home study referrals, thus speeding up permanency for children and youth. The project will result in better outcomes by:
        o Decreasing the time to qualify families as caregivers.
        o Decreasing placement interruptions for children in care.
        o Decreasing the drop-out rate of licensed homes.
        o Increasing the number of licensed kinship caregivers to improve access to resources.
        o Decreasing the total number of placements experienced by children in care.
        o Creating portal access for caregivers, CPAs and tribal partners.
- Since August 2020, HQ ICPC was able to use the NEICE Secure Documentation Portal (SDP), which assisted in sending documents to states that may not have previously accepted electronic documentation if states were not actively on NEICE. WA ICPC has had some challenges with the SDP in 2021 related to other states not downloading the ICPC documents. HQ ICPC requested the NEICE Project Manager to send reminders to NEICE states on how the SDP works and to assist with timely processing of ICPC requests. Another challenge for WA and states that use the SDP is there is no verification when documents are downloaded/processed. This causes unnecessary delays for children and families.

- HQ ICPC updated the "Interstate Placements: Fundamentals and your Role" eLearning training with the Alliance in December 2020. This eLearning is available to all staff; however, it is required for CFWS staff, and provides law and policy information; expectations for case management of an interstate case; roles and responsibilities, instructions on completing a referral packet and safety and practice tips. This training is required for new CFWS staff within the first year of hire or transfer to a CFWS position. As of April 12, 2022, 59 staff have completed this eLearning; not all of these staff are CFWS staff. Reminders on the availability of this training will continue.
- The HQ ICPC Program Manager consults with LD regarding identification of barriers to timely home study decisions. In 2021, HQ ICPC received data quarterly, which assisted in identifying overdue home studies in an immediate manner. The HQ ICPC Program Manager continues to strategize with LD regarding the reasons for home study delays, identification of barriers, and create a plan to increase the completion of timely placement decisions.
- WA sent 20% of the home study requests to Oregon in CY2021. WA ICPC connects with Oregon ICPC on a regular basis, to determine trends, home study timelines and delays in ICPC home studies. Review of data during 2022 will occur to compare timeliness to previous years.
- HQ ICPC staff were able to attend the Association of Administration of the Interstate Compact on the Placement of Children (AAICPC) National virtual training in October 2021. HQ ICPC staff will continue to request attendance at the AAICPC business meetings and national training.
- During CY 2022, HQ ICPC Program Manager will conduct data analysis to determine which states(s) the majority of ICPC requests are sent to and seek collaboration with those states to problem solve barriers to timely home studies and permanency.

STAKEHOLDER INVOLVEMENT AND FEEDBACK

As stated throughout Items 33, 34, 35 and 36, DCYF collaborates regularly with internal staff and external stakeholders and partners (particularly caregivers and foster parents) related to kinship, foster and adoptive parents recruitment and retention efforts.

The LD QA/CQI Framework heavily relies on collaborating with internal and external stakeholders so that community voice is elevated.

LD's Recruitment and Retention Team has implemented Co-Design Groups that include internal and external partners from communities in which they are trying to recruit from. This new approach to stakeholder engagement will continue through 2022. DCYF is hopeful that co-designing with the community will have great impact and success on the program's reach.

HQ ICPC meets with other state ICPC offices during monthly all state meetings. Yearly conferences with a training component also occur; however, it is up to each state if they attend. DCYF makes this a priority to have a least one staff in attendance. Current discussions continue regarding consideration of a uniform home study for all ICPC cases and the new ICPC. The new ICPC remains in the beginning stages and legislation would be required for this to occur. The annual conference was virtual again in 2021, which allowed all HQ ICPC staff to attend at no cost. The conference allows states to collaborate regarding processing home studies and timeliness. Understanding state differences and policies is very beneficial for case planning.

HQ ICPC and LD discuss timeliness of ICPC home studies. Discussion with LD has occurred on the relative specific license and upcoming home study changes and how these potential changes fit within ICPC parameters.

Update on Plan for Enacting the State's Vision

Family First Prevention Services Act (FFPSA)

Washington State's Family First Prevention Plan was approved by the Children's Bureau in October 2020. The approved plan can be found here.

Since Washington's Family First Plan was approved in October 2020, our planning landscape has changed. In addition to the global pandemic, DCYF is managing multiple supreme court decisions, newly enacted state laws, new agency-wide initiatives, and a transition to an updated IT system (Comprehensive Child Welfare Information System – CCWIS), all of which converge to impact our practice. Our Statewide Automated Child Welfare Information System (SACWIS) requires significant changes to support implementation and is facing stability issues.

DCYF strives to implement all the initiatives carefully and with an integrated approach, including Family First, and this requires adjusting the path forward to align with the CCWIS project. To implement Family First successfully and meet federal requirements for claiming IV-E funding for services, the department must take the time to expand the service array to meet the needs of families, align efforts with other state and agency-wide initiatives, and deploy the technology needed to meet data requirements and support field staff.

DCYF will continue work to prepare offices for launching Family First activities that enable IV-E claiming, however will align that work with other agency efforts. This shift means that DCYF will extend the launch timeline for the previously-identified implementer offices which will be dependent on the CCWIS project. Claiming Title IV-E reimbursement will occur once the technology is there to support the practice and data collection. Other aspects of FFPSA implementation will move forward, such as Motivational Interviewing (MI) training, service array improvement and expansion, preparation for data reporting, and continued development of the kinship navigator program.

Family First Transition Act (FFTA) Grant

In the 2021-2023 Washington State Budget Session, DCYF requested federal authority for the Family First Transition Act (FFTA) federal funds to implement FFPSA requirements. Establishing an infrastructure that will properly support this ongoing work will be critical to our success. There were delays in expenditures due to instability with our IT system, workforce challenges and the global pandemic. There are continued significant resource needs in order to implement FFPSA requirements, both initial onetime costs such as investment in IT tools, and ongoing costs for staffing, training, service array expansion and supports.

The State of Washington remains in progress with Family First implementation. In spite of the agency's recently identified need to pivot the implementation strategy, DCYF was able to accomplish the following, consistent with the activities outlined in the Family First implementation plan. Over the past twelve months, staff additions to the implementation team have occurred that includes six program consultants designed to support implementation within the six regions, two CQI/QA analysts to develop ongoing assessment, evaluation and feedback loops, and one researcher housed within DCYF's Office of Innovation, Alignment, and Accountability (OIAA) for ongoing evaluation.

During FY2022, DCYF successfully initiated contracts with Chapin Hall and the Institute for Individual and Organizational Change (IFIOC) regarding consultation, planning, and motivational interviewing (MI) training. MI field, leadership, and coding implementation training began across the state with a focus on the original identified nine early implementation offices. The agency will continue to use agile project management and change management methodologies to support MI roll out and strategize continued fidelity efforts.

The combined in-home services (CIHS) cost study took place from April to October 2021 and examined CIHS best practices, provider expenses, and applicable evidence-based practice standards. This study made recommendations to improve the quality and availability of provider services through an improved reimbursement rate structure. Provider contracts are being adjusted to improve payment methodologies and enhance the availability of high-quality services identified in our FFPSA plan.

In the upcoming FY2023, DCYF will use FFTA for continued development of a strong infrastructure that supports and enhances Family First implementation. For the upcoming FY2023, the FFTA funds have been budgeted to be spent on:

- Service Array Expansion (FY23 - 200,000)
- Service Array Pilot projects (FY23 -100,000)
- EBP Capacity Building (FY23 - 500,000)
- Tribal Provider Capacity Building (FY23- 200,000)
- Program & Implementation Staff (FY23 - 1,000,000)
- Development & license costs for new tools for risk and safety (FY24 – 250,000)
- Staff Training (FY24 – 50,000)
- Change Management (FY23 – 100,000)
- Stakeholder Engagement (FY23 – 50,000)
- Communication (FY23 – 50,000)
- Evaluation and CQI/QA (FY24 – 100,000)
- Technology Support (FY24 – 1,922,000)
- Continued Implementation and Evaluation of Motivational Interviewing (FY23 – 200,000)
- Provider Training (FY23 – 100,000)

Over the last year, DCYF has identified system strengths to build on and system challenges to overcome in order to successfully implement the state's prevention plan. FFTA funds continue to allow for creative adaptation in the face of unexpected roadblocks, thoughtful collaboration with community members and other stakeholders, and intentional development of strategies to ensure that Washington's families are provided with high quality prevention services.

Goal 1: Child Welfare Family Practice Model

Adopt and implement a consistent child welfare practice model that is trauma-informed, safety-focused, family-centered, culturally-competent and create consistency and accountability in practice.		
	Begin Date	Projected Completion
Hire a dedicated full-time position to lead the process of reviewing the current practice model and assessing for potential change.	COMPLETE	
Identify an external entity, such as Casey Family Programs or Capacity Building Center for States, to provide consultation and assist in the assessment of the current practice model and potential for change.	COMPLETE – Partnering with Chapin Hall	
Establish framework for assessing current system and research practice models and practice model elements for implementation.	COMPLETE	
Convene and prep HOST team	COMPLETE	
Co-design sessions with regional field operations staff – open invitation	COMPLETE	
Qualitative analysis of data collected from co-design sessions	COMPLETE	

Story collection efforts with youth with history of dependency and parents	COMPLETE	
Convene design team including CORE team, SUPPORT team, and ANCILLARY team	COMPLETE	
Establish FPM framework and Theory of Change	COMPLETE	
Co-design agency value definitions: inclusion, respect, integrity, compassion, and transparency as demonstrated by system interaction with families and how system interacts with staff	COMPLETE	
Interpret feedback and content gathered via feedback loops to identify draft principles: *Family Driven, Culturally Humble, Teaming/Shared Decisions, Trauma Responsive, Community Partnership, Positive Regard*	COMPLETE	
Use FPM framework to integrate CW practice change initiatives, governance, and early stages CCWIS planning	3.1.22	6.1.22
Process documentation (spotlighting decision points), journey mapping for staff and clients	6.1.22	9.1.22
Child Welfare Ecosystem map showing linkage between service areas and case activities	6.1.22	9.1.22
Prioritize practice profile areas and begin development via co-design	9.1.22	12.31.22
Ramp up co-design for all case activity practice profile development and roll out after testing	1.1.23	*ongoing*

Progress to Date:

Re-designing the Washington State Family Practice Model (FPM) is underway and the agency remains committed to co-designing case standards and methods to support the workforce with regional staff representation. The FPM framework is a high-level organizing structure that clarifies, prioritizes and communicates about practice to staff who interact with clients. The framework is the underpinning for the next bodies of work to develop practice profiles that document case activities and summarize practice through core case management functions and agency values.

Alongside the FPM framework, the agency values are defined with examples of how they will be demonstrated through core case management practice and methods to support staff.

The FPM framework advances the agency's pledge to improve quality and intention of practice as outlined in the 2021 Strategic Priorities. Quality and intention of practice commits to the importance of guiding operations that promote a mindset of compassion and support. The FPM framework emphasizes the need for a case management system to guide decision-making with the goal to increase consistency of practice. Likewise, the FPM framework elevates a systematic pledge to support staff in order to improve working conditions and honor the resilience needed to serve families referred for support and intervention. The graphic below represents the initial conception of the Family Practice Model Framework. Additional efforts are underway to graphically represent the framework in final form.

Family Practice Model Framework

Values as defined for DCYF programs

Case Management Components | Staff Assistance Standards

Service Coordination | Resource

Assessment | Train

Engagement | Support

Inclusion | Respect | Integrity | Compassion | Transparency
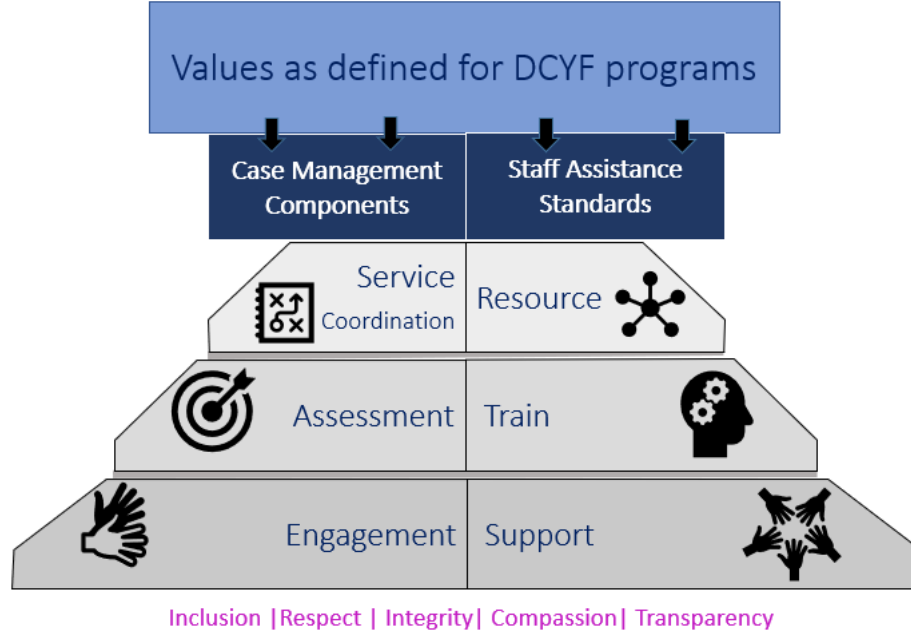
Values

DCYF has committed to five values that guide the agency in how to best to support clients and staff across the continuum of services provided by DCYF. The FPM framework began with defining the values, specifically how they are demonstrated when interacting with the families served by DCYF and by how they are demonstrated by the agency to staff. Each core component of the FPM will represent actions that reflect the values, as defined by each program area.

Case Management Components

A Core Case Management structure clarifies and organizes the duties of DCYF staff or contracted providers who offer services, interventions, and supports to families. A case management system operationalizes tools, training, and program direction so that case managers are guided in decision-making and trained in methods to support families with a focus on engagement, assessment and service coordination. It is necessary to have a clearly defined, organized and accessible process for caseworkers to follow to promote consistency of practice that represents quality interactions with families.

Staff Assistance Standards

The same FPM framework that applies values to core case management practices also applies to creating the best possible working environment for DCYF staff. The framework elevates standards that categorize methods to support staff via training and resources. The FPM organizes a method to create a positive, strengths based working environment that prioritizes internal practice and procedures while acknowledging the required complex trauma informed work.

Case managers who are assigned to work with families in client-serving areas of DCYF manage intense and often dangerous situations in high stress environments. It is often stated that staff are the greatest resource, and the FPM framework highlights DCYF as an agency committed to staff who directly serve clients. The FPM will scaffold their ability to grow in their field of expertise.

Our FPM design team was convened in February 2022. The team includes representatives from regional field operations, a support and integration team as well as ancillary members who offer expertise in specific areas of practice (e.g. adolescents, engagement, etc.). Part of the support and integration team include consultants from Chapin Hall at the University of Chicago. The figure below outlines the stages to develop a practice model pursuant to the Chapin Hall Blueprint for Practice Model design. The Washington team has worked through stage 2 of design and has outlined the strategy to map current/future case process and service areas, create an ecosystem of the Child Welfare system, and begin developing practice profiles around case activities. The Child Welfare ecosystem map will show linkages between activities that happen at various points in a case continuum.

Four Stages to Develop FPM

Scope	Design	Develop	Implement
What we *have* done	**What we *have* done**	**What we *will* do**	**What we *will* do**
Commitment to **co-design** with staff	**Problem summary** from co-design sessions (themes, root cause)	**Process and Journey mapping**	Prepare for implementation and **assess readiness**
Create leadership reporting **structure**	Defined **values** for Child Welfare practice	Identify and select **service areas**	Develop methodology that includes **training and support plan**
High-level and service-level **Theory of Change**	Commitment to **FPM framework**	Develop **practice profiles** by service area/case activities	Review/update readiness assessment
Articulate **phases** and timeline	Coordinate practice initiatives and **Integrate** oversight with IT	**Energize workforce** with status updates, feedback opportunities, and leadership support	
Identify dependencies (IT and policy)			

Implementation and Next Steps

Because the FPM framework organizes all practice related changes in child welfare, increments of practice changes are rolling out continually. Because of this, FPM is the vehicle for all practice changes to be communicated to field operations. From this vantage point, *all practice changes are FPM implementation.*

Adhering to this unifying framework represents a Child Welfare system that is poised to adapt to changing practice. Regardless of whether changes happen that promote best practices, advance technology, or are externally driven, operationalizing practice via FPM will allow the system to advance while supporting staff and increasing consistency.

Implementation of the Child Welfare FPM requires coordination of many different processes within DCYF including: communications, workforce, policy, QA/CQI, training/coaching, human resources, information technology, fiscal, and contracts.

The graphic below represents the Theory of Change for the FPM.

Family Practice Model
Child Welfare | High Level View

Problem inconsistency, complex environment, lack of clarity for workers

Pathways FPM framework to define case management through engagement, assessment, service coordination, and methods to supports staff

Output Clear and accessible values-driven case management requirements and system support for staff through training, policy, IT, and resources

Outcome 1 Staff have clearly defined case management processes, have access to tools, supported decision-making, and coaching

Outcome 2 Families are served with compassion, curiosity, and support, promoting shared ownership in services

Outcome 3 The CW system can improve statewide practice, learn from, and promote an innovative environment with shared ownership with lived experts

In the upcoming year, DCYF will continue work on the stages of practice model development the primary focus on stage 3, Develop.

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

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

~~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.~~	NO LONGER APPLICABLE	
~~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)~~	NO LONGER APPLICABLE	
~~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.~~	NO LONGER APPLICABLE	
~~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.~~	NO LONGER APPLICABLE	
~~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.~~	NO LONGER APPLICABLE	
Implement SB 5151, Child Specific Licenses	2021	July 2022
Implement HB 1227, Initial Licenses for Kinship Caregivers	2021	July 2023
Implement Online Application Portal, WA CAP by Binti	2020	November 2022

Progress Updates:

This strategy was modified from the CFSP to align with the DCYF PIP. There are extensive changes occurring in the Licensing Division that are related to the home study process, placement, and licensing of kin/suitable others. This includes the following:

- DCYF is developing an online Foster Parent Application Portal that will be called the Washington Caregiver Application Portal by Binti (WA CAP). This system will include an online application, electronic foster parent and kinship caregiver case management tools and the ability to upload documents. This system will assist in streamlining and expediting the process for home study referrals, thus speeding up permanency for children and youth. It is anticipated that the portal will be completed by late 2022.

- In October 2020, LD piloted a Kinship Caregiver Engagement Unit (KCEU) in Regions 1 and 2 and it expanded to Region 6 in January 2022. This unit contains specialized staff who assist kinship caregivers in navigating the home study and licensing process. Since implementation of the pilot, timeliness has improved by 7.5% and there has been a 12% increase in kinship licenses. LD is currently deciding on next steps, as it does not appear that LD will have the FTEs needed to implement KCEU statewide in the near future as anticipated.

- HB1227 (Keeping Families Together Act) was passed during the last legislative session and is to be implemented by July 2023. This legislation has many components. The components that specifically relate to placement include the following:
    — Placement with a relative or suitable other
        o Looking at ways to improve relative/suitable other searches.

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- o Searches for alleged fathers.
- o Finding Fathers Program collaboration.
- o Expanding relative searches.
- — Streamline process for timely home assessments and licensing
  - o Create a cross-agency workgroup to identify future vision and map out changes.
  - o Identify resources need.
  - o Look at payment options for relative caregivers.
- — Stakeholder workgroups have been meeting to develop each component of the legislation. Included in the conversations are the development of recommendations for any potential policy and practice changes, IT changes (minimal viable product in FamLink and WA CAP; and long-term CCWIS), training needs and any additional recommendations that may require decision packages be developed for the 2023-2025 legislative session.
- • SB5151 – DCYF may issue a child-specific license to a relative or a suitable person who opts to become licensed for placement of a specific child and that child's siblings or relatives in DCYF's care, custody and control. DCYF has worked with tribes and internal and external stakeholders during the development of the proposed rules. It is anticipated that this will be implemented in July 2022.

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.	COMPLETE	
Initiate hiring process for DCYF community-based Targeted Recruitment Specialist.	COMPLETE	
Execute Retention and Support Services contract to external community partners to provide support to kinship and licensed caregivers across the state.	COMPLETE	
~~Through utilization of RDS teams facilitated by DCYF staff:~~ ~~• Increase number of homes licensed for ages 0-5, and caregivers able to care for this children short or long-term.~~ ~~• Increase number of homes licenses for three children or more (accommodate siblings).~~ ~~• Increase the number of ethnically and racially diverse homes available to care for children in foster care.~~ ~~• Increase the number of Native American homes.~~ RDS is transitioning to RRC in July 2021 to a regionally based collaborative on recruitment and retention. Active recruitment by the TRS and Child Placing Agencies, along with efforts of the RRC, will work to: • Increase racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care. • Increase caregivers who are and/or are affirming and supportive of LGBTQ+. • Increase licensed homes for sibling groups of three or more children. • Increase caregivers who are able to meet the needs of medically fragile children. • Develop existing pool of caregivers available to provide care for children with extensive emotional, behavioral and physical needs. • Focus recruitment efforts on reducing the use of exceptional cost placements.	~~07/01/2020~~ 10/16/2020	06/30/2024
Stakeholder feedback will be gathered identifying recruitment strategies for: • Caregivers of color. Team members would include foster parents of color, community partners, CPAs, Alliance training staff, and CQI/Data staff.	10/01/2020 Paused due to COVID-19	Ongoing

• 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.	pandemic, resuming for 2021 November 2021 – Co-Design groups launched	
Retention of caregivers will continue to be received through data, feedback from DCYF advisory groups and the annual Foster Parent Speak survey, which includes kinship and licensed caregivers.	Currently Occurring	Ongoing

Progress Update:

This strategy was revised based upon adjustments to DCYF's new approach to Caregiver Recruitment and Retention. This past 12 months centered around the recruitment and retention program's launch and implementation. Impacts from COVID-19 were still felt as there were very few in-person events and activities. However, the work continued and the program has grown and is showing to have an impact. Targeted Recruitment Specialists were onboarded and provided resources to engage with the community and bring awareness to the need for diverse, quality caregivers.

The CaRES Program experienced some initial challenges building relationships with existing, veteran caregivers who were used to being served by a different contracted provider. Contract staff and mentors persevered and were steadfast in their role to implement resources to connect with all caregivers (licensed foster or kinship). Communication with internal and external partners on the new program was initially a barrier as many did not understand this new body of work. Throughout the last year, CaRES and the recruitment team have worked hard to build connections and share about the new approach and how to access services.

There has been great emphasis put on foster parent recruitment, especially given DCYF's lack of resources when it comes to children and youth experiencing more complex physical, behavioral and emotional needs. The recruitment and retention program will continue to implement targeted recruitment strategies, while highlighting the importance of caregiver retention. Equal energy and focus should go toward sustaining the existing pool of caregivers, as they are a vital resource.

See additional information related to this strategy in the Foster and Adoptive Parent Licensing, Recruitment and Retention section and in Attachment D Washington State FY2023 Foster and Adoptive Parent Diligent Recruitment Plan.

Improve timeliness and monitoring of critical pieces of work that impact timely permanency.		
	Begin Date	Projected Completion
Support facilitation of Permanency Summits to be held in six FJCIP counties in 2019. Information from the 2018 CFSR review will be included in the data to be shared during the summit.	COMPLETE	
~~DCYF will participate on the Innovative Dependency Court Collaborative (IDCC) which will include ongoing communication that supports a shared understanding and alignment of work across the child welfare system including:~~ • ~~Use data to identify issues and engage counties with low percentage of children and youth achieving permanency to work with local partners on solutions.~~ • ~~Identify counties with high percentage of children achieving timely permanency and review their processes.~~	09/01/2019	Ongoing

DCYF will participate on the Family Well-Being Community Collaborative (FWCC).		
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:

The Family Well-Being Community Collaborative (FWCC), formally known as the Innovative Dependency Court Collaborative (IDCC), refocused. This collaborative consists of DCYF and AOC (co-facilitators) along with representation from the judiciary, tribes, parent allies, youth, caregivers, Office of Public Defense (OPD), child representation, Attorney General's Office (AGO), CASA/GAL, Juvenile Court Administrators, Family and Juvenile Court Improvement Programs (FJCIP), Casey Family Programs, and Partners for Our Children. The FWCC is currently focused on supporting effective implementation of the Keeping Families Together Act (HB1227) and the Strengthening Parent-Child Visitation Law (E2SHB1194), with particular attention paid to ensuring courts understand and apply the new laws. There are four multidisciplinary workgroups that were created to help support this work. Learn more about the work of FWCC here.

Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.		
	Begin Date	Projected Completion
The Alliance, in consultation with HQ program managers, will revise current permanency planning training curriculum for caseworkers and supervisors to ensure it comprehensively covers practice related to key permanency outcomes including, but not limited to: • Identification of safety threats, strengths, needs, and protective factors. • Conditions for return home. • Child/youth safety, well-being and permanency needs. • Permanency goal and concurrent planning goal(s). • Case planning and action steps.	COMPLETE	
The Alliance, in partnership with HQ program managers, will train permanency planning facilitators, FTDM facilitators, and others responsible for facilitating Permanency Planning Meetings to reinforce consistent, structured facilitation of permanency planning meetings. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	COMPLETE	
Permanency planning facilitator, or other regional designee, will coordinate meetings and invite participants, including parents, children, caregivers, and other members of the child's team to develop case plans with specific action plans to support timely progress.	01/01/2021	Ongoing
In alignment with the PFD1 grant, an Enhanced Permanency Planning Meeting strategy will be implemented in 9 identified treatment offices (Centralia, Kelso, OICW, MLK, King East, Spokane Central, Spokane North, Spokane Valley, and Wenatchee) for early targeted intervention. A permanency planning meeting will occur within 45 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 in the prior reporting period for alignment with the DCYF PIP and PFD1 grant.

The PFD1 intervention, Enhanced Permanency Planning Meeting (PPMs), was implemented in January 2021 and is now in 22 offices in Regions 1, 4 and 6, with the addition of PIP-measured offices in Region 6 (Aberdeen, Long Beach, and South Bend) in August 2021. Fifteen of the 22 offices are PIP-measured offices. The current offices that have grant facilitators include the following:

- **Region 1**
  — Spokane North
  — Spokane Central
  — Spokane Valley
  — Spokane ICW
  — Wenatchee
  — Newport (same AA as Spokane North office)
  — Colfax
  — Clarkston

- **Region 4**
  — King East
  — King West
  — King Southeast
  — King Southwest
  — Martin Luther King Jr.
  — West Seattle (same AA as the King OICW office)
  — Office of Indian Child Welfare (OICW) (same AA as the West Seattle office)

- **Region 6**
  — Centralia (same AA as the Shelton office)
  — Shelton (same AA as the Centralia office)
  — Tumwater
  — Kelso
  — Aberdeen
  — Long Beach (same AA as the Aberdeen and South Bend offices)
  — South Bend (same AA as the Aberdeen and Long Beach offices)

The current offices covered by the grant include approximately 72% of the PIP measured case review population and approximately 44% of the total number of children and youth currently in out-of-home care.

As of January 4, 2022, there were a total of 324 treatment cases and 267 control cases in the new dependency population. Of these, 25 treatment cases have achieved permanency (compared to 16 control cases). Another 32 treatment cases are currently on a trial return home. Additionally, 5 treatment cases are now legally free, compared to 1 control case. The PFD1 Permanency Outcome Facilitators (POFs) have completed 674 PPMs and have another 265 meetings scheduled.

In addition to our general population of new dependency cases, there are also 60 Length of Stay (LOS) cases in Region 4 (King County), half treatment and half control. These cases were matched by the Kempe Center Evaluation Team to have a smaller, separate evaluation of the strategy impact on cases where a child/youth has been out-of-home for longer than 12 months at the onset of the grant intervention. Of these cases, 4 treatment cases have been dismissed (compared to 2 control cases) and another 2 treatment cases have been made legally free (compared to 2 control cases). Of the 6 treatment cases that have achieved permanency, the average time from assignment to permanency was approximately 4 months. As of now, only one matched pair has been removed from the formal evaluation due to the matched pair being legally free twin siblings in the same residence at the time of assignment.

Permanency planning meetings continue to be held virtually. This has enabled facilitators to remain with cases even if those cases transferred to another office. With high staff turnover, in some instances the grant facilitator has been the only consistent DCYF member of the family's case team. This consistency has also been beneficial to new caseworkers as the grant facilitator is able to provide them with case planning history.

All 12 PFD1 grant facilitators are observed at least quarterly in meetings. The CQI Program Manager created an observation tool for meetings and feedback is provided to facilitators after each observation. Grant facilitators continue to have co-facilitators attend their meetings, as this is best practice. The co-facilitators' role is to record the notes and offer technical support during the meeting. This allows the primary facilitator the opportunity to be fully present in the virtual meeting environment and focus on facilitating an effective meeting. An added benefit is that the co-facilitator is able to offer real time suggestions during the meeting via private chat, and timely feedback after the meeting to improve performance. The co-facilitation process has allowed facilitators the opportunity to see the work of peers and offer ideas and support to strengthen meetings and maintain fidelity. After the meeting is completed, the co-facilitator sends the meeting notes to the primary facilitator.

Caseload capacity for PFD1 grant facilitators was initially estimated at 40 cases; however, all facilitators have indicated the ability to carry more than 40 cases, with 45 to 48 now being the estimate with meetings that occur at 90-day intervals. For meetings occurring every 5 months, it is estimated that facilitator capacity could be at 75 or more cases. Grant facilitators complete all scheduling and invites to meetings, unlike the majority of non-grant meetings where workers are expected to send out invitations.

In observing PFD1 PPMs, several systemic issues have been noted including:
- Discussions around service compliance rather than shared decision-making opportunities at shared planning meetings.

- Reluctance to discuss concurrent planning, particularly in the early stages of the case.
- Reluctance to discuss case planning when parents are not present at meeting.
- Reluctance to include all family/like family supports in meetings.
- Reluctance to include youth ages 12 years old and up in meetings.
- Difficulty engaging incarcerated parents in shared planning meetings.
- Continued work on articulation of active and current safety threats and the implications on needed supports and services.
- Inconsistent facilitator documentation utilizing the Shared Planning Meeting form in FamLink.
- High staff turnover in both the 2020 and 2021 years.

In response to these observations, the grant team is proposing several adjustments to our PFD1 grant strategy including:
- Decreasing discussions of service compliance and increasing discussions of specific behavior change (i.e. tying the specific service to the current safety threat).
- Increasing opportunities for shared decision making in the meetings.
- Increasing consistent communication around dependency timelines in the first PPM.
- Increasing discussion around parent's perception of progress at subsequent PPMs (i.e. how do you feel you are doing in addressing the identified issues).
- Working closely with the DCYF HQ DOC liaison and DOC to increase participation of incarcerated parents in shared planning meetings.
- Developing a statewide guide for meeting documentation.
- Continuing QA/CQI efforts through meeting observation and data monitoring.

The HQ CFWS Program Manager implemented a Shared Planning Meeting (SPM) leads meeting during this review period. This includes representatives from each region along with representatives from the PFD1 grant. This meeting will occur quarterly where discussions can occur around strengths, areas needing improvement and consistency of practice. Through discussions at the newly established SPM Leads meetings, it was determined that SPM leads will begin observing PFD1 grant meetings, so that they may integrate successful strategies grant facilitators have implemented into practice with their non-grant teams. Additionally, there are regions meeting separately as a team of SPM facilitators to continue to streamline the efforts of engagement and practice.

Practice Improvement:
- Continue to work with Quality Assurance and SPM Statewide Leads teams to build an effective data tool to track when meetings are due and overdue.
- Train SPM facilitators to launch the meeting in FamLink accurately by checking all of the appropriate boxes and creating a FamLink Guide on how to launch the SPM meeting in FamLink. This will begin to assist with gathering accurate data statewide.
- Continue to track and provide data when children are in care more than 15 months.
- Some regions are having supervisors observe the Shared Planning Meeting Facilitator quarterly and provide supervision, consultation, and coaching afterwards; an observation tool is utilized to help enhance the practice of facilitating meetings as a result of the observation.
- Region 2 has a unit designated for all Shared Planning Meeting Facilitators and Family Team Decision Meeting Facilitators that has one supervisor. Their unit serves the entire region and is supervised and trained similarly to create consistency of practice region wide.

AGO, in collaboration with DCYF, will implement a statewide process for timely referral and filing of termination petitions that clearly delineate expectations, roles, and responsibilities for DCYF and AGO staff.		
	Begin Date	Projected Completion
Establish a short-term workgroup with statewide child welfare and statewide AGO representation to assess termination referrals and termination filing and to establish a consistent statewide process that includes the following: • A single referral form for statewide use • Standardized referral packet requirements • Review process by AGO • Who to include in communication when the referral is submitted, denied, or filed • Timeframes for submission and resubmission when required elements are missing • Prioritization of referrals • Consistent communication chain with designated parties when termination referrals are not legally sufficient to file • Development of training and guidance to support implementation	COMPLETE	
The workgroup established will establish a consistent data report for use at the local, regional, and statewide level that incorporates process and timeliness tracking. DCYF and the AGO will be able to utilize the report to identify at the office and regional level where and why TPR referrals are not occurring.	COMPLETE	
The workgroup established will establish a semi-annual process to evaluate statewide implementation and progress.	COMPLETE	
Incorporate review of data related to the filing of and hearings for termination petitions into the quarterly data review conducted at IDCC in order to evaluate progress toward timely filing and identify other barriers for systemic improvements.	01/01/2021	Ongoing
DCYF staff and AGO staff in collaboration with AOC and other system partners will develop a training session for the AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion.	COMPLETE	
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.	COMPLETE	
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. The Adoption and Safe Families Act (ASFA) compliance data is available in infoFamLink, and reviewed through regional dashboards, and discussed in monthly PIP AA cohort meetings and PIP data analysis reviews. DCYF compliance is at the 12-month mark post out-of-home placement to provide opportunity for the AGO to determine legal sufficiency, draft and file the petition by the 15th month. Timely filing of TPR is one aspect tied to timely achievement of permanency (CFSR Item 6) and is discussed in PIP data analysis meetings. Overall achievement of timely permanency is an area of improvement that DCYF continues to work on and also involves multiple systemic barriers that are discussed with court partners at a local and statewide level.

Upon the completion of the TPR referral and policy revision, training was developed and rolled out to DCYF staff and court partners. In monitoring the data provided by the AGO related to TPR filings, DCYF noted that

approximately 35% of referrals statewide are rejected. The majority of that percentage came from King county. King County cites the most common reasons for the referral being rejected are:

- Lack of up to date discovery with the referral.
- Issues with identification of ICWA affiliation.
- Failure to offer a court ordered service.
- Other less common reasons are lack of reasonable efforts to locate a parent, offer services to an incarcerated parent or a parent with cognitive impairments.

The next county with the highest rejections of referrals is Pierce county. They cite the most common for the referrals being rejected being:

- Not all services offered.
- Missing ICWA information.
- Not considering or discussing guardianship as a permanency option.
- Inability to identify a parental unfitness.

When looking at the data across the state, there is a theme for rejections that are due to not meeting legal sufficiency (not offering services, incomplete ICWA information) and incomplete referrals (missing discovery or items needed to be attached). It is reported this may be due to the dependency not being established on one or both parents and dependencies being contested. Some of the counties are continuing to feel the effects of the pandemic and the lack of hearings moving forward during that timeframe.

Vacancies and high turnover have had an impact on staff completing the referrals timely or correctly. Ongoing training regarding TPR referrals and documenting compelling reasons will continue to roll out. DCYF will look into ongoing training on the most common issues listed above for rejection referrals. The CFWS program manager will work with the CFWS leads group and pull together a workgroup to determine the best way to conduct this training.

The Family and Juvenile Court Improvement Program (FJCIP) Coordinators convene stakeholder meetings with representatives including judicial officers, DCYF, AAGs, other judicial/community partners to review quantitative and qualitative data trends unique to that community. FJCIP jurisdictions are currently Chelan, Clallam, Jefferson, King, Kitsap, Pierce, Snohomish, Spokane and Thurston counties. Review of data during the stakeholder meetings includes looking at TPR filings and time to adoption and having discussions around trends, barriers and identifying multi-system solutions.

A variety of data sources are used to look at office and county performance. This includes ASFA compliance data from infoFamLink, the report developed in collaboration with the AGO through this strategy, and the Interactive Dependency Dashboard and associated reports. The combination of this data helps paint an entire picture of the complexities of the system and where gaps may be occurring. Data is reviewed regularly (at least monthly) and follow-up is completed when there are gaps identified. The data also aids conversations between DCYF, AGO and judicial partners about how to best address any areas needing improvement.

A Dependency 101 virtual course is being developed. The interactive course provides a brief overview of child dependency in Washington State, the role of the judicial officer, the state and federal legal authorities governing child welfare systems, the importance of achieving timely permanency, permissible permanent plans, and the ASFA timelines. The course contains a Knowledge Test (80% to pass) and a Feedback Evaluation component. Module 1 has been developed and includes information about the federal timelines regarding permanency.

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.	COMPLETE	
In collaboration with P4P staff, identify key P4P and engagement related data points to identify practice strengths and improvements needed to support use of P4P including: • Number of referrals/connections that occur from caseworkers to the program. • Participation by caseworkers in presenting at Dependency 101 classes. • Number of staffings and/or meetings that P4P is presenting at and in which offices/regions. • Number of parents engaged in the program. • Parent engagement and parental participation in case planning.	COMPLETE	
Based on the data collected, focus groups will be conducted with caseworkers and parent allies in the P4P jurisdictions where DCYF referrals to the program is low to gather information about barriers to use of P4P within those jurisdictions. Data will also be used and incorporated into coaching activities as described in the Workforce Development goal area.	COMPLETE	
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. Children's Home Society of Washington's (CHSW) Parents for Parents (P4P) program has been impacted by the COVID-19 pandemic. As P4P allies would generally be introduced to parents at court hearings, the absence of hearings and/or the virtual hearing environment has not lent itself to be as effective at engaging with families. In addition, some programs were unable to conduct Dependency 101 courses due to pandemic restrictions and some vital staffing positions (i.e. coordinators) were unable to be filled due to hiring freezes. DCYF has been partnering with P4P to develop communication strategies to enhance the partnership between DCYF and P4P. Many offices in the state are connected with their local P4P programs and have invited P4P staff to presentations and meetings. Based on

feedback from P4P and DCYF, there have been focused efforts in certain sites to connect P4P coordinators with DCYF office leaders to help improve partnership and collaboration.

Currently, Dependency 101 classes are occurring in almost every county. There are vacancies in two locations and some new P4P coordinators are being trained. In locations where there are vacancies, neighboring P4P programs have been offering support with virtual classes and mentoring.

There have been concentrated efforts to ensure DCYF staff have the knowledge, awareness, understanding and contact information for their local P4P program. Some of the efforts that have occurred include the following:

- Webinar and messaging as reported in the prior reporting periods
- Links to P4P informational sheets and evaluation information
- P4P presentations periodically at the CFWS statewide leads meeting
- DCYF HQ staff presenting at a statewide P4P coordinators meetings
- Conversations in AA cohorts regarding P4P connections
- Emails connecting AAs and P4P coordinators
- A matrix/contact sheet that matches DCYF offices/areas with P4P coordinators
- Region 1 caseworkers provide all parents with a P4P brochure at the FTDM prior to shelter care hearing.

Based on these outreach efforts, most offices have been able to connect with their P4P coordinators building partnerships and conducting presentations at regional all staff and/or unit meetings. P4P continues to report engagement between mentors and parents result in meaningful contacts and interactions. P4P is in the process of developing a Dependency 201 to be launched statewide. At this time there are 10 sites offering the 201 program; however, they need additional funding to implement it statewide. P4P intends to make the request for this additional funding in the next legislative session.

Examples of positive connections that have occurred based upon this focused effort:
- P4P participated in a Region 2 all staff meeting in October 2021 and sent follow-up information to all staff in that region. This includes a brochure for the Yakima-Klickitat P4P program with tips from Parent Allies and information about what the program offers in addition to a one-pager with highlights about the program and some of the response to COVID-19.
- P4P Statewide Manager is co-presenting with new or struggling programs in counties across the state at DCYF all staff meetings or regional meetings including Walla Walla/Columbia, Benton/Franklin, Lewis, Yakima/Klickitat, Clark/Skamania, Cowlitz/Wahkiakum, Spokane/Lincoln. These presentations are intended to increase the knowledge of the P4P program, answer questions and ask for DCYF support with class presentations and connecting parents to the program.

Strategies to continue this work moving forward will include:
- The P4P program will be brought up in Shared Planning Meetings as an available resource for parents. Parents will be provided with a brochure informing them how they can access the service.
- Family Team Decision Meetings to inform about the P4P program.
- Caseworkers will be informed of the P4P website so they can easily access up to date information at: https://www.childrenshomesociety.org/parentsforparents

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.	ON HOLD	
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.	ON HOLD	
DCYF will contract with Northwest Resource Associates (NWRA) for Reverse Matching Recruitment (RMR).	COMPLETE	
NWRA will have monthly contact with LD, tribes and private agencies to identify placement resources for youth.	01/01/2021	09/30/2023
Youth will be contacted to participate in recruitment events and assist with placement resources.	01/01/2021	09/30/2023

Progress Update:

This strategy is in alignment with the PFD1 grant. The PFD1 Grant strategy, Enhanced Youth Recruitment (EYR), focuses on bringing youth voice into case planning and has been implemented statewide in all offices. The intervention's specific population are all legally free youth not in permanent placements. Staff seem to struggle greatly with locating resources for this population. The EYR intervention, Reverse Matching Events (RME), places youth choice at the forefront of placement and case planning decisions. There are two primary supports that are critical to supporting the intervention:

- Identifying potential placement resources; and
- Creating a method to track youth engagement in permanency exploration and recruitment.

This strategy was also a part of the Adoption Call to Action. Although the Adoption Call to Action is no longer occurring, DCYF remains committed to the strategies outlined in this report as part of a continuing effort to increase timeliness to permanency for legally free youth.

Reverse Matching Events (RMEs)

In 2021, three RMEs were held virtually due to continued COVID-19 restrictions. As COVID-19 restrictions continue to be lifted, these events will pivot to in-person events in the near future. Despite the limitations that come with facilitating an event remotely, these events were well received by the youth and caseworkers. Please see the table below for information regarding participation.

Event Dates and Regions Served	Number of Youth	Number of Families Presented
April 30, 2021 (Regions 1 & 2)	7	13
July 9, 2021 (Regions 5 & 6)	11	18
September 24, 2021 (Regions 3 & 4)	10	16

Youth and caseworkers participate in a pre-meet to discuss the purpose and process of the event. The presence of a support person for the youth on the day of the event is highly encouraged. A dinner of the youth's choice is delivered prior to event. The inclusion of a meal while participating has been well-received by youth.

On the day of the event, youth are placed in rotating break-out rooms. The rooms are facilitated by NWRA staff and allow for engagement through ice breaker questions and games such as Pictionary®. The youth are presented with general information regarding participating families. As a group, the youth vote on which

family videos they wish to view. The youth are empowered to consider what they liked about each of the families and questions they would like to ask the families. Typically, youth view 8-10 family videos during the event.

After the event, NWRA staff contact the youth's caseworker with the list of families the youth expressed interest in. The caseworker then speaks with the youth and families to begin conversations. All of the family videos are available to youth after the event. Continued access to videos provides a springboard from which a caseworker can engage with and elicit questions and feedback from youth. A facilitator with the PFD1 grant connects with caseworkers at 1 week and then 30 days after each event to collect feedback, provide support and to ensure that youth-identified families have been contacted.

NWRA meets with staff involved in each RME to help prepare caseworkers and youth for the event. Through this PFD1 grant intervention, changes are being made to the Northwest Adoption Exchange website to provide a "toolkit" for caseworkers on recruitment resources as well as resources to assist with permanency conversations with youth.

The EYR Implementation Committee meets quarterly and discusses strengths, challenges and lessons learned from each event to make modifications, as needed, for planning of additional events. Youth who attended RMEs and did not connect with a placement requested the ability to attend again. Three additional RMEs will be available in calendar year 2022. In addition, NWRA is willing to provide one-on-one interactions with those youth who want to participate individually rather than within a group. Timely outreach and response to families by the caseworker has been an identified barrier. Caseworkers indicate workload issues as a reason for the lack of follow-through. The PFD1 grant facilitator is able to strategize with workers to support follow-through with families. Youth feedback has made a significant impact in improving the event to include establishing LGBTQIA+ affirming families by posting a Pride flag to the family's profile.

RME Supports
There are two identified necessary supports for successful recruitment of placement resources for youth. The first is placement identification. Currently Washington State is not able to administratively identify those families who become licensed for adoption of youth. The EYR intervention has become the catalyst for a process to identify adoptive placements for legally free youth. Based on this intervention, NWRA staff conducted targeted outreach to 230 of these families within Washington State between January 2021 and February 2022. This contact resulted in a 57% increase in the number of ready-to-adopt families completing profiles for caseworkers to view on the Washington Adoption Resource Exchange (WARE). The most significant impact was a 154% increase in the number of ready-to-adopt families registering on WARE to view profiles of Washington youth in need of permanency.

The second support is the development of a youth-led recruitment plan that includes youth in case planning specific to recruitment activities and placement. An EYR sub-committee produced two forms and a companion resource book to assist field staff in having conversations about permanency with youth. The resource book was originally referred to as a "guidebook" but this wording needed to be changed. Through feedback from youth, the forms are titled "Youth Engagement Permanency Plan" or YEPP.

The first YEPP form is a caseworker-driven form and is considered a living form as the intent is to consistently update the information. This form assists in providing a general overview of the youth's placement and social history, recruitment methods that have already been completed and those that need to occur, family characteristics, and caseworker identified barriers to permanency.

The second YEPP form is youth driven and is to be completed by the youth. The form utilizes simple questions for the youth to consider such as, "What do you want in a family? What do you not want in a family?". The youth is able to identify what family characteristics they are interested in, what supports they believe they need from their team, what they believe may be a barrier to establishing permanency, and important people in their lives. The goal is to establish a better understanding of the youth's thought process regarding permanency as well as determining what they want for themselves.

The companion resource book was compiled to assist caseworkers in having difficult conversations with youth such as those around permanency. The resource book provides embedded links to helpful documents and websites which provide further information should the caseworker want additional learning opportunities. The subcommittee recognized the potential workload impact to caseworkers in filling out the forms. For this reason, the final section involves the mechanics of completing the forms.

Initial drafts of the YEPP forms and resource book were prepared and sent out to the EYR Implementation Committee for feedback. Additionally, the formulation of the forms was discussed in greater detail during the quarterly EYR committee held in the spring. Leads from HQ and the field were given the opportunity to review and provide feedback. As a result of the feedback, the youth-driven form was re-written in plain talk.

YEPP forms and resource book were then evaluated by Child Welfare Program Management and received approval to be presented to Child Welfare Leadership Team (CWLT) in February 2022. The Regional Administrators did not approve moving forward with these forms at this time without further information and discussion. Reasons cited were workload issues, many new initiatives and court changes occurring, and questions around if the forms were necessary and would meet the intended goal and outcome.

Currently, the forms are being vetted by the AAG's office and communications to ensure that they meet policy requirements. A tentative next step is to then bring the forms to each adoption management team, including workers, for review. Another suggestion has been to use the forms within the Adoption Specialized Training Track Week as an outline for adoption staff to use.

Goal 3: Comprehensive Assessment and Response

Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, 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. • Revise and disseminate policy and procedures to reflect changes in timeframes.	COMPLETE	

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.	COMPLETE	
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.	COMPLETE	
QA/CQI and/or designated regional staff will train AAs and supervisors in the use of administrative data reports to monitor compliance with the timely completion of safety assessments, SDM, and other safety-related data points.	COMPLETE	
AAs and supervisors, with support from regional QA/CQI staff and other designated regional staff, will complete semi-annual, office-based targeted case reviews focused on the implementation of the Safety Framework across all case types. Results will be used to identify areas for practice focus and improvements. Individualized feedback will be provided to the primary caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.	COMPLETE	
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.	COMPLETE	

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. There has been an increased emphasis on accurate, ongoing assessments of safety throughout the life of the case. This has been supported through multiple strategies. Leadership, caseworkers and facilitators have all reported that there has been an increased focus on critical conversations around the use of safety-related tools in decision-making as well as growth in skills and competency around articulation of safety threats and conditions for return home.

A workgroup of Child Welfare Program HQ staff, field staff representatives from each region, and statewide and regional QA/CQI staff met to discuss policy and practice requirements related to the various assessments that need to be completed including the Safety Assessment, Structured Decision Making Risk Assessment (SDMRA), Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA), Comprehensive Family Evaluation (CFE) and case planning activities. Initial recommendation for policy revisions were made. The revised policies were vetted through a stakeholder review process.

Part of the review process includes review by the Washington Federation of State Employees (WFSE). On December 22, 2020, WSFE requested a demand to bargain regarding the policies associated with this strategy. Initial negotiations occurred in March 2021. It was discovered through the negotiation process that the original stakeholder review process was not as comprehensive as needed. Therefore, workgroups with additional representation from field staff and leadership were convened in April 2021 to review the revised

policies. Per those workgroups, additional recommendations were made and many of the original revisions were removed. Some of this was because the original recommendations (i.e. moving the Gathering Questions to be completed 30 days) were not feasible as IT changes to support this change in practice would not be able to be made.

Discussions highlighted that focusing on understanding and documenting the safety threshold would lead to practice improvement on application of the safety assessment as a decision-making tool. It was determined that although this did not require a policy revision, additional training needed to be developed and provided to the field on the safety threshold. In addition, it was recommended that the SDMRA timeframe change to 45 days for CPS-FAR cases in alignment with the decision-making process that occurs around that timeframe on case and services decisions. The policies were revised and went through a more thorough stakeholder review process. The policies were subsequently reviewed through a second demand to bargain meeting in May 2021. In addition, legislation passed (HB 1194) that impacted the safety assessment policy. This legislation requires that Family Time become unsupervised at 30-day shelter care hearings, order authorizing continued shelter care, review hearings and permanency hearings unless DCYF provides a report to the court that includes evidence establishing that removing supervision or monitoring would create a risk to the child's safety and the court determines that supervision must continue. This level of determination will be completed in the safety assessment. The policies were finalized and the policy rollout training was released in July 2021. This included a field staff memo, DCYF digest article and eLearning available through the Washington Learning Center. The following policies were revised:

- Policy 1120.Safety Assessment
- Policy 1130.Safety Plan
- Policy 2541.Structured Decision Making Risk Assessment (SDMRA)

In addition to the policy rollout, the statewide safety program manager collaborated with regional quality practice specialist (QPS) staff, case review staff and the Alliance to develop a training to accompany the rollout and practice expectations. This training includes greater emphasis on documentation around the safety threshold as well as documentation around when children are safe or unsafe. In addition, information regarding how to complete the safety assessment in the context of Family Time is included in the training. The training was provided by QPS staff to field operations staff within their regions in July 2021.

The existing guidance documents have been revised with changes to reflect updates to language that is currently used. The updated guidance documents were uploaded to the DCYF Intranet and replaced the older documents.

The Alliance developed and implemented a Supervising for Safety training curriculum for supervisors and AAs:
- One-hour eLearning
  — Safety Framework and Risk Assessment Overview
- Three live three-hour webinars
  — Decisions about Removal
  — Keeping Children Safely at Home
  — Returning Children Safely Home
  — Ensuring Safety in Out-of-Home Placement

AAs will take all of the courses and supervisors will take three out of the four courses depending on which program area(s) they supervise. The trainings were launched and initially provided to PIP measured offices (as

well as LD staff and other offices as space was available). The trainings were made available to all AAs and supervisors in the state in July 2021 and will be provided on an ongoing basis.

In collaboration with DCYF, The Alliance also developed Assessing Safety Beyond Removal: Family Time and Conditions for Return Home that was launched in October 2021. This 4-hour web-based training includes how to best explain the safety threat that is keeping a child in out-of-home care and think about how the safety threat impacts child safety during Family Time. The training includes practical application of applying the threshold questions and decision about family time. In addition, the training addresses how safety threats can be mitigated when parents' progress and children are able to return home, including how transition plans can support long-term success. The training flyer was distributed to regions through Alliance training coordinators. In addition, the training flyer was distributed by program manager to regional leadership, QPS and QA/CQI staff as well as discussed at leads meetings.

The Alliance also offers Coaching for Child Safety Throughout the Life of the Case. These are coaching sessions that support application of the Child Safety Framework, understanding the 17 safety threats, and using SDM to help assess risk. These can be scheduled in 30 minute increments (individually or small group sessions). These coaching sessions can be assessed by contacting the Regional Education and Training Administrators with the Alliance.

All regions in the state have safety and complex case consultations that can help provide guidance, support and direction for high risk cases and cases with young children. In addition, application of the safety framework and risk assessment is a critical piece discussed during pre-filing consultations. Application of safety is a large focus of the coaching and supervision work that is occurring.

In addition, HB1227 was passed that places an increased emphasis on the use of tools and articulation of safety and further supports and enhances implementation of this strategy:
- HB1227 (Keeping Families Together Act) was passed during the last legislative session and is to be implemented by July 2023. This legislation has many components. The components that specifically relate to assessing safety include the following:
    — Defining "diligent efforts"
    — Enhancing the safety framework
    — Enhancing pre-filing consultations

From January – June 2022, stakeholder workgroups will occur to work on each component of the legislation. Included in the conversations will be recommendations for any potential policy and practice changes, IT changes (minimal viable product in FamLink and long-term CCWIS), training needs and any additional recommendations that may requires decision packages be developed for the 2023-2025 legislative session.

In addition, concurrent and in partnership with the Family Practice Model (FPM) development work, OIAA is leading a project on redesigning the assessment system to focus on assessment tools that are consensus-based, actuarial and standardized. This project work is complex and requires extensive input from staff, those with lived experience, stakeholders and external partners and is anticipated to take several years to fully redesign, in alignment with implementation of the FPM.

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. • Establish and implement a statewide QA process to be used to identify practice trends, coaching, training, and support needs.	COMPLETE	
RAs will identify the specific individuals within the regions who will staff the cases.	COMPLETE	
Identified teams will participate in training regarding the process provided by a team comprised of the HQ program manager, regional QA/CQI lead, and regional safety lead to support consistent implementation and documentation. Training will include implicit bias and meeting the needs of marginalized populations as a means of impacting disproportionality and improving tailored case planning and service provision.	COMPLETE	

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. All of the activities in this strategy have been implemented. Pre-filing consultations are an integrated part of practice in the state. Data was collected from April 2021 – October 2021 using a Smartsheet data collection tool. In addition, feedback was received on the pre-filing consultation process through focus groups, CPS/Intake Leads meeting, AA cohort meetings and the Field Advisory Board (FAB).

Overall, there was a lot of positive feedback on the process including the following:
• Better articulation of the Safety Framework
• Inclusion of discussion around bias
• Shared decision-making
• Supporting/enhancing critical thinking

There were also suggestions to modify and/or improve the process including the following:
• Process modifications including which cases to staff and improving coordination/decision making ability at FTDMs.
• Improvements to the Pre-Filing Consultation Guide.
• Discontinuation of the Smartsheet data collection.
• Determining who should participate in the consultations.

Information gathered was shared with the Child Welfare Leadership Team (CWLT). In addition, this information will assist in the subsequent work that will be occurring to implement HB1227 as indicated in the strategy above including enhancing pre-filing consultations.

From January – June 2022, stakeholder workgroups will occur to work on each component of HB1227. Included in the conversations will be recommendations for any potential policy and practice changes, IT changes (minimal viable product in FamLink and long-term CCWIS), training needs and any additional recommendations that may require decision packages be developed for the 2023-2025 legislative session.

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.		COMPLETE
With support from the Capacity Building Center for Courts, a multidisciplinary group including CIP, DCYF, AGO, the Court Improvement Training Academy (CITA), and the Office of Public Defense (OPD) will develop an evaluation action plan for a Hearing Quality Project related to the application of the Safety Framework in court hearings including, but not limited to: • Baseline assessment of current court practice, specific to discussions of safety and family time. • Implementation assessment of how judges/multidisciplinary court teams have made changes to practices based on prior safety guide trainings. • Assessment of how current practice is related to specific CFSR outcomes of interest in a sub sample of sites. • A structured evaluation process that includes professional services, parent surveys, court observation, court case file review, and administrative data.		COMPLETE
Implement training, post-training supports such as peer exchanges and coaching, and supportive resources (including handouts, tools, and posters) in FJCIP jurisdictions to include: • Providing information on updates to safety training and schedule of available trainings at the annual dependency training for judicial officers and FJCIP Coordinators • Providing training to judges, multi-disciplinary partners, AGOs, and DCYF staff in FJCIP jurisdictions that have not completed the training, that identify safety principles that will be discussed at every Court hearing. • Providing supportive resources to those who have already been trained per any changes or adjustments to the training curriculum.		COMPLETE
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		COMPLETE

caseworker and supervisor regarding strengths and areas of improvement for each case reviewed.		
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:

From October – December 2021, multidisciplinary Safety Summits were provided in the following counties: King, Pierce, Kitsap, Chelan and Mason. Adjustments were made as the training was being rolled out based on feedback received from participants. For example, after the first training was conducted in King County, it was determined that having designated facilitators in the breakout rooms would be beneficial to support completion of the activities and provide technology support. This was incorporated in future trainings. In February 2022, a Safety Summit was provided in Spokane County. Spokane County previously had a Permanency Summit in 2020 that included the basic safety framework curriculum and incorporated more advanced components into their Safety Summit, including understanding the harm of removal and Hope Theory. In May 2022 a Safety Summit was provided in Grays Harbor County.

Overall, approximately 700 attendees from a variety of disciplines attended the seven summits. General feedback from the summits were positive based on surveys and evaluation data:

- As a result of this training, I have a better understanding of how safety is assessed in the child dependency system – an average of 79% of participants agreed or strongly agreed
- This training provided me with new skills/tools that I can use in my work – an average of 82% of participants agreed or strongly agreed
- As a result of this training, I am more confident in my ability to effectively talk about safety – an average of 71% of participants agreed or strongly agreed
- As a result of this training, I have a clearer understanding of the practices that DCYF uses to assess and develop safety plans for families – an average of 66% of participants agreed or strongly agreed
- As a result of this training, I have increased understanding of the role my discipline (job role) plays in assessing safety – an average of 71% of participants agreed or strongly agreed
- I am motivated to use the safety framework in my work – an average of 93% of participants agreed or strongly agreed

Participants were also able to identify how their individual practice will change based on the information they learned. Each discipline met at the end of the training to discuss what changes they can make as a discipline to support practice change and application of the training. This information was collated and a county-specific strategic plan was developed. Local multidisciplinary groups will meet to monitor the strategic plans and if changes are occurring in jurisdictions. Most of the counties have a FJCIP Coordinator who will serve as the primary liaison for the project at the local level. For counties without a FJCIP Coordinator, a different liaison has been identified.

To continue to enhance and support the project, there are several multidisciplinary teams that continue to meet regularly. One is the Safety Summit State Team (State Steering Committee) that provides state-level oversight of the project. This group meets to discuss the next phases of the project. Another team meeting is

the CQI Design Team. This team is looking at what longer term data (outside of the Hearing Evaluation) can be used and monitored to evaluate practice changes that are occurring within jurisdictions.

The Hearing Quality Evaluation Project follow-up will focus on the five counties that received the training from October – December 2021 (King, Kitsap, Pierce, Chelan, and Mason). The evaluation will occur from January – March/April 2022 with a final report complete by June 2022. Additional jurisdictions have already requested an initial safety summit training and are tentatively scheduled for 2022 including Skagit/Whatcom counties, Clark/Cowlitz counties and Lewis county. As mentioned above, a State Steering Committee meets regularly as an oversight committee and is the process of discussing an advanced safety framework training that incorporates feedback from the initial summits. This also includes assessment of threats/vulnerability/parental capacities through a cultural lens; assessing children of different ages and developmental abilities; and more practical application activities and debriefs.

Increase caseworker and caregiver knowledge and application of screening and assessment; how to refer children for care coordination; implement data collection and tracking; and monitor follow through to assure children receive adequate and timely services to meet their physical and dental health needs.		
	Begin Date	Projected Completion
Increase caseworkers' and caregivers' knowledge and understanding of Child Health and Education Tracking (CHET) and Ongoing Mental Health (OMH) programs and referral pathways to CCW for identified care coordination needs so that more children are referred to services timely. This communication will be completed through: • Providing program information in the DCYF Digest. • Providing program information to the field through regional leadership. • Including CHET and OMH program information in the Caregiver Connection on-line newsletter.	COMPLETE	
OMH staff will add additional questions related to preventative physical and dental health to the OMH screening process that occurs when a child has been in out-of-home care for 6 months. OMH staff will ask the caregiver and/or youth being screened about past and future scheduled Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and dental exams including dates (if known) of appointments reported. OMH staff will: • Provide notification to caseworkers of identified needs. • Provide written information to the caregiver of the child's identified needs. • Email the OMH report to CCW existing care coordination inbox when care coordination needs are identified during the OMH process. • Include reported information in the OMH case note that is uploaded into FamLink.	10/01/2020	Ongoing
HQ program staff will update data sharing agreement with HCA to obtain child specific fee for service dental claims data.	COMPLETE	
HQ program staff will work with OIAA to operationalize existing data from CCW and HCA reports that identify children who are due and past due for EPSDT and dental exams and develop a report that can be utilized by HQ and DCYF field staff.	COMPLETE	
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	COMPLETE	
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,	07/01/2021	Ongoing

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.		

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. DCYF has made concentrated efforts to ensure caseworkers and caregivers know how to access care coordination services for children and youth in out-of-home care. Messaging has gone out through multiple avenues regarding the care coordination process available through Apple Health Core Connections (AHCC).

Ongoing Mental Health (OMH) screens occur for children and youth, aged 3-17 years old, who have been in out-of-home care for six months and who are already receiving or were previously identified as needing higher levels of service. Once the OMH screen is completed, the report is uploaded to FamLink and the OMH screener emails the caseworker with the results.

In December 2020, additional physical health questions were added to the ongoing mental health (OMH) screening process. This includes if the child or youth received an EPSDT within the past six months, if the child or youth received a dental exam in the past 6 months, and if there are any additional physical health needs that have been identified. This assists in identifying those children or youth who need those ongoing preventative physical health services and will be included in the follow-up recommendations section that is provided to caseworkers and caregivers. When OMH finds a provider issue in the community related to EPSDTs, they are doing outreach to Coordinated Care so that Coordinated Care's provider outreach team can connect with the providers and explain the foster care benefit to the provider. This has been the most effective mechanism to conduct outreach to providers.

The data share agreement between DCYF and the Health Care Authority (HCA) was updated and was signed in April 2021. DCYF has received two reports to identify children and youth who missed EPSDTs (care gaps list) as well as children and youth who need dental visits. The lists are also pulling billing code information on the last service received. The two lists come from different entities (EPSDT care gaps from Coordinate Care of Washington and dental services from HCA so they are in slightly different formats. It is not believed that we will be able to operationalize these into a single report in infoFamLink as originally intended based on the formats received from the agencies. However, there are alternative ways that the department is exploring to see if the lists can be used separately as filterable Excel documents and how the information can be integrated with information available in FamLink for maximum usability. Given that there is still some question on the usability of the reports, they are being piloted by OMH staff and case review staff. OMH staff can utilize the reports in conversations with caregivers to see if appointments have indeed been completed and/or if there are gaps in physical health needs. Case review staff use Prism, in addition to documentation review and participant interviews, as a resource when reviewing cases to assist in determining if physical needs have been met. There have been times noted that Prism does not contain the most updated information on a child's medical or dental appointment status and these new reports can help verify that information. Once this is piloted, determinations can occur around usability of the information and determine what modifications may need to made to make this information more broadly beneficial to regional QA/CQI.

In October 2021, focus groups were held between the Children's Bureau and DCYF field operations staff regarding implementation of PIP strategies. Despite messaging that has occurred, there still seems to be a gap in knowledge regarding OMH and the process. Based on feedback received from focus groups more

discussions are occurring around different ways to ensure field operations staff know and understand the process and information available to them.

Improve availability and access to services to address children, youth, and their family's behavioral health through data collection, analysis, and integration with systemic partners.	Begin Date	Projected Completion
Establish a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified program leads to establish a mechanism that ensures all MCOs are responsive through care coordination to specialized needs of children, youth, and adults involved in the child welfare system including, but not limited to: • Data collection to be provided to HQ program managers to assess trends, gaps and barriers for development of further strategies with partners including — Behavioral Health Service Network Adequacy Reports from HCA for all Managed Care Organizations (MCOs). — Behavioral health service penetration rates for each county. • Development of processes and procedures including — Streamlined communication method for caseworkers to make referrals to Care Coordination service. — Clear and streamlined process to report and track when barriers to accessing care are identified by DCYF caseworkers.	COMPLETE	
DCYF will participate in the HCA SAMSHA grant activities to develop therapeutic foster homes for children and youth pending entry into or transitioning out of in-patient behavioral health treatment.	COMPLETE	
Coordinate with HCA to review the annual behavioral health PIP plans submitted by managed care plans. All five managed care plans must pilot a behavioral health intervention that is evidence-based, research-based, or promising practice recognized by the Washington State Institute for Public Policy (WSIPP)	COMPLETE	
HQ program managers will develop and implement a Service Array Assessment survey bi-annually to caseworkers and supervisors to identify available services and supports in each region and barriers to access.	10/01/2020	Ongoing
Provide and implement support and guidance to supervisors and caseworkers to increase utilization of continuum of care of behavioral health care to include: • Develop and disseminate resources and guidance on how to access the continuum of behavioral health care services for children, youth, and families involved in the Child Welfare system. • Guidance on how to access behavioral health (BH) care coordination when there are barriers and challenges to access of services. • Guidance on process to follow when there is a waitlist or service is not available.	COMPLETE	
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.	04/01/2021	Ongoing

• Develop plans for addressing service gaps and needs.		
On a biannual basis, HQ Program Staff will meet with HCA and CCW to: • Discuss data obtained, identifying trends, behavioral health usage needs and provider capabilities; • Identify service needs by specific areas for provider development; • Expand utilization of telehealth service availability.	07/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. DCYF established a short-term workgroup of HCA, CCW, DCYF HQ program staff, and identified regional program leads to establish a mechanism that ensures children, youth, and adults involved in the child welfare system are able to access care coordination services by their assigned Managed Care Organization (MCO). The Washington HCA mandates all Washington State contracted MCOs to provide comprehensive care management and care coordination services to all Medicaid enrollees. DCYF and the MCOs created specific Memorandums of Understanding (MOUs) to ensure the integration of whole-person care for Medicaid enrollees served by multiple systems. Specifically, these MOUs outline Care Coordination access protocols with response timelines and formal escalation processes. All of the MOUs have been signed and executed. Guidance documents were developed and provided to field operations staff on this process identified in the MOU.

OIAA is conducting a Child Welfare Population Level Service Needs Assessment that is in the stages of finalization. This is in response to the need to have a framework of needs assessment for consideration in the FFPSA Service Array and supportive of DCYF's legislatively mandated work in Performance Based Contracting (PBC). The utility of the product will not be limited to prevention. One component of the study commissioned by RDA has been completed that looks at substance abuse treatment needs among child welfare involved families. That study, found here, has been reviewed and discussed in context of the service array work being done through this strategy.

There have been intentional efforts to align the various efforts related to service array that are occurring within DCYF that can be found along with additional improvement efforts in the *Service Array* section.

Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.		
	Begin Date	Projected Completion
A short-term workgroup comprised of HQ program staff, identified regional staff, and an after-hours AA will develop and implement clarifying guidance regarding extensions and documentation requirements, including but not limited to: • Reasonable efforts and documentation to reflect those efforts, to locate children prior to using unable to locate extension. • Required documentation for law enforcement/community protocols extension. • Additional victims identified on an existing intake. • Assessment that child safety may be compromised. • Determining that the child is not available for IFF.		COMPLETE
The workgroup established will revise policy related to initial face-to-face responses to address: • Caseworker consultation with their supervisor as soon as they believe an extension or exception will apply. • Expectation that supervisors will only approve extensions or exceptions if they meet the criteria per policy.		COMPLETE

• Guidance for attempts to locate, supervisor consultation and documentation once an extension has been approved.		
Regional QA/CQI staff will provide training and technical assistance to AAs and supervisors regarding the use of the administrative IFF data report to monitor compliance with IFF practice requirements.	COMPLETE	
Supervisors and AAs will use the IFF data report weekly to identify children who need to be seen, status of extensions and consistency with policy. The supervisor or AA will provide direct feedback and guidance to assigned caseworkers if delays or concerns are noted.	07/01/2020	Ongoing
Regional QA/CQI staff will review a sample of all extensions across the region monthly to assess for quality and consistency with policy using a standard format. Immediate practice or safety concerns will be communicated to the AAs and supervisors. Regional performance will be rolled up and reported to the RA monthly.	10/01/2020	Ongoing
In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607, Guidelines for Reasonable Efforts to Locate Children and/or Parents, to reflect clear practice expectations regarding efforts to locate alleged victims of child abuse and neglect.	COMPLETE	
HQ program manager, designated regional staff, and Alliance will review training curricula and update as needed for clarity and alignment with revised policy and practice related to extensions and exceptions. This includes, but is not limited to, RCT, SCT, CPS program training and CFWS program training and multi-modality skill development.	COMPLETE	

Progress Update:

This strategy was added in the prior year's report for alignment with the DCYF PIP. This strategy focuses on initial contacts and assessment of safety for child victims of abuse and neglect. Administratively, DCYF performs well in this area, with initial face-to-face timeliness between 96%-99% compliance on the Child Welfare Management Dashboard. This administrative data includes children and youth who were seen within the assigned timeframes as well as those with approved extensions. From January 1, 2021 – July 31, 2021, 89.99% of initial contacts were made within the assigned timeframe and 8.16% of initial contacts were attempted within the assigned timeframe for an overall compliance rate of 98.16%. Of the contacts that were not made within the assigned timeframe, 16.95% of those had approved extensions. The revised Policy 2310.Child Protective Services (CPS) Initial Face-to-Face (IFF) Response became effective as of July 25, 2021. From August 1, 2021 – November 30, 2021, 87.46% of initial contacts were made within the assigned timeframe and 9.57% of initial contacts were attempted within the assigned timeframe for an overall compliance rate of 97.04%. Of the contacts that were not made within the assigned timeframe, 11.91% of those had approved extensions. Extension rates have declined since implementation of the revised policy. Some of that may be contributed to the new expectation that supervisors enter extensions upon verification of appropriate attempts to contact. It was also discovered through the previous extension reviews that extensions were entered at times even when initial contact was made within the assigned timeframe and the revised policy may be contributing to less of those unnecessary entries.

After the policy was implemented, circumstances and feedback arose that required some additional modifications to the policy. These additional revisions were made with stakeholder input. A policy rollout training, developed in collaboration with the Alliance, was launched in November and December 2021. The revised policy went into effect on January 3, 2022. The following additional changes were made to the policy: Child Welfare (CW) and Licensing Division (LD) –

• Extended timeframe for an IFF extension on cases where children or youth are located, are temporarily out of state and that state has not responded or refused a courtesy IFF. This is extended from 24- and 72-hour extension to 7 calendar days or until there is a verifiable date the child or youth is determined to return to the state.

- Extended the timeframe for an IFF extension on cases where LE requests the delays of the IFF outside of the required timeframes including a present danger interview. This is extended from 24- and 72-hour extension to 7 calendar days or until a verifiable date is provided by LE.
- Removed the requirement for AAs to approve IFF extensions when a CPS intake is screened-out by an intake supervisor and the assigned field supervisor screens it in.
- Added the requirements for AAs to approve extensions around the safety if the victim or identified children or youth will be compromised if an extension is not granted.

Qualitative extension reviews began in fall of 2020. Prior to the policy revision in July 2021, regional QA/CQI staff (with support from additional staff in the regions) reviewed a sample of extensions throughout the region monthly and included a review of each office per quarter. Review results are shared with caseworkers, supervisors, AAs and regional leadership and are used to identify practice strengths and areas needing improvement. As the initial round of extension reviews provided good baseline data on where practice needed improvement with the original policy, extension reviews were paused in July 2021. This allowed an opportunity for the review tool to be revised to capture additional information (less N/A responses) for data analysis and for training to occur with reviewers to promote consistency of reviews. Due to staff vacancies and regional QA/CQI staff needing to support daily casework activities, a small team of HQ QA/CQI staff was established to complete a review of extensions across the state. The focus was on extensions and contacts that occurred after the policy was revised to see if there were shifts in practice and what additional areas of improvement need to be focused on. The review looked at a total of 449 extensions between September 2021 and December 2021 based on a stratified sample, to include every office and region. The full review sample was completed in January 2022. An analysis was conducted on the results of the reviews in March 2022 and feedback was provided to regional field operations staff and HQ program staff on areas of strength and areas needing improvement to further inform practice and program improvement efforts.

The results of this review showed that extensions 53% of the initial extensions were due to circumstances outside of the agencies control. Five percent were not applicable and 42% of initial extensions were within the agencies control. Of those 42%, 43% were lacking in adequate physical attempts being made and 20% were due to attempts to locate the children not occurring until the last day or hours of the required 24- or 72-hour timeframe.

Ongoing attempts to locate the children after the initial extension showed that 65% were due to circumstance outside of the agencies control. Six percent were not applicable and 29% were within the agencies control. Of those 29%, 36% had no attempts during the extension timeframe, 35% were lacking in adequate physical attempts being made and 8% did not show sufficient attempts to locate the child through collateral contacts.

At the previous review from September 2020 to December 2020, extensions met policy 64% of the time and in this review, extensions only met policy 40% of the time. This is a decrease in 24%. This shows that although we have slightly improved in regards to seeing children timely for initial face-to-faces (see Safety Outcome 1, Item 1) that more children should have been seen than in this review because it was within agency control to see these children.

Based on the information from the extension reviews and the subsequent conversations, a memo was sent out in April 2022 to Field Operations leadership for distribution to all field operations staff. This memo helped reinforce timely contact with victims and examples of situations and documentation expectations related to situations that prohibit IFFs from occurring within timeframes.

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.	COMPLETE	
Statewide FTDM program manager and regional FTDM leads will review a minimum of one FTDM shared planning meeting report for pre-placement FTDM's at their statewide meeting focused on practice and quality of documentation. Information gained from these reviews will be used to inform support needs, including training and consultation for facilitators to ensure consistent practice and adherence to the FTDM model.	10/01/2020	Ongoing
HQ program managers, in collaboration with regional leads, will review the FTDM practice guide for alignment with safety and permanency practice expectations and update as needed. Develop practice guides and resources regarding FTDMs for caseworkers, parents, children, and other key participants.	COMPLETE	
Supervisors will review FTDM documentation and outcomes for consistency of safety-related decision-making, prior to approving a dependency petition for filing.	COMPLETE	
FTDM supervisors will observe a minimum of one pre-placement/72 hour FTDM per facilitator per quarter and provide direct feedback regarding meeting facilitation for safety and use of clear language that parents understand.	01/01/2021	Ongoing
Designated regional staff will observe one pre-placement or 72-hour FTDM per office per quarter and provide feedback to the facilitator, caseworker and supervisor regarding application of the Safety Framework and engagement of the family in discussions of safety and safety-related case planning.	04/01/2021	Ongoing

Progress Update:

This strategy was added in the prior year's report for alignment with the DCYF PIP. The FTDM report was developed and launched in infoFamLink on August 23, 2021. The purpose of the report is to capture information that FTDM facilitators have been hand counting for years, creating a time savings for the facilitators and making the information available to a wider audience. In SFY2021, 33.7% (4,641 of 13,773) of FTDMs were for imminent risk of placement and 20.0% (2,753 of 13,773) were for emergency placement or VPA. Of the FTDMs for Imminent Risk of Placement, the most common outcome of the meeting was a child remaining or returning to a parent, reported in 66.7% of the meeting outcomes. For FTDMs for emergency placement or VPA, that number dropped to 22.3% of meetings resulting in a child remaining or returning to a parent as an outcome. Of all of the FTDMs completed in SFY2021 (for any type), the meeting outcome documented was a child remaining or returning to a parent in 41.8% of the meetings. DCYF will continue to refine this report to maximize the data to drive best practices.

The FTDM leads meet monthly as a statewide team. At each monthly meeting, the group reviews one pre-placement FTDM meeting report to focus on quality of practice, quality of documentation, and identify support, training and practice model consistency. At each meeting, the group determines which lead will provide the next month's pre-placement report. The FTDM leads group is working on a prompting sheet in the FTDM meeting notes to prompt facilitators to ensure everything is covered during the meetings and documented in the FTDM notes. One of the main items that needs to be documented that is not consistently seen is conditions for return home. This will be included on the prompting sheet. Another item that is being discussed is consistency of documentation of meetings where there may be two meetings held for one

child/youth due to domestic violence or no contact orders. Sometimes these are documented as separate meetings and sometimes they are documented as a single meeting. The leads group is developing guidelines for facilitators to help ensure consistency on this topic.

FTDM observations are occurring throughout the state. There is a first level review completed by the direct supervisor of the FTDM facilitator. In some regions, this may be the FTDM lead/supervisor and in other regions it may be the office AA. This observation is used to provide feedback to the facilitator and identify strengths and practice improvements. In addition, a second level review is completed by an identified regional person. For those regions where the AA is the direct FTDM facilitator supervisor, the second level review may be done by the FTDM lead. In other regions, this may be done by QPS, QA/CQI staff and/or the DRA. This level of review is looking at the process and all DCYF participants and their roles. A meeting observation form was developed and is used statewide.

DCYF will be exploring a more consistent supervision method of the FTDM facilitators within each of the regions to ensure uniform and consistent practices.

Goal 4: Engagement with Families, Caregivers, and Case Partners

Support and empower families through early and ongoing collaboration and partnering with family team members, in addition to recognizing family as experts, all which should reduce recurrence of maltreatment and risk of delayed permanency.

Establish and sustain a consistent engagement framework that supports caseworkers to be intentional with their contacts and visits, increasing the quality of visits for parents and children and improving caseworker efficiency.		
	Begin Date	Projected Completion
Staff will be identified at the office level to track to ensure all identified staff have completed the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" (Capacity Building Center for States).	COMPLETE	
DCYF RAs, DRAs, AAs and HQ program staff, designated regional staff, regional QA/CQI staff, and Alliance coaches will complete the six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families" and will review the corresponding resources.	COMPLETE	
All supervisors will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."	COMPLETE	
All caseworkers will complete the six-part video series: "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families."	COMPLETE	
Quality Matters resources will be disseminated to staff and supervisors as part of training and incorporated into supervision and coaching activities provided by supervisors, Alliance coaches and designated regional staff. Resources include: • Supporting Quality Contacts Through Supervisor-Worker Coaching • Defining Quality Contacts • Quality Contact Casework Activities Worksheet • Reference Guides for Videos These resources include information regarding building an agenda framework for caseworker contacts including assessment of safety, risk and permanency, placement needs and stability, maintaining family and social connections and relationships, progress on case plans and objectives, physical and mental health needs, development and behavioral needs, educational progress and needs, exploration of resources to support identified needs, and next steps.	01/01/2021	Ongoing

A team of HQ and field staff will revise monthly visit policy to reflect agency priority for engagement, aligning policy language with the framework.	COMPLETE
RAs will communicate policy and practice expectations around quality in-person contacts to staff in the regions through electronic messaging provided from HQ.	COMPLETE
AAs will review practice expectations at office staff meetings, including expectations of an in-depth discussion regarding the family safety concerns, conditions for return home, and case planning for permanency.	COMPLETE
Supervisors, designated regional staff, and Alliance coaches will provide ongoing coaching and support regarding engagement to caseworkers.	01/01/2021 Ongoing
The six-part video series "Quality Matters: Improving Caseworker Contacts with Children, Youth and Families will be integrated into RCT and SCT and will be completed within the first 90-days of employment.	COMPLETE

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. Engagement with children, youth, parents and caregivers continues to be a high priority and area of focus for DCYF. The Quality Matters series was implemented across the State. Although there have been mixed reviews of the Quality Matters training videos, implementation of the series sparked the necessary conversations, discussion and focus around the area of engagement and quality of contacts with children, youth, parents and caregivers.

To build, enhance and incorporate engagement principles that support consistent, quality contacts, DCYF Policy 4420.Health and Safety Visits with Children and Youth and Monthly Visits with Parents and Caregivers was updated. A policy rollout training, developed in collaboration with the Alliance, was launched in November and December 2021. The revised policy went into effect on January 3, 2022.

Administrative data for child health and safety visits (particularly those in out-of-home care) reflect a high completion rate; they are consistently over 95% on a monthly basis. DCYF is focusing on the qualitative aspect of the contacts to ensure that engaging, meaningful conversations are occurring in those visits. DCYF recognizes that having quality contacts with children, youth, families and caregivers are essential to assessing for safety, identifying needs and services, discussing case planning, and increasing timely permanency.

Although leadership and staff recognize and support the need for frequent and quality contacts with children, youth, parents and caregivers; staffing/workload, distance, and locating parents are frequently discussed as barriers to engagement. Workload ratios have increased across all program types over the past year. Parents may be located across various parts of the state that make travel time for monthly contacts extensive. DCYF does not have a policy or standardized process in place for courtesy visits for parent contacts from other offices/regions and this is handled on an individual basis and/or as staffing resources allow. According to the Washington State Interagency Council on Homelessness[42], Washington State has the 5th highest population experiencing homelessness on any given day in the United States, trailing California, New York, Florida and Texas. When parents are homeless or have unstable living situations and/or fluctuating contact information, engaging parents can be difficult. This can also be seen through the strategy related to Enhanced Permanency Planning Meetings. DCYF has dedicated Permanency Outcome Facilitators (POFs) through the Permanency from Day 1 (PFD1) grant working diligently on engaging parents in the shared planning meeting process. Although the department can show that the facilitators are inviting parents to the meetings more frequently, there continues to be a struggle with consistent attendance and engagement from parents. DCYF continues to

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[42] United States Interagency Council on Homelessness, statistics as of January 2020; https://www.usich.gov/homelessness-statistics/wa/

strategize solutions to increase parental attendance and involvement. A systemic barrier that has been discussed is when parent attorneys require that contact go through them versus directly with the parent. The department often sees this when cases are in extended shelter care status and dependency has not been established, which is being seen more frequently around the state. In CY2021, only 62% of cases in Washington State had fact-finding within 75 days. This causes barriers for early engagement with parents and discussions around case planning and service provision.

Develop and implement a new parent-child visitation model and infrastructure with the goal of increasing early positive parent engagement in service planning and completion.		
	Begin Date	Projected Completion
Implement field test of the web-based data system for visit (Family Time) referrals to streamline the visit referral process and improve the quality of data related to visits. All referrals for visits will be required to be submitted through the system. In addition, documentation for visits will be entered into and maintained this system. Caseworkers will be able to extract visit reports and review visitation information and documentation.	COMPLETE	
Refine the web-based data system as needed based upon field test results and implement statewide.	COMPLETE	
Finalize development of the Family Time visit model including: key elements of the model, establishing a measurement process, establishing a process for maintaining model fidelity, and developing the evaluation process	COMPLETE	
Train staff and providers on the visitation model.	COMPLETE	
Implement the Family Time visit model statewide.	COMPLETE	
Define and implement a protocol for assessing safety and making decisions about level of supervision during visits to ensure that visitation moves from supervised to monitored to unsupervised where appropriate. Train staff and providers on application of safety assessment tool to visit supervision level and the protocol for supervision level.	COMPLETE	
Development of Sprout 2.0.	2020	TENTATIVE July 2022
Create a dashboard for better management by caseworkers as to visitation.	2020	TENTATIVE October 2022
Create a dashboard for external partners and stakeholders (i.e. CASA, GALs, etc.) to have access to the cases they are assigned to.	2020	TENTATIVE October 2022
Develop a data structure that assesses the health of visitation	2021	Ongoing
Update the Family Time policy.	2020	09/2021
Update Family Time contract in alignment with HB1194.	COMPLETE	
Update Family Time contract in alignment with HB1194.	COMPLETE	
Created a 72 hour visit contract	COMPLETE	
Updated the Family Time contract in collaboration with providers for consistency in service delivery	COMPLETE	
Increased rates and service requirements	COMPLETE	

Increased expectation for program management and accounting in the family time contract	April 2022	December 2022
Re-procure network Administrator contract	May 2022	October 2023
Update the current network Administrator contract with collaboration with provider community	August 2022	October 2023
Service model redesign to align with OIAA and POC visitation model best practice.	October 2022	October 2023

Progress Update:

Sprout 2.0 development has been greatly delayed with a new anticipated date of summer 2022.

Implementation of HB1194 occurred July 2021. DCYF contracted with one provider for each region to accept and provide the first visit within 72 hours. Having just one contracted provider expedited the referral process. Changes were made to Sprout and FamLink to separate the 72-hour visits from regular ongoing visits. This allowed those contractors to review those visits within Sprout very quickly. A new payment methodology was created to support contractors to accept referrals after business hours, weekends and holidays. Being able to accept that case and start the visit planning, as soon as possible, supports the visit happening within 72 hours. Training was provided to field operations staff to ensure they understood the new legislation requirements and procedures for making the referrals. Due to Sprout data limitations, DCYF still struggles to validate the 72-hour data. With that said what the preliminary data indicates is that about 78% of the first visit have occurred, but only about 57% within 72 hours.

Some of the prominent challenges in completing the first visit in 72 hours by contracted providers are:
- Unresponsive parents
- Referral withdrawn (various reasons, child returned home, caseworker, caregiver or relative provided the visit)
- Cancelled or no shows by parents
- Parent contact info incorrect
- Parent or child refused
- Parents are incarcerated (setting up jail or prison accounts and getting approved can take longer than 72 hours)

Modifications and improvement to the Family Time contract, in collaboration with the provider community, were implemented October 2021. DCYF conducted a rate study with providers to help support and determine a new hourly rate. DCYF submitted a decision package based on this rate study. The decision package was then updated based on further analysis. The rate increase supports providers having more program and accounting oversight, with higher employee or sub-contractor supervision. For the next year plus, DCYF will be working on re-procurement for the Network Administrator including stakeholder engagement and staff and providers through the summer of 2022.

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.	COMPLETE	
HQ program managers, regional leads, supervisors, and caseworkers will collaborate to develop a guide and template for completion of the case planning meeting to support practice consistency.	COMPLETE	
HQ program manager and IT will establish a unique case note code to be used for documenting the in-home or FAR case planning meeting.	COMPLETE	
The Alliance, in consultation with HQ program manager and regional leads, will review current training curriculum for guidance and expectations regarding case planning on in-home and FAR cases, and revise curriculum as needed to align with revised policy and practice.	COMPLETE	
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.	COMPLETE	
HQ program manager and OIAA staff will develop an administrative data report for supervisors to track timely completion of case plan.	COMPLETE	
Supervisors will provide coaching and guidance to caseworkers specific to the development of case plans and identification of safety-related services using skills and resources identified and developed in the Workforce Development goal area.	01/01/2021	Ongoing
Review of case plans on in-home and FAR cases to assess for provision of safety-related services will be incorporated into semi-annual targeted case reviews.	COMPLETE	

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. DCYF Policy 1150.Case Plan was updated. The policy reinforces engagement and involvement of children, youth and families in the case planning process. In addition, timeframes were added to support timely development of case plans. Through this policy, case contact meetings will be documented using the new case contact code that was created in FamLink. Documentation of the contact code will be able to be tracked by timeframe through the report created through this strategy. A policy rollout training, developed in collaboration with the Alliance, was launched in November and December 2021. The revised policy went into effect as of December 31, 2021. The following changes were made to the policy:

- Clarified that case plans for FVS cases must be initiated within 15 calendar days of case assignment.
- Clarified that case plans for FAR cases must be initiated within 15 calendar days from the date parents or guardians give permission to keep the case open beyond the 45th day for service provision.
- Added a requirement that caseworkers must schedule a Case Plan Contact with the family when developing a case plan for FAR and FVS cases. (referenced the new code developed in activity 3.3.3)
- Clarified that the case plan can be completed on a hard copy of the Case Plan DCYF form 15-259A when in the field but must be entered into FamLink in a CFE or FARFA using the Objectives section in the Family or Parent/Caregiver Functioning sections.

To support implementation and application of the revised policy expectations, an eLearning was developed in collaboration with the Alliance. This eLearning covered the new case planning expectations with an emphasis on engagement and incorporation of using the Structured Decision Making Risk Assessment (SDMRA) to help inform development of case planning goals with the family.

"Introduction to Case Planning and the Structured Decision Making Risk Assessment" became available in October 2021.

- This eLearning covers two main components of service provision in CPS and FVS: The Structured Decision Making Risk Assessment (SDMRA) and the Case Plan.
- Participants will use a realistic scenario to walk through the SDMRA and a resulting case plan.
- Participants will learn how to target resources towards those who can benefit most using the SDMRA and then how to develop and monitor an effective case plan that moves the family toward change.

The training also discusses the case plan contact requirement and timeframes for initiating the case plan per the revised policy requirements. The training emphasizes engagement with the family (and others as deemed appropriate) in case planning and provides examples of effective engagement.

In April of 2022, data was reviewed that showed the case planning meeting case note was not being regularly used. A memo was developed and sent out by Field Operations leadership to FAR and FVS staff reinforcing the need for case planning and the need for the use of the case plan meeting code for documentation. QA/CQI has also agreed to add this measure to data reports that are regularly sent out and reinforce the need for this with families.

Implement monthly and quarterly qualitative and quantitative data review feedback cycles for frequent and quality contacts with children and families to highlight performance and inform program and practice improvements.		
	Begin Date	Projected Completion
To facilitate the collection of quantitative data and simplify documentation, the HQ program manager will work with IT to reconfigure options for "parent contact" documentation codes within FamLink.	COMPLETE	
In order to capture parent visits for both in-home and out-of-home care, HQ will provide a monthly report to regional QA staff showing which parents are not linked to a child in FamLink. Regional QA will provide technical support on properly linking parents with each child with whom they are associated.	07/01/2020	Ongoing
Identified HQ and regional program staff will monitor and support staff in conducting monthly quality contacts through analysis of qualitative and quantitative data. Quantitative data include administrative data reports in infoFamLink including Monthly Health and Safety Visits with Child and Monthly Caseworker Visits with Parents. Qualitative data will be gathered through case reviews.	COMPLETE	
Regional program staff will provide direct feedback on strengths, areas needing improvement, and any program barriers to frequent and quality contacts with parents and children to caseworkers, supervisors, and AAs based on the qualitative results from ongoing case reviews and the QA/CQI feedback process.	07/01/2020	Ongoing
Regional QA/CQI staff will disseminate InfoFamLink data reports monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the reports to inform performance and areas for practice improvement and coaching: • Monthly Caseworker Visits with Parent • In-Home FVS Health and Safety Visits • FAR & Investigation Intake Detail	01/01/2021	Ongoing

Progress Update:

This strategy focuses on quantitative and qualitative feedback cycles related to contacts with children, youth and families. The focus on administrative data related to monthly health and safety visits with children and youth and visits between caseworkers and parents is not new for DCYF. These have been areas of data focus for some time. Both of these metrics were included on the Child Welfare Management Dashboard.

The Parent-Worker Visit metric on the Child Welfare Management dashboard historically reflected the percentage if a mother or father on a case had in-person contact in a given month. That percentage has increased over time. To take the metric to the next level and to support engagement principles and the revised policy, the metric was updated in December 2021 to reflect the percentage, when applicable, if a mother and father on a case had in-person contact in a given month. Although changing this metric showed a decline in performance from the prior metric, it supports the importance of ensuring that all parents are having monthly contact with the worker and are engaged in a case regarding their child/ren. The metric only considered if in-person contact occurred. However, delving into the detail report behind the dashboard allows the department to see the number of attempts and/or engagement efforts that are occurring outside of in-person contact. For example, in December 2021, we can see that there were 5,827 required mother visits. Of those, 34.15% (1,990) were completed; 23.69% (909) were attempted and 65.85% (3,837) were not visited or attempted. Of the 909 attempted contacts with mothers 42.70% of attempted contacts were by phone, 10.56% were at the parental home, 11.33% were at the DCYF office, and other locations were less than 10% of the total. This data may benefit from additional qualitative analysis regarding if the level of engagement or contact was appropriate and if the documentation and coding efforts were accurate. When analyzing the data further, there is an average of 2 attempted visits in different locations that result in a successful in-person contact and engagement with the mother.

DCYF's administrative data continues to be strong in the area of monthly contact with children and youth, particularly for the population in out-of-home care. Emphasis continues to be made around the quality of those contacts. In addition, discussions continue to occur around the importance of frequency of contacts for children, youth and parents on in-home and FAR cases. The CFWS Health & Safety Visits with Child report is a data-driven subscription in infoFamLink that is distributed to caseworkers and supervisors on a weekly basis and to AAs twice monthly. As mentioned in the challenges section in overall PIP implementation, there was a pause on these data-driven subscriptions from late October to mid-December 2021 due to server issues. Regional QA/CQI staff continue to provide reports via regional dashboards to staff including health and safety visits with children (out-of-home and in-home) and parent-worker visits. There are also reports distributed identifying children needing to be seen in a given month. These reports are available on, at minimum, a monthly basis with some available weekly. This information is also contained on the Child Welfare Management Dashboard and regularly reviewed at field operations leadership meetings. For PIP case reviews, there is a PIP data analysis meeting conducted in each office within three weeks of the review. Case review results are reviewed and discussed along with administrative data indicators. These meetings used to just occur with office and regional leadership; however, now all staff in the office are invited to attend these meetings. During these meetings, discussions occur around the purpose of meeting with parents; how parental needs are assessed; how parental progress is assessed; how parents are engaged in discussions regarding safety, permanency and well-being of their child/ren; and how parents are informed of conditions for return home.

Additional steps that have been taken to enhance positive outcomes for children and families is to assess engagement with parents by monitoring parent/caseworker visits occurring on in-home cases. The largest barrier to assess this engagement is that children are often not manually linked to their parent on a case in FamLink. Historically, this step is completed once a child is removed and the case has moved to CFWS. In order to improve the monitoring of engagement, this step will occur earlier in practice and children will be linked to their parent's case at the point of intake and reviewed throughout touch points in the case to ensure it remains updated and accurate.

Implement consistent statewide process, guidance and resources for engaging parents whose whereabouts are unknown or who are incarcerated.		
	Begin Date	Projected Completion
In collaboration with child welfare and LD field staff, HQ program managers will revise DCYF form 02-607 Guidelines for Reasonable Efforts to Locate Children and/or Parents to reflect clear practice expectations regarding efforts to locate parents and children requiring monthly contacts.	COMPLETE	
Designate an existing position within each region responsible for conducting missing parent searches in an effort to reduce the amount of time a caseworker spends trying to locate parents who are unknown or whose whereabouts are unknown.	COMPLETE	
Establish a short-term workgroup comprised of QA/CQI staff, HQ program managers, caseworkers, supervisors, and locator staff to develop a consistent process and clear roles for locating parents and children post initial contacts and provide guidance to locator staff, caseworkers, and supervisors of the process and roles.	COMPLETE	
HQ program managers will create and make available to caseworkers and supervisors guidance for locating parents incarcerated in jail and prison; establishing and maintaining engagement; locating and contacting a parent's Department of Corrections (DOC) counselor and providing opportunities for incarcerated parents to participate in case planning. DOC will be engaged to provide consultation in the development of the processes and documents.	COMPLETE	

Progress Update:

There are staff identified in each region that conduct missing from care searches for children and youth as well as conduct searches for parents whose whereabouts are unknown. Staff have expressed the importance of these positions and how they have helped find parents whose whereabouts were previously unknown so that parents could become engaged in the case.

The Caseworker Engagement Tip Sheet for Incarcerated Parents (i.e. "tip sheet") and supporting documents were developed and shared with two workgroups in the field (i.e. the DOC regional leads and CFWS regional leads) and DOC representatives. Both groups provided feedback and continue to do so on an ongoing basis. A field assignment to the RAs related to this material was developed to support distribution of the reference materials. The materials will be distributed from a number of levels, which will help increase awareness of the tools available to access incarcerated parents. In addition, the documents were placed on the PIP SharePoint site and on the CA Intranet. DOC also has information on their website on various ways to visit incarcerated persons through phone, video or in-person.

DCYF has an identified program manager who is serving as a DOC liaison who can help support staff, provide technical assistance, and make connections between DCYF and DOC. This program manager has been working collaboratively with DOC and with identified regional leads to identify gaps and barriers to contact and engage with incarcerated parents. Additional guidance and resources were developed and provided to staff to help support this endeavor. The DCYF program manager that serves as the DOC liaison works very closely with the HQ DCYF CFWS Program Manager. In addition, the liaison identified a group of regional leads that can help discuss, inform and support the work of engaging with incarcerated parents.

DCYF regional leads, DOC program managers, and facility liaisons are meeting on a frequent basis to identify continuing challenges to incarcerated parent engagement. Initially, DCYF and DOC partners agreed to meet on a quarterly basis although this has now changed to monthly. Additionally, key members of the workgroup are meeting as needed to educate each other about nuances related to DCYF and DOC.

DCYF has an obligation to engage incarcerated parents, and often that engagement happens through a system called JPay. Over the last several months, DCYF regional leads and field workers have provided feedback about barriers to the use of JPay. In particular, workers are concerned that existing means of payment are confusing and inadequate to the needs of workers as they try to engage incarcerated parents. The DCYF/DOC workgroup has identified two immediate solutions to resolve JPay fee payment. The first solution involves revising contracts each agency has with parties involved with engaging incarcerated parents. DOC recently negotiated a new contract with JPay, and may now have the ability to offer DCYF central billing for JPay fees associated with engaging incarcerated parents. DCYF is also anticipating a revision to the contract they have with contracted Family Time providers. The contract revision would allow DCYF to reimburse visit contractors for JPay fees directly. Finally, JPay recently released a new version of their application; therefore, members of the DCYF/DOC workgroup will update instructions for using JPay, and will distribute the new instructions to field operations staff.

Members of the DCYF/DOC Access to Incarcerated Parents workgroup are reaching out to other interested statewide stakeholders, such as the Administrative Office of the Courts and the Office of Public Defense. DCYF is also researching other states to learn new methods of engaging incarcerated parents, and bring those methods to our conversation.

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.	COMPLETE	
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.	COMPLETE	
AAs and supervisors will participate in office or region-based group reflective sessions quarterly with Alliance coaches to identify and problem solve practice barriers in a peer environment.	10/01/2020	Ongoing
AAs will observe one supervisory session per supervisor every six months and provide feedback regarding adherence to the coaching model.	07/01/2021	Ongoing

Progress Update:

This strategy was modified from the CFSP to align with the DCYF PIP. The Learner Centered Coaching (LCC) model for supervisors and AAs has been implemented across the State, beginning with PIP measured offices from July 2020 – July 2021. Starting in July 2021, the LCC model training is scheduled twice per quarter,

available to supervisors in all offices across the State. The LCC model enhances practice skills and self-efficacy among DCYF supervisors. It aims to reduce trauma response in the child welfare practice environment by highlighting positive regard, cultural humility, and a trauma-informed lens. The LCC model includes a five-part 15-hour training series (currently provided via webinar) that provides a foundation for how to utilize coaching in supervision. The training is skill-based and includes workbook activities to assist in application of the skills learned during the series. The five-part series includes the following modules:

- Session One: Why Coaching
- Session Two: The Coaching Process
- Session Three: Entering the Coaching Conversation
- Session Four: Reflecting, Offering Feedback and Creating a Plan
- Session Five: Assessing Progress and Next Steps

In addition to the training series, each AA and supervisor participates in a minimum of one individual coaching session within 30 days of completion of the training series and one individual coaching session within 6 months of completion of the training series. One coaching session is also recommended prior to the workshop (although not mandatory for completion). Supervisors and AAs have the ability to request additional coaching sessions as needed. Supervisors and AAs are also required to participate in quarterly supervisor reflective workshops, facilitated by the Alliance coaches. Participants will have an opportunity to discuss successes in coaching implementation as well as barriers. Supervisors and AAs will also identify skills they would like to enhance in future workshops.

Quarterly reflective workshops are convened. During these workshops, many of the AAs and supervisors who attended the workshops spoke of the challenges of implementing coaching as they were focused on getting through a difficult time with increased staff vacancies following the statewide vaccine mandate. The impact of the mandate was uneven across the state, and often staff and supervisors from less impacted offices stretched to assist and cover cases in offices with big losses. Recognizing the strain on DCYF supervisors and managers, Alliance coaches facilitated fall quarterly sessions with a particular emphasis on the coaching stance, and drew forth conversations addressing trauma, positive regard, cultural humility and strengths based and motivational approaches as important foundations of coaching.

Starting July 1, 2022, quarterly reflective workshops will transition from mandatory to highly encouraged as the Alliance continues to support the integration of coaching into child welfare supervision. The Alliance Coaches are scheduling two statewide supervisor and one AA session every quarter via a virtual platform and attendees can sign up for the session that best fits their availability. Sessions will be statewide as there has been interest in sharing and learning with peers across the state, not just within a region. Due to the feedback that the quarterly reflective sessions have provided a great opportunity for peers to share successes, challenges, ideas and strategies related to coaching, the Alliance wanted to continue to offer the forum. These sessions are supported and encouraged by DCYF.

There are a variety a ways and opportunities in which AAs are observing how their supervisory staff are interacting and utilizing coaching with casework staff. This is occurring while AAs are also practicing coaching skills themselves with their supervisory staff. In workshops, AAs shared that they aimed to create psychological safety, use positive regard, and a trauma informed approach in everyday practice. An example of this is using coaching in case staffings to draw out caseworkers' thinking and assessment of the case. Through observations, AAs have indicated that they are seeing some shift with supervision and that there is skill development in balancing task compliance and discussion around critical thinking and decision-making. Supervisors are practicing the skills, but need the time to fine tune the practice.

DCYF and the Alliance are partnering with Partners for Our Children (P4C) to conduct an evaluation on the Learner Centered Coaching Model. A final evaluation will be available in summer of 2022.

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.	COMPLETE	
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. To build, enhance and incorporate skills from the Learner Centered Coaching (LCC) model, DCYF **Policy 46100** was updated. The title was changed from Monthly Supervisor Case Reviews to Monthly Clinical Supervision Case Reviews. Due to some concerns over the term "clinical" being used, it was operationalized in the policy as including "building caseworker's competencies, encouraging self-reflection and critical thinking skills, and building on training to support caseworker's decision-making." The policy was reformatted to focus on critical thinking and decision-making in the areas of safety, permanency, well-being and engagement. In addition, the policy clarified that documentation of the review should include a summary of the discussion including important next steps and timelines. A policy rollout training, developed in collaboration with the Alliance, was launched in November and December 2021. The revised policy went into effect as of January 3, 2022. Based on recommendations from conversations with staff and WFSE, a few examples of documentation of supervisory reviews were provided in the training.

Guides and resources were developed to support clinical supervision. Other guides and resources have been developed for other PIP Strategies (i.e. the Pre-filing Consultation Guide). These guides and resources that are available as tools to support staff in the implementation of policy and practice. The guides and resources are generally referenced in policies and available on the Intranet. Guides and resources are not mandatory for use, but help provide additional guidance or reference. One gap that has been discussed is the difficulty in navigating the Intranet. DCYF currently has several Intranet sites – one that is under DCYF and one that is still under the original Children's Administration (CA) where a majority of information (policies, guides, resources, etc.) is located. The CA Intranet can be difficult to navigate and locate information easily. There was a plan to begin to look at revamping the CA Intranet prior to the COVID-19 pandemic; however, that has been put on pause due to other work needing to be completed with a higher priority. DCYF continues to work to ensure that staff know what guides and resources are available to them and how to locate information with ease through communication and partnership with regional program staff.

AAs and supervisors indicate that there is difficulty balancing task-oriented, compliance-based conversations with conversations around critical thinking and decision-making, particularly due to time constraints. This has been particularly challenging as vacancy rates rise and the ongoing impacts of the pandemic on staffing resources. DCYF will continue to monitor supervisor reviews and documentation and get feedback after the policy is implemented to see if there have been shifts around supervision and if the revised policy is having the intended impact. Since the policy rollout there have been no concerns voiced by the field to headquarters surrounding the policy changes. There is a group pulling a supervisor summary review to determine if the policy rollout has been successful. If results are shown that the training did not have the intended impact a revision or update of the training to support supervisors in being successful in the monthly supervisor reviews will be completed.

A statewide targeted review related to clinical supervision documentation in FamLink is scheduled to occur in June 2022.

Improve supervisory proficiency in utilizing individual staff and unit outcome indicators as a tool for guiding clinical supervision and achieving improved agency outcomes.		
	Begin Date	Projected Completion
Field Operations leadership, in consultation with DCYF's Office of Innovation, Alignment, and Accountability (OIAA), will identify a limited set of key administrative data points that will be used by regional managers and supervisors in clinical supervision to monitor and drive outcomes across the state.	COMPLETE	
The key data points referenced will be made available to supervisors and administrators via a management dashboard in infoFamLink that will show data at the office, region and state levels. Administrators and supervisors will be trained in the interpretation and application of the data.	COMPLETE	
On a monthly basis, RAs, DRAs, and other key regional staff will focus on a rotating subset of the key data points: • To identify good practice driving observed strong outcomes. • To identify practice in need of improvement. • To specify strategies for improving outcomes where needed. • To observe changes in performance over time.	10/01/2020	Ongoing
RAs and DRAs will incorporate data themes from discussions into regional supervisory coaching activities.	10/01/2020	Ongoing

Progress Update:
In February 2020, the Child Welfare Management Dashboard went live in infoFamLink. This dashboard provides these key administrative data points at the state, regional, and office levels. For the metrics that are displayed as percentages, the standard for conformity is set at 95% or above, substantial conformity is set between 90-94%, and anything 89% or lower is considered needing improvement. The dashboard is able to be viewed by state, region and office performance metrics. All of the metrics, with the exception of Median Length of Stay, are able to be drilled down to the raw data contained in the report in order to do additional analyses. The dashboard shows performance over 13 months (including the current month) in order to see trends and improvements over the course of time. Understanding that there may be data lag in documentation, the dashboard data is refreshed daily to reflect the most current performance.

RAs, DRAs, AAs, quality assurance staff and supervisors have been provided with training and technical assistance on the dashboard metrics and how to use the data to help improve practice at the office, region,

and state level. The dashboard has been integrated into agency culture and practice with discussion around dashboard metrics occurring in multiple venues including:

- Office leadership team meetings
- Regional management/leadership team meetings
- Regional and office all staff meetings
- Supervisory reviews
- Individual meetings between the Assistant Secretary of Field Operations and RAs
- Child Welfare Leadership Team (CWLT)
- PIP data analysis case review meetings
- Statewide QA/CQI meetings
- AA PIP office lead meetings
- 1:1 meetings between RAs and AAs
- Stakeholder meetings (i.e. foster parent meetings, Tables of Ten, Casey Family Programs meetings, etc.)
- Reflective sessions with the Alliance
- Supervisor meetings
- PIP Report Out Meetings (Region 4)

These venues also promote sharing of promising practice initiatives that may be occurring in some offices/regions in areas of practice that can be utilized in other offices/regions.

It is the expectation of regional leadership that supervisors be well versed in the data components and have conversations with their units and staff regarding performance outcomes. Supervisors use data from the Child Welfare Management Dashboard, in addition to other data reports provided by their regional QA/CQI staff, to support clinical supervision. Data can be used to support discussions with caseworkers, identify practice strengths and identify gaps and areas of growth where additional training and/or coaching may be warranted. Data is helpful in assisting supervisors in individualizing supervision and support to each worker's identified strengths and needs.

Improve functionality and increase caseworker use of Child Location Application to ensure timely entry of placement so the current location of every child in out-of-home care is known.		
	Begin Date	Projected Completion
Regional QA/CQI staff will disseminate the Placement Lag Entry data report monthly to AAs and supervisors and will provide training and technical assistance regarding the use of the report to inform performance and areas for practice improvement.	COMPLETE	
RAs will communicate policy and practice expectations around timely placement entry and use of the Child Location Application through electronic messaging provided from HQ Child Welfare Programs.	COMPLETE	
Policy and practice expectations for placement entry will be communicated to fiduciary staff to support timely completion of payment. Communication will be through electronic messaging provided by HQ Child Welfare Programs	COMPLETE	
Guidance and resources regarding the use of Child Location Application will be disseminated to staff. Communications will be tailored to a specific area of responsibility.	COMPLETE	
HQ program staff, regional QA/CQI and other identified regional staff will use the Placement Lag Entry report to determine which offices/units/workers are not consistently using the Child Location Application. Focus groups with those identified offices/units/workers and fiscal staff will be conducted to determine barriers to using the Child Location Application.	COMPLETE	

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.	COMPLETE

Progress Update:

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. Performance on this item has remained relatively stable over time with some ebbs and flows from month to month. These fluctuations may be based upon a number of factors including number of entries into care, staff responsible for entry, workload, processing delays, etc. Performance has remained relatively consistent despite an increase in the workload ratio for staff over the last year:

- CPS-Inv. case ratio per worker went from 12.8 in November 2020 to 18.9 in December 2021
- CPS-FAR. case ratio per worker went from 11.9 in November 2020 to 18.2 in December 2021
- FVS case ratio per worker went from 9.1 in November 2020 to 12.1 in December 2021
- FRS case ratio per worker went from 15.7 in November 2020 to 18.6 in December 2021
- CFWS case ratio per worker went from 15.9 in November 2020 to 16.6 in December 2021

The above is an average based upon vacancy percentage, and does not include shifts in individual workload when workers are out for illnesses or other extended circumstances.

DCYF has made and maintained some progress in this area. Entry of placement through the child location application remains at approximately 62.2% in CY2021, an increase is usage of 6.5% from CY2020. Timely placement entry (within 3 calendar days) remains at approximately 71.5% overall in CY2021, an increase of timeliness by 5.1% from CY2020. The figure below represents this progression from CY2018 – CY2021.

USE OF CHILD LOCATION APPLICATION AND TIMELY PLACEMENT ENTRY
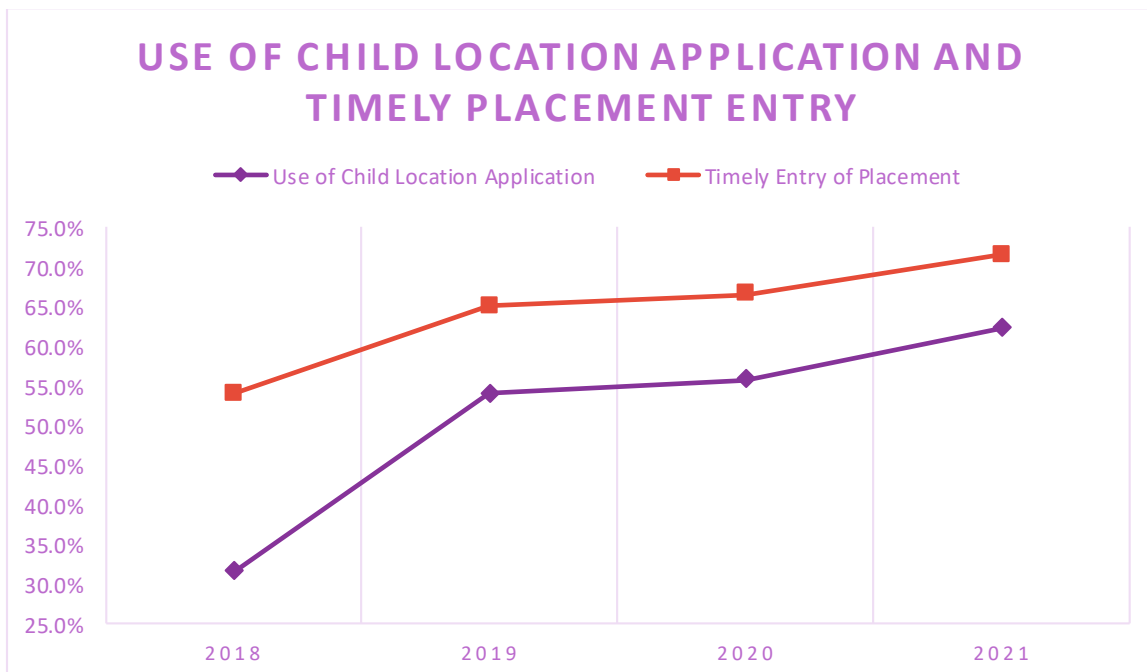
There may be some potential discrepancies in data entry. When placements are entered through the Child Location Application, the information goes into a queue for the fiduciary team. If specific changes need to be made after the initial input into the Child Location Application due to data inaccuracy (i.e. a date, name or type of placement), there are circumstances where the original entry may be deleted by fiduciary staff and a new entry put in, which would negate the original entry date, even if it was within the required 3 days. Generally, changes to placement after entry also require completion of the Placement Entry Tool (PET), which slows down the process. This situation could potentially skew the data and requires a deeper dive to see if this is occurring and how often. This also highlights some of the issues that were raised during the workgroup in 2020 about placement and payment being the same module in the FamLink system versus separate modules as they have different functions – one is to ensure the department knows where all of children are placed in out-of-home care at any point in time and the other is to ensure providers are getting paid timely and accurately. DCYF has looked at placement entry data in various ways to attempt to identify the multiple points of delay and has been able to identify certain placement types that seem to have the largest delay in timeliness. We will be having conversations with the fiduciary team to discuss the barriers to timely entry with these specific placement types and discuss potential solutions.

Strengths and areas needing improvement were identified related to the Child Location Application and timely placement entry. One strength identified are Child Location Application superusers. These are caseworkers who have demonstrated a great ability to have timely placement entries. These workers are being identified and will be asked to be a part of a work group to determine what makes them effective at placement entry.

Areas needing improvement were the functionality of the application and the lag of the PET form. The child location application allowed for placements to be entered directly by the caseworker within 72 hours. If the application was not utilized then the caseworker would need to fill out a PET form. It has been determined that most the placement lags were due to a back log of PET forms. Each office manages the PET forms differently. Once a caseworker sends the PET form to an identified person in an office, it is reviewed and sent to a fiduciary to complete the entry. Often times due to the multiple persons handling the form this created a back log that was very difficult to get caught up on.

Several changes were made to the FamLink system to help support timely placement entry including:
- February 2022 – 3-day window removed from Child Location Application. Placements can be entered back until 01/01/2021 with the goal of reducing the use of the PET form.
- March 17, 2022 – Instructions for fiduciary text box is now a mandatory field; added watermark instructions text to Instructions for fiduciary text box with the goal to increase initial accuracy of placement information.

With these changes and an emphasis on timely placement entry, a Statewide training was developed and deployed in each of the regions. This was assigned to regional QA/CQI staff to ensure the training is presented to all field staff, supervisors and then tracked in the learning management system. This training was deployed in March 2022. There was also a suggestion to include FamLink trainers, fiduciary staff and staff who were identified as frequent users of the Child Location App in the training as available.

Timely placement data will continue to be monitored to see the impact of the FamLink changes and additional training to help evaluate any additional modifications, training, or technical assistance that may need to be provided and what individuals, offices and/or regions need additional supports. This will help identify any future strategies that need to be developed to continue improvement efforts.

Program Support

Research, Evaluation, Management Information System, and Quality Assurance Systems

The DCYF Office of Innovation, Alignment and Accountability (OIAA) was established to build agency capacity to make evidence-informed decisions, continuously learn, improve, and successfully enact system reform. OIAA supports DCYF through research, evaluation, reporting and other projects focused on influencing policy and practice changes within DCYF.

The OIAA Evaluation and Research Team supports the Department's research priorities, which are aligned with the agency's strategic and racial equity plan. Internal research is developed to advance this work, which is planned on an annual cycle. External research partnerships are assessed for alignment with the plan before support is provided.

Examples of OIAA research conducted to support the needs of child welfare, which have been released externally, include:

- Examination of Infants Indicted for Substance Exposure/Affected at Birth
- Using Data in DCYF to Advance Racial Equity
- Washington State Child Welfare Racial Disparity Indices Report - 2019
- Sources of Best Practices for Parent-Child Visitation
- Braam Settlement - Missing from Care Analysis
- Families and Youth in Crisis

These reports, as well as others, can be located here.

Examples of OIAA research activities currently underway to inform DCYF internally include:

- Validation studies of current assessment tools.
- Research on exceptional placements (e.g. one night stay, hotel, etc.).
- Reviews of research about the agency conducted by external researchers and connection to policy implications.
- Research support for Performance Based Contracting (PBC).

OIAA is responsible to support the implementation of the Family First Prevention Services Act (FFPSA) in the following ways:

- Construct the evaluation plans for the approved EBPs in the DCYF Prevention Plan.
- Conduct the required FFPSA evaluation once the services are funded with FFPSA dollars.
- Support the work of the Office of Tribal Relations, as they have worked with tribal partners since the beginning of FFPSA planning to ensure DCYF is leveraging the opportunity of FFPSA funding in expanding prevention opportunities in Washington's tribal communities.
- Produce a population-based service needs assessment that will help guide the service array.

In 2020, OIAA pursued and successfully secured substantial philanthropic commitment to support the agency and community partners in building capacity to be ready to leverage FFPSA funds. So far, these dollars have funded evidentiary review of potential EBPs for inclusion in a future Prevention Plan amendment. This funding has prompted innovation in planning community-based partnerships around reducing racial disproportionalities, building tribal capacity to conduct evaluation of FFPSA-funded EBPs, and enhance CQI supports for EBPs in the DCYF FFPSA service array.

In addition to the above initiatives, OIAA is active in leading and supporting multiple prevention efforts in the agency to prevent children and families from entering the child welfare system, and in actively supporting assessment and intervention efforts when children are placed. These efforts include the following:

- In late 2019, DCYF was successful in securing a five-year Children's Bureau grant for prevention of child maltreatment under the Community Collaborations to Strengthen and Preserve Families (CCSPF) Cohort 2. In this project, DCYF is testing a community-based prevention effort in four communities across Washington, chosen at random from among the 23 communities with the highest rates of maltreatment. The OIAA Director serves as the Lead Evaluator of Washington's project, and an analyst will be hired in OIAA, to support this effort.

- In 2020, led by OIAA, DCYF entered into a partnership with the Harvard Government Performance Lab (HGPL) to place a HGPL fellow at DCYF to expand the agency's capacity. Current and former fellows have focused on connecting pregnant women referred to intake and otherwise screened out (due to unborn victim/no child present) with voluntary community resources and working with communities to identify barriers to improving service outcomes for Black and Native families.

- OIAA is leading an agency-wide examination of the child and family assessments used in our child welfare and juvenile rehabilitation service lines. We are undertaking substantial initial analysis related to child welfare assessments, to examine their reliability, validity, usefulness and potential to contribute to racial bias. In order to ensure maximal alignment with the family practice model redesign effort, OIAA has contributed our lead child welfare researcher on assessments to work alongside the Practice Model Administrator in Child Welfare Programs, so that these two efforts are developed and implemented in partnership. This work is occurring in partnership with Chapin Hall and is connected to the recently developed DCYF Assessment Oversight Group.

The OIAA Data Reporting Team focuses on developing and providing comprehensive, accessible reports to support practice improvements. Washington's Transitional CCWIS system, FamLink, is the source for administrative data used in child welfare reports, which identify practice strengths, capture key required data elements to ensure practice requirements are being met and support ongoing practice improvement. These reports are made available through the child welfare reporting portal (infoFamLink), and staff at all levels of the agency have access to them. Summary and case level detail reports are refreshed nightly and are accessible to caseworkers and supervisors across the state who use the reports in their daily work, through e-mail subscriptions or direct access. These reports are also routinely used by staff at all levels of the agency, including field managers, regional and headquarters' program staff and quality assurance leads to support good practice related to child safety, permanency and well-being, as well as leaders who use the summary reports to make decisions about practice, staffing and services. In addition to standard reports, item-specific data reports are available on request to support specific quality assurance, practice improvement and CQI activities at the state, region and office levels in support of the CFSR PIP, CFSP, FFPSA, PFD1 grant, upcoming HB 1227, Family Practice Model and recruitment efforts. The Data Reporting Team also provides data analysis to DCYF leadership with recommendations for systemic and programmatic changes to improve performance as measured by the Federal Data Indicators and CFSR metrics.

Reports developed or modified in calendar year 2021 by OIAA include:

REPORTS DEVELOPED OR MODIFIED, CY2021				
Report Name	Report Type	New or Modified	Reasons Work Completed	Implemented

Shared Planning Permanency Compliance	CW Reporting Portal	Modified	A summary report was created for Next Meeting Due to reduce the need for regional QA Administrators to produce lists for the field, making it easier to see how many kids are currently in need of a Shared Planning Meetings for permanency, and when they are coming due. New columns were added to give additional information about each case, such as Next SPM per policy, Count of Meetings, and count of workers.	January 2021
Social Worker Parent Visit Report	CW Reporting Portal	Modified	This report was modified to capture the new case notes being implemented through Programs, in addition to identifying when visits occur in person, or not, and capturing compliance as appropriate. New columns were also added to provide worker with additional information, such as latest visit date and location. More columns were added to capture attempted visitation for both mothers and fathers, to better understand efforts to locate parents. New summary level options were provided to allow regions to see trends of compliance for parent social worker visits New detailed data and summary views were made to identify when a parent requires a visit, and if the family is considered in compliance for both parents.	February 2021 March 2021 June 2021 August 2021
FAR and Investigation Intake	CW Reporting Portal	Modified	To support PIP implementation, changes were made to the Summary report to look at identifying timeframes of the SDM being completed. In addition	March 2021

			detailed data and summary were provided to look at the Case Plan Case Note and whether this is being completed on open CPS cases.	
Monthly Supervisor Review	CW Reporting Portal	Modified	Logic was updated to capture the accurate supervisor for this report when looking at historical data.	March 2021
Child Welfare Management Dashboard	CW Reporting Portal	Modified	As this report is meant to monitor compliance for Child Welfare, all offices not identified as field offices were removed from the report. All changes in compliance (supervisor review, health and safety, and parent SW visits) were updated throughout the year.	April 2021 December 2021
AIRS Placement Exception Report	CW Reporting Portal	New	Agency leadership requested ready access to this information to address needs of children experiencing hotel stays to support an agency-wide focus on ensuring that all children in out-of-home care have access to safe and healthy placements that best meet their needs. The summary report shows by region and incident/placement type and month. As a second phase to this report child level detailed data was added to include demographics and practice related indicators.	April 2021 August 2021
Caregiver Notification Report	CW Reporting Portal	Modified	Corrections were made as this report was creating an error and would not allow for the information to be exported by the field	June 2021
Unlicensed Caregiver in need of a Homestudy	CW Reporting Portal	Modified	To support new dispositions added within the database, this report was updated to identify Partially Complete and Withdrawn home studies	June 2021
Youth who need a Health and Safety visit email subscription	CW Reporting Portal	Modified	In order to support temporary allowance, per Governor's Proclamation, this report was edited to include children	June 2021

			over the age of 21 who remain in DCYF custody and require a health and safety.	
Federal Health and Safety Report	CW Reporting Portal	Modified	Update was made to accurately identify children who meet the federal requirement definition. Non IV-E children were being included.	June 2021
Licensing Intake Summary	CW Reporting Portal	Modified	A new column was added, License Facility Type, to assist users in understanding the provider type	July 2021
Priority Performance Measures	CW Reporting Portal	New	New PPMs were added to look at Process Measures that have a strong impact on Outcomes. This includes Time in Relative Placement and Adoption within 6 Months.	July 2021
Random Moment Time Sample Coordinator Worker List	CW Reporting Portal	Modified	New information was added to this report to assist the audit in being able to accurately identify active workers. This report is part of the work that drives about $165 million dollars each year towards worker salaries.	August 2021
Family Team Decision Making Report	CW Reporting Portal	New	An FTDM report was created to help understand practice in several areas, which include identifying if FTDMs: are used to prevent out of home placement; occur within 3 days of placement or prior; or to stabilize placement	August 2021
Legally Free Report	CW Reporting Portal	Modified	Changes were made to this report to correct the formula that was comparing the child's legally free date and today's date, if not yet adopted.	August 2021
Permanency Monitoring Report	CW Reporting Portal	Modified	Updates were made to the detailed data to accurately identify Pending ICW and ASFA compliance, to assist workers in timely Native American Inquiry Referrals and support timely permanency	August 2021
Monthly Health and Safety Report	CW Reporting Portal	Modified	The report was modified to capture the accurate worker when pulling historical information. This report was looking at the current worker,	November 2021

			however, when using for trend information this now looks at the worker assigned at the time. This allows for the regions to understand the location of cases when measuring compliance for office, unit, and worker level.	

Data Source: Department of Children Youth and Families, OIAA, Data and Reporting Team; List of Developed Reports-CY2021; April 2022

Technical Assistance

Washington State has received technical assistance (TA) from various sources during CY2021 and continuing into CY2022 including:

- Casey Family Programs
- Kempe Center
- Capacity Building Center for States
- Capacity Building Center for Courts
- Chapin Hall

The Capacity Building Center for States continues to provide TA support for implementation of the Permanency from Day 1 (PFD1) grant strategies. This includes regular conversations regarding implementation, fidelity monitoring, continuous quality improvement and engagement and communication internally and externally. In addition, the Kempe Center, evaluation partners for the grant, have assisted in providing TA and coaching to facilitators to support implementation fidelity.

The Capacity Building Center for Courts continues to partner with the Administrative Office of the Courts (AOC) and DCYF in the Hearing Quality Evaluation project which is related to the Safety Summit strategy implementation in our PIP.

Casey Family Programs provides support and consultation related to implementation of Family First and is also actively involved on the External Advisory Committee for the PFD1 grant. In addition, Casey Family Programs hosts collaboratives that DCYF representatives attend including the Race Equity collaborative, leadership collaborative, and Child Welfare Data Leaders collaborative.

Chapin Hall began working with DCYF in 2021 on multiple initiatives. This includes work on the development of the Family Practice Model, the assessment re-design work, implementation of motivational interviewing, and CCWIS development. Chapin Hall has also been participating with OSIC team members to support the integration work of the initiatives mentioned above. Work with Chapin Hall on these initiatives is anticipated to occur over the next several years.

HQ program managers continue to be a resource to regions and field offices on specific program and practice areas. They use data and feedback to assess performance, training and support needs. The CCRT members work with regional case review program consultants to provide training to the field in regard to the use of the OSRI tool, tool content, metrics, inter-rater reliability, and action planning. HQ QA/CQI members are a resource to regional QA/CQI staff in data analysis, providing targeted reviews, and providing direct feedback on areas of strength and areas needing improvement on performance and practice.

Quality Assurance

See *Quality Assurance System* section.

Update on Service Descriptions

The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart I)

Child Welfare Caseworker Services
The child welfare caseworker services below are supported in part by Title IV-B, subpart I funding:

- Child Protective Services Investigations and Child Protective Services Family Assessment Response (CPS FAR)
- Child and Family Welfare Services (CFWS)
- Family Voluntary Services (FVS)
- Family Reconciliation Services (FRS)
- Caseworker supervisor

Geographic area: These services are available statewide.

Contracted Services
The contracted services below are supported by Title IV-B, subpart I funding:

- **Crisis Family Intervention (CFI)**
  CFI is a brief, voluntary service directed to preserve, strengthen and reconcile families or caregivers in conflict. CFI is available to families and youth ages 12 – 18 years old involved with DCYF when there is conflict between youth and their caregiver or the caregiver requests support with an at-risk youth.
  Geographic area: This service is available statewide.

- **Foster Care Support Goods and Services**
  Concrete goods or services needed to support safe, stable placement or help maintain placement in foster care. Examples include bedding, furniture, car seats, safety locks, etc.
  Geographic area: This service is available statewide to all licensed and unlicensed caregivers who are providing care for children placed by DCYF.

- **Evaluations and Treatment**
  Evaluations and treatment are contracted services provided by DCYF when no other evaluation or treatment service is available. DCYF uses these services to assess and address mental health and behavioral health needs to support improved safety, stability and permanency.
  Geographic area: This service is available statewide.

Services for Children Adopted from Other Countries
DCYF provides services and supports to families of children and youth adopted from other countries in a way that is consistent with those provided to all Washington State families. Examples of agencies that provide these services are: Developmental Disability Administration (DDA), HCAs Behavioral Health and Recovery, and Economic Services Administration's Community Service Division. As with families that adopt from the child welfare system, families with children adopted from other countries have equal access to services provided by DCYF such as FVS, FRS, and CFWS. A family that adopts a child from another country is not eligible for adoption support unless the child meets the requirements outlined in the federal Child Welfare Policy Manual, Washington State Administrative Code, and the Regulatory Codes of Washington.

In Washington State, there is a Post Adoption Support Coalition that meets regularly to address issues that impact adoptive families. Members of the coalition are parents who adopted privately, internationally, and from the child welfare system. The group meets to identify resources available to all adoptive parents, not just parents adopting from the child welfare system. Agencies that provide services to families that adopt from other countries participate in this program. In addition to this group, there are support groups available.

Washington State has a private agency called [Parent Trust](#) that works with all parents. There is a publicly available website and phone number. Staff are available to address a number of parenting related topics. This service is available to all parents.

DCYF child welfare program staff and community mental health providers participate in the National Adoption Competence Mental Health Training Initiative (NTI). This training provides information on the mental health needs of youth adopted internationally, domestically and from child welfare.

DCYF continues to expand work with community partners on the development and resources for all Washington families with adopted children. Information on resources is shared with school districts, professional organizations, medical clinics, and public and private agencies that provide medical, behavioral, economic or mental health services to families residing in Washington State.

DCYF staff meet regularly with the Adoption Success Committee. This committee consists of CCW, adoptive parents, adult adoptees, HCA, agencies that facilitate in-state and international adoptions and a private community residential establishment program. Informational publications, trainings and a media list have been developed to share information with adoptive parents on resources and supports available to all state adoptive families. This committee meets regularly to assess progress, review documents and plan for future goals.

Accurately identifying disrupted International adoptions and the originating agency that come to the attention of DCYF are difficult to identify. In CY2021, there were five disrupted international adoption in Washington State. As of March 23, 2022, none of the disruptions have resulted in an adoption dissolution.

International Adoptions Disrupted in Washington State				
Year	Country	Agency	Reason for Disruption/Dissolution	Plan
2018	China	Unknown	Child was removed due to physical abuse.	Adoption
2018	Canada	Unknown	Child was removed due to neglect by adoptive parents.	Return Home
2018	Mexico	Unknown	Child was removed due to allegations of physical abuse.	Return Home
2019	China	Holt International	Child was removed due to allegations of physical abuse and neglect.	Return Home—child has been reunified and case closed
2020	Philippines	Unknown	Child was removed due to allegations of sexual abuse and neglect.	Return Home—case is in shelter care status.
2021	Brazil	Unknown	Child was removed due to sexual allegations against the child.	Return Home- child remains in an out of home placement
2021	Russia	Unknown	Child was removed due to allegations of physical abuse.	Return Home-child has been reunified and case closed
2021	Zambia	Unknown	Child was removed due to allegations of physical abuse	Return Home-child has been reunified and case remains open
2021	Zambia	Unknown	Child was removed due to allegations of physical abuse	Return Home- child remains in an out of home placement
2021	Ethiopia	Unknown	Child was removed due to allegations of physical abuse and neglect	Return Home-child remains in an out of home placement

Services for Children Under the Age of Five

DCYF has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. Reports of substance exposed newborns require a response within 24 hours or 72 hours. Children under the age of five are, by definition, highly vulnerable, which is considered by Intake staff when determining the response time for a report. The main criteria that is different for this vulnerable population is that when the concerns meet the any of the criteria listed below, it is assigned a CPS Investigation response as these criteria are FAR disqualifiers:

- Allegations of injury on a non-mobile infant, birth to 12 months regardless of the explanation about how the injury or bruise occurred.
- Physical abuse to a child under age of four.
- Abuse or neglect reported by a physician, or medical professional on a physician's behalf, regarding a child under age five.
- Child is under age 6, or has a significant developmental disability and is unsupervised/alone or cared for by parent(s)/caregiver who is incapacitated.

DCYF caseworkers are required to assess safety, well-being, and distinct individual developmental needs on an ongoing basis while children are placed in out-of-home care. Ongoing assessments 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.

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.

High turnover rates and vacancies have caused the quality of engagement with parents and children to decline as caseworker's caseloads have become even higher than usual and many caseworkers are carrying the load of the vacant positions. Caseworkers report they are struggling to keep up and that is causing the quality of engagement and assessments of parents and children to decline. It is also reported that the types of cases coming in are increasingly difficult, with many more cases involving an increase in lethality of domestic violence, higher instances of near fatal or fatal use of fentanyl, and increase in physical abuse toward partners and children. Caseworkers report these increased difficult cases are taking an emotional toll, making the turnover rates continue to increase. Vacancies have become increasingly difficult to fill since the vaccine mandates.

The impacts of the COVID-19 pandemic are still causing a back log in court cases which has prolonged the time children are in care without permanency. This was caused by the shut downs of courts, services providers and the courts prioritizing which cases needed to be heard on urgent matters. Contested trials and termination trials were put on a non-urgent list and were continued out. Due to the lack of service providers during the pandemic, the courts were not making rulings on parental progress. The backlog is still being addressed and many cases still have pending trials. This has negatively impacted length of stay for children under five.

Some areas of the state are specifically addressing length of stay for children under five in the following ways:

- Permanency leads are staffing and addressing length of stay on all cases they support in Region 2.
- Region 3 addresses length of stay for all children during their regional onboarding with new caseworkers and supervisors. Additionally, region QA/CQI staff provide quarterly reports addressing length of stay. These reports can be filtered by age allowing the region to provide additional support to specific age groups.

As a result of the 2021 Early Childhood Court legislation, safe baby courts are standing up in counties across Washington. The Center for Children and Youth Justice (CCYJ) is facilitating a cross-systems Early Childhood Court Statewide Advisory Board, upon which DCYF staff sit as members. CCYJ also provides support to superior court sites across the state as they initiate this work, including coordination with the Administrative Office of the Courts and accessing technical assistance through Zero to Three to implement the Safe Babies Court Teams framework. Each court enters into an MOU with DCYF, and DCYF caseworkers carrying cases in baby court will be provided additional training in racial equity, bias, and Infant and Early Childhood Mental Health /early childhood development. Cases on the safe baby court dockets participate in weekly or bi-weekly staffing or hearings with a community team, court staff, attorneys, and caseworkers. Because of this team approach, high level of engagement, and regular hearings with the court, it is anticipated families with children age 0-3 participating in safe baby court will experience reunification and ongoing stability at faster rates than cases being heard outside safe baby courts.

Region 1 has a safe baby court in Spokane County. Region 5 has supported a Pierce County safe baby court for several years and is in the process of developing an MOU for a newly stood up safe baby court in Kitsap County as well. Region 6 is supporting a safe baby court in Thurston County, and a second safe baby court is about to be stood up in Clark County, where the first docket is expected in June 2022.

CCYJ data from 5/1/2021 through 2/10/2022 indicates 21 children under age three had an open case in safe baby courts across Washington.

There is ongoing education and training in a variety of formats in all regions. These include but are not limited to policy rollouts, QPS/CQI's case consultations, and triage. QPS/CQI's are also providing trainings on quality health and safety visits and how to address those with non-verbal children. Some beneficial trainings that are available to caseworkers are:

- Infant Safety
  — Plan of Safe Care
  — Period of PURPLE Crying
  — Assessing the Infant Environment (including safe sleep components)

In September 2022, a training series supporting Infant and Early Childhood Mental Health (IECMH) 101 will be available to caseworkers, supervisors, and other staff across the state. The curriculum is being co-developed by Parent-Child Relationships Programs at the University of Washington and DCYF. Content will support the work of caseworkers assessing risk and safety, and case planning with families with young children. Specific focus will include application of this content within the tool's caseworkers use on a daily basis. The series includes:
- IECMH 101 – Attachment Theory
- IECMH 101 – Baby Cues
- IECMH 101 – Parenting Behavior and Attachment Strategies
- Optional/Advanced IECMH Reflective Supervision for Supervisors

- Optional/Advanced Parent-Child Relationship Feed and Teaching Scales Assessment Certification

Recent gaps in training specific to early childhood development have been identified. DCYF can work with our training partner at the University of Washington to determine if this is training content that can be revised and delivered to caseworkers.

One area that has remained a priority has been a focus on accessing early learning for families with young children. The Child Welfare Early Learning Navigator (CWELN) pilot project continues to grow with the addition of three CWELNs increasing from three to six. CWELNs review intakes for the offices or counties they are assigned to in order to identify families with the highest early learning needs. CWELNs assist caseworkers with assessing and identifying the most appropriate early learning, early intervention, home visiting, and/or IECMH service; engaging families and assisting with enrollment; and follow-up with warm hand-offs between families and providers when possible.

- Region 2 has two CWELNs supporting the Yakima, Tri-Cities, and Walla Walla offices with hopes to support the entire region soon.
- Region 4 has two CWELNs supporting the King South West and King South East offices.
- Region 6 supports one CWELN covering three counties in the region.
- The Office of Tribal Relations supports one Tribal CWELN connecting tribal families with early learning services.

Region 4 conducts monthly early learning staffing's in collaboration with early learning, early intervention, IECMH, and other community-based providers for each of the offices in addition to the work the CWELNs do to support cases assigned in the two offices where they are stationed.

Common services the CWELNs connect families with include:
- Subsidized child care.
- 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). In 2021 the WA State Legislature changed eligibility requirements for substance exposed newborns, which automatically qualifies any infant who experienced prenatal substance exposure for ESIT assessment and services.
- ChildFind - Referrals are made for children age three to five when developmental concerns are identified.
- Early Childhood Intervention and Prevention Services (ECLIPSE) - Developmentally appropriate therapeutic programming for families and children who have endured risk factors consistent with exposure to childhood trauma. Services include developmental and behavioral screening, comprehensive assessment and treatment planning, monthly home visits, and center-based day treatment.
- Early Childhood Education Assistance Programs (ECEAP) and Head Start - ECEAP is for children ages 3 to 4 years old and Head Start is for children 3 to 5 years old. Early Head Start is available for pregnant women and children birth to age 3. These programs provide early learning childcare or preschool to support the child's development and learning.
- Home Visiting - Voluntary, family-focused services offered to expectant parents and families with new babies and young children to support the physical, social and emotional health of the child.
- 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 safely caring for the child.

- Infant and Early Childhood Mental Health Programs – typically components of community-based mental health centers. These therapeutic interventions focus on strengthening the relationships between infants and toddlers and their primary caregivers with a focus on social-emotional health and development. Many of these interventions are delivered by providers in the family home.

In CY2021, the CWELNs completed 4762 overall needs assessments, completed 1258 referrals, serving families in 101 zip codes across Washington.

Areas Served by CWELN
2021
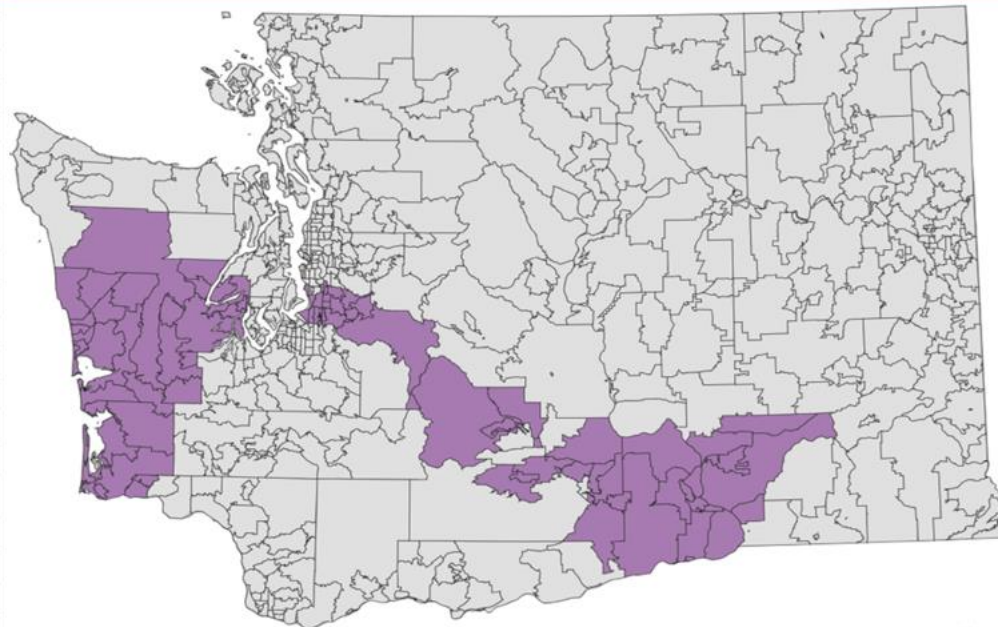
Eight percent (8%) of families assessed as having a need declined the support of a CWELN or were unable to be contacted. Other reasons referrals weren't able to be completed include lack of provider availability/program slots, or lack of community resources available. Some families received referrals to meet multiple needs (e.g. early learning programs and mental health resources). The highest need met was access to child care with this accounting for 51% of CWELN referrals in 2021 (see chart below).

2021 CWELN Referrals
Total Referrals: 1646

- ECEAP 51%
- Head Start 14%
- Early Intervention 10%
- Home Visiting 9%
- Public Health Service 6%
- Dev. PreK
- Other 2%
- Mental Health Service
- P & L 2%
- HMG 1%
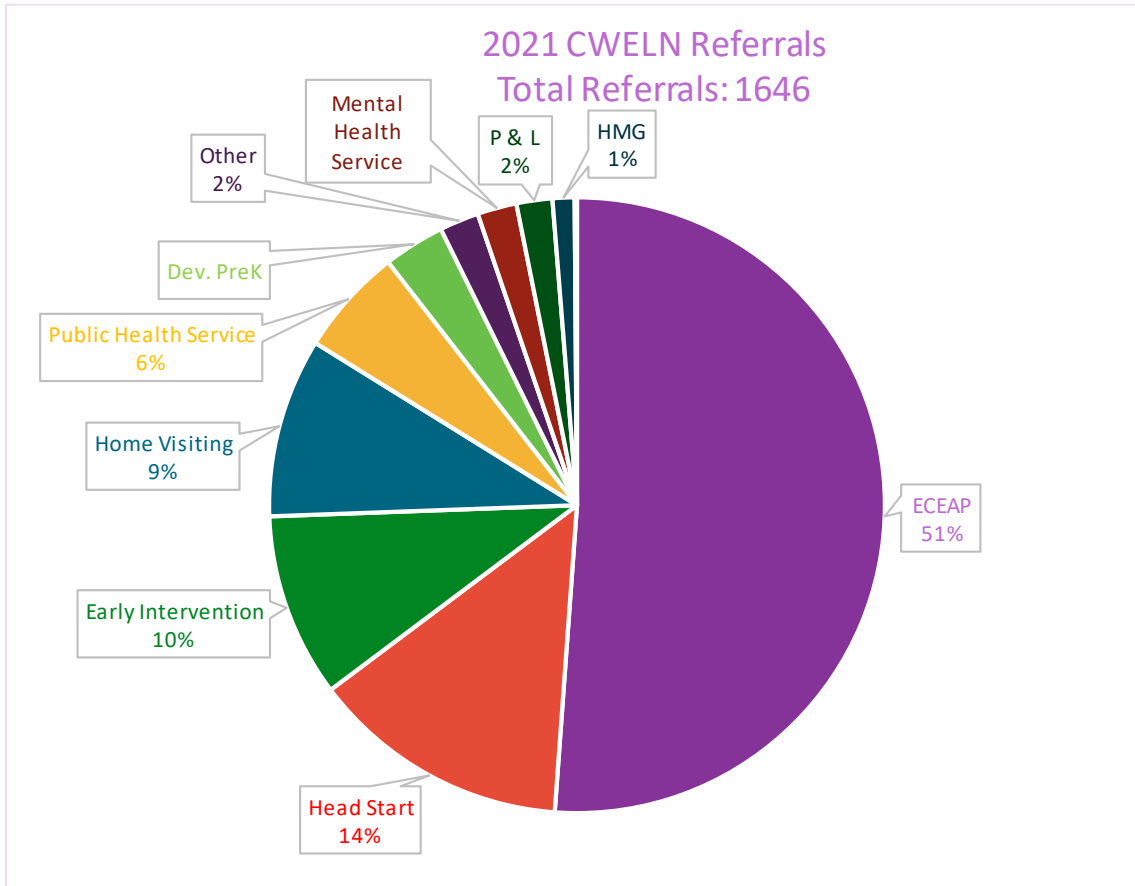
Caseworkers in areas of the state in which there are not CWELN pilot sites experience much more difficulty connecting families to early learning resources and services. Connections and collaborations between offices and community-based resources vary across the state. This makes it difficult for most caseworkers to effectively access services that are outside DCYF's service referral system, such as early intervention services, ECLIPSE, IECMH programs and home visiting providers who aren't associated with DCYF's EBP service array. Familiarity with early learning resources is dependent upon a caseworker's own knowledge and initiative, which is more typical with seasoned caseworkers.

While the CWELN project largely supports families being served in CPS-Investigations, CPS-FAR and FVS programs, DCYF Child Health and Education (CHET) and Ongoing Mental Health Screeners (OMH) provide screening and assessment for children placed in out-of-home care. For children aged 0-5 the CHET report will include a comprehensive developmental screening, an initial trauma screen, and any recommendations for developmental or social-emotional service needs. The OMH screen typically occurs between 8-12 months following the initial placement.

In addition to needs identified through child-focused screening, caseworkers access a wide-array of EBP services for families with children age 0-5 related to assess safety concerns and risk/protective factors. Caseworkers identify appropriate services based on assessed need and provider availabi lity. For example:

- Parent Child Interaction Therapy (PCIT) - Evidence-based treatment for young children with behavioral problems, provided in a coaching model in which therapists can observe interactions between parents and children and provide in-the-moment coaching on skills.

- Incredible Years - Parenting skills targeting behavior management and healthy child development. Services are provided either in a peer group setting or in-home. Length of service depends on child's age and can range from 8 to 21 weeks. Services families with children birth to 12 years old.
- 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.

Efforts to Track and Prevent Child Maltreatment Deaths

Washington State's Critical Incident Case Review unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. If DCYF previously provided services to the deceased or severely injured child within the past 12 months, Washington State law requires the convening of a committee of community professionals to review the case history. The composition of the committees is framed in state law. The law requires the department to select committee members who are professional experts in fields relevant to the dynamics of the case under review. These fields, though not required, may include:

- Law enforcement
- Pediatrics
- Child advocacy
- Parent education
- Mental health
- Child development
- Chemical dependency
- Domestic violence
- Indian child welfare
- Infant safe sleep
- Public Health

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 DCYF's 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 fatality review reports are published online[43] 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

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[43] Department of Children, Youth and Families, Child Fatality and Serious Injury Reports, https://www.dcyf.wa.gov/practice/oiaa/reports/child-fatality/child-welfare

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 CY2021, out of the 29 children who suffered near fatal injuries or died from abuse or neglect related injuries, 79% were three years old or younger. Fifty-four percent (54%) of the cases reviewed were open when the child died from abuse or neglect related injuries or suffered a non-accidental near fatal injury. This is an increase from the prior year. In CY2020, 68% of the child fatalities and near fatalities occurred on open cases. In recent years, Sudden Infant Death Syndrome (SIDs)/Sudden Unexplained Infant Death (SUID) was the most common cause of death for infants and toddlers ages birth to three years and was the most 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 CY2020, DCYF conducted two (2) child fatality reviews regarding infants who died in an unsafe sleeping environment. In CY2021, DCYF conducted five (5) reviews of infants who died in an unsafe sleep environment. Blunt force trauma (inflicted injury) was another common cause of death among infants and toddlers. Children three years and younger ingesting narcotics continues to be a significant source of near fatal injuries in 2021. In 2021, DCYF conducted near fatality reviews on eight (8) children in which three years old and younger who overdosed on narcotics. In addition, DCYF conducted a fatality review of an 11-year-old who ingested a lethal amount of an opioid. The number of ingestion/overdose cases reviewed in 2021 increased from the previous year. In CY2020, DCYF reviewed six (6) cases (both fatalities and near fatalities) in which a child under three years of age ingested a lethal dose of a narcotic.

Child Fatalities and Near Fatalities or Suspicion of Child Abuse and/or Neglect by Age Group
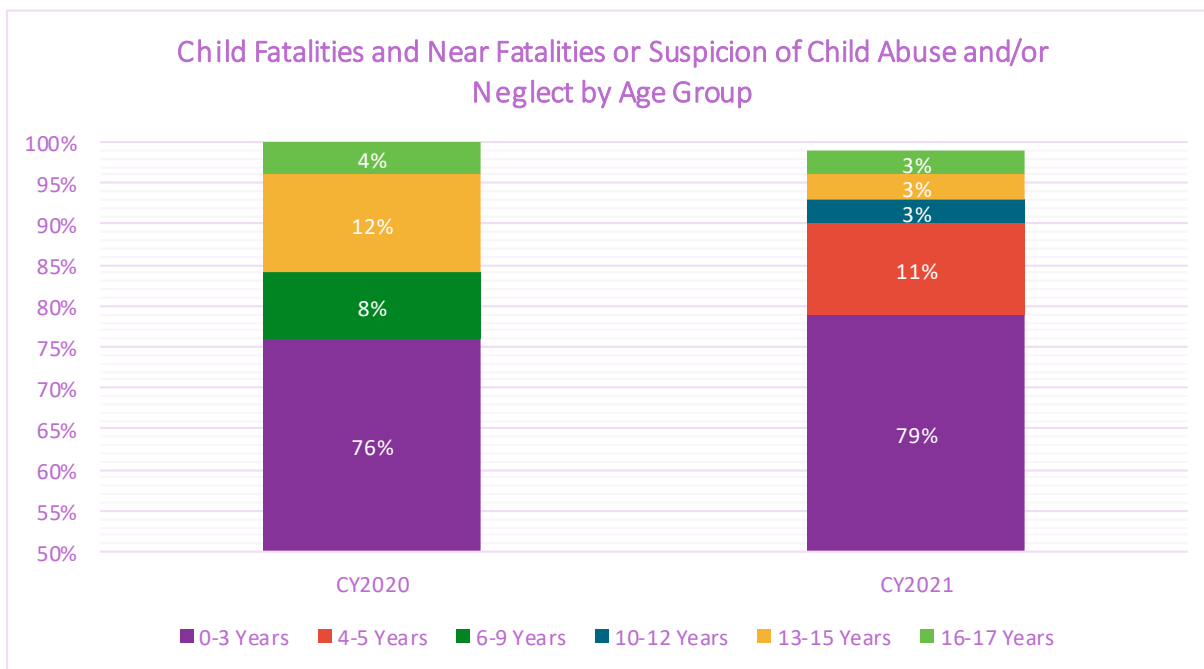
Data Source: DCYF Fatality/Near-Fatality Review Log, CY2020 & CY2021

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 provides Lessons Learned training throughout offices in the state. This training is also provided to newly hired social workers at Regional Core Training. This training is tailored to staff in areas such as supervision, intake reporting and licensing. Lessons Learned identifies common errors in practice in child fatality and near fatality 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 has been provided online during the COVID-19 pandemic.

- The child fatality review process strives to reduce the number of child fatalities by identifying and suggesting possible remedies to issues in policy and practice. The review committees make recommendations from the issues and concerns raised in the reviews. The recommendations can be targeted to an office or often have larger statewide implications. A recommendation made from a near fatality narcotic ingestion case stated DCYF should develop a response system for addressing critical incidents. The goal of this response system would be to de-brief, address secondary trauma impacts on staff, and create a cultural change within the agency on how support is provided to caseworkers. This system of response would be mandatory for those in an office/unit that have experienced a critical incident and be provided by a specialized, professional team. This would be in addition to the Peer Support program that is already available to DCYF employees. DCYF is implementing the recommendation by creating a designated position to manage and further develop the Peer Support program.

- DCYF is now working with the National Partnership for Child Safety (NPCS). This is a collaborative sponsored by Casey Family Programs and the University of Kentucky School of Social Work. Currently 26 jurisdictions are in the partnership nationwide. Jurisdictions include state agencies, county agencies and tribal partnerships. Given the small number of fatalities and near fatalities which occur within a jurisdiction, it is difficult to conduct a root cause analysis and develop practice change recommendations based on a small number of incidents. The goal of the partnership is to share data across jurisdictions in order to increase the number of cases reviewed and draw better conclusions to improve practice and prevent fatal and near-fatal events from occurring in the future. Washington is still in the process of developing its data sharing agreement with the partnership.

- DCYF is also working with the NPCS to conduct analysis of fatality and near fatality cases. In a process called System Mapping, DCYF staff and community professionals will identify missed opportunities (gaps in policy or practice or systems issues) by charting the contributing factors to these missed opportunities identified in fatality or near fatality reviews. Identifying the contributing factors will allow for more targeted responses to gaps in practice, policy or systems issues.

- DCYF obtains data on child fatalities from a variety of sources. The following sources are used to gather information related to child maltreatment fatalities and reports this data to the National Child Abuse and Neglect Data System (NCANDS):
  — Washington State's SACWIS system (FamLink)
  — DCYF's Administrative Incident Reporting System (CAAIRS)
    ▪ CAAIRS is a standalone database of information regarding all critical incidents involving DCYF clients and staff, including information on child fatalities
  — Coroner's Offices
  — Medical Examiner's Offices
  — Law Enforcement agencies
  — Washington State Department of Health, which maintains vital statistics data, including child deaths

MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, subpart 2)

The below services are available across the state for any family who meets the service criteria and are supported by Title IV-B, subpart 2 funding:

- Family Preservation Services
  — Include services such as PCIT and FPS.
  — 30% of Title IV-B subpart 2 funding.
- Family Reunification Services/Family Support
  — Counseling, therapy, or treatment services using Evidence-Based Practices, Promising Practices, or recognized therapeutic techniques.
  — 20% of Title IV-B subpart 2 funding.
- Adoption Promotion Support and Services
  — Includes medical and dental coverage, non-recurring costs up to $1,500, and counseling services.
  — 20% of Title IV-B subpart 2 funding.
- Family Support Services
  — Contracted providers in communities throughout Washington State that provide parent education and support.
  — 20% of Title IV-B subpart 2 funding.
- Administrative
  — Title IV-B subpart 2 is allocated its share of indirect administrative costs through base 619, some of these costs 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. As shown in the figure below, of the children and youth who experienced out-of-home care in SFY2021, 52.4% were age 5 or under.[44]

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[44] Data Source: https://www.dcyf.wa.gov/practice/oiaa/agency-performance/reduce-out-of-home-care

Number of Children/Youth Who Experienced Out-of-Home Care, by Age, SFY 2021
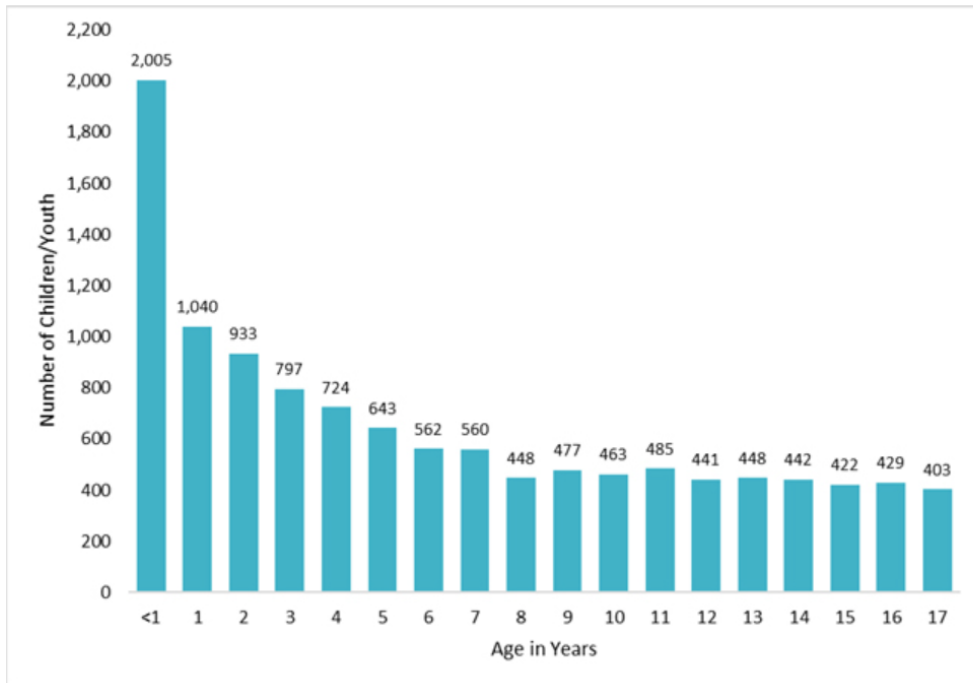
In CY 2021, a staggering 85% (23 of 27) of the fatality and near-fatality reviews completed in the state occurred in children under the age of 5. Of those 23, 74% (17 of 23) were under the age of 2 and 26% (6 of 23) were between the ages of 2-5. In CY 2021, the most common incident type reviewed for fatality and near-fatality involved ingestion/overdose, occurring in 1/3 of the cases. [45]

With this breakdown, we can see that children ages birth to three years old make up the largest portion of the at-risk population. Within this population, prenatal substance exposure and parental drug use accounts for a growing number of child welfare cases and out-of-home placements.

Since 2012, there has been a steady increase in the number of infants who are reported to Child Welfare as being indicated as substance-exposed/affected, with an increase of nearly 300% between 2012 and 2020. [46]

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[45] Data Source: Fatality/Near-Fatality 2021 Annual Report
[46] Data Source: https://www.dcyf.wa.gov/sites/default/files/pdf/reports/Infants-SubstanceExposure-Birth2022.pdf

Number of Substance Exposure/Affected Intakes by Year

Year	Number
2012	262
2013	376
2014	435
2015	459
2016	679
2017	886
2018	931
2019	945
2020	972
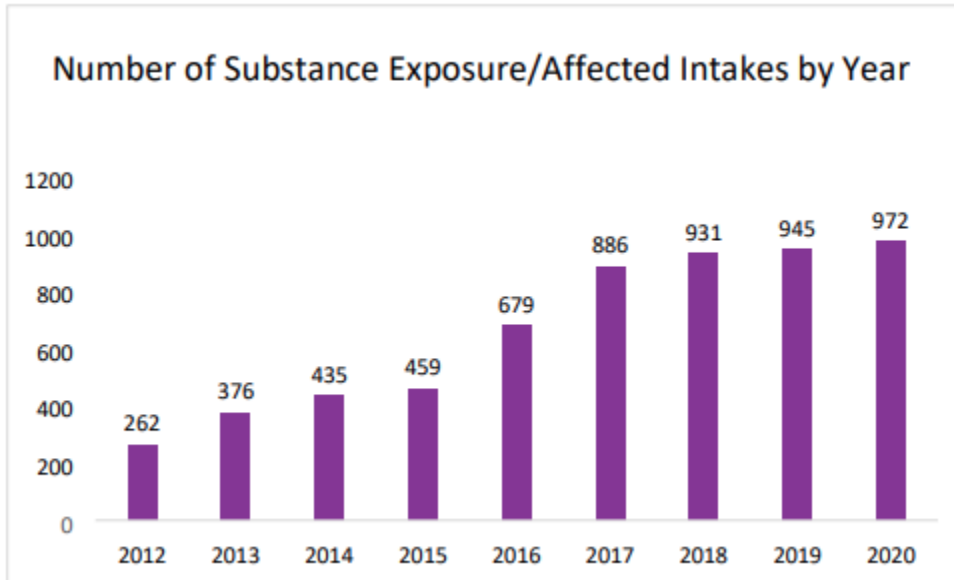
Of these infants, 34% are placed in out-of-home placement within 30 days of intake. Infants are more often removed for parental drug abuse than for older children (both substance-exposed/affected and not indicated as substance-exposed/affected). Infants in out-of-home care indicated as substance-exposed/affected showed high scores indicating higher needs compared to other infants at the six-month follow-up Behavior Domain of the Foster care Rate Assessment.

Prenatal substance exposure has been recognized by the federal government as a circumstance eligible for early intervention services as part of IDEA Part C legislation. As such, in 2021 the Washington State Legislature enacted automatic eligibility for early intervention services through DCYF's Early Support for Infants and Toddlers (ESIT) for any infant experiencing prenatal substance exposure. This is an important shift in Washington's ability to effectively meet the needs of substance exposed infants, a growing population both within and outside public child welfare.

Increases in screening decisions when one of the victims or identified children is indicated as substance-exposed/affected are connected to increases in infants being placed in out-of-home care. The circumstances surrounding prenatal substance exposure are more and more likely to meet the threshold for allegations of child abuse or neglect and/or imminent risk of serious harm. In 2020, the number of screened in intakes with an infant identified as substance-exposed/affected was 972, over twice the 2015 number of 459, and over three times the 2012 number of 262. Ten years into the opioid epidemic and Substance Use Disorder (SUD) continues to impact communities across Washington, including the rates of cases screened in for child welfare intervention, and the percent of infants between 0-30 days placed in out-of-home care.

Figure 3: Intakes with an infant identified as substance-exposed/affected that screened in for investigation and resulted in a placement by intake year
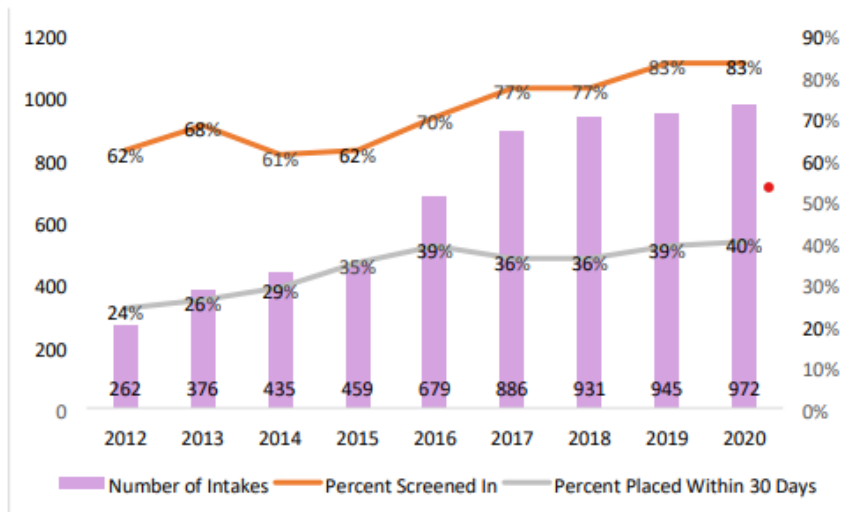
Infants placed in out-of-home care within the first 30 days of life experience lower rates of reunification within two years; 41% for infants with the substance-exposed/affected indicator, and 39% for infants without the substance-exposed/affected indicator as compared to 55% for all other children placed in out-of-home care.

While this is a very small percentage of all intakes which screen in for child welfare intervention, there is a great deal of focus on this specific population within the population of children age 0-5 because of both the higher rates of out-of-home placement, and the increasing needs in communities across the state to support people struggling with SUD. Anecdotal reports from leads across the state align with the data reported above regarding increases in infants born substance-exposed/affected and critical incidents involving fentanyl. Many working in the field equate these increases with the isolation and collective trauma experienced as a result of the COVID-19 pandemic. Other pandemic-related impacts to children age 0-5 felt by leads in the field include increases in significant physical abuse and significant increases in lethality with Domestic Violence.

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 Safe Care
    Caseworkers must complete a plan of Safe Care 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.

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- 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/affected by substances.

In addition to the statewide guidelines for screening intakes, regions across the state have implemented a variety of responses to serve as a second layer of review for both screened in and screened out intakes including this population.

Region	Screened-in Intakes – population 0-5	Screened-out Intakes – population 0-5
1		Field office CPS Supervisors in rural offices (outside Spokane) can screen-in and screened-out intake.
2	Following a review of the intake, the field office AA consults with the Intake AA prior to changing a screening decision. QPS staff track intakes with children aged 0-1 and reach out to caseworkers with reminders to policy and practice, and to offer consultation.	
3		Field office CPS Supervisors can request field office AA approval to screen in a screened-out intake.
4	Following a review of the intake, requests to screen-out a screened-in intake are made by the field office AA to the Safety Administrator and Deputy Regional Administrator for approval. QPS staff track intakes with children aged 0-1 and reach out to caseworkers with reminders to policy and practice.	
5	Field office CPS Supervisors consult with their field office AA to screen-out a screened-in intake. AAs forward requests to change a screening decision to the Deputy Regional Administrator.	The Intake AA reviews all screened-out intakes involving infants indicated as substance-exposed prior to approval of the screen-out.
6	Intake AA provides a secondary review of any intake in which there is an infant with a positive toxicology screen. QPS staff are piloting a policy/practice reminder email to caseworkers assigned intakes with children age 0-5.	Field office AAs review screened-out intakes with children age 0-5.

In addition to reviewing intakes with children age 0-5, there are several models of specialized trainings or staffings occurring throughout the state to support work with this population, including:

- Case consultation
- Quality IFF and H&S visit trainings for children age 0-5
- Ongoing review of the Infant Safety Education and Intervention policy
- Permanency Outcome Facilitator staffings
- Child Welfare Early Learning Navigator support to offices triaging cases with children age 0-5
- Early learning case staffings.

Caseworker training to infant safety is also offered by the Alliance. The Alliance reports low attendance at these trainings which cover the following content:
- Infant Safety: Plan of Safe Care
- Infant Safety: Period of PURPLE Crying
- Infant Safety: Assessing the Infant Environment

Alliance trainers also report many new workers participating in their foundational core training have little to no experience or education around child development. This has been assessed as a need. The Alliance does not currently offer a training on child development, this would be a beneficial add to the trainings available in the catalog.

Early Childhood Courts/Safe Baby Courts are new to Washington and will provide a comprehensive approach to dependency cases involving children age 0-3 as these courts stand up across the state. The primary focus of these courts is to better meet the needs of child welfare involved families with children age 0-3, to reduce length of stay in out-of-home placement, and to facilitate permanency, preventing a families' involvement deeper into the child welfare service array.

Community and Stakeholder Input and Involvement
Integral to the prevention of maltreatment is community engagement with providers serving children age 0-5 across the state. Historically, child welfare workers have not had many opportunities to connect with providers serving young children in their day-to-day work. These efforts are increasing in areas where the Child Welfare Early Learning Navigator project is piloting. The Navigators are very connected to early childhood serving systems and resources in the communities they support. Some of the community connections and collaborations supported through this project are:
- Monthly early learning staffings with community-based providers in Region 4.
- King County Early Learning Coalition
- Help Me Grow statewide learning networks
- Early Learning Coalition of Mason County
- Pacific County Early Learning Coalition
- Grays Harbor Early Learning Coalition
- Washington Communities for Children
- DCYF Early Learning Advisory Council
- Investing in Children Coalition
- Yakima County Home Visiting Group
- Yakima Valley College Early Learning Advisory Committee
- ESD 105 Early Learning Pandemic Committee
- Early Head Start Parent Policy Council
- Yakima County Parents as Teachers Advisory Committee.

Strengthening Families Washington is a DCYF prevention program with a community-based focus on ways to strengthen families and reduce child abuse and neglect. The program has identified five protective factors:

- Knowledge of parenting and child development
- Social connections
- Parental resiliency
- Concrete support in times of need
- Social and emotional competence of children/nurturing and attachment.

Through community outreach, publications, and public awareness campaigns, this program hopes to build the protective factors listed above in families with young children.[47]

The Strengthening Families Locally project has goals to increase family resilience, and reduce rates of child maltreatment and entry into out-of-home placement in four targeted communities across Washington:

- Bremerton
- Ferry/Stevens Counties
- Port Angeles/Sequim
- Spokane

Through partnership with community organizations, tribes, schools, families, and government agencies, the goal is to develop community-driven solutions to child maltreatment.[48]

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[47] DCYF Strengthening Families Washington: https://www.dcyf.wa.gov/services/child-development-supports/sfwa

[48] Strengthening Families Locally: https://www.dcyf.wa.gov/services/child-development-supports/sfwa/sf-locally

While the Strengthening Families work is not exclusive to the 0-5 population, this population is an important focus of all communities and viewed as an appropriate starting place when thinking through the lens of prevention and long-term outcomes.

Slightly outside the 0-5 population is that of the "unborn victim", when child welfare concerns are reported regarding a pregnant person and their unborn child. A focus on preventing maltreatment would be lost without also focusing on the needs of pregnant people and their unborn children. Currently piloting in three regions is a project connecting pregnant people with SUD concerns with treatment and service options. Screened-out child welfare intakes with an unborn victim and concerns of SUD are referred to community-based supports, resources, and SUD treatment options.

Region	Community-based Provider
1	PCAP You're Not Alone
3	FIRST Clinic
5	Help Me Grow (Pierce County) PCAP (Kitsap County)

The three Citizen Review Panels continue to review information and data related to the population at greatest risk of maltreatment. Recommendations from this group continue to support the Plan of Safe Care (POSC) body of work. One of DCYF's current projects targeting some of the very youngest in the 0-5 population. Washington is mid-way through implementation of a community-based POSC pathway to meet the needs of all substance-exposed newborns. The core implementation team consists of cross-agency and community-based partnerships between DCYF and the Department of Health, the Health Care Authority, the Washington State Hospital Association, and WithinReach – a community-based organization which holds the statewide Help Me Grow network. As part of the planning for implementation, Help Me Grow was identified as the community-based partner to serve as the coordinated access point for POSC referrals outside child welfare. Help Me Grow is a national model holding fidelity as a coordinated access point for community-based navigation of services and resources supporting families with children age 0-5.

The initial pilot cohort launched in two Washington communities in June 2021. Pierce County (Region 5) was identified as a densely populated urban community with a robust local Help Me Grow affiliate already in place. Help Me Grow-Pierce is a coordinated network serving the entire county to meet the needs of families with young children. Yakima county (Region 2) was identified as a rural counterpart with a thriving Maternal Support Services network. This community was already meeting the needs of the POSC population not meeting criteria for child welfare involvement through a collaboration of four community-based providers. Families referred to the community-based pathway experienced prenatal substance-exposure, but did not meet criteria for child welfare involvement. This is a voluntary opportunity for families to access resources and services through community-based coordinated navigation.

June 2021-May 2022 POSC pilot – first cohort:

Month	Number of infant's substance-exposed and referred to the community-based POSC pathway	Number of POSC developed	Number of subsequent referrals for services/resources
June 2021	4	3	3
July 2021	7	7	4

August 2021	4	4	2
September 2021	8	8	4
October 2021	10	10	2
November 2021	6	6	4
December 2021	6	6	4
January 2022	3	3	0
February 2022	4	4	2
March 2022	5	4	2
April 2022	7	7	4
May 2022	2	2	2
Total	66	64	33

These two pilot sites have been supporting their communities in different ways, and providing different types of data to the POSC project. They have also provided valuable insight informing ongoing implementation efforts. On 12/3/2021 WithinReach, the statewide Help me Grow affiliate launched the POSC referral portal.

The POSC online referral portal is a secure webform utilized by birthing hospitals to report instances of prenatal substance exposure. The form gathers deidentified data related to instances of prenatal substance exposure. It also contains an algorithm to support the responsibility birthing hospitals have to report concerns of child abuse/neglect or imminent risk of serious harm to DCYF intake. Referrers are asked five questions with indicators of safety concerns. A Yes answer to any of the five questions will redirect the referrer to the DCYF intake line for a comprehensive intake assessment. If there are no indicators of safety concerns or imminent risk of harm, the form redirects the birthing hospital to a Help Me Grow referral for the community-based POSC pathway.

Deidentified data collected for DCYF:	Safety concern indicator questions in the algorithm:
- Zip code - Birthing parent's age - Birthing parent's race/ethnicity - Newborn's race/ethnicity - Type of substance exposure - Was the newborn screened for Substances? - Was birthing parent tested for substances?	1. Are there safety concerns? 2. Does the newborn have a positive toxicology for an illegal or non-prescribed substance? 3. Is the newborn demonstrating signs of withdrawal due to birthing parent use of illegal, non-prescribed, or misused medications? 4. Is there evidence of ongoing substance use buy the birthing parent that creates safety concerns for the newborn? 5. Is the newborn diagnosed with FASD or has the newborn had known alcohol exposure with safety concerns?

The intention of this referral portal is eventual use by all birthing hospitals in Washington once the project has reached statewide implementation. At the time the referral portal became available, thirteen additional birthing hospitals were invited to begin using the referral portal to report instances of prenatal substance exposure.

These thirteen hospitals represent many areas of the state, and are already involved in several initiatives supporting those experiencing perinatal substance use disorder and implementing models such as Eat. Sleep. Console. This is all work to address the ongoing impacts of the opioid epidemic with both the Department of Health and the Washington State Hospital Association.

The second cohort of hospitals implementing the community-based POSC pathway are supported through monthly Community of Practice meetings and ongoing trainings covering using the referral portal, mandatory reporting, and other topics related to serving this population of substance-exposed infants and their families. In addition, the core implementation team is reaching out to each birthing hospital/community to facilitate listening sessions, POSC training, and community coordination needed between WithinReach and existing referral pathways. This approach allows the POSC pathway to be tailored to the needs, resources, and existing collaboratives in any given community. The focus of implementation has been to engage communities where they are to enhance, and not disrupt, any existing resource networks, while also training birthing hospitals to utilize the POSC online referral portal.

While the second cohort of hospitals is in very early stages of implementation, the goal of the core implementation team is to have all hospitals utilizing the referral portal for instances of prenatal substance exposure by the end of 2022 or early 2023. The COVID-19 pandemic and subsequent impact on hospitals in our communities has required a mindful implementation allowing hospitals the opportunity to determine when they are ready to take on a new referral process. Once statewide implementation is achieved, the data collected will provide a rich picture of the circumstances surrounding prenatal substance exposure in Washington.

Immediate and ongoing goals for POSC implementation are to continue to onboard birthing hospitals to utilizing the POSC referral portal. Additional goals include beginning to compare POSC data we are receiving through the referral portal with the population level hospital billing code and NAS/NOWS instance reporting to gain a broader perspective and insight into the ways in which prenatal substance exposure impacts families with young children across Washington, and especially those requiring child welfare intervention resulting from maltreatment or imminent risk of harm.

While efforts to address prenatal substance exposure within child welfare have not yet had such a broad reach, there are several communities and cross-system partnerships expressing interest in strengthening this work. In June 2022 DCYF will begin a targeted case review of child welfare cases requiring a POSC in order to develop a baseline as to practice and utilization of the POSC as a family-centered tool. Future work will also include ongoing recommendations to child welfare policy to better align with the federal intent behind the POSC as well as developing a sustainable mechanism to refer screened-out referrals with a substance-exposed newborn back to Help Me Grow. The development of such a referral mechanism could support sending screened-out intakes with any child age 0-5 to Help Me Grow, or another such community partner, to offer a voluntary level of preventative support to meet the needs of this population prior to formal child welfare involvement.

Additional services and supports available for this population can be found under the *Services for Children Under the Age of Five* section.

Kinship Navigator Funding
In Washington State, the Department of Social and Health Services Aging and Long-Term Support Administration (DSHS-ALTSA) manages the statewide Kinship Navigator program and collaborates with the Area Agencies on Aging (AAA), which provide kinship navigator services in conjunction with community partners. The Washington State Kinship Navigator program currently serves 30 counties and seven tribes and hosts a website that includes information about the program.

Utilizing the Kinship Navigator funding, DCYF, in partnership with DSHS-ALTSA and the University of Washington School of Social Work/Partners for Our Children (P4C), began conducting a rigorous evaluation of

the current Kinship Navigator program in October of 2018. Both state agencies have leveraged this grant opportunity to strengthen their partnership and integrate, where possible, the network of services that support kinship caregivers.

FY2021 has been defined by this partnership, preliminary outcomes of work initiated in 2018, and ongoing efforts to build program infrastructure and consistency while sustaining and strengthening the program evaluation.

Prior Years (FY2018, FY2019, FY2020) Deliverables
In FY2018, FY2019, & FY 2020, the following deliverables were established and completed:
- Finalized an assessment to identify the essential components of Washington's kinship navigator model.
- Completed a review of program advertising including county websites and kinship navigator promotional materials.
- Held three focus groups with kinship navigators including one with kinship navigators who support tribal communities and two with kinship navigators who support nontribal clients.
- Held four focus groups with kinship caregivers including two groups that were conducted exclusively in Spanish.
- Completed interviews with representatives of tribal and nontribal service agencies frequently utilized by kinship navigators.
- Completed a survey of child welfare workers who provide services to formal kinship caregivers.
- Developed and implemented a fidelity measure.
- Disseminated the statewide kinship survey with responses returned to the POC evaluation team. Survey analysis was completed and two reports were developed; one utilized data collected in the 2019-2020 year and a second report which compared the 2019-2020 data to the findings of the 2005 WISIP report. Journal articles are being staged for dissemination.
- 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.[49]
  — In FY2020, Mason County was added as an intervention county.
- Finalized the needs assessment tool and began implementation by intervention sites in May 2019.[50]
- Identified and implemented extensive updates to the GetCare administrative data and reporting system used by the kinship navigators. Updates will support ongoing data matching and IV-E reporting requirements.
- Implemented a weekly tracker that captures fidelity data. The trackers are shared weekly with ATLSA and the navigators at each of the pilot sites. The trackers details how many caregivers have been recruited, completed program elements, and have completed post-intervention measures in both the control and intervention groups.

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[49] The number of control counties is greater than the number of intervention counties due to population density and the need to maintain baseline equivalency.
[50] Washington State is not sharing the needs assessment tool at this time to ensure that our control sites do not access the assessment which could damage the integrity of the overall evaluation.

- Developed a preliminary report of the analysis of the outcome data including establishing baseline equivalence and attrition of baseline versus 90-day follow-up. Additional analysis was conducted to assess child safety outcomes comparing the intervention group to the comparison group.
- Two tribes, Port Gamble S'Klallam and Lummi, completed a beta-test of the tribal adaptation of the needs assessment by August 2021.
  — The Lummi Nation was unable to fully participate in the beta-test due to COVID-19 pandemic.
  — The Port Gable S'Klallam Tribe completed the beta-test and further adapted the tool to their community needs. The tribe's kinship workers then participated in focus groups for feedback on how the tool has worked for them.
    o Another focus group is scheduled for summer 2022 with a few kinship caregivers.
- The replication and training manual updated to include evaluation findings, administrative considerations, feedback from tribes participating in the beta-test and other key elements.
- Formal kinship caregivers were recruited for participation in focus groups in February 2021. A small cohort of caregivers participated in the virtual focus groups. To increase the number of participants, kinship caregivers were also called and interviewed by phone. While this boosted the total number of formal kinship caregivers, additional participants are being recruited for interviews that was completed in June 2021.

Statewide outreach campaign for formal and informal caregivers was started in FY2018 and continues into FY2020. The statewide outreach campaign focuses on developing a baseline community awareness of the kinship community, their needs and core services available including the kinship navigator program. Publications in development include a series of one-page resources that address the needs of formal and informal kinship families and cover health and financial resources, education, rights and decision-making authority, and support available through the kinship navigators. Additionally, videos focusing on kinship support groups and explaining kinship care are in production and were completed September 2021 and are included in the following section. A kinship-focused analysis of the Washington State Healthy Youth Survey was completed in June 2020 and are included in the following section.

Current Year FY2021 Deliverables
A fourth year of the kinship navigator evaluation was sought and received for FY2021. Federal allocations were reduced by $75,000. The project was able to continue because of the dedication of DSHS/ALTSA adding additional dollars to make up the deficit of funding. During this fiscal period there were changes in staffing levels which resulted in funds being underspent in the salary category. In addition, the updates to GetCare didn't cost as much as anticipated during this fiscal period.

Completed deliverables have included:
- Rolled out a statewide outreach campaign, including updating and creating new communications and print resources for "formal and informal" kinship caregivers (i.e., those involved with the child welfare system and those who are not), kinship service providers, agency staff and communities.
- ALTSA and DCYF partnered to raise awareness about kinship and Kinship Navigator services within DCYF field offices.
- Supported two statewide virtual training and collaboration meetings for Kinship Navigator staff to support program development and model implementation.
- Developed collaborative resource guides and handouts, identifying agency contacts, services and supports available to all kinship families and distinct resources available to formal and informal families:
  — Kinship Navigators Can Help!

- — Kinship Families Health Resources
- — Mental and Behavioral Health Resources
- — Meeting Basic Needs
- — Kinship Families Education Resources
- — Grandparents, Relatives, and Others: What You Should Know
- — Kinship Rack Cards

- Development of videos on how to access TANF Child Only grants:
  - — What is TANF Child Only; Main Application overview video: https://youtu.be/o6RXcMAFvOw
  - — How to apply (paper); Online Application: https://youtu.be/XqXKPqWXzvk
  - — How to apply online; Paper Application: https://youtu.be/etCN_dbPMnQ

- Development of videos for community use:
  - — Navigating Kinship Care
  - — Community of Kinship Care

- A kinship-focused analysis of the Washington State Healthy Youth Survey was completed in June 2020. Using the results of the analysis survey, one-page resources were developed that addresses each key finding, relevant data, descriptive narrative about kinship families, practice implications and suggestions:
  - — 2021 Healthy Youth Survey - Topic Factsheets
  - — Demographic
  - — Education
  - — Mental Health Fact Sheet
  - — Substance Use Fact Sheet

- DCYF is in the process of comparing this analysis with the current Healthy Youth Survey.

- Developed a joint ALTSA and DCYF virtual training that explains the programs and pathways available to all kinship families that includes distinctions and overlapping experiences for formal and informal kinship families.

- Engagement in virtual community coalition meetings and interdisciplinary teams that intersect with kinship caregivers with the goal of strengthening awareness and supports.

- Strengthened relationship with 2-1-1 Washington as a toll-free resource connection for kinship caregivers through training and resource sharing.

- ALTSA managed centralized kinship email address for kinship communications as a strategy to increase referrals to the program; kinshipcare@dshs.wa.gov.

- ALTSA and DCYF partnered to raise awareness about kinship and Kinship Navigator services within DCYF field offices.

- Two statewide training and collaboration meetings for Kinship Navigator staff to support program development and model implementation. Both trainings were conducted virtually. Key outcomes for this meeting were to strengthen Kinship Navigators' understanding of child welfare processes, pathways, resources, and partnering strategies.

- Continued use of a subcommittee under the legislatively mandated Kinship Caregiver Oversight Committee (KCOC). The subcommittee serves as Washington State's advisory group for the Kinship Navigator grant, providing consultation and feedback on the program and acting as a vehicle to enhance communication with kinship caregivers. Subcommittee membership includes kinship caregivers, kinship youth, Kinship Navigators, provider agency staff, Area Agency on Aging Kinship Coordinators, DCYF and ALTSA staff and the University of Washington evaluation team.

Evaluation deliverables:

- Continued partnership between DSHS/ALTSA and University Washington to evaluate and establish the Washington's Kinship Navigator program as a promising practice that links to data collection and program outcomes.
- Expanded the intervention sites: In FY 2021 Intervention counties expanded to include Benton and Lewis County.
- Updated to the Kinship Navigator program manual as needed based on learning from the process evaluation.
- Conducted process evaluation of the outreach campaign, utility and usability of the collaboration resource.
- Conducted process evaluation to assess utility and satisfaction with the trainings offered as identified above.
- Met data collection targets for FY 2021 including data collection and analysis of data at 6 months' post intervention for the intervention and comparison groups. Data collection and analysis for this reporting period included an analysis of satisfaction results to determine sustained effect comparing time of case closure to 6 post-intervention.
- Met child outcomes collection targets that assessed child safety, placement stability, and child well-being (education, physical health, and mental health) for the observation period beginning with start of baseline intervention through 6-month post-intervention using state administrative data records from DCYF and ALTSA. Per requirements of the Title IV-E clearinghouse, this analysis will control for child race, age, gender, and socio-economic status (SNAP benefit eligibility).
- Caregiver outcomes were assessed in terms of caregiver well-being (overall health rating) for the observation period beginning with start of baseline intervention through 6-month post-intervention using state administrative data records from ALTSA. Per requirements of the Title IV-E clearinghouse, this analysis will control for caregiver race, age and socio-economic status (SNAP benefit eligibility).
- Interviews of families who have received both enhanced and unenhanced services from Kinship Navigators in order to further evaluate the model's impact and client satisfaction.
- The Kinship Care Oversight Committee (KCOC) subcommittee was reconvened 2021. Two meetings during FY 2021 occurred and the subcommittee members received updates on preliminary results. A structured reading tool guide was utilized that gave KCOC members the opportunity to suggest implementation manual revisions.
- UW developed a report that captures adherence to fidelity of the program model.

Collaboration with tribes:
- Continued partnership with tribes and stakeholders to adapt a Kinship Family Needs Assessment to establish a tool that will be culturally relevant for tribal communities.
- Modification of the tribally adapted needs assessment tool based on the results of the beta testing from FY2020.
- Continue to conduct meetings with tribal partners who elect to participate to engage them in discussions regarding tribal Kinship Navigator programs and implementation of the culturally-adapted Kinship navigator curriculum and needs assessment. Current tribal partners include Quileute Tribe, Makah Tribe, Confederated Tribes of the Colville Reservation, Samish Indian Nation, Lummi Nation, Yakama Nation, and the Port Gamble S'Klallam Tribe.

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 under the care and custody of the State, with an emphasis on improving caseworker decision making

on safety, permanency, and well-being. In addition to activities designed to increase retention, recruitment, and training of caseworkers. DCYF utilized these funds for caseworker mobile devices and access, cameras, laptops, and data cards. Contracted supervised visits were also used to increase caseworker retention and improve frequency and quality of documentation for monthly contacts with children. As mentioned in the Program Support section, a report was developed in infoFamLink to track and report federal measures for health and safety visits with children in out-of-home care. Currently, this report is updated monthly and regional QA/CQI leads work with staff in local offices to ensure contacts are entered, coded and documented correctly in the FamLink system. In addition, this provides an opportunity to work with ICPC staff to assist in getting contact reports for children who are placed out-of-state and provide that information to the caseworker for review and data entry. There is ongoing collaboration between child welfare program and field staff, fiscal staff and OIAA to ensure the correct reporting population is pulled into the report and that DCYF is reporting on this measure as accurately.

Practice improvement efforts across the state included regional continuous quality improvement teams conducting qualitative reviews for monthly visits resulting in additional guidance and coaching provided to caseworkers. Caseworkers completed Quality Matters training across the state and The Alliance embedded Quality Matters training and engagement model into the Regional Core Training (RCT) to enhance the quality of contacts between caseworkers and families during monthly visits.

Monthly Caseworker Visits With Child – FFY2021							
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
Compliance of Monthly Caseworker Visits	99.15%	99.03%	98.93%	97.12%	97.64%	97.79%	98.19%
Compliance of Monthly Visits that Occurred in the Child's Home	95.21%	96.54%	97.51%	96.40%	96.52%	93.71%	95.78%
Data Source: Federal Health and Safety Measure Report, infoFamLink, as reported in the Caseworker Monthly Visit Report Federal Fiscal Year 2021							

Additional Services

Adoption and Legal Guardianship Incentive Payments

DCYF uses the adoption incentive funds for a variety of services and utilizes a payment tracking system to track expenditure of funds. DCYF anticipates receiving future adoption and guardianship incentive funds. Over the past two years, the amount of adoption incentive funds has grown from $0 in 2017 to nearly $2,000,000 in 2019. Funding to be used by 2023 will be followed by a year of greatly reduced funding. Funding for use by December 2024 will decrease to $400,000. Funding is being used to improve curriculum for families that will help them understand the effects of grief and loss on their children and the best intervention strategies to handle youth with these types of difficulties. As authorized under Title IV-B and Title IV-E of the Social Security Act, DCYF uses the adoption and guardianship incentive funds for a variety of services as outlined below:

- Technical assistance to promote more adoptions and guardianships out of the foster care system, including activities such as pre- and post- adoptive services and activities designed to expedite the adoption and guardianship process and support adoptive and guardianship families.
- Training of staff, resource 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.

The $10,000 savings that must be used by December 2022 will be used for Youth Enhanced Reverse Matching in FY 2022. $90,000 is set aside for this same support for use by December 2023.

Over this past year Washington State Law guardianship and adoption law has changed. Two recent legislative bills and a state supreme court decision will change the focus requiring a more in-depth look at relatives for long term placements. Guardianship with relatives and suitable others who have a relationship with the youth will not be automatically ruled out in order to place the youth into a stranger adoptive home who wishes to pursue permanency. These adoption and guardianship savings funds can be used to assist in the placement of youth and provide funds to assist the relative in implementing permanency for the youth.

To use the remainder of the funds, administrators within child welfare programs suggested several options:
- A contract to bring Trust-Based Relational Intervention to WA therapeutic providers to assist with more adoption competency therapy to help decrease youth re-entering foster care due to behavioral and mental health concerns.
- Creation of a regular training and support group process for post adoption and post guardianship families.
- Coaching model for adoptees and guardianship youth to transition successfully to adulthood, post-secondary education or transition programs.
- Create a contract for a navigator program for families post adoption, post guardianship or youth in extended services.
- Create a process for training staff on the importance of youth engagement whether through our Regional Core Training for all new case workers or through a pilot process for regions willing to use this process with youth who are not in identified homes of choice.

Post Adoption Supports
The policy guidance for Adoption Support in Washington State is Policy 5700. Adoption Support| Department of Children, Youth, and Families. Washington State has legislatively named its adoption assistance program, Adoption Support. DCYF provides support to families that receive services through Adoption Support. A family with an adoption support agreement may request any or all of the support listed below. 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.

Washington State provides additional supports to youth placed into a guardianship or adoption after the age of 13 years through the age of 17, which corresponds to the Extended Foster Care supports available through the Child and Family Services Improvement and Innovation Act (P.L. 112-34). Youth adopted after 13 years old are able to apply for the Free Application for Federal Student Aid (FASFA) and be considered a private individual. Youth adopted after age 14 in Washington continue their eligibility for the College Bound Scholarship, and youth adopted after age 16 are eligible for Extended Adoption Support/Extended Guardianship Support. The eligibility follows the Extended Foster Care Eligibility which include:
- High School or High School Equivalency Certification.
- College or Post-Secondary Education- Youth with unmet financial need may qualify for additional school funds through Educational Training Vouchers.

- Program to facilitate transitions to adulthood.
- Working over 80 hours per month.
- A diagnosed medical condition that prevents youth from participating in the above four categories.

Additional Supports available to support families include:
- Tax Credits.
- One Time Exceptional Needs- $1500 for youth eligible for adoption assistance to assist in case of death of family member, fire, floods, emergent medical or mental health travel, unusual issues that might impact the family such as safety needs. These funds are paid through adoption savings funds.
- Funds available to remove barriers or prevent placement for post adoptive children. Examples of areas where these funds could be used post adoption include: conversion of a van to add a wheel chair lift, bathroom remodels to include roll in showers, wider doorways and holds to prevent falls.

Beginning in August 2020, adoption support changed from a regional based program to a statewide program. This process ensures greater consistency in the negotiation process, knowledge of statewide services and a more even distribution of cases. Having a more equal work distribution provides families an opportunity to receive a more consistent approach to negotiation and helps to ensure that staff are more available to problem solve with families at times of crisis. DCYF continues to update the Adoption Support Program website to provide more information to families who are interested in or who have adopted an Adoption Support eligible child.

Meetings happen on a regular basis between the Adoption Support program supervisor, administrator and fiduciaries to track the use of Adoption Support funds. In FY2021, there were 16,842 clients attached to Adoption Support payments.

There are regular meetings between the Adoption Support program supervisor, Adoption Support program manager, adoption administrators and adoption supervisors to discuss and areas to improve services and deliveries for parents and families. This has resulted in more positive working relationships, reduced times between referral and completion of Adoption Support agreements. The numbers of new Adoption Support agreements have decreased over the past three years. In CY2019, there were approximately 1,540 adoptions; in CY2020, there were approximately 1,230 adoptions; and in CY2021, there were approximately 1,000 adoptions. Some of the decrease was due to not terminating parental rights for youth between the CY2020 and CY2021 since services were closed or greatly impacted for parents to receive in-person services due to the COVID-19 pandemic. Many courts did not complete adoptions during CY2020 and CY2021 because courts were closed to reduce the spread of COVID-19.

Post Guardianship Supports
DCYF offers the benefit of Guardianship Assistance payments to relatives that commit to providing long term care for children in Washington's child welfare system and meet eligibility criteria. The Relative Guardianship Assistance Program (also known as R-GAP) is governed by 43401. Relative Guardianship Assistance Program (R-GAP) | Washington State Department of Children, Youth, and Families and is designed to provide additional services and supports to caregivers of children that were removed from their primary caregiver due to abuse or neglect.

DCYF provides supports to qualified relatives through the Relative Guardianship Assistance Program (R-GAP). Over the last two years, the number of R-GAP subsidies have grown from $3,939,505 in FY 2020 to $4,689,026

in FY 22. Funding is to support eligible families as authorized under Title IV-E of the Social Security Act, to provide benefits including:

- Medical coverage (Medicaid).
- Up to $2,000 per child for reimbursement of guardianship related expenses.
- Evidence-based in-home parenting interventions.
- A monthly cash payment.
- Training through the Alliance and AHCC.
- Through the use of adoption savings funds, pre- or post-adoptive families may request support to remove barriers to permanency. These supports can be medical in nature such as a conversion of a van to add a wheel chair lift, bathroom remodels to include roll in showers, wider doorways and halls to prevent falls. Funds may also be used to or help with a household need which, when corrected, will expedite permanency.
- Additional support funds are available for families to remove barriers to permanency both pre- and post-guardianship.

Adoption Savings

The adoption savings funds were used in FY2021/2022 and will continue in FY2022/2023 for the following:

- Relative Suitable Other Positions (ongoing).
- Evidence-Based Practices (ongoing).
- Catastrophic one-time only payment to assist post-adoptive parents during death, catastrophic weather or medical/emotional events (ongoing).
- Staff training (ongoing).
- Subscriptions for computer software the improved post adoption efficiency.
- One-time funds that removes barriers to permanency for both pre- and post- adoptive families (ongoing). In the fall of 2020, a process began to identify families with barriers that were preventing adoption or risking possible placements of youth back into foster care. A committee was established and a process was created for consideration and approval of the dispersal of funds to promote permanency. Currently, there is a monthly staffing that involves caseworkers, supervisors, management, fiscal and post adoption staff to provide financial support to pre- and post-adoptive and guardianship families. Support may include:
    — After-care services for adopted youth leaving residential treatment and returning to the family home.
    — Extraordinary costs needed to promote permanency (i.e. ramps, van conversions, bathroom conversations, etc.).
    — Exploring the use of funds for state share, if any, for FY2021, as permitted within the latest guidance for adoption savings.
- Intensive child profiles for 40 youth between the ages of 9 and 12 years of age not in an identified home of choice. This number will be evaluated each year to determine if an increase is needed.

The use of one-time funds for emergency situations grew by more than 50% in FY2021/2022. The use of funds through the Barriers to Permanency committee grew by 119% in FY2021/2022.

In FY2021/2022, adoption savings funds paid for a salary and benefit package for the Relative/Suitable Other Mock Rate Assessor. This position is responsible for completing a mock rate assessment of unlicensed relatives and suitable others at initial application to ensure there is equity in the adoption support negotiation and renegotiation process. This position also completes a mock rate assessment when families request to

renegotiate the monthly maintenance they receive through adoption support post-adoption. Washington State law requires that the adoption support monthly maintenance payment not exceed the legislated maximum percentage of the rate the child would receive if in a licensed foster home. The percentage is statutorily set forth and is based on the age of child at adoption. 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.

Trainings and conferences were scheduled and others were in the contract phase when arrangements were put on hold due to regulations and restrictions from the COVID-19 pandemic. DCYF explored providing statewide training; however, this process was limited as a result of the pandemic.

Work was completed to create a payment structure that assists with the tracking of adoption savings funds. This process created payment codes, definitions and processes for payment of post-adoption and post-guardianship savings funds. In addition, regular and ongoing meetings between post-adoption program staff and fiscal partners has begun to assist in streamlining communication around monthly savings and expenditures.

The adoption support and adoption program managers work closely with the statewide guardianship program manager to discuss ways for guardianship families to obtain funds to encourage guardianship placements and to prevent youth from reentering care.

The adoption program area underwent changes in the last year. In February 2022, an Adoption Support program manager was hired to assist in the managing and use of the adoption savings funds – both unspent dollars that have accrued, and ongoing funds. Though the adoption savings was not used to fund this position, this position will be integral in developing ways to best utilize the funds to support families pre-and-post permanency.

Challenges to spending adoption savings in FY2021/2022:
- Lack of staffing to devote appropriate time and attention to developing use of funds.
- COVID-19 pandemic causing a decrease in utilization of EBP and counseling services.
- Broad guidance on how money can be spent.

Planned for initiation in FY2022/2023 include the following:
- Contract or financial share to provide support for post adoptive and guardianship families who need help in managing children with extreme behavioral and mental health needs.
- Managing web-based and hybrid training for parents and adoption providers who were not able to participate due to COVID-19 restrictions.
- Use of funds to provide extensive child profiles for 40 youth between the ages of 9 and 12 years of age not in an identified home of choice. This number will be evaluated each year to determine if an increase is needed.
- Purchase of curriculum to train families with adoption, guardianship and permanency related and adolescent issues that impact families.
- Use of funds as needed to support families.
- Use of adoption and guardianship funds to assist with private and international adoption and/or guardianship families struggling with youth in their home facing possible entry into foster care.

- Continue to increase use of funds for both one-time emergent situations, and Barriers to Permanency committee.

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			
	Potential Eligible Youth, ages 15-23	Youth Served with at Least One NYTD Service with Attached Provider ID Reported by FamLink FFY20	% of Youth Served
FFY2020	4,590	1,308	28%
FFY2021	4,359	1,449	33%
Data Source: DCYF PQR855_SFY21_IL report as of April 19, 2022			

Independent and Transitional Living Program − Participating Youth		
Demographics	Number Served	% of Total
Age		
15 Years of Age	82	6%
16 Years of Age	162	11%
17 Years of Age	253	17%
18 Years of Age	279	19%
19 Years of Age	237	16%
20 Years of Age	200	14%
21 Years of Age	143	10%
22 Years of Age	90	6%
Race/Ethnicity		
White, Non-Hispanic	520	39%
Any Black, Indigenous, Persons of Color	929	64%
African American	323	22%
Hispanic/Latino(a)	409	28%
Asian or Pacific Islander	126	9%
American Indian	340	23%
Other	1	0%
Sex		
Female	893	62%
Male	550	38%
Data Source: DSHS Research and Data Analysis Division, Integrated Client Databases, March 2022, through a contract with DCYF. NOTE: There were 1,449 active IL participants between October 1, 2020 and September 30, 2021 receiving one or more services		

documented in the National Youth in Transition Database (NYTD) – 6 active IL participants were deleted from analysis because no demographic data were collected. Youth are eligible for the IL program if they are/were age 15 or older, in an established dependency through DCYF or a tribal child welfare agency, and in an out of home placement for at least 30 days between a youth 15th-18th birthday. Age was calculated from the first day they received an IL service.

The chart below illustrated NYTD services completed by the contracted IL providers for FFY2020-FFY2021.

IL NYTD Services Results Overview

FFY 2020 - N=23,127 NYTD services

Service	Count
Family Support/Healthy Relationship Ed	6,139
Housing Ed/Home Management Training	4,303
Career Preparation	2,711
Academic Support	2,353
Post-Secondary Academic Support	1,894
Financial Assistance	1,807
Budget & Financial Management	1,585
Health Education/Risk Prevention	1,373
Employment Programs/Vocational Training	309
Mentoring	284

FFY 2021 - N=34,552 NYTD services

Service	Count
Family Support/Healthy Relationship Ed	14,049
Housing Ed/Home Management Training	5,955
Career Preparation	2,423
Academic Support	2,418
Financial Assistance	2,108
Post-Secondary Academic Support	1,676
Budget & Financial Management	1,600
Health Education/Risk Prevention	975
Employment Programs/Vocational Training	460
Mentoring	51

SOURCE: DSHS Research and Data Analysis Division, FamLink Databases, March 2022, through a contract with DCYF. NOTE: There were 1,319 active IL participants between October 1, 2019 and September 30, 2020 receiving one or more services documented in the National Youth in Transition Database (NYTD) – 4 active IL participants were deleted from analysis because no demographic data were collected. There were 1,449 active IL participants between October 1, 2020 and September 30, 2021 receiving one or more services documented in the NTYD. NYTD Service Categories listed as 'Financial Assistance – Education', 'Financial Assistance – Other', 'Financial Assistance – Room/Board' were combined into one category, 'Financial Assistance'. NYTD Service Categories listed as 'Youth Status' and 'Supervised Independent Living' were deleted from results.

The above charts compare FFY2020 to FFY2021. There was an 11% increase in IL participation between the years and an increase in the number of National Youth in Transition Database (NYTD) services of 49%. Comparing the years allows us to see how the COVID-19 Pandemic affected the number of youths in need of assistance and the services that were provided.

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. Providers report that they do not have a waitlist for services. There are times that some providers will stagger IL intakes if they receive multiple referrals at the same time so they have staff available to complete the intake process. Both IL providers and caseworkers talk with youth about the IL program and encourage participation. The IL providers also meet with local DCYF offices to talk about IL and the benefits of the program for youth who are participating. Some of these benefits include assistance with job searches, looking for an apartment and financial assistance. The regional IL leads provide trainings to staff on services available to adolescents, provide the Chafee program brochures to staff and community members, and youth resource information on our website. Unfortunately, due to the ongoing COVID-19 pandemic restrictions, IL providers have been unable to participate in resource fairs to disseminate information and help with outreach.

Calendar Year 2021 Activities
The Adolescent Programs Division was established within DCYF in 2019, and staff that worked with youth transitioned from the Child Welfare Programs Division to the new division in early 2020. The Adolescent Programs Division continues to look at the services and support youth and young adults receive and how they

integrate into the vision of the new division and with activities occurring within other state agencies. DCYF Adolescent Programs has grown and includes services and support in the area of Independent Living (IL), Education and Training Vouchers (ETV), Extended Foster Care (EFC), education support, Missing and Exploited Youth, Family Reconciliation Services (FRS), transition planning, Youth Empowerment, Institutional Education, Mentoring, Career Connected Pathways, Adolescent Housing, and a co-design. The division is increasingly integrating services across child welfare, juvenile rehabilitation, and early learning.

IL and Transition Planning Redesign Project

In the 2020-2021 legislative session, in the way of a budget proviso directed the department to redesign the way the agency transitions youth out of the care of the department in both Child Welfare and those who are in a Juvenile Rehabilitation (JR) Institution. It also called for the creation of a new IL framework. This work requires the IL and Transition Program Managers to reimagine the program utilizing the co-design methodology with youth who have lived experience with the system and other stakeholders both internal and external to the department. The proviso also directed the program to centralize the 12 IL contracts with the Headquarters IL Program Manager and submit for a new procurement of the IL contracts.

The redesign project timeline is as follows (subject to change if needed):

- Ongoing communications and work with the 12 IL providers around IL and the workings of the program.
- Ongoing consultation with Passion to Action Youth and Alumni Advisory Board (P2A) relating to the ongoing needs of adolescents in the space of IL services and transition planning. Passion to Action provides a pathway to keep young people engaged in the stages of the co-design work. The Emerging Adulthood and the Transition program managers have become standing participants in P2A and report out at every meeting on the status of the redesign and continue gathering feedback.
- Four Town Halls will be held to communicate where we are in the project and solicit feedback from participants about services needed and what to think about as we continue the work. Information about the Town Halls was placed in DCYF Communications that go out to different groups such as caregivers, service providers, youth, advocates, and community stakeholders. Targeted emails about the opportunity to participate has also been sent to ensure that we are reaching as many possible participants as possible.
- January/February 2022
  — Held DCYF staff forums to discuss the program's needs, gaps in services, and youth needs.
  — Met with JR HQ and Green Hill Institution staff to talk about transition services and IL needs
- March 2022
  — Ongoing conversations with JR about how to provide IL services to youth who leave an Institution with no parole services.
  — Conversations with JR staff around transition/reentry planning practices.
  — Tribal meeting
  — Virtual Town Hall 1-30 participants
- April 2022
  — Virtual Town Hall 2-73 participants
- May 2022
  — Youth Voice/Engagement focus groups are held and facilitated by the Youth Empowerment and Co-Design Program Managers. Lived experts are utilized as co-hosts. Training is provided to the hosts and the hosts then develop activities for the focus groups. The program managers contacted youth about the project and personally invited them to participate in the project in a way that works best for them. DCYF partnered with the IL providers to help identify additional youth, especially those who have exited the system but are still eligible for IL services. The options were to participate as a group in a

focus group, through a survey, through 1:1 discussions, or all of the above. Providing different participation options allowed the department to solicit feedback in a way that is most comfortable for the youth so that they are able to share their service needs and experience in a more authentic way. Each participant receives a stipend for their contribution in the focus groups. Information gathered from these options will be used to drive the re-design work and place youth voice in the center. After the initial focus groups/surveys/1:1 interviews; youth will have an opportunity to continue to partner in the work by helping design the programs and provide feedback on work that is done outside of this group. Some of the youth will also be asked to review the ILS procurement bids to help select contractors in the spring on 2023.

— Caregiver engagement forums to help figure out what is working, service gaps, and how to ensure that youth get the services they need when they need it.

- June 2022
  — Create and convene core group to start combing through the information gathered
  — Come up with themes for redesign frameworks/processes
  — Ongoing Redesign Core Group Work
  — Town hall
- July/August 2022
  — Compose and submit a summary of the co-design sessions to leadership for review about the work and new approach to transition planning and IL in a preliminary report provided to the legislature to be followed by a more inclusive report in December
  — Meet with fiscal and contracts about the possibility of doing a rate study for IL to help figure out the real cost of providing IL services
  — Ongoing Redesign Core Group work
  — Town hall
- September 2022
  — Ongoing Redesign Core Group Work
  — Loop in PBC, Contracts, and DSHS-RDA around new outcome measures
- October 2022
  — Centralization of the IL contracts to HQ for the contract period of October 1, 2022-September 30, 2023.
  — Redesign Core Group Work around the IL RFP and outcome measures
- November 2022
  — Complete Legislative report
  — Redesign Core Group Work around the IL RFP and outcome measures
- December 2022-March 2023
  — Redesign Core Group Work around IL RFP
- April 2023
  — Submit RFP to contracts for procurement
- October 2023
  — New IL contract starts October 1, 2023

The program redesign has placed the implementation of Performance Based Contracting (PBC) on hold, pushing out the inclusion of Positive Youth Development (PYD) language into the IL contract until the redesign work is complete and contract scope of work are created for the new procurement. The PBC group will start meeting again once the IL framework outline is created so that realistic contract performance outcomes can be built.

Youth Engagement

DCYF utilizes the statewide youth advisory board, P2A, as the youth's point of view on aspects of child welfare. This board consists of approximately 20 current and former foster youth from across Washington who have been recipients of services provided by DCYF. They provide input and recommendations regarding policy and practices. Feedback from the board aids in improving DCYF's ability to effectively meet the needs of children and adolescents. The board brings youth voice to the forefront of the work DCYF does. Youth provide feedback to many Washington state community partners who are working with the foster care population.

DCYF also collaborates with The Mockingbird Society, an external advocacy group of foster youth and alumni that identifies issues in the foster care system and works toward reforming and improving the lives of children in the child welfare system. The Mockingbird Society is invited to participate in workgroups and meetings to provide an external voice to DCYF. The Mockingbird Society is a vital stakeholder and is included in the process of reviewing DCYF's polices related to adolescents. The Mockingbird Society hosts an annual foster youth leadership summit. The group identifies topics for change and presents the recommendations to the Supreme Court Commission for children in foster care. DCYF are partners in the event as advisors that provide child welfare expertise when the youth are preparing to present their topics to the Supreme Court Commission for children in foster care. The Mockingbird Society advocates for youth and works closely with the IL program manager on IL services.

We continue to partner with Think of Us around human centered design and how to make adolescent programs youth friendly and accessible to all eligible youth. Think of Us completed a Discovery Sprint of Washington State Child Welfare Adolescent services. This was completed through a variety of methodologies including; interviews, diary studies, co-design sessions, peer review, and advisory. After compiling all the information, a report titled "A Vision of the Future for Adolescents in WA State" was created. The report will be shared with DCYF staff, and Community Stakeholders. Think of Us hired 6 Lived Experience Advisors (LEA) to help share the vision and speak on their experiences while in care. The LEA are champions of their experiences and are the voices of young people in WA State. Once the report is shared, additional feedback and work on strategies will be gathered for next steps with the LEAs, DCYF, and community stakeholders.

The IT division held a Hack-a-Thon with Adolescent Programs staff and 10 youth to re-envision child welfare services for adolescents. During this process, the group was able to note FamLink and IT barriers and Make recommendations for FamLink changes. Due to IT restrictions and limited capacity, many improvement projects that were identified do not have implementation dates.

During the COVID-19 pandemic, DCYF has continued to spend time with P2A members discussing the impact the pandemic has had on them mentally and physically and supporting them through this time. DCYF continues to provide learning opportunities regarding self-care, balance in life around stress and self-expression. The crisis related to the pandemic continues to provide the participants with life lessons around basic needs and resiliency. The work regarding youth voice and feedback loops sits with the Youth Empowerment Program Manager.

Co-Design

Adolescent programs hired a Co-Design Program Manager to ensure DCYF's Family Practice Model (FPM) design work is centered and includes youth with lived experience. Co-design requires sharing power with people with lived experience across the entirety of an engagement or initiative, from determining the focus of exploration, to the design implementation, and evaluation. This approach amplifies the voices and experiences

of the people closest to the needs addressed through an engagement or initiative. It also prioritizes relationships, increases trust across all stakeholders, and uses participatory approaches to ensure the work is guided by those most affected.

Family Practice Model

The early stages of the work plan to redesign the Family Practice Model (FPM) in child welfare included a story telling campaign for lived experts to share significant experiences in their lives. This included artifacts such as a timeline and arch to describe who they are, what they value, and who has held positions of influence in their lives. The story telling events were small scale, either one on one or in small and supportive groups. The lived experts were either young people with a history of being in care or parents who have personal experience with the child welfare system. This process was supported with a stipend for participants and the discussion encouraged participants to tell their whole stories, all events of significance in their lives.

Youth Development

In a 2020-2022 budget proviso, DCYF was charged with facilitating a workgroup to develop recommendations around Washington state youth development efforts and how they will be organized and funded along with a report to the legislature due September 1, 2022. The report will also include recommendations of which state agency this work should sit with and the work ahead. Workgroup representatives include individuals from: DCYF, Department of Commerce, the Office of Superintendent of Public Instruction, youth development statewide organizations, youth development providers and youth that have participated in youth development programming. To complete the task of developing legislative recommendations, three sub-committees have been formed, including: Systems, Providers, and Lived Experience. The Lived Experience Sub-Group includes youth voice in the design and implementation of a process to gather youth input regarding meaningful engagement and programming.

NYTD Data Collection

DCYF works collaboratively with local providers to offer technical assistance and training regarding NYTD reporting to ensure compliance with federal requirements. DCYF communicates regularly with local providers to set expectations regarding data collection. Discussions include:

- NYTD elements
- IL monthly NYTD reports
- Monthly IL provider table reports
- Quarterly reports
- Capturing the IL service delivery to youth.

Additional on-going technical assistance that has been provided around NYTD data include:

- Creation of a "What is NYTD" eLearning course for staff.
- Revisions to NYTD flyers for youth and staff.
- Created of NYTD letters for BRS providers to allow the contracted survey team through RDA to speak to youth in their facilities and group homes.
- Utilizing monthly NYTD lists to inform staff of which youth are in the population sample who will be contacted by the survey team. The list is used for staff to connect with youth and discuss the importance of participating in taking the survey.

DCYF has requested RDA to conduct an analysis of the NYTD data and to create a user-friendly report that can be shared with stakeholders and the child welfare field operations. There are beginning discussions of incorporating the NYTD data into regular CQI practices. Once conversations occur, DCYF will build a plan for

addressing the use of the data and how DCYF will share the data internally and with external stakeholders. Through the beginning steps of the PBC process, DCYF was able to connect client level IL services to the providers and can now generate reports for NYTD services being provided to our youth. Reports are provided on a monthly basis to the IL providers for quality assurance and meeting contract obligations. The provider receives a report on the youth that have received a NYTD service from their organization and a report on who is assigned to their provider number in FamLink that is reflective of who is receiving services. The information in the reports pulled is based on what the providers input into FamLink. Providers review the reports received against their internal records to ensure youth services are documented. The information has also been shared with stakeholders, youth and regional IL program leads.

Washington State NYTD Data Snapshot FY2020 – FY2021

The IL Program Manager is continuing discussions on how to increase the completion of the Casey Life Skills Assessment (CSLA). According to the Data Snapshot, The Independent Living Needs Assessment completion rate was 35%. This is an increase in the percent of assessments completed from the previous year by 8%. Struggles continue for the completion of the Casey Life Skills Assessment due to the pandemic and the IL providers' inability to meet with youth in-person to complete the assessment for youth in the IL program. During this time, IL providers sent youth the link to the assessment, and discovered that there were issues with the Casey Life Skills website being down. Youth were also not able or willing to complete the assessment multiple times when the website had an issue while they were completing it. We recently heard that providers are having a hard time with the new version of CLSA as they will no longer store the data for youth or calculate the percentages. These tasks now fall on the person helping the youth complete the assessment, and IL providers have been struggling with creating a system that works for them. If a youth is not participating in IL, the responsibility is on the caseworker to complete the assessment with the youth. This continues to be an area of focus and will be included in the new IL framework which provides a legislatively driven avenue for change.

There continue to be barriers identified in completing the Casey Life Skills Assessments to include:
- DCYF relies heavily on IL providers to complete the assessment.
- Youth are not being referred to IL or engaging in services.
- FamLink has not been updated to support the assessment version created in 2012.
- Staff are not familiar with the assessment.
- IL Providers report that the assessment is too long

Policies have been updated to emphasize the importance of the Casey Life Skills Assessment and how to use it to support case planning. Caseworkers are also encouraged to access the Casey Life Skills website.

According to the Data Snapshot for 21-year olds, 75% of the youth reported that they have Medicaid coverage. This is an increase from last year by 4% and is something that DCYF will continue to focus on through the transition plan redesign process. It is not unusual that many of the youth do not know they have medical coverage as the caregiver makes the medical appointments and provides the medical insurance information. Efforts to improve this outcome include the following:
- During the NYTD survey calls, the contracted survey team through RDA 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 with no restart date determined at this time):
  — Connect aging-out youth directly with AHCC staff by DCYF caseworker and youth completing a health form and providing it to AHCC prior to the youth's transition meeting.

- — AHCC will review the information collected from the youth and the caseworker to help determine which plan the youth is eligible for and help navigate to an alternative medical plan if necessary.
  - — AHCC staff will contact the youth independently to provide an overview of health care benefits, conduct a health screening and connect to services if any are identified.
- AHCC conducted an outreach campaign to all AHCC members ages 14 to 21, connecting with youth to encourage youth to go to their well child checkup. The campaign was able to provide youth with incentives for scheduling and completing their appointments.
- IL program manager and IL providers partner with managed care liaisons in each region assist in connecting with youth regarding their health care coverage.
- Shared planning meetings with youth age 14 and older address the youth's health needs and provide the youth with an explanation of health benefits.
- Per Policy 43104. The Transition Plan, health care coverage is discussed and information about Medicaid coverage and accessing that service is provided.

Coordination of Services with Other Federal and State Programs

The Adolescent Programs Division works closely with the Office of Juvenile Justice (OJJ) (the staff agency for Washington's State Advisory Group (SAG) which is also located within DCYF. Over this past year, OJJ Staff and Adolescent Program Managers have collaborated to identify services for youth in the child welfare and juvenile justice systems. The group identified practice areas to reduce the number of youth within each system and support youth after exiting care.

Washington's SAG has identified alternatives to youth detention, re-entry and exit from care, and behavioral health as practice improvement areas for spending the Federal Title II funds awarded to the state. Currently, there are no transitional living programs funded by Washington's SAG.

Abstinence Education Programs

- DCYF will continue to partner with Planned Parenthood.
- Some IL providers are trained in the Sexual Health and Adolescent Risk Prevention (SHARP), which teaches sexual health and adolescent risk prevention education that broadens the youth's knowledge about sexual risk, alcohol use, sexually transmitted infections (STIs), pregnancy prevention, and set long-term goals to utilize knowledge and skills.
- During legislative session, 2019-2020, the SB5395 Comprehensive Sexual Health Education (CSHE) passed and required each public school to provide inclusive sex education.
  - — The implementation is as follows:
    - o Beginning in the 2020-2021 School Year
      - ▪ Schools already providing CSHE must include age-appropriate information about affirmative consent and bystander training.
      - ▪ Schools not already providing CSHE must begin preparing to incorporate age-appropriate instruction on affirmative consent and bystander training.
      - ▪ Schools not already providing CSHE must consult with parents and guardians, local communities, and the Washington State School Directors' Association about CSHE.
    - o Beginning in the 2021-2022 School Year
      - ▪ Schools must begin providing CSHE at least twice in grades 6–8 and at least twice in grades 9–12. "Twice" will generally be two units of instruction in at least two grades per grade band,

with enough instruction to address required content and skill development as reflected in the Health Education K-12 Learning Standards.
- Instruction must include age-appropriate information about affirmative consent and bystander training.
- Instruction must include language and strategies that recognize all members of protected classes.
- o Beginning in the 2022-2023 School Year
  - Schools must provide [social-emotional learning](#) (SEL) to students in grades K–3. There is no sexual health content required for students in grades K–3.
  - Schools must begin providing CSHE at least once in grades 4–5. "Once" will generally be a unit of instruction in at least one grade, with enough instruction to address required content and skill development as reflected in the Health Education K-12 Learning Standards.
  - Schools must inform OSPI of any curricula used to provide comprehensive sexual health education and describe how their instruction aligns with the requirements of the bill (OSPI will provide a reporting tool).
- — For youth in grades 4-12, instruction must be consistent with Health Education K-12 Learning Standards, must use language and strategies that recognize all members of protected classes, and must include age-appropriate, medically/scientifically, inclusive information about:
  - o The physiological, psychological, and sociological developmental processes experienced by an individual.
  - o Abstinence and other methods of preventing unintended pregnancy and sexually transmitted diseases.
  - o Health care and prevention resources.
  - o The development of intrapersonal and interpersonal skills to communicate, respectfully and effectively, to reduce health risks and choose healthy behaviors and relationships based on mutual respect and affection, and free from violence, coercion, and intimidation.
  - o The development of meaningful relationships and avoidance of exploitative relationships.
  - o Understanding the influences of family, peers, community, and the media throughout life on healthy sexual relationships.
  - o Affirmative consent and recognizing and responding safely and effectively when violence or a risk of violence is or may be present, with strategies that include bystander training.

Promoting Wellness and Addressing Mental Health Needs
- DCYF partners closely with Coordinated Care of Washington (CCW) regarding the Apple Health Core Connections (AHCC) program. AHCC is the integrated managed care plan through Medicaid that covers children/youth in out of home placement, adoption support, extended foster care, alumni of foster care, children/youth reunited with their parents (one-year post dependency) and youth enrolled in Unaccompanied Refugee Minor program (through age 21).
  - — AHCC provides integrated physical and behavioral health care coordination services that are trauma-informed and recovery-focused. AHCC strives to increase access to WISe, behavioral, preventative, and specialist services (including best practices and Evidence Based Practices). There are benefits for all AHCC members:
    - o Foster Care Centers of Excellence: serves as an integrated and trauma-informed hub, and can provide services on a one-time basis or serve as a Primary Care Provider. Services include an EPSDT, Behavioral Health services, referrals to specialists, assistance with getting Durable Medical Equipment, referrals to vision and dental services, prescriptions, lab tests and x-rays.

- o SafeLink Cell Phone and Online Member Account: Alumni and Adoption Support members (18 and older) have access to the SafeLink program which includes a cell phone, data, and unlimited texting, as well as an online account to access benefits and claims 24/7. AHCC staff will walk youth through the process of applying for a SafeLink phone.
- o A2A (adolescent to Adult): AHCC providers outreach to members prior to their 18th birthday to identify life areas of importance to young adult members. AHCC connects the member to resources, health education, and health care, along with providing a no cost cell phone and financial incentives.
- o Adoption Success: for members who are adopted. AHCC helps to prepare members and families with the coping skills and resources to prevent disruption.
- o Care Management and Member Connections: members receive personalized help managing their benefits, resources and various health conditions.
- o Boys and Girls Club: no cost membership for after-school programs, mentoring and more.
- o 24-hour Nurse Advice Line: members can call anytime for medical and mental health support, and get help deciding if they should go to an ED or urgent care.
- o Rewards Program: members earn rewards for screenings and preventative care.
- o Healthy Kids' Club: kids 12 years and under can enroll in this fun club that teaches them about nutrition and exercise.
- o Start Smart for your Baby: members can receive a new car seat, breast pump, and more through this program for pregnant and parenting women.

Local Housing Programs

- The Adolescent Housing Program Manager works with governmental agencies and community partners to offer housing vouchers and other information to eligible young people and families served by DCYF programs. In addition, the program manager collaborates to ensure that young people experience supported transitions into safe, stable, and appropriate housing when they leave DCYF care. Some of these efforts include:
  - — "Homecoming" Pilot Program in Region 6 (which is also currently expanding into Yakima in Region 2). This state legislature-funded program seeks to reunify families with a dependent child when housing is the remaining barrier to reunification. Services provided to families (nearly 100 so far) include orientation, case management, the RentWell class to support effective landlord-tenant communication and shared understanding, connections to employment and health and behavioral health services. Although the program's launch was significantly impacted by the pandemic's effects on the availability of rental property, 14 families have been housed so far, and are having their rent paid by federal housing vouchers or are paying rent through employment. These families have additionally been supported with temporary rental payments, payment of deposits and fees, and other logistics provided by case managers. Dozens of other families have been provided with case management and connections to services while they wait for housing to become available.
  - — Collaboration with the DCYF Juvenile Rehabilitation (JR) Homelessness Prevention Program (a headquarters-based program manager and three regional staff members located in eastern, northwest, and southwest Washington). The JR team has created a monitoring system/eligibility flag in JR's data system for all youth at institutions and community facilities, offers periodic training for staff on identification and referral, and works with each young person from intake or beginning of transition phase to build skill and identify resources. Young people leave JR with a plan and system of ongoing support, provided through a system (including rental assistance, case management, and concrete supports) that staff are creating in communities across the state. The Adolescent Housing Programs

Manager joins the JR housing regular meetings, invites them into interagency housing planning with the Office of Homeless Youth, and assists in connecting case managers with other resources as available.

— Connecting youth and families with the Family Unification Program (FUP) – FUP offers services in selected counties to families where lack of adequate housing is a primary factor in either: imminent placement of children in out-of-home care, or delay in discharge to the family from out-of-home care. FUP also offers housing vouchers for certain youth who are aging out of foster care. Public Housing Authorities (PHA) administer the FUP, in partnership with DCYF regional offices, which are responsible for referring eligible FUP families and youth to the PHA for rental assistance. Once DCYF makes the referral, the PHA determines whether the family or youth meets Housing Choice Voucher (HCV) program eligibility requirements, and conducts all other processes relating to voucher issuance and administration, including waiting lists if vouchers aren't available. The FUP program is available through Housing Authorities in: Seattle & King County, Port Angeles, Tacoma, Vancouver, Kennewick, Pasco/Franklin County, Snohomish County, Thurston County, and Spokane. FUP youth vouchers are typically a small portion of the overall FUP vouchers (eligibility is identical to the Foster Youth to Independence program below). Several Housing Authorities offer other non-FUP vouchers for which DCYF clients may be eligible. This process is managed by each region and regions work closely with their local housing authorities to monitor utilization. Current efforts include connecting FUP voucher work to the Homecoming Program listed above (which provides the state-funded case management necessary to support federal FUP vouchers), connecting both to a multi-agency initiative driven by the Public Housing Authorities to improve FUP coordination and case management support statewide, and updating the language of state-level and local Memoranda of Understanding (MOUs).

— Collaborating with Public Housing Authorities to offer the Foster Youth to Independence (FYI) program. Based on the success of the HUD Youth FUP voucher, young people at the national level supported creation of a newer program, the FYI voucher, a by-name, on demand voucher for young people who are transitioning out of foster care. Eligibility is for young people who are between their 18th and 25th birthdays or are 90 days from exiting care, were in dependency in out of home care between ages 16 and 18, and have experienced homelessness or have been at-risk of homelessness. The program, which closely mirrors the services provided by the FUP youth voucher, offers rental assistance, and supportive services that provide skills in money management, job preparation, education, and nutrition and meal preparation. In order to offer FYI vouchers, DCYF needs an MOU with each Housing Authority, each Independent Living contractor, and a partner who can offer supportive services after age 23 to ensure that such services are offered for the full 36 months of the voucher, whenever it is issued. HUD recently extended the FYI voucher to cover two additional years, bringing the total to five years for eligible youth, which means that DCYF needs to find partners who can provide supportive services between ages 23 and 29. DCYF has agreements with Public Housing Authorities and community partners in place and vouchers being issued in the communities of Yakima, Whatcom, Skagit, Snohomish, King/Seattle, Pierce, Bremerton/Kitsap, and Vancouver/Clark at this time, and is in talks with partners in Mason, Lewis, Cowlitz, Pacific, and Thurston Counties. The program nationally promotes meaningful youth engagement as a strategy, and as part of the program in Seattle-King County, six youth ambassadors are advising the design and delivery of the program, producing outreach materials, and being compensated for their time, efforts, and lived experience.

— The Independent Youth Housing Program is administered by the Office of Homeless Youth (OHY) and provides rental assistance and case management services to eligible youth who have aged out of the

Washington State foster care system. The program is currently available in the following counties: Spokane, Benton, Franklin, Kittitas, Walla Walla, Yakima, King, Pierce, and Thurston. Eligibility is similar to federal housing voucher programs, and services are more comprehensive. This year, the Legislature passed Senate Bill 5566, which expanded the age range of IHYP, increased its funding from $1M to $4M, and perhaps most significantly, specifically allows participants who are in Extended Foster Care to receive housing assistance and EFC SIL payments at the same time. The state Office of Homeless Youth is seeking new contracted providers, and expects to expand the program's services from 75 current youth to 260 statewide.

— The Young Adult Housing Program is administered by the OHY, provides rental assistance and case management to 18 to 24 year olds, and is available in Spokane, Benton-Franklin, Walla Walla, King, Pierce, Clark, and Cowlitz counties.

— Coordinating with OHY and the state Health Care Authority (HCA) to implement Senate Bill 6560, designed to prevent young people from being released from foster care, juvenile rehabilitation, and behavioral health treatment programs into homelessness. The Legislature passed SB 1705, which, among other items, creates a statewide interagency rapid response team to elevate high-priority cases for resolution and systems improvement.

— When other preventive planning has not resulted in stable transitions into sustainable housing, the Adolescent Housing Program Manager works closely with staff at the OHY and other community housing partners to better connect DCYF regional staff with resources in their community to help support young people with coordinated entry or other homeless services in their communities.

— Youth Homelessness Demonstration Program (YHDP) – Washington State is the recipient of three different YHDP grants from the Department of Housing and Urban Development (HUD). The projects sit with the Seattle/King County Continuum of Care (CoC). The Washington State Balance of State (BoS) CoC will build youth programming infrastructure in 23 of the most rural counties. 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 improve youth homelessness,

— A Way Home Washington (AWHWA) – Anchor Community Initiative (ACI) - DCYF has collaborated with AWHWA with their ACI. ACI is a coordinated effort to prevent and end youth homelessness with a diverse coalition of nonprofit agencies, elected officials, philanthropy, businesses, and community members who are committed to "helping all young people in the state find their way home." The initial four counties chosen were Pierce, Spokane, Yakima, and Walla Walla, with hopes to eventually expand to a total of 12 to 15 communities across the state. AWHWA will bring all parts of each community to the table and develop a unique plan that covers prevention, long-term housing, treatment services, employment, and educational attainment.

— The Adolescent Housing Program Manager is involved in an effort to design a comprehensive state legislative budget request that intends to bring additional resources to case management to provide "state match" for available family and youth vouchers; improve coordination of housing services across child welfare, juvenile rehabilitation, and teen parenting/family support; increase regional capacity to support effective housing transitions; expand funding for the Adolescent Transitional Living Program (ATLP), which is being piloted in King County and Clark County to create a more developmentally-appropriate, housing first, culturally-responsive, harm-reduction focused transitional housing offering for 16 and 17 year olds to better support their increased agency and healthy transitions in to adult living.

Programs for Disabled Youth

Transition planning includes our partner agencies that work with youth with disabilities 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.

DCYF will partner with the Center for Independence to help serve youth with disabilities. This program is contracted through the Department of Social and Health Services and provides the following services:

- One-on-one coaching of independent living skills such as finding the right college or training program, support in gaining the skills needed to move out, applying for jobs to bring home a paycheck, figuring out what to do after high school, or working towards a personal goal.
- Peer Support where a group of youth who come together once a month to hang out and do an activity together. Past events have included, movie night, game night, bowling, pizza party, karaoke, picnic and potlucks, bingo, fall fest, and holiday get-togethers.
- Individual advocacy where participants are provided with support to advocate for access to services and their employment, housing, and education rights.
- Information and Referral to community resources.

Employment Opportunities/Career Connected Pathways

- DCYF has hired its first Career Connected Pathways statewide program manager who has created new partnerships with:
  - ANEW
    - Provides pre-apprenticeship programs, apprentice resource centers, RISE UP-Diversity and Inclusion Training, Youth Exploration Programs, Apprenticeship information and a Passport to Careers pathway.
  - Career Connect Washington
    - Helps youth get the knowledge and skills to step into in-demand, high-potential careers.
  - MOD Pizza
  - Employment Security Department (ESD)
    - Working to include youth voice in the work
  - Palmer Scholars
    - Provides support to underrepresented youth of color to overcome financial, cultural, and social barriers in their pursuit of higher education.
    - Uses a "Whole Scholar" model that provides opportunities for youth in most areas of their life beyond what is usually included in college access and workforce support programs.
    - Serving young adults between 18 and 26, who are neither enrolled in a postsecondary program nor gainfully employed and have an interest in pursuing a career in the trades.
- DCYF continues to partner with agencies that receive Workforce Innovation and Opportunity Act (WIOA) funding and run the following programs:
  - WorkSource
  - Job Corps
  - Conservation Corps
  - Washington Youth Academy

- School-to-work programs offered to high schools or Graduation: A Team Effort Advisory Council (GATE)
  — DCYF meets quarterly with educational institutions to discuss efforts towards graduation.
- Local workforce agencies in accordance with section 477(b)(3)(F) of the Act.
- Employment Security Department (ESD) – DCYF partners with ESD through the Employment Pipeline. The Employment Pipeline is designed to find clients jobs in many different lines of business and help them stay employed. The model involves three critical components:
  — Identifying employers willing to work with DSHS and our clients to offer meaningful, long-term employment opportunities, ideally building transferable skills;
  — Providing basic training and skills to meet the specific jobs available from these employers; and
  — Helping clients stay employed by providing support to resolve issues that might jeopardize job retention.
- Basic Food, Employment and Training (BFET) to teach youth who are basic food recipients 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 provides statewide mentoring programming through Mentor Washington (MW). MW is a public-private partnership including DCYF and Costco Wholesale as founding organizations. Using the research-based Elements of Effective Practices in Mentoring, MW provides support to over 200 mentoring organizations across Washington State. Direct mentoring programming is provided to youth receiving Child Welfare and Juvenile Rehabilitation services. Direct mentoring is provided by individuals with lived experiences for youth in Juvenile Rehabilitation institutions and group homes. Mentoring supports include professional development opportunities for youth of color, youth experiencing homelessness and LGBTQIA+ youth. Peer to Peer mentoring within the Juvenile Rehabilitation Institutions and Group Homes. The agency also has an agreement with Friends of the Children to provide highly trained mentors for 100 youth currently in foster care.

Driver's Assistance Program

In 2017 the legislature passed ESHB 1808 which directed DCYF to contract with a nonprofit organization to provide support for foster youth ages 15-21, including youth in EFC, in navigating the drivers licensing process. The support must include the reimbursement of the following:

- Fees necessary for a foster youth to obtain a driver's instruction permit, an intermediate license, and a standard or enhanced driver's license, including any required examination fees.
- Fees required for a foster youth to complete a driver training education course, if the foster youth is under the age of eighteen.
- The increase in motor vehicle liability insurance costs incurred by foster parents, relative placements, or other foster placements adding a foster youth to his or her motor vehicle liability insurance policy, with a preference on reimbursements for those foster youth who practice safe driving and avoid moving violations and at-fault collisions.

Through a procurement process Treehouse was awarded the contract which follow the state fiscal year contract cycle. DCYF is able to provide eligible youth information to Treehouse streamlining the eligibility and verification process. Here is a snapshot of services provided to youth for SFY 2021.

Treehouse Drivers Assistance Program

Services Provided	Total Number of Requests for Service	Number of Unique Participants who Submitted a Request	Number of Eligible Participants Served (received payments for 1 or more services)	Number of Participants who Completed/Achieved the Requested Service
Auto Insurance	2,320	246	177	177
Driver's Education Course	657	599	534	173
Learner's Permit	353	330	262	147
Identicard	228	220	172	64
Driver's Test	116	92	76	73
Licensure	78	73	71	50
Other (Practice Drives, etc.)	78	67	55	55
Unduplicated Total	3,830	968	862	539

Data Source: Treehouse Annual Report submitted November 1, 2021 for SFY2021

Chafee Training

The following trainings continue to be in the development phase:
- How to Create and Update the Transition Plan (eLearning).
- Caregivers on Youth Transitioning to Adulthood (in-person).
- Caregivers on Sexual Health (in-person).

The following trainings continue to be paused until further notice:
- Credit Reporting (eLearning)
- Difficult Conversations with Youth (eLearning)
- Positive Youth Development (eLearning)

Given demands with new mandatory training per the DCYF PIP and the transition for existing trainings from in-person to web-based due to COVID-19, resource allocation is being discussed to prioritize the development of new trainings that have been requested.

Consultation with Tribes

Tribes who were interested in receiving information about the programs to be carried out under the Chafee program were notified and provided information. Outreach includes the IL Program Manager attending the Tribal Policy Advisory Council (TPAC) meetings when invited to provide information on programs and services for adolescents. There is ongoing communication with Tribal Child Welfare Directors regarding independent living activities, requirements, eligibility, and trainings. Internal consultations include the DCYF Office of Tribal Relations Director, IL Program Manager, and ETV Program Manager.

The below table represents the dates of emails, phone calls and trainings for tribes, as requested by the tribes.

Tribal Consultation and Collaboration – John H. Chafee Program		
Tribe	Dates of contact (emails, phone calls, training)	
Chehalis	• 06/02/2021 • 11/17/2021 • 12/08/2021 • 07/30/2021 • 11/19/2021 • 01/31/2022 • 08/02/2021 • 11/29/2021 • 04/21/2022 • 10/28/2021 • 12/02/2021 • 04/29/2022	
Colville	• 06/15/2021 • 11/24/2021 • 03/22/2022	

	• 11/15/2021 • 11/17/2021 • 11/19/2021	• 01/24/2022 • 01/25/2022 • 01/27/2022	• 03/23/2022 • 04/21/2022
Cowlitz	• 06/09/2021 • 07/01/2021 • 07/07/2021 • 07/13/2021 • 07/19/2021	• 01/24/2022 • 01/25/2022 • 01/27/2022 • 01/31/2022 • 02/02/2022	• 02/08/2022 • 02/22/2022 • 03/02/2022 • 04/21/2022 • 04/22/2022
Lummi	• 05/27/2021 • 06/04/2021 • 07/07/2021 • 07/20/2021 • 07/21/2021 • 09/15/2021 • 09/27/2021 • 10/01/2021 • 10/04/2021	• 10/06/2021 • 11/15/2021 • 12/10/2021 • 12/13/2021 • 01/07/2022 • 01/25/2022 • 01/31/2022 • 02/03/2022 • 02/08/2022	• 02/09/2022 • 02/18/2022 • 03/21/2022 • 04/07/2022 • 04/14/2022 • 04/18/2022 • 05/04/2022
Makah	• 05/27/2021 • 07/30/2021 • 08/18/2021 • 09/01/2021	• 11/15/2021 • 11/16/2021 • 11/23/2021 • 01/25/2022	• 03/25/2022 • 03/28/2022 •
Muckleshoot	• 05/27/2021 • 06/08/2021 • 06/18/2021 • 06/24/2021 • 08/03/2021 • 08/10/2021 • 08/17/2021	• 08/18/2021 • 08/26/2021 • 09/08/2021 • 09/16/2021 • 09/23/2021 • 09/27/2021 • 11/18/2021	• 01/25/2022 • 02/17/2022 • 03/02/2022 • 04/06/2022 • 04/14/2022 • 04/15/2022 • 05/04/2022
Nooksack	• 05/27/2021 • 06/18/2021 • 06/25/2021 • 07/30/2021 • 08/03/2021 • 08/17/2021 • 09/23/2021 • 09/28/2021 • 09/29/2021	• 10/29/2021 • 11/01/2021 • 11/03/2021 • 11/15/2021 • 01/07/2022 • 01/25/2022 • 01/26/2022 • 01/30/2022 • 02/01/2022	• 02/07/2022 • 03/25/2022 • 04/20/2022 • 04/21/2022 • 04/26/2022 • 04/29/2022 • 05/04/2022 • 05/05/2022
Quileute	• 05/27/2021 • 06/15/2021 • 06/24/2021 • 07/12/2021 • 07/13/2021	• 07/21/2021 • 09/15/2021 • 09/20/2021 • 10/05/2021 • 03/23/2022	• 03/24/2022 • 03/25/2022 • 04/14/2022 • 05/04/2022
Quinault	• 05/27/2021 • 06/01/2021 • 08/17/2021 • 09/27/2021 • 09/18/2021	• 11/19/2021 • 01/25/2022 • 04/08/2022 • 04/11/2022 • 04/12/2022	• 04/14/2022 • 04/18/2022 • 04/20/2022 • 04/25/2022 • 04/27/2022 •
Sauk-Suiattle	• 05/03/2021 • 05/04/2021 • 05/25/2021 • 05/26/2021	• 06/15/2021 • 06/17/2021 • 06/21/2021 • 07/21/2021	• 11/19/2021 • 01/24/2022 • 03/25/2022 • 04/19/2022

	• 06/07/2021 • 06/15/2021	• 08/17/2021 • 08/18/2021	• 04/25/2022 • 05/04/2022
Spokane	• 05/27/2021 • 06/12/2021 • 06/15/2021 • 07/08/2021 • 08/16/2021 • 08/18/2021 • 08/26/2021 • 09/01/2021	• 09/15/2021 • 11/10/2021 • 11/16/2021 • 11/18/2021 • 01/11/2022 • 01/23/2022 • 01/24/2022 • 01/25/2022	• 03/21/2022 • 03/22/2022 • 03/29/2022 • 04/08/2022 • 04/19/2022 • 04/20/2022 • 04/29/2022 • 05/02/2022
Squaxin	• 06/15/2021 • 08/13/2021 • 08/16/2021 • 08/17/2021 • 08/26/2021 • 08/30/2021 • 08/31/2021 • 09/01/2021 • 09/15/2021	• 09/23/2021 • 11/01/2021 • 11/02/2021 • 11/03/2021 • 11/05/2021 • 11/08/2021 • 11/16/2021 • 11/17/2021 • 01/05/2022	• 01/08/2022 • 01/24/2022 • 01/25/2022 • 01/27/2022 • 03/25/2022 • 03/28/2022 • 04/21/2022
Suquamish	• 05/27/2021 • 06/09/2021 • 06/10/2021 • 06/11/2021 • 08/17/2021 • 08/27/2021 • 11/16/2021 • 11/17/2021 • 11/19/2021 • 11/24/2021 • 11/29/2021	• 12/09/2021 • 01/04/2022 • 01/06/2022 • 01/10/2022 • 01/12/2022 • 01/25/2022 • 01/26/2022 • 02/07/2022 • 0210/2022 • 02/14/2022 • 02/15/2022	• 02/28/2022 • 03/03/2022 • 03/21/2022 • 03/22/2022 • 03/25/2022 • 03/28/2022 • 04/06/2022 • 04/08/2022 • 04/15/2022 • 04/18/2022 • 04/20/2022
Tulalip	• 05/27/2021 • 06/01/2021 • 06/02/2021 • 06/09/2021 • 06/15/2021 • 06/30/2021 • 07/06/2021 • 07/07/2021 • 07/27/2021 • 07/29/2021 • 08/04/2021 • 08/09/2021 • 08/17/2021	• 08/18/2021 • 08/19/2021 • 08/20/2021 • 09/15/2021 • 09/23/2021 • 10/13/2021 • 10/28/2021 • 11/14/2021 • 11/17/2021 • 12/18/2021 • 12/20/2021 • 12/23/2021 • 01/03/2022	• 01/07/2022 • 01/28/2022 • 02/07/2022 • 04/11/2022 • 04/12/2022 • 04/13/2022 • 04/14/2022 • 04/21/2022 • 04/26/2022 • 04/28/2022 • 04/29/2022
Upper Skagit	• 05/27/2021 • 09/27/2021 • 10/13/2021 • 10/21/2021 • 10/28/2021 • 10/29/2021 • 11/03/2021 • 11/09/2021	• 11/15/2021 • 12/13/2021 • 12/23/2021 • 12/28/2021 • 01/25/2022 • 1/26/2022 • 02/02/2022 • 02/03/2022	• 02/18/2022 • 02/25/2022 • 02/28/2022 • 03/16/2022 • 03/18/2022 • 03/21/2022 • 04/21/2022

Yakima	• 05/27/2021 • 06/01/2021 • 06/09/2021 • 06/15/2021 • 06/30/2021 • 08/16/2021	• 11/16/2021 • 12/06/2021 • 12/07/2021 • 01/07/2022 • 01/10/2022 • 01/25/2022	• 03/21/2022 • 03/24/2022 • 04/08/2022 • 04/19/2022

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 create programs based on their needs and capacity. Contracts are created with each tribe to ensure services are rendered to meet the unique needs of each tribal community. 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 IT 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 American Indian and Alaska Native (AIAN) 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
• Lummi Nation
• Makah Tribe
• Muckleshoot Tribe
• Nooksack Tribe
• Quileute Nation
• Quinault Indian Nation

- Sauk-Suiattle Tribe
- Spokane Tribe of Indians
- Squaxin Island Tribe
- Suquamish Tribe
- Tulalip Tribes
- Upper Skagit Tribe
- Yakama Nation

DIVISION X/CHAFEE CARES FUNDING

Funding is for a one-time increase for Chafee eligible youth and young adults related to housing stability, food security, education access, social-emotional wellbeing and employment stability. Planned activities and use of funding include the following:

- $2.2 million for EFC continuation/Pandemic Re-Entries.
- $2 million for increases in IL contracts to serve youth ages 15-22 (contracts started August 1, 2021).
- $1 million for support dollars for youth ages 18-22 (contract started August 1, 2021).
- $2 million for support dollars for youth ages 23-26.
  — Contracted with Treehouse from July 1, 2021-September 30, 2021.
  — They were able to provide light case management and financial assistance to 540 unique youth
- $500,000 for support dollars for the driver's assistance program through Treehouse.
  — The additional funds allowed Treehouse to increase the amount of insurance assistance and clear their waitlist of youth needing assistance to serve additional youth
- $400,000 set aside for tribal IL services if requested. Five tribes out of sixteen have reconciled last year's contract requirements
  — Tribes were notified of the additional funding by way of the Tribal Policy Advisory Council (TPAC) and a formal letter to the Tribal Chairperson and a handful responded. Many tribal offices were closed due to COVID-19 and had a loss of staff which resulted in lack of capacity to take on additional funds.
  — Some of these funds may need to be reallocated as DCYF is still working with some tribes to submit last year's contract requirements which is needed before new funds can be provided.
- $600,000 for IL activities to support for youth ages 15-17 in all regions.
  — The regions are spending their funds the following ways:
    o Providing technology to youth in need
    o Graduation celebrations
    o IL event to bring youth together

Dollars can be moved between subcategories if not fully used.

Education and Training Voucher (ETV) Program

To be eligible for the ETV program, youth must be enrolled in, or accepted for, a post-secondary degree or certificate program and meet any one of the following criteria:

- Youth is age 16 to 20, currently involved in dependency action in Washington State or tribal court, in the care and custody of DCYF or a tribal child welfare agency, and in foster care. This includes youth who have elected to participate in Extended Foster Care (EFC).
- Youth is 18 to 20-years old and has aged out of state or tribal care. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.

- Youth who were adopted or entered guardianship with a relative on or after their 16th birthday.
- Youth who participated and received ETV funds prior to age 21-years old, may be eligible up to their 26th birthday.

There is still no mechanism in place to compare how many youth are eligible for ETV compared to the number of youth actually served. There has been no change in how the ETV program is administered, which is through the state child welfare agency, DCYF.

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, the database did not have a way to show 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. ETV staff continue to notify campus financial aid staff of a student's ETV award. ETV staff and campus Designated Support Staff (DSS) remain strong partners in assisting ETV participants. DSS work with students in locating and submitting the necessary ETV paperwork which facilitates the utilization of funds. They offer support, student engagement opportunities, and many operate a campus food pantry. Many DSS will reach out to the ETV program with a list of students asking about program participation and eligibility. When appropriate to do so, they work with the student(s) to complete an ETV application.

Services Provided

In January 2020, the ETV program joined the Adolescent Programs 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 in the database include, but are not limited to:

- Demographics
- Financial aid and enrollment status
- Student spending plan
- Notes section

The RDA system administrator unexpectedly retired late last year. No one from RDA is supporting the Access database. This change led to urgent conversations about replacing the database with a web-based system and the ETV program currently has a contract with two developers based in Utah. DCYF had an initial contract with the developers in Utah for $40,000. However, the developers realized in the course of the project development they would not be able to complete the project in the time specified and with the agreed dollar amount. Working with the developers, our IT staff, data security staff, and the contract unit, it was agreed upon that the best course of action is to do a sole source contract. The amount of the contract is $116,800. The goal is to have this contract start on Sept 1, 2022. This delay has resulted in an underutilization of ETV funds. The developers are currently in Phase 1 of the project. Later in the process, a student portal will be created allowing each student to upload required documents and access their own information. ETV staff will give students an opportunity to test and provide feedback/ideas on the student portal.

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, is successful. Students 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 plan to use their ETV funds. This change also simplified the payment process for the fiscal unit, allowing students to receive their funds quicker. On average, students receive their funds within 5 to 7 business days.

The disbursement model allows ETV staff 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 are more responsive to requests for paperwork and contact staff more often if concerns or issues arise.

In the 2021-22 academic year, 189 applications were received. Of those applications, 166 (88%) of students were awarded ETV funds. 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.
- Youth had no unmet need.
- Youth did not meet eligibility requirements.

In talking with students over the past several years, many of them wanted to meet the ETV staff in person. Unfortunately, no in-person visits with students took place this academic year due to the continued impacts of the COVID-19 pandemic. ETV staff participated in Zoom meetings with students, DCYF caseworkers and/or campus staff when requested; however, the majority of contact with students has been through email or phone calls.

Increasing outreach efforts is a goal every year. Program information and presentations were given to the following:

- The ETV one-pager provides a program description and was sent to the OSPI Foster Care Program Supervisor to distribute widely to K-12 staff and school district foster care liaisons throughout the state.
- The ETV one-pager was sent to the OSPI Office of Native Education to share to their education listservs.
- The statewide Education Program Manager is facilitating bi-weekly Education Open Door meetings for DCYF staff. The ETV program staff attend and share program information with DCYF staff and community partners in attendance.
- The application information/link and one-pager were sent to the Treehouse program manager who shared with the Graduation Success directors. ETV staff then made a presentation to Treehouse staff.
- ETV information was added in the Caregiver Connection newsletter as well as the Community Youth Services newsletter.
- Program information was sent to the DCYF Director of Tribal Affairs to share with tribal staff and social service directors. A program description was also put in the Office of Tribal Relations newsletter.
- The ETV program manager presented information to the Region 3 and 4 ICW/DCYF meeting.
- Program information was sent to the Region 3 and 4 Tribal payment caseworkers as well as several conversations with ICW staff of the Tulalip Tribe.
- The ETV Program Manager presented information to staff at the Northwest Indian College.
- Program information/applications were shared with the Regional Education Leads who shared with caseworkers, supervisors, and regional leadership.
- Region 1 Adoption Recruitment staff and Regional Program supervisors were sent ETV program information.
- The ETV program sent a mass email with one-pager to EFC caseworkers in Regions 1, 2, 4, and 5 while Regions 3 and 6 sent the information to their listservs.
- ETV Program Manager participates in Regional Passport groups facilitated by College Success Foundation staff. ETV staff presented at the Region 3 Education training which included OSPI and DCYF staff and high school juniors and seniors. A similar presentation will take place in Regions 1 and 5 in the next month or two.
- ETV staff contacted all young adults from the list sent from Think of Us.
- ETV staff reviewed the entire EFC list (893 young adults at the time of review) and reached out individually to caseworkers asking them to share program information with any of their EFC youth 18-20 who are thinking/are attending a post-secondary education program.
- ETV staff contacted EFC young adults who had used ETV funds previously but were not currently active in the program.
- ETV staff continue to participate in 17.5 staffings or permanency planning staffings when invited to do so.
- The ETV one-pager was sent to the DCYF meeting facilitators in the regions.

Upcoming outreach efforts:

- ETV will receive a list of all graduating high school seniors from the regions. ETV staff will be contacting the social workers of those students who have not yet submitted their application.
- ETV Program Manager presented at the statewide ICW training in May 2022.
- ETV staff attended the Region 3 Graduation Event in May 2022.
- ETV staff will present at the next Children's Justice Conference in April 2023.

- ETV staff will present to Treehouse Grad Success Coaches and offer more in-depth information on the dual-credit part of the program.

Community Collaborations and Partnerships

The ETV program maintains strong partnerships with state and community-based agencies to support the academic success of youth. The ETV Program Manager is a member of the Washington Passport Network and participates on the Passport Leadership Team (PLT) which meets quarterly. The 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

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 covering occupational specific costs.

The College Success Foundation (CSF) is another strong partner with the ETV program. CSF has a foster care initiatives team who organize and facilitate the PLT meetings. CSF provides supports and scholarships to inspire underserved, low-income students to finish high school, graduate from college, and succeed in life.

ETV staff have worked to increase the partnership with the Treehouse Education Advocates who work with youth in foster care. The advocates help facilitate dialogue with students and ETV staff, submit required paperwork on the youth's behalf, assist youth in submitting their ETV applications, and staff cases when appropriate.

Independent Living Skills (IL) providers continue to be strong allies for the program. They assist students with their ETV applications, help obtain necessary paperwork, support students in their academic journey and keep in regular contact with ETV staff. ETV staff rely on feedback from IL staff for program improvements.

Consultation with Tribes remains a focus for the program. As previously stated, ETV staff sent program information to the Director of the Office of Tribal Relations to disseminate among our tribal partners as well as including the information in the Tribal newsletter. ETV staff are available for consultation, training, and meeting with youth at the tribe's request.

Indian youth who are in tribal foster care and meet the eligibility requirements are now able to receive the Passport to Careers scholarship. On the consent form, youth need to check the Tribal Dependency box, identify their tribe, and date of last placement.

The only tribe to administer their own ETV program is the Port Gamble S'Klallam Tribe in Kingston, WA. The DCYF ETV program can assist their ETV students if the tribe runs out of funds. There was no such request this

academic year. The ETV program will work with any Washington State tribe who requests assistance with developing their own ETV program.

Program Improvements

Two significant staff additions have occurred during this reporting period. The ETV Program Manager is now supervised by the Education Program Administrator. The other addition to the ETV program is the Education Program Specialist, who assists with student outreach and caseworker contact, database and program support, liaison with the Payee Registration Desk (vendor system), and lead on archiving student files.

The ETV Program Coordinator has also added the Career Connected Pathways Program Manager to their program scope. This dual role provides the opportunity to share ETV information with community partners not typically associated with the program, thus expanding outreach efforts.

As the ETV program looks to improve efficiencies and decrease barriers students may encounter, the development of a student portal remains an important and necessary improvement. As mentioned earlier in this report, DCYF is contracting with web developers in Utah to replace the Access database and in a later development phase, create a student portal. DCYF is working closely with IT security staff and others in IT to ensure confidentiality. ETV participants will be asked to offer suggestions/needs in the design of the portal.

Youth were emailed an online ETV survey for the 2021-22 academic year. As of this writing, A total of 256 youth were sent the survey 26 students have responded. Students responded that the best things about the program were:
- ETV staff
  — Are friendly and easy to work with.
  — There is good communication when help is needed.
- Financial help
- Easy renewal process

In addition, the following barriers and challenges were noted:
- Providing the correct paperwork.
- Needing a proper signature on forms whether it be an electronic or wet signature.

Improvements were implemented such as sending out reminder emails more frequently before the quarter/semester begins to avoid potential delays. ETV staff also correspond with students via their preferred method of contact (email, phone call, or text).

Prior to the COVID-19 pandemic, students were required by the fiscal unit to print out and hand sign the ETV spending plan. With the closure of college campuses and libraries, most ETV students were unable to meet this requirement. At a time when students needed their funds more than ever, this was not a feasible expectation. The use of e-signatures on the ETV spending plan is now an accepted way of doing business. This change of process began in April 2020 and removed a potential barrier to students receiving their funds. The spending plan was converted to an Adobe document and students could submit their spending plan with their e-signature. Students can also print out and hand-sign the spending plan if that is easier for them. ETV allows for a typed name on the applications for those students unable to hand-sign the form.

The ETV program has become paperless since the pandemic. Because ETV staff are working from home, all student paperwork is now located in the ETV section in the Program and Policy shared drive. Each student has their own folder containing their required paperwork, just as if staff were in the office.

COVID-19 IMPACTS

Although ETV saw a decrease in applications from the previous year, the number of students awarded and number of new students awarded increased. Staff reached out to students who were engaged the previous year to see why they did not submit their renewal applications. The typical responses included that: student did not like on-line learning or on-line learning is difficult for them; numerous students were taking a gap-year and would resume schooling once campuses go back to in-person instruction; others want to continue their college experience of being on campus/living on campus; and some were dealing with personal or family issues.

ETV staff sent emails and made phone calls to students participating in the program to check on their well-being, offer support, problem solve, and help them navigate community services when needed. This increased contact has continued with students throughout the 2021-22 academic year. Several students contracted COVID-19 and ETV staff assisted them in accessing medical care and coordinated with the campus designated support staff so that their schooling was impacted as little as possible.

Even though this academic year is almost complete, ETV staff continue outreach efforts to those youth who are still in incomplete status. This outreach is being done by email, phone, and text.

ETV staff continue to have conversations with students regarding the temporary change to the ETV program, which is the increase of the award from $5,000.00 to $12,000.00, ending Sept 30, 2022. The database was updated so that ETV staff can accurately document the increased funding to students as applicable.

ETV staff worked closely with campus support staff and other community partners to share CARES ACT funding information, identify eligible youth, and obtain the necessary paperwork so that students could receive the additional funding.

The pandemic has taken a toll on every student participating in the program, whether the challenge be academic, financial, medical, or emotional. However, our young adults have shown determination, dedication and resiliency towards achieving their academic goals.

ETV CARES FUNDING

ETV CARES funding was provided directly to students in addition to regular ETV funding to support expenses and/or hardships students incurred due to the COVID-19 pandemic (i.e. rent, expenses to support students due to job losses or decrease in pay). In the coming academic year, this funding will continue to be provided directly to students to support these activities.

During the 2021-22 academic year, all 84 students who were eligible for the additional CARES ACT funding responded to program staff. Twenty-five (25) of those students received the maximum amount of $7,000.00. During the 2020-21 academic year, 104 students used the CARES ACT funds with 14 students receiving the maximum amount of $7,000.00.

The ethnicity and Gender breakdown are as follows:

STUDENT SERVED ETV CARES FUNDING

■ 2020-21 ■ 2021-22
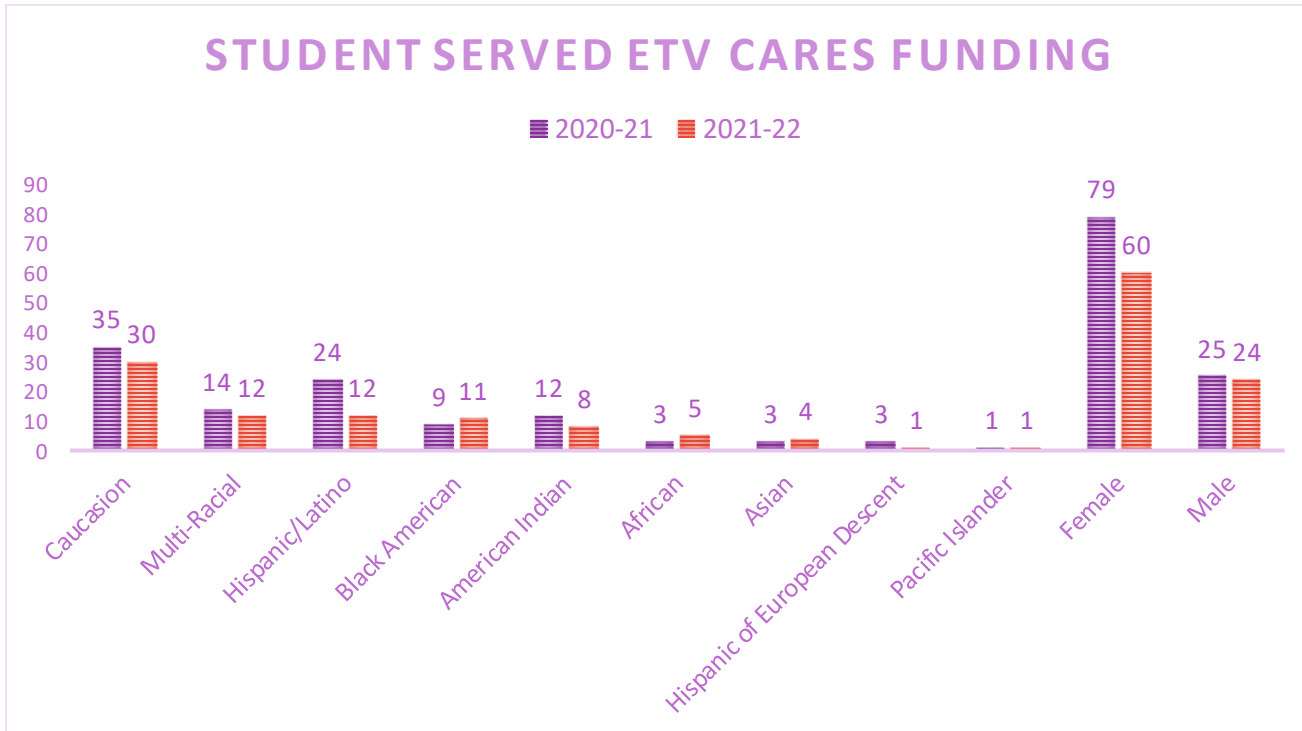
The CARES ACT funding may not be exhausted by September 30, 2022. Most of our students receive the Passport Scholarship ($5000.00) but those funds are typically very slow to arrive to the college financial aid offices and do not initially show up on the student's financial aid award letter. ETV needs to wait until the financial aid letter is final before determining the regular ETV amount plus the additional CARES ACT funds. The ETV Program Manager will reach out to WSAC to check on time-frames and ETV staff will continue to follow up with students for their final financial aid awards for the 2022-23 School Year.

Extended Foster Care (EFC) Program

Washington State has implemented all five (5) eligibility categories for EFC. To be eligible for EFC, a youth on their 18th birthday must be dependent, and be:

• Enrolled in high school or high school equivalency certification program, or
• Enrolled or intends to enroll in vocational or college program, or
• Participating in activities designed to remove barriers to employment, or
• Employed for 80 hours or more per month, or
• Have a documented medical condition that prevents participation in one of the four prior categories.

Youth participating in EFC are considered non-minor dependents. They are able to transition between categories throughout their time in EFC. Placement settings vary and can include Supervised Independent Living (SIL) settings such as apartments, shared housing, living in a dorm, foster care, and living with relatives. In 2019, the program was able to create a FamLink code allowing for monetary housing assistance for non-minor dependents in getting into a SIL setting with funds for first, last, and deposit, up to $3,500 per lifetime of the case. The funds are sent directly to the youth to help them learn much needed life skills in securing independent housing. Non-minor dependents continue to be able to enter and exit the program as needed until the age of 21 through a Voluntary Placement Agreement.

Non-minor dependents receive the same case management services and supports as youth under the age of 18 years old in out-of-home care. Case plans are specific to the needs and level of functioning of the young

adult, and focus on obtaining the needed skills to successfully transition from care to independent adulthood. Areas of focus typically include:

- Educational goals
- Employment
- Learning independent living skills

IL services and supports play a key role in developing these skills. Non-minor dependents are encouraged to participate in their local IL program and many become more involved as they get closer to the age of 21. DCYF does not currently have data reports reflecting the number and percentage of youth participating in EFC who are receiving IL services.

Washington has continued to see an increase in participation in EFC due to increased outreach to community advocates, youth attorneys, youth serving agencies, and consistent practice throughout the state. There continues to be an influx of youth who the department did not interact with due to SB 6222, which passed in the 2018-2019 legislative session. This bill removed the requirement that a youth needed to be in foster care as an eligibility requirement of the EFC program. This opened the program up to youth in dependency guardianships, Juvenile Rehabilitation, in-home dependencies, and anyone who was dependent at the age of 18. This created an avenue for youth to enter the program who the department did not have previous knowledge of. Many of these youth are becoming dependent while in the custody of the Office of Refugee and Resettlement and upon the age of 18 asking to enter into EFC. Youth are petitioning for dependency alleging abuse, neglect or abandonment and as part of their application for a Special Immigrant Juvenile (SIJ) visa. Often times their case has not been fully adjudicated by the Department of Homeland Security (DHS) prior to their 18th birthday, and youth are dependent at 18 but lack immigration status. Other youth have obtained a Special Immigrant Juvenile visa after being released from federal custody. These youth have a valid immigration status, but do not reside in an ORR facility, as they have previously been released from federal custody to the care of a family member or sponsor. Youth may qualify for the Unaccompanied Refugee Minor program only if they receive a SIJ visa while still in federal custody.

DCYF is currently not able to determine who was eligible and did not opt into the EFC program. Currently, to gather this information would require the program manager to go into each closed case individually to see if the youth was eligible and why they opted out. In order to more simply gather this information, there would need to be a new case closure code created in FamLink by IT. DCYF continues to determine a way to gather this information. We will continue to work on this for future years.

Extended Foster Care Data as of April 2022		
Age of Youth	Number	Percentage
18	270	32%
19	305	36%
20	275	32%
Total	850	100%
Placement Type	Number	Percentage
Supervised Independent Living	685	81%
Foster Care Settings	165	19%
Ethnicity	Number	Percentage
White	383	45%
Native American	61	7%

Native American Multiracial	91	11%
Black	68	8%
Black Multiracial	61	7%
Hispanic	153	18%
Other Multiracial	11	1%
Asian/Pacific Islander	20	2%
Unknown	2	1%
Total	850	100%

Region	Number	Percentage
1	129	15%
2	58	7%
3	122	15%
4	192	22%
5	156	18%
6	193	23%
Total	850	100%

Data Source: Extended Foster Care, infoFamLink, April 2022

Number of Youth That Exited EFC in 2021, by Age		
Age of Youth	Number	Percentage
18	71	31%
19	23	9%
20	20	4%
21	182	56%
Total	296	100%

Data Source: Exit Report, infoFamLink, April 2022

COVID-19 IMPACTS

- EFC SILS Housing Support Funds were used to help youth in EFC pay their rent if they were affected by COVID-19. .
- 317 young adults that turned 21 between April 1, 2020, and September 30, 2021 and would have otherwise been discharged from EFC at age 21, remained in the program due to the Federal Consolidated Appropriations Act and the Governor's Proclamation stopping discharges from EFC during the pandemic.
  — When the 317 young adults aged out of EFC on September 30, 2021 as the Federal Act and Governor's Proclamation ended, the Governor issued $299,000 to contract with a state agency to issue additional funds to all 317 young adults.
- Created a resource list to include other agencies/departments and posted it on the DCYF COVID-19 Adolescent Programs page.
- The Health Care Authority, Coordinated Care Apple Health Core Connections conducted a survey to check in with youth ages 18-26 on how they were doing and if they needed additional services or resources such as technology devices for school.
- Met with advocates and community partners on an ongoing basis to talk about the needs of youth, how to help with additional needs, and whom to collaborate with to provide resources.

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 tribes. 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. Tribes have asked DCYF to use the word collaboration when discussing steps taken to provide information to the tribes outside of the formal consultation process. DCYF shares information to the tribes through our monthly Indian Child Welfare Sub-Committee meetings and quarterly Tribal Policy Advisory Committee (TPAC). Part of DCYF's 10.03 policy also outlines regional planning with the tribes.

DCYF and the tribes have formed two workgroups to begin the work of revising our policy and procedures to align with recent WA State Supreme Court decisions. The first workgroup has only tribal members, the second workgroup has both state and tribal representatives and is co-chaired by tribal and state staff. The tribal workgroup reviews each chapter and provides input for the tribal/state workgroup. When this work is complete, DCYF will schedule a formal, "Consultation" meeting with tribal leaders.

The tribes also participate in on-going meetings between DCYF and the Alliance to discuss necessary changes to the existing ICW Trainings to align with the new policy. The tribes have offered to co-train with the Alliance when the new curriculum is complete.

In 2021, DCYF reviewed our CAPTA Citizen Review Panels (CRPs) with the tribes at the ICW Sub-Committee meetings and the tribes appointed a tribal representative to participate in one of the three existing CAPTA panels.

Washington Federally Recognized Tribes	
Tribe	Tribal Staff
Confederated Tribes of the Chehalis Reservation	Frances Pickernell
Confederated Tribes of the Colville Reservation	
Cowlitz Indian Tribe	
Hoh Tribe	
Jamestown S'Klallam Tribe	Liz Mueller
Kalispel Tribe	
Lower Elwha Klallam Tribe	
Lummi Nation	Ralph Jefferson
Makah Nation	
Muckleshoot Tribe	Alex Cruz, Mahogany Sexton
Nisqually Tribe	
Nooksack Tribe	Katrice Rodriquez
Port Gamble S'Klallam Tribe	Cheryl Miller
Puyallup Tribe	
Quileute Nation	
Quinault Nation	
Samish Nation	Caritina Gonzalez
Sauk-Suiattle Tribe	Tempest Dawon
Shoalwater Bay Tribe	
Skokomish Tribe	Shawna Hill, Marcella Jones
Snoqualmie Tribe	
Spokane Tribe	Tawhnee Colvin
Squaxin Island Tribe	
Stillaguamish Tribe	
Suquamish Tribe	Kendra Martinez
Swinomish Tribe	
Tulalip Tribe	
Upper Skagit Tribe	

| Yakama Nation | Cassey Aranda |

The APSR will be provided electronically to all tribes and a link to the report will be placed on the DCYF Tribal Relations internet page.

DCYF offers all of the tribes an opportunity to enter into a Memorandum of Agreement (MOA). The MOA clearly defines roles and responsibilities for DCYF and the tribes. DCYF provides a MOA template to the tribes to start the conversation. DCYF and the tribes have started the process to update the existing MOA Template. The MOA, when finished, will outline how DCYF and the tribes work together in all DCYF programs including Intake, CPS Investigation, CFWS and Licensing. The MOA will also include language on how DCYF can support the tribes when a case is in tribal court or the tribe is providing case management to the family. As part of the 10.03 policy, each region also develops plan with the local tribes in each region. The 10.03 plans also define responsibilities. DCYF 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

- The regions completed local ICW Case Reviews with the tribes in their region as agreed upon through the 10.03 plans. Due to the COVID-19 pandemic, the regional reviews were put on hold for some of 2020. These reviews have resumed in some offices through Zoom or other virtual platforms.
- DCYF and the tribes develop Action Plans based on the case review results to address areas of need. These plans are on-going and continue to be implemented including the creation of ICW flow charts and tip sheets for caseworkers to reference.
- DCYF will begin planning in collaboration with the tribes the next statewide ICW Case Reviews.
- DCYF partners with the tribes to develop ICW training and all DCYF trainings are offered to our tribal partners. DCYF is currently offering Qualified Expert Witness (QEW) Training to both tribal and state staff.
- DCYF is developing regional lists of potential QEW's. DCYF will hire a QEW Coordinator in 2022 to help develop training, recruit and maintain the QEW list.
- The tribes have been invited to participate in the development of DCYF's strategic plan and there are two tribal representatives on the DCYF Oversight Board. There is currently one tribal representative, however, DCYF, in partnership with the tribes, are actively recruiting a tribal representative to fill the vacancy on the oversight board.
- On October 25, 2021, AOC, Casey Family Programs and the National Council of Juvenile and Family Court Judges (NCJFCJ) hosted the Washington ICWA Court Summit. Jurisdictions were encouraged to bring an "ICWA Court Team" to the summit, with recommendations that a team could consist of a Judicial Officer, a state/county legal counsel, parent's counsel, children's counsel, court administration, state child welfare agency personnel and representatives from tribal partners from that jurisdiction. The summit focused on capturing the requirements and spirit of ICWA by improving Tribal collaborations and involvement in the court.
- On November 9, 2021, the Oregon Department of Human Services Tribal Affairs Unit and the Washington State DCYF Office of Tribal Relations co-hosted a virtual Qualified Expert Witness (QEW) training aimed at building a foundation for states and tribes to provide QEW testimony on child welfare cases involving tribal children and families.

Planned Activities for Next Review Period

- Local Indian Child Welfare Advisory Committee (LICWAC) - The Regional ICW consultants will provide LICWAC training for DCYF staff and LICWAC members, as identified in the 10.03 plans. LICWAC trainings are on-going throughout the state and one Regional consultant also presented to a statewide CASA conference.
- DCYF has started scheduling meeting with tribes to discuss service and contract needs. This will start at the regional level with the goal of meeting with all of the tribes to assess what services are needed throughout the state.
- DCYF will collaborate with LICWACS throughout the state to arrange regional and statewide listening sessions to help build more consistency in these staffings.
- Trainings
  — The Alliance will continue to coordinate and assist in access to training for tribal staff and caregivers. Additionally, the Alliance has been invited to participate in any ICW case review process. The Alliance also provides Native American Inquiry and Referral (NAIR) training to all regions.
  — To ensure tribal staff is aware of all DCYF training opportunities and provided information to enroll and attend, notification will occur at 10.03 meetings, advisory meetings, postings on the Office of Tribal Relations website and newsletter and direct communication from the Alliance of available trainings. DCYF's Office of Tribal Relations will also provide training to staff on the 10.03/Consultation Policy.
- AFCARS
  — DCYF will collaborate with the tribes around implementation of proposed changes to AFCARS at DCYF ICW Subcommittee Meetings. Discussions around the changes have been ongoing and all changes will be reported to the tribes at the ICW Subcommittee Meetings.
- ICWA Summits
  — In the summer or fall of 2022, DCYF will host the Indigenous Children, Youth and Family Conference.
  — ICW consultants located in each region continue to provide case management support, training, and coordination of tribal meetings, etc.
- FFPSA
  — DCYF will continue to collaborate with tribes on FFPSA. DCYF has kept the tribes updated on the progress of FFPSA at the tribal advisory meetings. DCYF is working with Ballmer to provide funding to support Tribal Evaluation capacity building. DCYF is working with tribes through listening sessions to identify service needs and are arranging meetings to share the contracting process so that tribes can contract for the Combined In-Home Service array.
- Title IV-E Outreach
  — Outreach and information sharing regarding Title IV-E agreements occurs at the regional and statewide level through the ICW subcommittee when tribes request information. DCYF arranged for a Title IV-E informational virtual meeting with the tribes on March 24, 2021.
  — When a tribe requests information, the headquarters Title IV-E team arranges to meet the tribe, provides information and answers questions. There is a PowerPoint presentation used at the initial meetings with tribes that contains information about Title IV-E.
  — Tribes are encouraged to have conversations with other tribes that currently have Title IV-E agreements, to get the tribal perspective and gain more information.
  — DCYF will arrange an informational meeting between the state and federal government to discuss barriers to the tribes engaging in Title IV-E funding. Some of the barriers include: tribes not having the software/SACWIS system for reporting, requirements to comply may require code changes and funding is small for amount of work necessary.

- Tribal Consultation
  — DCYF will consult and collaborate with tribes to review the ICW policy & procedures. DCYF anticipates having a formal Consultation with all of the tribes when the work is complete.

COVID-19 IMPACTS

The COVID-19 pandemic has continued to impact the number of meetings between DCYF and the tribes, especially meeting in person as DCYF has only been able to have meetings via a virtual platform. The tribes have reported that virtual meetings have made it easier to attend meetings as travel is not necessary.

Updates to Targeted Plans within the 2020 – 2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan
Refer to attached plan.

Health Care Oversight and Coordination Plan
Refer to attached plan.

Disaster Plan

The Emergency Operations Plan describes immediate actions to take in response to an emergency event generally lasting 24 to 72 hours. Continuity of Operations Plans provide additional guidance regarding actions to take when the disruption last more than 72 hours. Another significant difference between Emergency Operations Plans and Continuity of Operations Plans is; the Emergency Operations Plan combines the response actions of all DCYF occupants at a given location while Continuity of Operations Plans are specific to the DCYF agency wide event.

No changes were made since submission of the plan with last year's report. Refer to attached plan.

Training Plan
Refer to attached plan.

Statistical and Supporting Information

CAPTA Annual State Data Report Items
Information on Child Protective Workforce
Number of families that received differential response as a preventative service during the year.

Number of CPS Intakes Screened-In for Family Assessment Response	
Calendar Year	Number
CY2019	21,452
CY2020	16,474
CY2021	18,427
Data Source: Far & Investigation Intake Detail, infoFamLink, CY2019, CY2020 & CY2021	

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 2021 (Oct 1, 2020– Sept 30, 2021)	Average Number of Intakes Per Month	Average Number of New Intakes Per Month Per Worker
Screening and Intake Workers	110.33	9,270	84

CPS-Investigations Workers	240.16	1,457*	13.9
CPS-FAR Workers	204.86	1,710*	13.2

Data source: Intake Workers – Agency Financial Reporting System (AFRS) September 2020 Payroll; CPS Workers – Children's Administration Workload FTE Report, monthly average assigned worker percent for FFY2021. Average number of Intakes per month data source is Intakes by Category and Decision Type and rptIntakes, infoFamLink; run date May 28, 2022.

* There is also a monthly average of 608 CPS-Risk Only intakes. In these cases, if the intake is on an open case, it is assigned to that case worker, regardless of which case type it will end up being.

Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. DCYF uses a FamLink Workload FTE Summary Report to monitor all caseload ratios.

Family Assessment/Investigation (CPS) – Average Caseload						
	CPS Investigations Standard: 12-15 Families			CPS FAR Standard: 12-15 Families		
Month	CPS Cases	CPS Worker %	CPS Ratio	CPS Cases	CPS Worker %	CPS Ratio
Month	CPS Cases	CPS Worker %	CPS Ratio	CPS Cases	CPS Worker %	CPS Ratio
Jan-21	2786.20	229.2	12.2	2305.70	186.6	12.4
Feb-21	2911.40	221.1	13.2	2467.80	198.3	12.4
Mar-21	3015.80	217.2	13.9	2563.20	203.1	12.6
Apr-21	3079.70	226.0	13.6	2665.00	204.9	13.0
May-21	3130.80	223.4	14.0	2611.30	191.8	13.6
Jun-21	3445.30	220.8	15.6	3092.20	197.6	15.6
Jul-21	3585.90	229.4	15.6	2873.00	186.2	15.4
Aug-21	3506.20	232.6	15.1	2541.40	177.5	14.3
Sep-21	3288.80	220.2	14.9	2335.80	175.1	13.3
Oct-21	3302.70	212.1	15.6	2500.60	181.0	13.8
Nov-21	3567.00	215.2	16.6	2701.90	170.7	15.8

Data Source: Workload FTE Summary, infoFamLink, reports as of the 3rd of the respective month reported; pulled 01/31/2022

Information on the education, qualification, and training requirements established by the State for child protective service personnel, data on the education, qualifications, and training of personnel, and demographic information of personnel (sections 106(d)(10)(A-C)).

- Data for education, qualifications, and demographic information of personnel

DCYF Child Welfare CPS Workforce						
	CY2019		CY2020		CY2021	
	Personnel		Personnel		Personnel	
Race/Ethnicity	Number	Percent	Number	Percent	Number	Number
American Indian/Alaskan	9	1.97%	11	2.14%	10	2.25%
Asian or Pacific Islander	24	5.26%	26	5.05%	14	3.13%
Black/Not Hispanic Origin	33	7.24%	37	7.18%	39	8.72%
Hispanic	33	7.24%	38	7.38%	43	9.62%
White/Not Hispanic Origin	127	27.85%	163	31.65%	163	36.46%
Unknown	230	50.44%	240	46.60%	178	39.82%
Total	456	100.00%	515	100.00%	447	100.00%
Gender	Number	Percent	Number	Percent	Number	Percent
Female	343	75.22%	389	75.53%	344	76.96%
Male	113	24.78%	126	24.47%	103	23.04%
Total	456	100.00%	515	100.00%	447	100.00%
Age	Number	Percent	Number	Percent	Number	Percent

	Number	Percent	Number	Percent	Number	Percent
Under 35 Years Old	141	30.92%	160	31.07%	178	39.82%
35 - 45 Years Old	148	32.46%	156	30.29%	134	29.98%
46 - 60 Years Old	120	26.32%	141	27.38%	123	27.52%
Over 60 Years Old	47	10.31%	58	11.26%	12	2.68%
Total	456	100.00%	515	100.00%	447	100.00%
Education	Number	Percent	Number	Percent	Number	Percent
Voc. or Bus. School	1	0.22%	1	0.19%	0	0.00%
Less Than HS Grad	3	0.66%	2	0.39%	3	0.67%
High School or GED	1	0.22%	1	0.19%	1	0.16%
Some College-2 Qtrs+	13	2.85%	15	2.91%	12	2.68%
AA Degree	4	0.88%	7	1.36%	7	1.57%
College Grad 4-Yr Degree	242	53.07%	281	54.56%	272	60.85%
Some Grad Work	28	6.14%	35	6.80%	19	4.25%
MA/MS/MSW Degree	-	-	-	-	-	-
Other Master Degree	156*	34.21%	166*	32.23%	126*	28.19%
PHD, LLD, MD, JD	2	0.44%	2	0.39%	2	0.44%
Unknown	6	1.32%	5	0.7%	5	1.19%
Total	456	100.00%	515	100%	447	100.00%

*not separated by type of Master's
Data source: DCYF Human Resources Division; CY2019 as of 12/31/2019, CY2020 as of 12/31/2020; CY2021 as of 12/31/2021

- 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	Social Service Specialist 5
A Bachelor's degree or higher in social services, human services, behavioral sciences, criminal law/justice, or an allied field. Equivalent education/experience. Note: Employees must successfully complete the formal training course sponsored by their division within eighteen months of their appointment.	Twelve months as a Social Service Specialist 1; AND Completion of the agency's Social Service Specialist training program. OR A Master's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field, and one year as a Social Service Specialist 1 or equivalent paid social service experience. OR A Bachelor's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field, and two years of paid social service	One year as a Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, or an allied field, and two years paid social service experience equivalent to a Social Service Specialist. OR A Bachelor's degree in social services, human services, behavioral sciences, or an allied field, and three years paid social service experience performing functions equivalent as a Social Service Specialist 2.	One year of experience as a Social Services Specialist 3 OR Three years of experience as a Social Services Specialist 2 OR A Master's degree in social services, criminal law/justice 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, criminal law/justice or an allied field and four year of experience	One year of experience as a Social Service Specialist 4. OR Two years of experience as a Social Service Specialist 3. OR Four years of experience as a Social Service Specialist 2. OR A Master's degree in social services, human services, behavioral sciences, criminal law/justice or an allied field and four years of paid social service experience equivalent to a Social Service Specialist 2. OR A Bachelor's degree in social services, human

	experience performing functions equivalent to a Social Service Specialist 1. **Note**: A two-year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience. **Note**: Employees must successfully complete the formal training course within one year of their appointment.	**NOTE**: A two-year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience. **NOTE**: Employee's must successfully complete the formal training course sponsored by the division within one year of their appointment.	equivalent to a Social Services Specialist 2 **NOTE**: A two-year Master's degree in one of the above fields that included a practicum will be substituted for one year of paid social service experience. **NOTE**: Employee's must successfully complete the formal training course sponsored by the division within one year of their appointment.	services, behavioral sciences, criminal law/justice or an allied field, and six years of paid social service experience performing functions equivalent to a Social Service Specialist 2. **NOTE**: A two-year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience. **NOTE**: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.

The number of children referred to CPS under policies and procedures established to address the needs of infants born with and affected by illegal substance abuse, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder (section 106(d) (15)).

Number of Children Referred to CPS With Substance Exposure Evidence at Birth	
Calendar Year	Number
CY2019	827
CY2020	853
CY2021	875
Data Source: FamLink intake data – screened in CPS and CPS-Risk Only intakes where the substance exposed check box is checked for an infant participant	

The number of children under the age of three involved in a substantiated case of child abuse or neglect that were eligible to be referred to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (IDEA), and the number of these children actually referred to these early intervention services (section 106(d)(16)).

Children 3 and Under With A Founded Abuse/Neglect Finding With Documented Referral to the ESIT Program	
Calendar Year	Number
CY2019	308
CY2020	168
CY2021	199
Data Source: FamLink, education_referral type: Early Support for Infants and Toddlers Program	

Juvenile Justice Transfers

DCYF gathers data from the FamLink SACWIS System on children who are incarcerated in JR during the year. The current reporting includes youth in DCYF care and custody that experience one or more placement events at one or more of the JR facilities including what are defined as the community settings (from JR – "There are 11 state run facilities. 3 institutions and 8 community facilities.").

Juvenile Justice Transfers						
	CY2021					
	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	1	5	6
Asian	0	0	0	0	0	0
Black/African American	1	2	0	0	3	6
Multi	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0
Unable to determine	0	0	0	0	0	0
White/Caucasian	1	2	0	2	3	8
Total	2	4	0	3	11	20

Source: DCYF FamLink; Includes any youth in an open episode for any length of stay during CY2021, who were placed into a state regulated DCYF/JR facility while in out of home care anytime during CY2021. Includes placements in any of the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, SUNRISE STATE COMMUNITY FACILITY, RIDGEVIEW STATE COMMUNITY FACILITY, CANYON VIEW STATE COMMUNITY FACILITY, TWIN RIVERS STATE COMMUNITY FACILITY, PARKE CREEK STATE COMMUNITY FACILITY, WOODINVILLE STATE COMMUNITY FACILITY, OAKRIDGE STATE COMMUNITY FACILITY, TOUCHSTONE STATE COMMUNITY FACILITY

Education and Training Vouchers (ETV)

Attachment D – Annual Reporting of Education and Training Voucher Awarded

Inter-Country Adoptions

See *Services for Children Adopted from Other Countries* section.

Monthly Caseworker Visit Data

FY 2021 data will be reported by December 15, 2021 as required in ACYF-CB-PI-12-01.

Financial Information

Title IV-B Subpart 1

- Washington State expenditures of Title IV-B subpart 1 funds in federal fiscal year 2005 for child care, foster care maintenance, and adoption assistance payments was $0 and we will not be expending any of these funds in these areas in federal fiscal year 2023.
- 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 2023.

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 2020 was $26 Million.
- Washington State does not plan to revise the use of Title IV-B subpart 2 funds based on the amendment to P.L. 112-34.

Title IV-B Subpart 2 Services: Examples of Key Service Providers	
Family Preservation (30% of grant)	DCYF contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include: ▪ Parent Child Interaction Therapy (PCIT) ▪ Intensive Family Preservation Services (IFPS)/HomeBuilders ▪ Incredible Years ▪ Positive Parenting Program - Triple P
Family Support Services (20% of grant)	DCYF contracts with providers for Parent Education and Support in communities throughout Washington State.
Family Reunification Services (20% of grant)	DCYF contracts with providers for family reunification services throughout Washington State. Key services include: ▪ Family Preservation Services ▪ Parent Child Interaction Therapy ▪ Evaluations and Treatment
Adoption Promotion Supports and Services (20% of grant)	Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the neediest and difficult to adopt. Adoption services are provided by adoption caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 18,000 children and families.
Administrative (10% of grant)	Title IVB-2 is allocated its share of indirect administrative costs through the approved Public Administration Cost Allocation Plan (PACAP), some of these cost include: salaries, benefits, goods, and services.

CARES Act (ACYF-CB-PI-20-11)

DCYF utilized the CARES Act supplemental Title IV-B subpart 1 funding to enhance agency hardware, software and service infrastructure to support telework and remote participation by agency employees. Specific accomplishments include mobilizing and support a remote workforce by implementing remote work tools (i.e. WebEx, Zoom, VPN access, etc.) and ensuring no disruption in services to children and families.

Attachments

Attachment A - Child Abuse Prevention and Treatment Act (CAPTA) Report – 2021

CAPTA Program Manager

Contact: Amy Bustamante, CAPTA Grant Manager

Address: Department of Children, Youth and Families

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Use of State Grant Funds

DCYF provides services throughout Washington State to families and individuals who are referred to Child Protective Services (CPS), Family Voluntary Services (FVS) or Family Reconciliation Services (FRS) to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- Six regional CPS safety related positions including Quality Practice/Safety Specialists and Administrators to help coordinate CPS services and program design. This funding contributes salaries to each of these positions.
- Three Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high-risk cases. Funding includes salary and benefits.
- One CAPTA statewide manager who will support all three Citizen Review Panels (CRP) and grant management. The grant will also pay for members of CRP to attend the yearly CRP conference.
- Support Plan of Safe Care Partners Parent Trust and Help Me Grow.
- Support of accredited Community Advocacy Center (CAC).
- Trauma training.
- The development of a new integrated Family Practice Model.

CAPTA Services

- Regional Quality Practice Specialists, CPS Program Managers and Safety Administrators
  The regional Quality Practice Specialists (QPS), CPS program managers and Safety Administrators continue to support intake, assessment, screening and investigation of reports of abuse and neglect through:
  — Training their regional staff and community partners.
  — Representation on statewide project teams regarding CPS and intake time frames, functions and screening and assessment tools.
  — Consultation and consensus building at the regional and statewide level.
  — Coordination of regional community-based child protection teams.
  — Participation in local child fatality reviews.
  — Coordination of regional services for low risk families.
- Critical Incident Case Review Specialists
  The Critical Incident Case Review Specialists provide clinical consultation to management and critical incident case review teams on complex and high-risk cases. These cases involve child fatalities, near fatalities, other critical incidents, high risk, high profile, complex cases, or tort cases.
  - Support the Plan of Safe Care community prevention pathways by investing in both Parent Trust and Help Me Grow.

- Support of accredited CAC's who lost funding during the pandemic and were likely to lose needed staff in order to function and provide services to children who had been abused or neglected. CAC's are an integral part of the investigation, treatment, and prosecution of child abuse cases across the state.
- Support of a training on trauma that all staff could attend.
- Development of a new Family Practice Model that is being developed through an in-depth stakeholder process with the assistance of Chapin Hall. Phase one, the framework, was completed in April of 2022 and phase two, process and standards, has begun.

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 CY2022/CY2023

- Expand service array in preparation of the implementation of FFPSA in working towards eliminating disproportionality by always keeping the racial equity lens at the forefront; creating and supporting preventative systems to address disparities and support our families.
- Phase 2 development of an integrated Family Practice Model that will organize the values and principles of casework while supporting caseworkers in the in this work. The core values include inclusion, respect, integrity, compassion and transparency.
- Rebuild the CRP system by supporting the development of a panel that has members that are attentive to prevention, one that is dedicated to racial justice and increase support towards the existing panel in which most members are knowledgeable about the out of home system. Build a better recommendation and feedback loop that respects the time and stakeholder input that is received.
- Decrease out-of-home care and repeat maltreatment by increasing preventative services and service delivery, in CPS-investigation, CPS-FAR, and Family Voluntary Services. This will be supported through the implementation of motivational interviewing, along with targeted expansion of preventative services as part of FFPSA.
- Continue to bring the Plan of Safe Care (POSC) community-based prevention pathway to scale statewide by phasing implementation across the state with the first two pilot sites in Yakima and Pierce counties implementing a community-based Plan of Safe care pathway June 2021. Identify additional pilot sites in partnership with the Department of Health and Washington State Hospital Association for the second phase of implementation – birthing hospitals presently engaged in work to address the opioid epidemic through Alliance for Innovations in Maternal Health initiatives. Identify timelines for the final phase of implementation to include Washington's remaining forty-four (44) birthing hospitals. And, develop an online referral portal in partnership with WithinReach/Help Me Grow to serve as the referral portal for the community-based pathway and de-identified Plan of Safe care data collection. Using an algorithm to assist hospitals in determining which pathway is appropriate, the portal will either indicate a referral to DCYF intake, or a referral to Help Me Grow is indicated. De-identified data collected by DCYF includes the following:
  — Race/ethnicity of newborn and birthing parent.

- — Zip code.
- — Birthing parent's age.
- — Type of substance exposure.
- — Screening information for the newborn and birthing parent.
- Continue to enhance the general child protective system through evaluation, development, improvement and reinforced use of risk and safety assessment tools and protocols.
- Streamline existing trainings and create and provide new trainings around safety and risk. This would include:
  - — Integration of Safety Boot Camp into Safety Through the Life of the Case.
  - — Creation and provision of Safety Framework training specifically for AAs and Supervisors.
  - — Improvement and development of a tracking system to ensure current workers, new workers and supervisors attend trainings.
  - — Training with an emphasis on the safety threshold and articulation and documentation around when children are determined to be either unsafe or safe to support application of the safety assessment in case related decision making.
- Continue to explore to move forward with an online intake portal for mandated reporters. Will continue to work with WATech as they strengthen infrastructure to expand the callback feature currently being piloted with central intake.
- Increased retention of staff.

AMERICAN RESCUE PLAN ACT FUNDS

DCYF developed a budget and plan for use of the American Rescue Plan Act funds with internal and external stakeholders' input regarding use of the funding. Planning and coordination work occurred to ensure DCYF is maximizing support by coordinating CAPTA with Community-Based Child Abuse Prevention (CBCAP) fund planning. The following is the plan to utilize the funding:

Expansion of Parent Trust

Expand Parent Trust's contract in order to improve/expand services. 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. The Parent Trust for Washington Children's contract was expanded to support growth in the following areas:

- Provide resources and equipment to update the statewide resource database for parents.
- Have available technology and resource supports to ensure parents are able to access classes and support services remotely.
- Outreach and classes for expectant families.
- Outreach and classes for expectant fathers.
- Outreach, parent education, and support groups for new parents.
- Flexible, individualized parenting classes based on identified need.
- Additional staffing capacity for warm line staff.

Front End Parents with Lived Experience Mentorship Program

Fund a parent's with lived experience mentorship program that starts as early as the beginning of a CPS-Investigation or CPS-FAR case. Parents with lived experience will provide support to parents with repeated allegations of abuse or neglect with the end goal of reduction of barriers to change thus reducing additional

involvement and out-of-home placement. The Request for Proposal (RFP) process has been completed and awarded and negotiations are now under way.

Fathers Matter Materials and Support
Development and distribution of fathers matter materials that and materials that directly relate to the barriers that fathers face.

Expansion of Plan of Safe Care through Help Me Grow
Help Me Grow supports families with children 0-5 to connect to health and development resources. Currently in Washington a cross-system team has been working on creating a Public Health Response to the Plan of Safe Care for families addressing issues of substance abuse that do not meet the criteria for a DCYF intervention. DCYF is in the process of implementing Plan of Safe Care pilots in Region 2 and Region 5. Funding will be used to partner with Help Me Grow or another community-based organization to expand Plan of Safe Care statewide.

Mandatory Reporting Campaign
Update the mandated reporting video, documents and resources, including the video illustrating disproportionality in the child welfare system. Develop, in partnership with community partners and stakeholders, a communication campaign that will focus on encouraging communities to notice signs of stress amongst one another, normalizing family stress and encouraging families to seek support, educating the broader community about supportive resources and providing information about recognizing and reporting suspected child abuse or neglect. The campaign will assist us in getting this information out to the community to assure they are aware of these resources.

Grants to Community Resource Centers for Direct Concrete Goods
Grant money to be distributed to community resource centers for concrete goods and services for families who walk through the doors of a family resource center and have needs such as diapers, technology, housing crisis, utilities, food, clothes --- items that if unmet will increase the likelihood of an intake to CPS.

CAPTA and Alignment with the Child and Family Services Plan (CFSP)
The following items in the *Update on Plan for Enacting the State's Vision* section support practice improvements for safety-related outcomes:
- Expansion of the Service Array in preparation for the implementation of FFPSA.
- Development and implementation of the Family Practice Model.
- Implementation of HB1194 related to parent child visitation.
- Implement support for consistent application of the Safety Framework across all case types by aligning safety-related assessments and case planning activities, revising tools to support practice, and establishing an ongoing QA and consultation structure.
- Hold case consultations prior to filing of dependency petitions (after FTDMs) and on complex cases to strengthen practice-related decision-making, development of effective safety plans, and provision of individualized safety-related services to keeping children safety with their parents.
- Revise policy, provide guidance and implement consistent QA/CQI processes to ensure timely initial assessments of child safety.

- DCYF staff and court partners will develop, understand, and articulate consistent language regarding DCYF's Safety Framework and implement changes in caseworker and court practice related to the Safety Framework.
- Implement support structure to ensure completion of Family Team Decision Making Meetings (FTDM) and integration of Safety Framework to support placement decision-making prior to filing dependency petitions to keep children safely at home with their parents or to establish clear conditions for return home.
- Establish dedicated permanency planning facilitators to coordinate, facilitate, and track timely and comprehensive permanency planning meetings.
- Implement an evidence-informed coaching model with AAs and supervisors to support their staff in ongoing learning and application of skills.
- Implement a structure for formal caseworker supervision that focuses on program-specific critical decision-making skills and clinical support and guidance for staff.

Summary of Accomplishments – CY2021/2022

- Completion of pre-dependency consultations statewide to support use and application of safety and risk tools in decision making.
- Completion of Phase 1 of the Family Practice Model.
- Completion of six county specific Safety Summits throughout WA state.
- Hired Family First Prevention Program Supervisor and six regional FFPSA leads.
- Continued and ongoing development of COVID-19 strategies around effective and safe ways for staff to assess children, youth, parents, caregivers and Family Time at the earliest intervention points and ongoing.
- Supported providers in continuing to work with and provide resources to families.
- Adjusted the childcare payment structure to support childcare providers in their ability to stay open and provide critical services.
- Began implementation of the Learner Centered Coaching (LCC) model to AAs and supervisors to assist them in providing support and clinical supervision for caseworkers.
- Developed and implemented Supervising for Safety, a training developed in collaboration with the Alliance, for supervisors and AAs to assist them in providing support, coaching and clinical supervision for caseworkers.
- Hired a CAPTA Manager. This position will support CAPTA grant management and CRP support.
- Ongoing mandatory reporting trainings provided to the community statewide, including partnership with OSPI
- Completion of regional safety and complex case consultation teams.
- DCYF split the Intake and Safety Program Manager position and hired for these two separate positions. This allows DCYF to provide more in-depth work in these specific areas and improve practice.
- In the process of developing an Intake portal for mandated reporters.
- The Child Welfare Early Learning Navigator project, which was previously a pilot through the Harvard Government Performance Lab, has grown from the original three navigators to six navigators across four pilot sites.
- The Plan of Safe Care body of work has successfully launched and is in process of being brought to scale statewide.
- A comprehensive workgroup of internal and external stakeholders has been identified to begin work on revisions to the suite of mandatory reporter materials. These important revisions will focus on racial equity

and reducing disproportionality in child welfare. Work on revisions to the materials will begin in Spring 2022. Materials include:
  — Videos.
  — eLearnings.
  — Print Materials.
- Improvement of the Permanency from Day 1 (PFD1) grant interventions in identified offices in Regions 1, 4 and 6.

Calendar Year 2021 Review Period Progress and Updates

Calendar Year 2021 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
Identify important stakeholders to convene a group creating legislation for domestic violence responses to both victims and offenders.	On Hold
Plan of Safe care pilot sites expanded from two to thirteen additional birthing hospitals invited to begin using the referral portal. Ongoing implementation will include bringing this body of work to scale with all birthing hospitals across the state utilizing the referral portal whenever an infant is born having experiences prenatal substance exposure.	Ongoing
Central Intake has been piloting a call-back feature to reduce wait times. This pilot continues, with plans to expand to region 6 pending WATech infrastructure upgrades.	On Hold

Services to Substance-Exposed Newborns

DCYF Policy 2200.Intake Process and Response requires intake workers to screen in intakes involving allegations of child abuse or neglect or imminent risk of serious harm involving a newborn exposed or affected by substances (alcohol, marijuana and all drugs with abuse potential, including prescription medications).

During the course of the CPS response, the caseworker monitors the safety of the infant involved and continues to work with and refer parents to relevant services to increase the safety and well-being of the infant involved. Caseworkers complete a 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.

As Washington's response to the 2016 Comprehensive Abuse and Recovery Act (CARA) and impacts to the Child Abuse and Prevention Treatment Act (CAPTA) identifying who requires a Plan of Safe Care (POSC) has evolved, the body of work surrounding the POSC has also grown at a steady pace.

The intent behind the POSC in CAPTA has always been "to provide needed services and support for infants, their mothers, and their families, and to ensure a comprehensive response to the effects of prenatal drug exposure." (CAPTA Substance Exposed Infants Statutory Summary – NCSACW). The 2016 CARA legislation strengthened the focus of the POSC to meet the needs of a broader population impacted by substance use and prenatal substance exposure. Identifying all infants with prenatal substance exposure as requiring a POSC and acknowledging that not all infants who are substance exposed will require a child welfare intervention.

Washington began the work of POSC implementation in 2018 with the support of in-depth technical assistance from the National Center on Substance Abuse and Child Welfare (NCSACW)/Children and Family Futures. Through a multi-systemic approach, Washington defined what the CAPTA language meant for our state and identified how to implement a community-based, public health focused pathway to serve the expanded population requiring a POSC statewide.

The POSC is an upstream prevention, family-centered tool to prevent child abuse and child welfare system involvement, or a family's deeper involvement in the child welfare service array. It is designed to meet the needs of the substance exposed infant and their family. Through connections to resources, parenting education, services, and planning around safe sleep, crisis and safety planning, and child care the POSC enhances protective factors and can prevent child welfare involvement at the time of birth, out-of-home placement for open DCYF cases, and future child welfare involvement following case closure. This is a tool that aligns with the work of inter-agency partners (e.g. ESIT, early learning, home visiting, etc.) and community-based partnerships to support families and promote healthy development.

The innovative design of POSC implementation has strengthened partnerships within DCYF, with other state agencies such as the Department of Health (DOH) and the Health Care Authority (HCA), with community-based agencies across the state, with Washington's statewide Help Me Grow affiliate WithinReach, and with Washington birthing hospitals.

CAPTA doesn't provide a definition for "affected by substance abuse". CAPTA language states a POSC is required for *infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.* But, states were given the flexibility to define the phrase – infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, (ACYF 2017 Program Instructions).

In 2020 the definitions below were adopted as Washington's definitions of the CAPTA language. The next step will be to update the definitions in the DCYF policy Appendix in alignment with the final version of this policy.

CAPTA Language	WA POSC Implementation Definitions
Born and identified as being affected by substance abuse	**Prenatal Substance Exposure**: The presence of alcohol or any controlled substance[1] verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.
Withdrawal symptoms	**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	**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 on open child welfare cases who are:

- Identified as substance-affected by a medical practitioner. Substances are defined as alcohol, marijuana, and any drug with abuse potential, including prescription medications.
- Identified as having withdrawal symptoms resulting from prenatal drug and alcohol exposure.
- Born to a dependent youth.

Plans of Safe Care are:

- A stand-alone document completed by and held by DCYF
- Used with families involved with DCYF caseworkers and not used with families who are screened out for services. The two pilots that are being launched will explore opportunities to develop POSC for families not involved in the child welfare system through a medical provider and community resources.

Funding from the American Rescue Plan Act has been identified to support the POSC expansion across the state. The benefits of this body of work advance our state in the realm of prevention, and should result in an overall reduction in child welfare workload over time. The first two pilot sites in Yakima and Pierce County launched in June 2021. These birthing hospitals partnered with agencies in their respective communities already serving families with infants to prevent child abuse. Through cross-system collaboration and our partnership with WithinReach, a statewide implementation plan was developed. Thirteen (13) additional birthing hospitals across the state, already participating in aligned work through DOH addressing Substance Use Disorder (SUD) in pregnancy/at birth, will launch referrals to the community-based pathway in late 2021-early 2022. The remaining forty-four (44) birthing hospitals statewide will launch referrals to the community-based pathway in early-mid 2022.

Washington is currently engaged in implementation supporting birthing hospitals across the state to utilize the POSC referral portal to offer a voluntary POSC to families who do not meet criteria for child welfare involvement. The community-based pathway offers a coordinated access point where community navigators work with families to assess need and provide relevant resources, concrete services and supplies, and referrals to community-based agencies.

De-identified data collection is ongoing from the original two pilot sites as well as the second implementation cohort using the POSC referral portal. Data includes demographic information such as race, ethnicity, and zip code; primary language; hospital screening practices; and substance exposure. Once the POSC body of work is brought to scale statewide, this portal will collect this data for every instance of an infant born substance exposed, regardless of the child welfare, or community-based POSC pathway.

DCYF is providing updated mandatory reporting training to birthing hospitals including information about using the POSC referral portal. In addition to ongoing community engagement as birthing hospitals and communities across the state implement the POSC community-based pathway, implementation sites are encouraged to attend monthly Community of Practice meetings. These meetings include relevant training topics and opportunities to network and connect with all providers serving the population which requires a POSC. A public-facing website was stood up in early 2022 for provider-related resources and POSC information.

Proposed Changes

- Continue to support ongoing sustainability of the community-based POSC pathway and online referral portal
- Identify important data measures to track, especially those related to inequitable hospital screening and reporting and disproportionality/disparities in child welfare related to infants experiencing prenatal drug exposure.
- Continue to make efforts to align child welfare policy to ensure equitable access to voluntary community-based preventative services.

Implementation will continue throughout 2022 and into 2023 as all Washington birthing hospitals begin to use the POSC referral portal. Additionally, efforts to engage Tribes in developing a tribal-specific community-based pathway in partnership with WithinReach/Help Me Grow are currently underway.

CAPTA Review Hearings

CAPTA Review Hearings CY2021	
Outcomes from all referrals appealed to Office of Administration Hearings in 2018	330
Decisions issued by Administrative Law Judge	80
Founded/Affirmed	79
Unfounded/Reversed	0
Attempt to appeal Unfounded Dismissed	1
Findings changed to Unfounded by AA based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge	61
Findings changed to Erroneous Subject / Victim by Area Administrator	2
Findings changed to Inconclusive by Area Administrator	0
Transferred to AGO for licensing, dependency or conflict cases	20
Scheduled for a pending administrative hearing	164
Hearing completed and decision pending from Office of Administration Hearings	3
Petitions for Review to Board of Appeals	0
Founded/Affirmed	0
Unfounded/Reversed	0
Pending	0
Data Source: Mareen Bartlett, Special Assistant Attorney General for CAPTA, CY2020, May 2022	

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.

Upon attending the 2021 Citizen Review Panel Conference and review of the team's strengths and areas for improvement, it was determined that DCYF needed to strengthen the CRP's and strengthen feedback loops between DCYF and the CRP's and between the CRP's. A proposal was discussed with all three of the panels and after hearing their input the following is being implemented.

- A DCYF CAPTA manager was hired, using CAPTA funding, who will facilitate and support the CRP's.
- The current structure of CRP's is being reconfigured.
  — The current statewide CRP team is presently made up of mainly stakeholders who have an expertise in children in out of home care. This team is very strong and will continue as is and will be given additional support from the CAPTA manager.
  — The Tribal Policy Advisory Subcommittee CAPTA CRP was also an advisory group and although they met monthly and were very strong they spent little time on the CRP component of the meetings. That group will provide a tribal member to each of the other panels to participate and elevate tribal voices. This group will be replaced by a panel that is focused on racial equity and members will initially be drawn from a racial equity advisory committee that was disbanded. The process of developing this panel has begun.
  — The Region 2 CRP panel struggled with attendance and meeting a quorum of panel members at each meeting. The culture of the group was to allow DCYF region 2 leadership to attend the meetings but they were not allowed to vote. Often more DCYF staff attended than panel members which the facilitator tried to change but then attendance dropped off even more. Members of this group will be integrated into a new statewide panel that will be comprised of stakeholders with expertise in investigation and prevention of child abuse and neglect.
- DCYF will recruit parent and youth voice into each of the panels.
- Panel members will be asked to commit to 2 years on the panels.
- A yearly CRP joint meeting would be convened at the beginning of the fiscal year. Each panel will present the years focus and the previous year's recommendations. Leadership will also attend and define the DCYF priorities of the year.
- DCYF will send two members from each panel to the yearly National CRP Conference. Note: panel members were not interested in attending the 2022 conference, in person, because of COVID.
- A stronger feedback loop will be developed between DCYF and the CRP panels.
- The meetings will be held virtually so that expertise can be drawn on statewide.

Below are the completed 2021 reports for the three Washington State Citizen Review Panels.

Tribal Policy Advisory Subcommittee CAPTA Citizen Review Panel
Purpose
The purpose of the Citizen Review Panel (CRP) is to evaluate the extent to which the state is fulfilling its child protection responsibilities in accordance with its Child Abuse Prevention and Treatment Act (CAPTA) state plan. The DCYF Tribal Policy Advisory Committee (TPAC) had been meeting monthly virtually.

Summary of Recommendations for CY2021

Develop a CRP specific to racial equity and incorporate tribal representation in each of the panels.

Citizen Review Panel Members

The DCYF TPAC is comprised of representatives from the 29 federally recognized tribes in Washington and five Recognized American Indian Organizations.

FEDERALLY RECOGNIZED TRIBES	
• Confederated Tribes of the Colville Reservation	• Confederated Tribes of the Chehalis Reservation
• Cowlitz Indian Tribe	• Hoh Tribe
• Jamestown S'Klallam Tribe	• Kalispel Tribe
• Lower Elwha Klallam Tribe	• Lummi Nation
• Makah Nation	• Muckleshoot Tribe
• Nisqually Tribe	• Nooksack Tribe
• Port Gamble S'Klallam Tribe	• Puyallup Tribe
• Quileute Nation	• Quinault Nation
• Samish Nation	• Sauk-Suiattle Tribe
• Shoalwater Bay Tribe	• Skokomish Tribe
• Snoqualmie Tribe	• Spokane Tribe
• Squaxin Island Tribe	• Stillaguamish Tribe
• Suquamish Tribe	• Swinomish Tribe
• Tulalip Tribe	• Upper Skagit Tribe
• Yakama Nation	

DCYF Response to 2022 APSR Recommendations

The following are the responses to the recommendations from the 2021 APSR. DCYF is currently in the process of responding to the recommendations contained in the 2022 APSR as they were received in May 2021. Per CAPTA statue, the agency has six months to respond to the recommendations, although the agency is working on being responsive prior to that six month timeframe.

Tribal Policy Advisory Subcommittee CAPTA Citizen Review Panel	
Recommendation 1	
Continued inclusion on interview panels and improved outreach to tribes to support DCYF in its hiring practices.	
DCYF continues to invite tribal representatives to participate in the hiring process and this has been a goal in many of our 10.03 tribal plans. However, the tribal representatives would like to be a bigger part of crafting the interview questions and would like to be able to ask additional clarifying questions to the candidates. This is essential in understanding the qualities of the candidates in a system that is mainly of European descendants, where cultural differences can lead to a lack of understanding of the candidate's responses. Job announcements should also be sent to tribes and Recognized American Indian Organizations (RAIOs) to assist in the recruitment of more AI/AN staff within DCYF.	
DCYF Response	DCYF field and operations will commit to asking the tribe to be a bigger part of crafting of the questions. DCYF is still waiting on HR to provide guidance regarding if tribal representatives of the panels can ask additional questions.
Recommendation 2	
Have good disaggregated data and strong data collection in general to show what is and is not working. Requested data is typically reviewed during TPAC meetings and at the ICW bimonthly meetings. Develop a data dashboard that is disaggregated by race and is put on the tribal relations website. This will lead to an increase in direct solutions to systemic issues that are revealed.	
DCYF Response	In early 2021, OIAA released a seminal report on racial equity in DCYF systems, establishing standards for data collection and reporting of race/ethnicity data (based on WSRDAC standards from previous CA). That report can be found on our Reports page here, Using Data to Advance Racial Equity:

	https://www.dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf OIAA is working now to determine regular racial disproportionality data that will appear on the Agency Performance page, to be updated December of each year.
Recommendation 3	
Break down the silos within the DCYF system to create a mutual understanding. Break down the silos between programs. Tribes and RAIOs have worked with the State child welfare, early learning and juvenile rehabilitation systems for decades. Often, not all agency program representation are at the same table. Tribes and RAIOs have found that many services within an agency are incongruence with one another or overlap. Furthermore, the silo system perpetuates a lack of communication between those programs and services.	
DCYF Response	DCYF has begun a workgroup including JR, EL and CW to integrate services efforts. This work will begin to breakdown these silos. There are several other efforts within the agency to align this work.
Recommendation 4	
Value institutional knowledge of tribal culture and values. Value institutional knowledge. It was very important to the tribes and RAIOs that the decades of institutional knowledge not be lost. This includes the high value that tribes and RAIOs place on respect for tribal culture and values (i.e. recognition of tribal sovereignty, recognition of Memoranda of Agreement, recognition of Federal-Indian history in regards to the Indian Child Welfare Act of 1978, the importance in-person meetings and visits between tribal and state representatives, etc.).	
DCYF Response	DCYF will establish a CRP that focuses on Racial Equity and Disproportionality by the end of 2022 and will include tribal representatives. The statewide group has already reached out to tribal representatives to be a part of that group.
Recommendation 5	
Continue to equitably maintain funding among all tribes. In 2020, the Greer/ZJG Supreme Court ruling established that a court has a "reason to know" that a child is an Indian child when any participant in the proceeding indicates that the child has tribal heritage. However, funding to make this change was never included in the budget and needs to be included in a decision package for next year's budget. Provide a list of payments tribes are eligible for and guide to obtain those payments.	
DCYF Response	A decision packet is being requested in regards to funding for "reason to know efforts" and the increased number of cases in which active efforts are needed due to the increased number of cases where ICWA applies.
Recommendation 6	
Ensure DCYF staff are fully aware and educated on the sovereign status of tribes and the legal relationship this brings with the state of Washington based on treaties, federal and state laws (including ICWA 25 U.S.C. § 1901 - 1923 and WICWA RCW 13.38), and the Centennial Accord, as well as have an understanding of Memoranda of Understanding and DCYF Administrative Policy 10.03 plans. A new ICW manual is expected to be implemented by the fall of 2021 and the panel would like the commitment of DCYF to revise and train all staff as to this manual, for workers to be trained as to government to government and MOU's. Invite tribal representatives to assist in creating training curriculum for DCYF social workers and other staff.	
DCYF Response	The ICW manual may not be completed until after the fall of 2021. A training plan is being developed.
Recommendation 7	
DCYF regional structure and planning must include the perspective and voice of tribal relationship and communication structures. The structure intersects with the DCYF tribal liaison structure. Access to services are good in many areas, but are still lacking in rural areas. For example, rural tribes such as Makah, Hoh and Quinault have a tougher time accessing services when the main offices or contracted services are hours away. Longer drives interrupt daily life by taking adults from work and youth from school. While DCYF is working to boost services through the Network Administrator and Family Impact Network, there is still a lack for important services in the very rural areas (i.e. specialized medical or dental care, etc.). Strategies such as paying providers more to take contracts in rural areas, slot payments and paying providers travel time need to be employed to not only attract providers but maintain those providers. Provide a list of all forms that are used with tribal families for review and recommended revisions.	
DCYF Response	DCYF has had several listening sessions around the needs of services within rural areas. We are starting this work and entertaining multiple strategies.

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 as directed by the federal 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 CRP serves as one of three CRPs in Washington State.

Main Areas of Focus

During the calendar year 2021 reporting period, the panel followed up on previous recommendations and DCYF responses to the recommendations and discussed broad child welfare topics with a focus on the following topics:

- Reducing overall removals of children and placement into foster care (with an emphasis on the following):
  - Safety planning / services in order to prevent removals. Looking into short term stayer data. Availability of in-home services / supports and needs identified by parents.
  - Reducing racial disproportionality in removals / placements into foster care.
  - Evaluating strategies - specifically race blind removal procedures designed to reduce disproportionality.
  - Reviewing Mandatory Reporter laws / training / alternative solutions to getting families assistance.
  - Alternative pathways for care of children of incarcerated parents - for otherwise fit parents who are currently unavailable due to incarceration.
- Evaluating the availability of Substance Use Disorder (SUD) resources in WA and addressing the unmet need.
- Continue to follow up with DCYF on the following:
  - Educational needs of children in care and recommendations from 2020
  - Plan of safe care and other work being done with families who have children born substance exposed / affected

Process

The Statewide CRP is scheduled to meet monthly. If attendance is limited the meeting is cancelled or a shorter phone call is scheduled. The CRP met eleven times during 2021.

Action by the Citizen Review Panel

The following presenters and topics were brought in to help inform the committees decisions:

- Peggy Carlson (OSPI) presented on Education Stability for children in out of home placement.
- Vikki Ybarra (DCYF Director of the Office of Innovation, Accountability and Alignment (OIAA) presented on SUD treatment needs among DCYF Child Welfare involved Families.
- Data was also requested and presented regarding education, COVID-19 and SUD.
- Lyman Legters (Casey Foundation) presented on Race Blind Removals.
- Regina McDougall (DCYF) presented on the work towards a new Practice Model.
- Alissa Copeland (DCYF) presented on mandatory reporting and the plan of safe care.
- Adam Ballout (ABC Law Group) presented on the First Clinic and pre-filing representation of parents and with newborns at risk of placement due to SUD.
- Shanna McBride (DCYF) updated the CRP on DCYF's response to the recommendations for Education and children in out of home placements.
- D'Adre Cunningham (Washington Defender Association) presented on new Minor Guardianships and their impact on families with an incarcerated parent.

- Kelly Boyle and Delton Hauk (DCYF) presented on the Safety Framework and Services available to prevent removal.
- Genee Delaplane (DCYF) presented on Minor Guardianships.
- Maria Zdzieblowski (DCYF) presented on the FFPSA "Families First Prevention Services Act."
- Ron Murphy (Casey) and Tarassa Froberg (DCYF) presented on the next steps for the creation of the Race Equity Citizen Review Panel.
- Karin Morris (DCYF) presented on Parents and Kids with Disabilities and the application of the ADA and surrounding practice issues.
- Doug Klinman, Jill Bushnell, and Dae Shogren (DCYF) Presented on the new Family Practice Model, work being done on the Safety Framework, and work with Chapin Hall – racial disparities found in working with AI/AN and Black families.

Communication with DCYF

Communication with DCYF leadership during this reporting period included discussions with the Director of OIAA, the Director of Child Welfare Programs, and the Assistant Secretary of Field and Operations. The discussions included DCYF responses to the CRP's recommendations and the limitations and barriers presented by IT challenges currently faced by DCYF. This CRP remains committed to the recommendations and concerns expressed in this and prior year's reports; however, it is still unclear to the CRP how DCYF leadership prioritizes and establishes CRP recommendations. We encourage DCYF leadership to meaningfully engage with the CRP group and develop co-creation and co-implementation strategies to ensure better outcomes for children.

Changes to the state laws governing child welfare and case law handed down by the Washington State Supreme Court are likely to lead to changes in this state's child welfare system that will impact many of the concerns that this CRP has expressed. Some of these include SHB 1194, 1227, 1747, In re K.W. (2022), In re G.J.A (2021), in re Z.J.G (2020).

This CRP will continue to meet Washington State's responsibilities under CAPTA and will continue to request time with leadership to discuss recommendations and ways in which the CRP and DCYF can work together to enhance the work and enact meaningful change.

Recommendations for Calendar Year 2021/2022

The CRP made the following recommendations to the Washington State Department of Children, Youth, and Families:

Disproportionality and Racial Equity

The Washington State Legislature, the Department of Children, Youth, and Families, the Washington State Supreme Court, and the Federal Children's Bureau have each acknowledged that racial disparities and inequities exist in current child welfare practices and policies and have a negative impact on Black, Indigenous, and other families of Color (BIPOC Families). This CRP understands that DCYF has increased its focus on racial equity and reducing bias in its work with children and families. This CRP believes that DCYF should continue to implement DCYF's Racial Equity and Social Justice Administrative Policy (Chapter 6) within the agency at large and in each child welfare office across the state. In addition, DCYF should work in partnership with the larger child welfare system to implement measures designed to eliminate bias and improve outcomes for families.

1. ***This is a recommendation carried over from 2019 and 2020***. Establish a Citizen Review Panel with the focus on race equity and disproportionality. This external group will align with DCYF efforts to "recognize and address the racial inequities in outcomes for kids". Former members of WSRDAC, previous organizations, and newly identified members should constitute the CRP membership. By using

this committee to monitor and focus DCYF efforts on racial equity, this creates an external level of accountability outside the internal Race, Equity and Inclusion group. **The creation of this Race Equity and Disproportionality CRP is underway and it is recommended that the initial meetings take place prior to the end of the 2022 calendar year.**

2. Provide evidence of full implementation of a race equity analysis tool used in hiring, policy and practice (including field and operations), contracting, and budget. DCYF will provide the stated goals for the use of the race equity tool and how they will measure success. Establish a protocol for corrective action if the tool is not followed. (This is new for 2022) (The CRP is requesting a response by September 2022).

3. Collect, maintain, publish and disseminate race/ethnicity data and information to the public and partners on a regular basis. Continue OIAA's work and reporting on racial equity in DCYF systems, establishing standards for data collection and reporting of race / ethnicity data (based on WSRDAC standards). Ensure that these standards are included in any new data collection / dissemination systems.

Education

Research compiled by the federal government has shown that upwards of 70% of school age children who are removed from their homes and placed into foster care change schools. Changing schools is associated with lower or prolonged graduation rates and higher absenteeism. By the time youth are 18 years old 30% have experienced 5 or more school changes. Other challenges that students in out of home care experience are exacerbated by changing schools. Some of these challenges include lower reading levels, higher rates of expulsion, lower standardized test scores, and a greater likelihood that a youth will drop out of school altogether. Black and Hispanic students in foster care are more likely to experience school changes than their white peers in foster care.

In an effort to help child welfare programs support the educational success of kids in out of home care both the Washington State Legislature and the Federal Government have passed laws and provided funding to enact the laws to DCYF.

During our work on education in 2020 and 2021 this CRP has become convinced that DCYF is not following those laws in many parts of the state. Our recommendations below are designed to bring DCYF into better compliance with the law and best practices known to help children in out of home care be more successful in their educational careers.

1. Update Policies and Procedures to include requirements for best interest determinations.
2. Train all relevant staff to complete best interest determinations, as required by federal and state law. When a child is placed into foster care, or changes placement, the Every Student Succeeds Act and Fostering Connections to Success and Increasing Adoptions Act both require child welfare and education agencies to collaborate to determine if it is in the child's best interest to change schools (see RCWs 74.13.631, 74.13.560, and 28A.225.350). As part of this:
3. Document Best Interest Determinations including decision on school placement
4. Document school changes in relation to placement changes
5. Invite and include youth and parents to participate in best interest determinations

6. Provide mandatory training to social workers, supervisors, area administrators, and caregivers in partnership with OSPI regarding federal and state requirements for educational stability and make those trainings available for all system partners.
7. Include funding in agency decision package for expanded capacity at the regional level for DCYF educational leads to increase time to focus on education to improve educational outcomes and determinations.
8. Partner with Parents for Parents, the courts, the AG's, OPD, Child Advocates, AOC, OCLA and other partners to remove barriers and encourage parents to be an integral part of their children's educational experience. Parent participation in school events / activities should be included in Family Time plans.
9. Add an education representative to the DCYF Oversight Board.

Data

The ability to collect and analyze data is imperative in child welfare. Because research projects are limited in availability due to ethical issues and funding, data must be collected to provide a basis with which DCYF and its stakeholders can evaluate the efficacy of interventions, programs, new practices, etc. Currently there are statutes requiring DCYF to collect data in particular arenas, like RCW 72.09.495(3). This statute, enacted in 2007, directs DCYF to collect and analyze data on the families of incarcerated parents and how programs impact recidivism and intergenerational incarceration. To this CRP's knowledge that data is not currently (nor has it ever been) collected or analyzed by DCYF.

In its July 2019 Parent Child Visitation report to the legislature, DCYF states that an electronic database was purchased in December 2018. This database (SPROUT) was going to allow DCYF and arguably stakeholders to see accurate and timely data on parent child visitation / family time. As of the drafting of this report, May 2022, only limited data from Sprout has been made available. This has been made more problematic since SHB 1194 was enacted into law making unsupervised family time the legal presumption. With no ability to access data pre and post SHB 1194 there is no ability for either DCYF, the legislature, or other partners to assess what if any impact this new law is having on children and families' time together. This CRP has been informed that more work is necessary on Sprout to produce the data necessary to meet DCYF's stated goal of accountability in measuring Family time provision and its subsequent impact on reunification.

This CRP's recommendations on Data collection and management are designed to bring DCYF into alignment with the law and with its stated goals of accountability and transparency.

1. Make the transition to CCWIS a top priority and ensure that all necessary requirements to accomplish the "technical backend work" are acquired as soon as possible.
2. Include external stakeholders in the ongoing development of CCWIS around deciding what data points need to be collected and make these the priority. The CRP recommends a review of what is statutorily mandated as a starting point. Examples include incarcerated parents, family time, disproportionality and educational outcomes.
3. Work with OSPI and AOC (Administrative Office of the Courts) to develop data sharing agreements that would allow OIAA and AOC to have systematic access to OSPI data allowing OIAA and AOC to report on educational outcomes to create an Education Dashboard allowing courts to track the educational outcomes for children in their jurisdictions.
   - Percentage of children in care who change schools as a result of a placement change
   - Number of best interest determinations with resulting school placement

- Number of children who remained in school of origin after being placed outside of the school boundaries
- Percentage of children, both in care and those who remain in the home, who have been referred to Early Learning Services and out of those how many are receiving Early Learning Services
- Percentage of children in care with education liaisons
- Graduation rates and testing scores of children in foster care
- School discipline rates of children in foster care
- All data should be disaggregated by race and ethnicity

4. In order to capture a better idea of how race and ethnicity affect child welfare, data should be collected at each decision point DCYF is involved in. This includes but is not limited to the race/ethnicity of children, parents, caregivers, DCYF workforce and reporting parties.

5. In order to track compliance with and outcomes connected to changes mandated by SHB 1227. 1194, and 1747 (there may be others) and the recent Supreme Court cases (K.W., Z.J.G, and G.J.A) OIAA should develop and enact strategies providing for the collection and assessment of data related to implementation and outcomes. OIAA should work with child welfare partners including, AOC, courts, and the clerk's office to collect and analyze data.

Infants Born Substance Exposed or Affected

Substance use was a factor for approximately 60% of out of home placements for infants (ages 0-1) and 70% of placements that occur within 30 days of birth. DCYF has stated a goal of safely keeping families together during a critical window of bonding and early development. Additional goals: (a) increase enrollment in effective preventive services, (b) reduce the number of infant removals due to substance use, and (c) reduce disproportionality in access to services.

Referrals to CPS by medical providers for pregnant people and for infants is a substantial percentage of all referrals. King, Pierce, Spokane, and Snohomish Counties have the largest numbers of infants placed into out of home care with Parental drug use as a reason for removal. Native American / American Indian, Black, and Hispanic families are disproportionately represented in the families impacted by these removals.

This CRP makes the following recommendations again in alignment with DCYF's goals.

1. Update policy that creates a presumption that infants born substance exposed or affected remain with a parent. If the Safety Assessment indicates the infant is unsafe with the biological parent, including fathers, active efforts should be utilized to ensure that every effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model.

2. Submit a decision package to increase access to programs like Rising Strong in Spokane County that allow families (fathers and mothers) to reside with their children regardless of the age of the child while accessing SUD services.

3. Pursue additional legislation to remove language such as "substance abuse as a contributing factor... shall be given great weight". See RCW 26.44.195. This language perpetrates biases for parents who have substance abuse disorders. Other risk factors such as severe mental health issues and lack of bonding can be just as dangerous to infants as substance abuse.

4. Update policy for DCYF and the Attorney General's Office (AGO) to make clear that when a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian or custodian capable of adequately caring for the child. In these situations, a B dependency

should not be filed, as there cannot be abuse or neglect of the infant prior to birth. This is consistent with DCYF's discontinuation of findings on children prior to their birth.

5. The CRP recommends that DCYF leadership convene a meeting with leadership at the Governor's Office, Statewide representatives of Hospitals, Department of Health, and the Health Care Authority, to develop clear and consistent statewide policies for hospitals regarding testing for substances during the birthing process. The race equity analysis tool should be used during the development and approval of these policies. This should reduce racial biases and begin to create equity, in turn reducing disproportionality in the child welfare system and minimizing family trauma.

Future Plans

The focus for 2022-23 will likely be:

1. Review of other states / jurisdictions that have moved to a mandatory support vs mandatory report laws for neglect cases and make such suggestions for any new mandated reporter materials produced by DCYF. Review what it could look like in WA state to change the approach to a mandatory support model for neglect cases. Specifically looking at poverty as a misinterpretation of neglect and models allowing Courts to order poverty focused services. Look at other models for providing funds / resources to families – i.e. funds to commerce.
2. Review how DCYF is implementing Performance Based Contracting model, review outcomes of the contracts.
3. Review DCYF contracting practices (supporting), recruitment and retention of providers. How providers of color, providers specially trained or experienced to work with diverse populations, families with disabilities, cultural diversity, language diversity, gender and sexuality diversity are recruited and retained. Look at work that larger agencies, like FIN, that have procedures in place to support smaller providers.
4. Continue to review data on infants / newborns coming into care because of SUD, outcomes, prefiling representation.
5. Review implementation of new child welfare requirements through legislation and caselaw – Family time, Relative Placement / parental preference, Active Efforts, ICWA cases.
6. Review outcomes for families with an incarcerated parent, minor guardianships, brief placements into stranger foster care prior to relative placement, increasing / decreasing residential parenting programs.
7. Review Family Law needs of Families at risk of placement or leaving placement in foster care.
8. Continue to Review DCYF policies, practice, and data related to Educational Stability for children in out of home care.

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
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 Association of Child Advocate Programs
Jill Malat, Office of Civil Legal Aid
Bailey Zydek, Office of Civil Legal Aid
Kelly Warner-King, Administrative Office of the Courts
Courtney Lewis, ICWA Attorney Central Council of Tlingit & Haida Indian Tribes of Alaska

Charlene Meneely, Quileute Nation
Paula Reed, Director of Children's Advocacy Centers of Washington

DCYF Response to 2022 APSR Recommendations

The following are the responses to the recommendations from the 2022 APSR.

Children, Youth and Family Services CAPTA Citizen Review Panel

Recommendation 1

Disproportionality

1. This is a recommendation carried over from the prior year's recommendation. Establish the former WSRDAC as a CRP and follow recommendations that the WSRDAC CRP provides for improving practice and policy. This external group will align with DCYF efforts to "recognize and address the racial inequities in outcomes for kids". Former members, previous organizations and newly identified members should constitute the CRP membership. By using this committee's experienced members to monitor and focus DCYF efforts on racial equity, this creates an external level of accountability outside the internal Race, Equity and Social Justice group. The CRP would like this to be established by the end of 2021.
2. Develop or implement a race equity analysis tool to be used when hiring, in policy and practice development, and budget. If one is already in place, make sure that all program managers and leadership are using this tool; provide the tool in the response to this group and make the tool public.
3. Collect, maintain, publish and disseminate race/ethnicity data and information to the public and partners on a regular basis.
4. Please also see recommendation #4 under Infants Born Substance Exposed or Affected.

DCYF Response	1. DCYF will establish a CRP that focuses on Racial Equity and Disproportionality by the end of 2022 2. Several racial equity analysis tools have been developed and can be applied to each of the decision points listed. They're posted on the intranet under the TOOLS section (http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/racial-equity-social-justice/resources) for DCYF staff to access and use. They're not on the DCYF public website, but we can post them when we update that page. DCYF's Racial Equity and Social Justice administrative policy (http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/Admin-6.01.pdf) includes the use of these tools as one of the ways division and office leaders can assess and correct workforce and client service inequities. 3. Early 2021 OIAA released a seminal report on racial equity in DCYF systems, establishing standards for data collection and reporting of race/ethnicity data (based on WSRDAC standards from previous CA). That report can be found on our Reports page here, Using Data to Advance Racial Equity: https://www.dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf OIAA is working now to determine regular racial disproportionality data that will appear on the Agency Performance page, to be updated December of each year. 4. Will address below under Infants Born Substance Exposed or Affected.

Recommendation 2

Education

1. Train all relevant staff to complete best interest determinations, as required by federal law, under the Every Student Succeeds Act (ESSA). When a child is placed into foster care, or changes placement, the Fostering Connections to Success and Increasing Adoptions Act, and ESSA require child welfare and education agencies to collaborate to determine if it is in the child's best interest to remain in their school of origin. As part of this:
   - Document Best Interest Determination including decision on school placement
   - Document school changes in relation to placement changes
   - Invite and include youth and parent in best interest determinations
2. Provide mandatory training to social workers, supervisors, area administrators, and caregivers in partnership with OSPI regarding federal and state requirements for educational stability.
3. Expand capacity at the regional level for DCYF educational leads to have the time to focus on education to improve educational outcomes and determinations.
4. Partner with OSPI and individual school districts, specifically utilizing SB 5184 foster care points of contact in each school, to remove barriers to parents being an integral part of their children's educational experience.

5. Partner with Parents for Parents, the courts, the AG's, OPD, AOC, OCLA and other partners to remove barriers and encourage parents to be an integral part of their children's educational experience. 6. Add an education representative to the DCYF Oversight Board.	
DCYF Response	#1-5. DCYF will do an analysis on the workload impact of this strategy and ability to complete within our IT system. #6. DCYF will explore this recommendation in partnership with the Governor's office.

Recommendation 3

Data

1. Include external stakeholders in the ongoing development of CCWIS around deciding what data points need to be collected and make these the priority. The group recommends a review of what is statutorily mandated as a starting point. Examples include incarcerated parents, family time, disproportionality and educational outcomes.
2. Develop an Education Dashboard that includes (but not limited to)
   - Percentage of children in care who change schools as a result of a placement change
   - Number of best interest determinations with resulting school placement
   - Number of children who remained in school of origin after being placed outside of the school boundaries
   - Percentage of children, both in care and those who remain in the home, who have been referred to Early Learning Services and out of those how many are receiving Early Learning Services
   - Percentage of children in care with education liaisons
   - Number of youth in JR institutional setting and number of youth that age out or declined into DOC
   - Graduation rates and testing scores of children in foster care
   - School discipline rates of children in foster care
   - All data should be disaggregated by race and ethnicity
3. In order to capture a better idea of how race and ethnicity affect child welfare, data should be collected at each decision point DCYF is involved in. This includes but is not limited to the race/ethnicity of children, parents, caregivers, DCYF workforce and reporting parties.

DCYF Response	1. DCYF will include stakeholders in the ongoing development of the CCWIS system. However, both internal and external stakeholders will not be included until the technical backend work is started and stakeholders' input will be useful.
	2.
	    • Bullets 1-5. OIAA does not have systematic access to the OSPI data coming into DCYF, so some of these cannot be reported on until we have access.
	    • Bullet 6 – OIAA currently reports the number of youth in institutional settings each year on our Reports page here (see Juvenile Rehabilitation Fact Sheet, lower right corner link): https://www.dcyf.wa.gov/practice/oiaa/reports
	    • Bullets 7-8, these reports are met by ERDC and OSPI. See ERDC's Education Outcomes of Children and Youth Experiencing Foster Care: https://erdc.wa.gov/publications/student-outcomes/education-outcomes-children-and-youth-experiencing-foster-care
	OSPI report cards with foster care as "Student Program and Characteristic" https://washingtonstatereportcard.ospi.k12.wa.us/ReportCard/ViewSchoolOrDistrict/103300
	3. Current data around race/ethnicity of the workforce is not currently accurate as staff have the choice to disclose their race and ethnicity.

Recommendation 4

Infants Born Substance Exposed or Affected

These recommendations are carried over from the prior year's recommendations.

1. Update policy that creates a presumption that infants born substance exposed or affected remain with parent. If the Safety Framework indicates the infant is unsafe with the biological parent, including fathers, active efforts should be utilized to ensure that every single effort and resource is afforded to keep the child safely home through a safety plan. This would include an increase in resource allocation to family SUD housing such as the Rising Strong model.
2. Pursue additional legislation to remove language such as "substance abuse as a contributing factor… shall be given great weight". See RCW 26.44. 195. This language perpetrates biases for parents who have substance abuse disorders. Other risk factors such as severe mental health issues and lack of bonding can be just as dangerous to infants as substance abuse.

3.	Update policy for DCYF and the Attorney General's Office (AGO) to make clear that when a dependency is filed on an infant born substance exposed or affected and the intake is screened in risk only, without any other allegations, that DCYF only file a C dependency alleging that the child has no parent, guardian or custodian capable of adequately caring for the child. In these situations, a B dependency should not be filed, as there cannot be abuse or neglect of the infant prior to birth. This is consistent with DCYF's discontinuation of findings on children prior to their birth.
4.	The group recommends that DCYF leadership convene a meeting with leadership at the Governor's Office and Statewide representatives of Hospitals to develop clear and consistent statewide policies for hospitals regarding testing for substances during the birthing process. The race equity analysis tool should be used during the development and approval of these policies. This should reduce racial biases and begin to create equity, in turn reducing disproportionality in the child welfare system and minimizing family trauma.
DCYF Response	1. The standard for removal is increasing due to 1227 and these changes will be integrated into policy. 2. DCYF will consider requesting a statute change. 3. Child Welfare programs would like to process this further with Field and Operations and report back. 4. This was advanced to leadership last year but that it took a back seat to the COVID focus. We will continue to pursue this with our Government Relations and keep the group posted on what happens.

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.

Recommendations for CY2021

Disband the current Region 2 CRP and establish a statewide CRP with a focus on the investigation and prevention of child abuse and neglect.

Citizen Review Panel Members

Leo Lopez – Director of Yakima Casey Family Programs

Joel Chavez – Community Health Plan of Washington Regional Manager

Laura Nagel- Center of Children and Youth Justice

Lilly Cory- Center of Children and Youth Justice

Brenda Barrios – Sunnyside School District

Julie Schillreff – White Swan School District

Rea Culwell – Walla Walla Attorney

David Wheeler – Benton County Juvenile Court

Carol Pidduck – Kittitas County CASA Director

Julia Krolikowski- Substance Prevention Yakama School District

Michelle Story- School Counselor Toppenish School District

Chestina Dominguez- Yakama Nation CASA

DCYF Response to 2021 APSR Recommendations

The following are the responses to the recommendations from the 2022 APSR.

Region 2 Washington CAPTA Citizen Review Panel
Recommendation 1

Provide opportunity for all Washington state CRP members to interact on a yearly basis by sending members from each CRP and the DCYF liaison to the National Citizen Review Panel Conferences. This will provide time and opportunity for collaborating, coordinating and planning by all the panels and allow individual panels to focus their efforts to improve Washington state child welfare program outcomes. This also helps the CRP and DCYF meet CAPTA requirements.

DCYF Response	DCYF is committed to sending 2 panel members from each panel to the National CRP conference each year.

Recommendation 2

Strengthen the membership of the Region 2 CRP, with a focus on diversity and inclusion.

DCYF Response	DCYF is taking efforts to put the support and framework in place to strengthen and provide focuses for each of the groups. Diversity and Inclusion will be a part of this framework.

Additional Attachments

- Attachment B.1 and B.2 – CFS-101 Forms (Excel and PDF)
- Attachment C – Washington State ETV Chart
- Attachment D - Washington State Foster and Adoptive Parent Diligent Recruitment Plan, FY2023 Updates
- Attachment E – Washington State Health Care Oversight and Coordination Plan, FY2023 Updates
- Attachment F - Washington State FY2022 Training Plan
- Attachment G - Washington State FY2022 Emergency Operations Plan

CFS-101, Part I
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2023: October 1, 2022 through September 30, 2023

1. Name of State or Indian Tribal Organization and Department/Division:		**3. EIN:**	82-3847397
Washington State Department of Children, Youth and Families		**4. UEI:**	FHSQBHMMKJL4
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			
a) **Contact Name and Phone** for Questions: Shannon Mathis 360-725-4290			☐ REALLOTMENT
b) **Email address** for grant award notices: dcyf.costallocandgrantsmgmt@dcyf.wa.gov			

REQUEST FOR FUNDING for FY 2023:

The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final allotments will be determined by formula.

Hardcode all numbers; no formulas or linked cells.

	% of Total	
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		$5,141,047
a) Total administrative costs (not to exceed 10% of the CWS request)		$514,104
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		$5,400,240
a) Family Preservation Services	30.0%	$1,620,072
b) Family Support Services	20.0%	$1,080,048
c) Family Reunification Services	20.0%	$1,080,048
d) Adoption Promotion and Support Services	20.0%	$1,080,048
e) Other Service Related Activities (e.g. planning)	0.0%	$0
f) Administrative costs (*STATES ONLY: not to exceed 10% of the PSSF request; TRIBES ONLY: no maximum %*)	10.0%	$540,024
g) Total itemized request for title IV-B Subpart 2 funds: *NO ENTRY: Displays the sum of lines 7a-f.*	100.0%	*$5,400,240*
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)		$341,354
a) Total administrative costs (not to exceed 10% of MCV request)		$34,135
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (*STATES ONLY*)		$1,993,520
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		$3,231,277
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		$969,383
11. Requested Education and Training Voucher (ETV) funds:		$1,084,149

REALLOTMENT REQUEST(S) for FY 2022:

Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW"

12. Identification of Surplus for Reallotment:

a) Indicate the amount of the State's/Tribe's FY 2021 allotment that will not be utilized for the following programs:

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

13. Request for additional funds in the current fiscal year (should they become available for re-allotment)**:**

CWS	PSSF	MCV *(States only)*	Chafee Program		ETV Program
$0	$0	$0	$0		$0

14. Certification by State Agency and/or Indian Tribal Organization:

The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

Signature of State/Tribal Agency Official		*Signature of Federal Children's Bureau Official*
Rene Newkirk		
Title Chief Financial Officer		*Title*
Date June 29, 2022		*Date*

2023 APSR

CFS-101, Part II
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services Funds

Name of State or Indian Tribal Organization: Washington State Department of Children, Youth and Families   **For FY 2023: OCTOBER 1, 2022 TO SEPTEMBER 30, 2023**

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSF	(C) IV-B Subpart 2- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served (narrative)	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	$ -			$ 1,993,520					21,372	98,573	-	Reports of abuse and neglect	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	$ 4,626,943	$ 1,620,072		$ -				$ 8,776,178	13,686	-	Families whose child(ren) are substantially likely or at imminent risk of placement or to reunify a child or children with their family.	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	$ -	$ 1,080,048		$ -				$ 279,800	11,936	-	Families needing help to safely maintain their child(ren) in their own home.	Statewide
4.) FAMILY REUNIFICATION SERVICES	$ -	$ 1,080,048		$ -				$ 360,016	7,623	-	Families with a child (ren) returning home	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	$ -	$ 1,080,048						$ 224,399	340	-	All eligible children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	$ -	$ -						$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	$ -						$ 15,826,036	$ 45,584,898	9,130	-	All eligible children	Statewide
(b) GROUP/INST CARE	$ -						$ 1,175,976	$ 1,396,118	713	-	Youth with extreme, high levels of service needs	Statewide
8.) ADOPTION SUBSIDY PYMTS.	$ -						$ 48,327,624	$ 44,316,000	16,768	-	All eligible children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	$ -						$ 2,478,208	$ 2,097,255	678	-	Children in a licensed relative home when reunification with parents or adoption or not options for the child.	Statewide
10.) INDEPENDENT LIVING SERVICES	$ -				$ 3,231,277			$ 1,113,851	2,100	-	Dependent youth age 14 or older	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	$ -					$ 1,084,149		$ -	174	-	Eligible youth pursuing post secondary education	Statewide
12.) ADMINISTRATIVE COSTS	$ 514,104	$ 540,024	$ 34,135					$ 83,744,165	$ 19,189,989			
13.) FOSTER PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -				$ 72,945	$ 141,416			
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	$ -	$ -		$ -				$ 210,245	$ 631,143			
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	$ -							$ 4,868,183	$ 9,266,435	5,218	-	All eligible children	Statewide
16.) STAFF & EXTERNAL PARTNERS TRAINING	$ -	$ -		$ -	$ -	$ -		$ 4,110,425	$ 2,412,470	✓ On this		in the
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	$ -	$ -	$ 307,219					$ -	$ -			
18.) TOTAL	$ 5,141,047	$ 5,400,240	$ 341,354	$ 1,993,520	$ 3,231,277	$ 1,084,149	$ 160,813,807	$ 135,639,968				

19.) TOTALS FROM PART I	$5,141,047	$5,400,240	$341,354	$1,993,520	$3,231,277	$1,084,149	-----	-----	----- ----- ----- -----
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 $0.00 in Row 20, adjust amounts on either Part I or Part II. A red value in parentheses ($) means Part II exceeds request)

21.) Population data required in columns I - L can be found:

CFS-101, Part III
U. S. Department of Health and Human Services
Administration for Children and Families

Attachment B
OMB Approval #0970-0426
Approved through 09/30/2023

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Program, and Education And Training Voucher

Reporting on Expenditure Period For Federal Fiscal Year 2020 Grants: October 1, 2019 through September 30, 2021

1. Name of State or Indian Tribal Organization:	2. Address:		3. EIN: 82-3847397
Washington State Department of Children, Youth and Families	PO Box 40970		4. UEI: FHSQBHMMKJL4
5. Submission Type: (select one) ☑ NEW ☐ REVISION	Olympia, WA 98504-0970		

Description of Funds	**(A)** Actual Expenditures for FY 19 Grants (whole numbers only)	**(B)** Number Individuals served	**(C)** Number Families served	**(D)** Population served (narrative)	**(E)** Geographic area served
6. Total title IV-B, subpart 1 (CWS) funds:	$ 5,127,147	34,288	-	Children and Adults	Statewide
a) Administrative Costs *(not to exceed 10% of CWS allotment)*	$ 512,714				
7. Total title IV-B, subpart 2 (PSSF) funds: Tribes enter amounts for Estimated and Actuals, or complete 7a-f.	$ 5,618,503	41,833	-	Children and Adults	Statewide
a) Family Preservation Services	$ 1,685,553				
b) Family Support Services	$ 1,123,700				
c) Family Reunification Services	$ 1,123,700				
d) Adoption Promotion and Support Services	$ 1,123,700				
e) Other Service Related Activities (e.g. planning)	$ -				
f) Administrative Costs *(FOR STATES: not to exceed 10% of PSSF spending)*	$ 561,850				
g) Total title IV-B, subpart 2 funds: NO ENTRY: This line displays the sum of lines a-f.	*$ 5,618,503*				
8. Total Monthly Caseworker Visit funds: *(STATES ONLY)*	$ 354,540				
a) Administrative Costs *(not to exceed 10% of MCV allotment)*	$ 35,454				
9. Total Chafee Program for Successful Transition to Adulthood Program (Chafee) funds: *(optional)*	$ 3,313,867	1,308	-	Eligilbe Youth	Statewide
a) Indicate the amount of allotment spent on room and board for eligible youth *(not to exceed 30% of Chafee allotment)*	$ 70,768	-	-	-	-
10. Total Education and Training Voucher (ETV) funds: *(Optional)*	$ 935,457	162	-	Eligilbe 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*	
Rene Newkirk			
Title	*Date*	*Title*	*Date*
Chief Financial Officer	***29-Jun-22***		

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Washington

	Total ETVs Awarded	Number of New ETVs
Final Number: **2020-2021 School Year** (July 1, 2020 to June 30, 2021)	160	45
2021-2022 School Year* (July 1, 2021 to June 30, 2022)	169	53

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.

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN, 2023 APSR UPDATES

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: June 2019 | Revised Date: June 2022

Washington State Department of
CHILDREN, YOUTH & FAMILIES

CONTENTS

Original Date: June 2019 | Revised Date: June 2022

Washington State Foster and Adoptive Parent Diligent Recruitment Plan

Introduction

In partnership with our recruitment and retention contractors, Northwest Resource Associates (NWRA), DCYFs Foster Parent Consultation Team (1624), the Northwest Adoption Exchange, the Alliance for Child Welfare Excellence (the Alliance), and Washington's many child placing agencies and tribes, DCYF endeavors to continuously strengthen, improve, and diversify recruitment efforts to identify potential foster and adoptive families. Under DCYFs Policy 5100. Applying as a Foster Parent or Unlicensed Caregiver, DCYF is prohibited from denying any person the opportunity to become a foster or adoptive parent, on the basis of race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability or national origin of the foster or adoptive parent, or the child, involved 42 USC 671a and RCW 49.60.030.

Caregiver Recruitment and Retention Program

DCYF caregiver recruitment and retention program includes a hybrid model, with internal and external components including:

- Community-Focused Targeted Recruitment (DCYF direct service) to lead recruitment efforts unique to each community, implement recruitment strategies, and develop community partnerships to employ targeted recruitment approach.
- Caregiver Retention and Support Contract with community partner (Alliance for Child Welfare Excellence, Caregiver Retention, Education and Support Program) Caregiver support functions to include: support groups, assistance through the licensing process, caregiver peer mentoring, community-based resource development and sharing, Foster Intervention and Retention Support Team (FIRST).

DCYF's Recruitment and Retention program goals are to:

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

Recruitment Focus and Deliverables:

- Increase racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.
- Increase caregivers who are and/or are affirming and supportive of LGBTQ+.
- Increase licensed homes for sibling groups of three or more children.
- Increase caregivers who are able to meet the needs of medically fragile children.
- Develop an existing pool of caregivers available to provide care for children with extensive emotional, behavioral and physical needs.
- Focus recruitment efforts on reducing the use of exceptional cost placements.

With the launch of the program, DCYF has created internal positions for recruitment. The TRS positions include one representative for each of the six regions. The role of the TRS is to capture and utilize data unique to the communities in which they serve to drive recruitment. The TRS build connections internally and externally to understand the needs of their region.

Retention and Support of Licensed Foster Parents, Adoptive and Kinship Caregivers
In the coming year, DCYF will focus on strategies and efforts on sustaining the existing pool of licensed foster and kinship caregivers. Researchers have found that **retention is as important to agencies as recruitment**. Satisfied, experienced foster parents are the foundation of recruitment.

The Alliance launched the Caregiver Retention Education and Support (CaRES) Program in March 2021.

The CaRES program includes the following:
- Management of prospective foster parent inquiries
- First Placement Support
- Peer Mentoring
- Robust Resources
- Ways to connect on social media
- Foster Intervention, Retention, and Support Team (FIRST)

From March to December 2021 CaRES provided:
- 3,184 responses to prospective foster parent inquiries including 394 calls to prospective foster parents in high removal zip codes.
- 1,301 caregivers with support in a group setting.
- 1,727 contacts with caregivers who initiated contact with CaRES.
- 862 calls to newly licensed foster parents.
- 395 calls to new foster parents when they receive their first placement.
- 1,614 calls to kinship caregivers with a new placement.

Feedback from caregivers is integral to the growth and development of the CaRES program and overall retention strategies. The quotes below provide a glimpse into the positive impact CaRES has had on caregivers in 2021.

> *"A grief and loss group might not sound uplifting, but in fact I felt so much relief just to sit with other foster parents and know that I am not alone. Grief and loss can be so isolating, but during our two evenings together I felt like we were really able to lighten one another's loads. The facilitator, Racheal, did an amazing job of being our guide on that journey."*

Likewise, CaRES reports retention themes and trends in their reports. The following trends have been reported since the program launched in March 2021:
- CaRES is making strong connections with new caregivers.
- The foster care licensing process can be confusing and overwhelming.
- Caregivers are expressing high levels of frustration about communication between caseworkers and caregivers.
- Caregivers are struggling to get more information about placements that help the caregiver decide if the placement is a good fit for their home.

- Kinship caregivers frequently report that they have not received information or are confused about TANF.
- Caregivers would like more information about who they can contact when a caseworker is not able to respond to their questions.

Trends are discussed during quarterly check-ins with different programs within the Licensing Division. In 2022, DCYF will add another venue so that trends and themes can be discussed with child welfare Field Operations.

In addition to the trends and themes shared by CaRES, the Department of Children, Youth, and Families draws from other sources of stakeholder feedback to prioritize areas needing improvement. These sources include:
- FamLink administrative data
- DCYF's Constituent Relations (CR)
- Office of the Family and Children's Ombuds (OFCO)
- Annual Caregiver Survey

Analysis of FamLink data[1] reveals that amongst the families who closed their licenses in 2021:
- The mean average months retained at time of closure in 2021 was 57.
- The median and mode averages indicate the prevalence of homes closing at the first renewal period (three years).
- To increase the average number of months a foster parent(s) is licensed, DCYF needs to target retention prior to the first license renewal period and the 58-months post licensure.

In 2022, CaRES will add a six-month post-licensure touch point to targets caregivers in their first licensing period.

Information from constituent relations reveals that the number of complaints received from caregivers clusters around concerns related to placement and placement moves.

The annual caregiver survey that was conducted during 2021 has not been published. Based on information shared by the survey team, the survey highlights concerns related to moves, transitions and general caregiver-staff relations.

In calendar year 2022, DCYF will:
- Launch the "Caregiver Support Email Campaign"
  — This email drip campaign will strengthen recognition and awareness of the new caregiver retention and support program.
  — Every-other-week, staff will receive a brief email that highlights a CaRES or DCYF resource and a caregiver quote.
- Strengthen the foster parenting and kinship care section of the DCYF website.
  — Caregivers and stakeholders indicate that the DCYF website is hard to navigate and that it is challenging to find foster parent and kinship caregiver related information.
- In 2022, CaRES will add a six-month post-licensure touch point to targets caregivers in their first licensing period.
- Publish a new caregiver handbook that will be available online and in print.

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[1] InfoFamlink Licensed Foster Home Detail Report, Jan 1, 2011 through Dec 31, 2021

- Launch annual caregiver listening sessions in each DCYF service region.

Recruitment and Retention Collaborative (RRC)

The new body of work named the **Recruitment and Retention Collaborative (RRC)** continues to maintain elements of the original RDS model; however, it shifts to provide an advisory role and technical assistance for recruitment and retention; act as an independent sounding board for recruitment and retention planning and activities; inform planning and activities related to recruitment and retention; and enhance DCYF's relationship with regions and local communities.

RRC teams are regionally based, meet quarterly, and are facilitated by DCYF staff.

The goals of RRC are to:
- Provide a platform to bring together DCYF and community partners to discuss ongoing needs, strategies and barriers to a data-driven approach for recruitment and retention.
- Recruit and retain a diverse pool of quality caregivers able to meet the child's specific needs, inclusive of ensuring connectivity and positive relationships with the child's kin and community and who reflect and support the child's ethnicity, culture and race.
- Enhance the community's awareness of placement needs for youth in their community and support available.

DCYF launched the RRC model in July 2021. DCYF will evaluate the model at the end of one year (July 2022) and determine if the region-wide meetings are an effective and useful strategy to continue.

Be the Way Home Campaign Launched in May 2021

DCYF has continued to implement the Be the Way Home campaign in all forms of recruitment messaging. Reinforcing that permanency comes in various forms, and caregivers are part of that journey. Be the Way Home recognizes that caregivers provide an actual home for children in need while at the same time honoring that caregivers are instrumental in the outcomes for children in out-of-home care. Caregivers are at the heart of helping children find their way home, wherever that may end up being.

Through a collaborative process that included feedback from both internal and external groups, including parent and caregiver representatives and providers, DCYF landed on messaging that embraces the following concepts:

- Reunification is the first and primary goal for children who experience out-of-home care.
- There is a need for quality, diverse caregivers able to meet a child's short- or long-term needs.
- Caregivers, both licensed foster and kinship, are a valuable resource to parents and our agency as a whole.
- Caregivers are essential in helping children stay connected to parents, siblings, kin and community.
- DCYF aims to recruit and retain caregivers who can provide a safe, loving and a temporary home and who are ready to walk alongside and champion parents who are transforming their lives in an effort to reunify with their children.

Our newly developed campaign icon symbolizes these concepts with a pathway leading to the heart, enveloped by the home itself. Look for this icon on program materials.

Original Date: June 2019 | Revised Date: June 2022

Characteristics of Children and Youth Needing Foster and Adoptive Homes

Children and youth placed in out-of-home care come from different geographical areas and are diverse with varying ethnicity, race, socioeconomic status, gender, language, religion, and sexual orientation and gender identity. DCYF places children and youth in out-of-home care from birth to 18-years old and provides extended foster care placement and support for youth up to age 21. DCYF affirms the value of placing children and youth with kinship caregivers whenever it is safe and appropriate to do so. With that said, nearly half the children and youth placed in out-of-home care are placed with a relative or person known to the child, youth, and/or family. In circumstances where this is not an option, children and youth are placed in licensed foster care. DCYF placement coordinators across the state work toward making every placement a match in terms of keeping siblings together, ensuring the home is culturally appropriate, and knowing that the caregiver has the skills needed to care for the child or youth. However, this does not always occur due to a lack of available caregivers and capacity and a limited amount of information known about the child or youth at the time of placement.

DCYF strives to increase the number of foster homes available to meet the physical, emotional and cultural needs of children and youth placed in out-of-home care. Efforts continue toward general, targeted, and child specific recruitment strategies to find quality caregivers. DCYF continues to look for ways to increase the pool of licensed foster homes who reflect the population of children and youth in care.

Race/Ethnicity of Children in Out-of-Home Care Compared to Race/Ethnicity of Licensed Caregivers	
American Indian/Alaskan Native (includes multi-racial AI/AN) Children	1,113
Foster Homes with AI/AN Caregiver	201
Hispanic Children	1,034
Foster Homes with Hispanic Caregiver	513
Black Children (includes Black-Multiracial)	1,117
Foster Homes with Black Caregiver	378
Total Children of Color	3,510
Total Foster Homes with a Caregiver of Color	1,261
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, 2022	

DCYF saw an 8% decrease in the number children and youth placed in out of home care with a race/ethnicity outside of white, with a slight increase (2%) in the number of licensed foster homes with at least one caregiver of color. DCYF used these data elements to better understand regional differences and needs specific to disproportionality. Below is a visualization created by the recruitment team to highlight the comparison of children and youth race/ecocity compared to that of licensed caregivers. Ratios are included to highlight information in another way, to further help visualize the needs.

Statewide:

Statewide Demographics of Licensed Caregivers and Children in Care - 2021
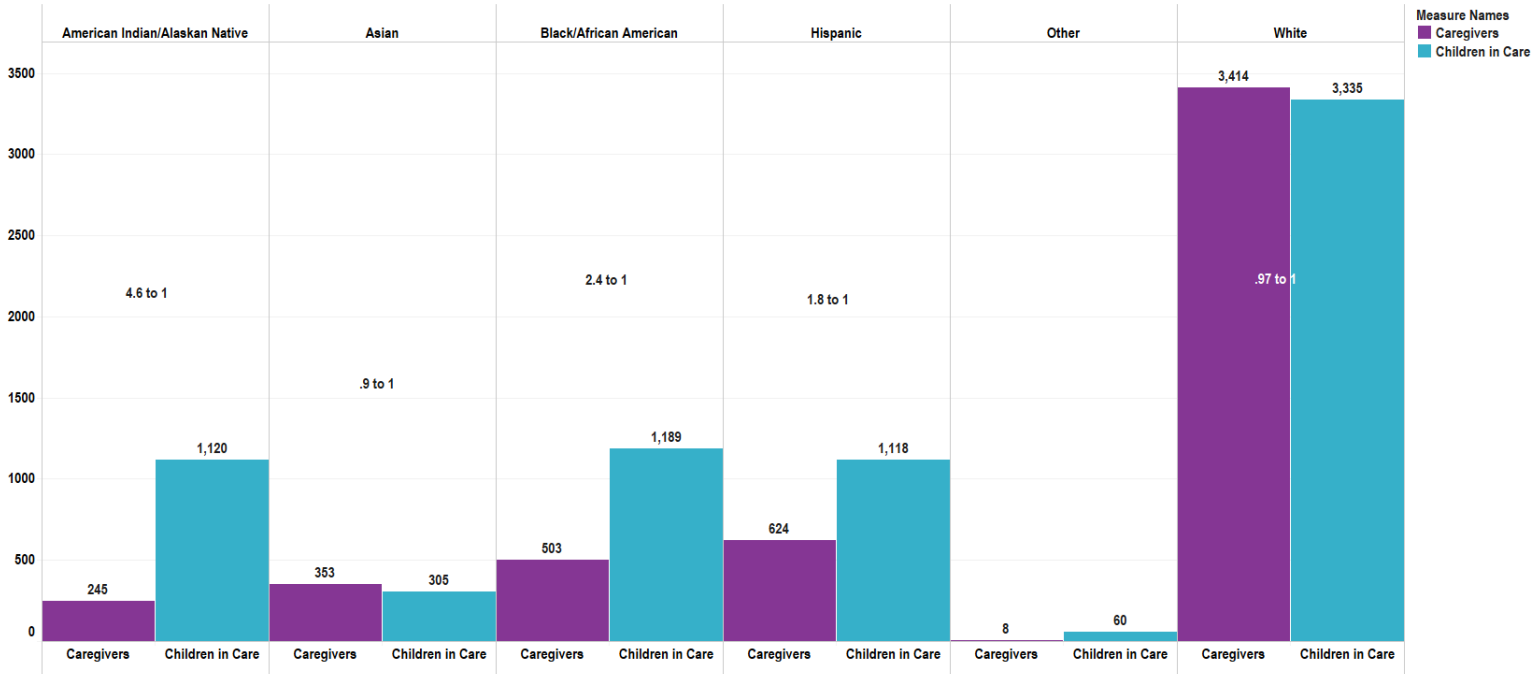
Data source: InfoFamlink Caregiver Recruitment and Retention Report, Statewide, January-December 2021

Example of Region Specific Breakdown, Region 2:

Region 2 Demographics of Licensed Caregivers and Children in Care - 2021

Data source: InfoFamlink Caregiver Recruitment and Retention Report, Region 2, January-December 2021

DCYF understands there is great disproportionately when looking at the race/ethnicity of children being placed in out-of-home care compared to the race/ethnicity of licensed foster parents. The goal is to have the licensed

caregiver pool mirror the diversity of the children and families in which it serves. The TRS are currently developing strategies and ways to engage the community and bring an awareness to the need for diverse families.
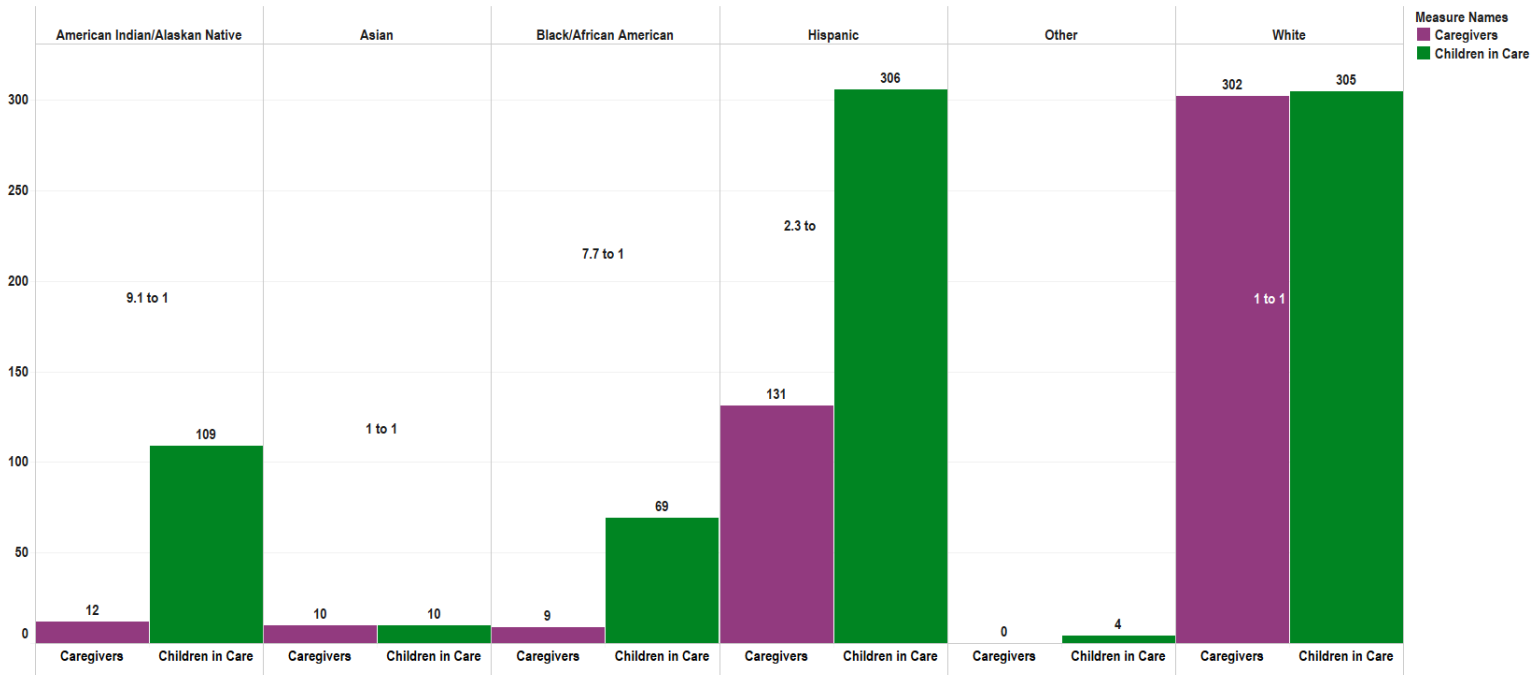
Recruitment efforts are focused on developing our current pool of licensed foster parents in order to care for children and youth with extensive emotional, behavioral and physical needs. Children experiencing these significant needs require skilled caregiving, above and beyond what is typically required of a foster parent.

Strategies to Reach All Parts of the Community

To meet the need for adoptive and foster home placements, DCYF uses three recruitment strategies:

- **General recruitment** helps build public interest and awareness. Recruitment messages appeal to prospective families and their desire to make a difference for children and youth. This strategy encourages the development of communities that are responsive to the unique experiences of caregivers and children or youth in out-of-home care.
- **Targeted recruitment** uses data and demographics of the children and youth in out-of-home care to recruit resources specific to a need. This type of recruitment is culturally responsive and community based. Targeted recruitment may include marketing and communication efforts tailored and placed in specific venues. It can also include outreach to organizations that serve particular groups.
- **Child specific recruitment** focuses on recruitment of prospective families for specific children and youth in out-of-home care. Child specific recruitment may include the sharing of biographical sketches of children or youth with specific foster parent groups, brief video vignettes of individual children or youth, or child and youth developed profiles shared with recruitment partners.

With the new shift in practice, DCYF plans on focusing the majority of energy and effort on targeted recruitment. Not only is this work culturally responsive and community based, by targeting specific individuals and geographical areas, DCYF can grow resources in areas that are in desperate need.

Recruitment Activities

DCYF worked diligently over the past review cycle to implement the new recruitment and retention program. There have been many successes and challenges along the way. In order to fully support an internal recruitment team, DCYF hired a Graphic Designer in September 2021 to aid in the creation and execution of branded recruitment items for the team. These have included, but are not limited to, Flyers, Brochures, Business Cards, Social Media Images, Event Flyers, and Advertisements. DCYF strives to ensure all materials are inclusive, affirming and connected to messaging—the need for quality, diverse caregivers. Consultation with DCYF's Racial, Equity, and Social Justice program have helped to guide and shape this messaging. General recruitment strategies include creating an updated landing page and inquiry questionnaire on our DCYF website, which gains the majority of prospective foster parent inquiries at this time.

General Recruitment Flyer and Social Media Image for School Recruitment:

Targeted Recruitment Example:

Each region has a unique landscape, not only geographically, but culturally as well. There are overarching recruitment needs, but also region specific. The TRS team are utilizing available data sources in order to determine what those needs are. This includes reviewing information on caregiver demographics within a particular area, compared with that of child demographics.

TRS are utilizing the Caregiver Recruitment and Retention report for the main source of data. This report utilizes child and caregiver information as entered into the FamLink database. It pulls from multiple sources in order to provide a comprehensive list of information. There are four data sections:

- Licensed foster parent
- Child Placement
- Child Removal/Exit
- Licensing Division

There are two views for the report, one is internal that displays actual placement counts and cannot be shared externally without permission, and the other is external and able to be shared with child placing agencies and community partners. The report can be filtered by region, office, county, zip code and school district.

Original Date: June 2019 | Revised Date: June 2022

Licensed Foster Parent and Child Demographic Visualization Example, Region 6 for Calendar Year 2021:

Region 6 Demographics of Licensed Caregivers and Children in Care - 2021
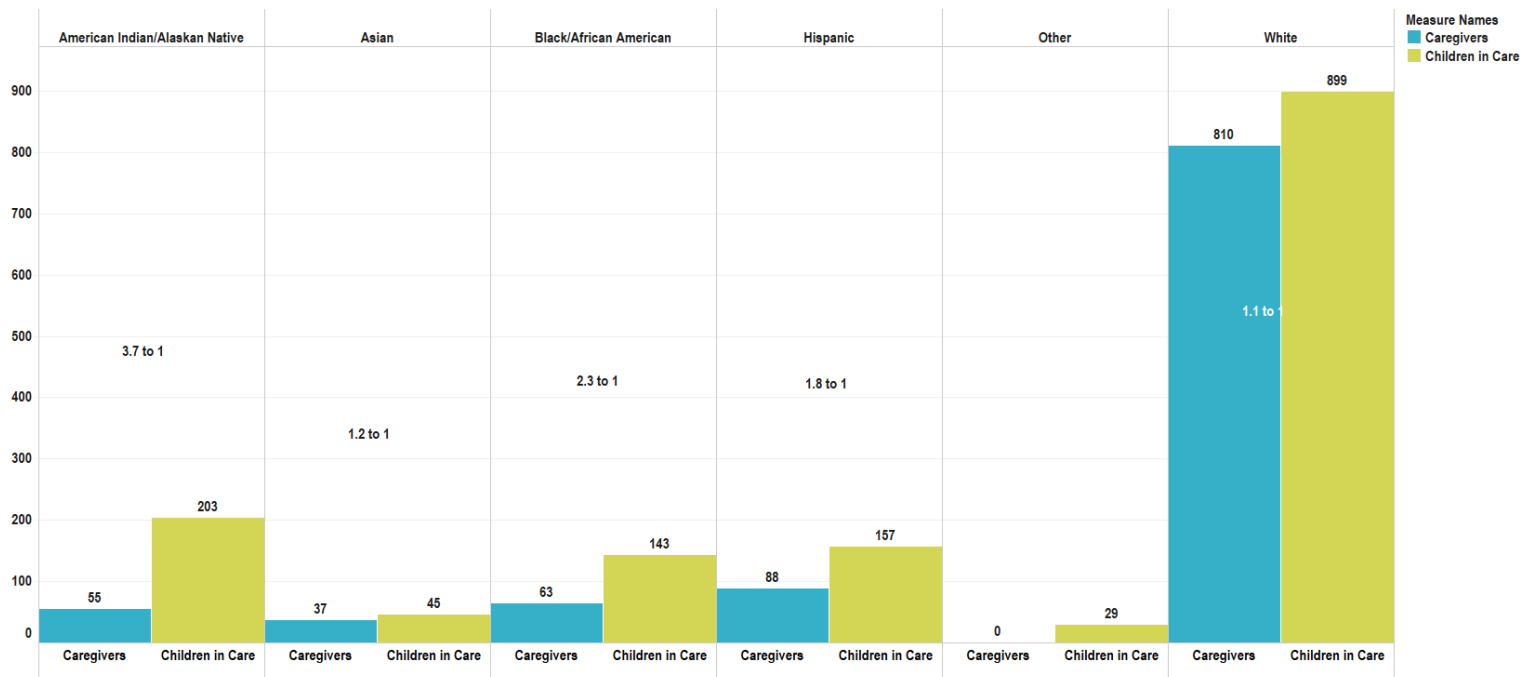
Data source: InfoFamlink Caregiver Recruitment and Retention Report, Region 6, January-December 2021

A review of the 2021 statewide Caregiver Recruitment and Retention report provided data on the high removal zip codes throughout the state. Each TRS has determined their high removal areas and are utilizing this information to plan recruitment events and/or activities.

High Removal Zip Code Map for 2021:

Top 25 High Removal Zip Codes for 2021
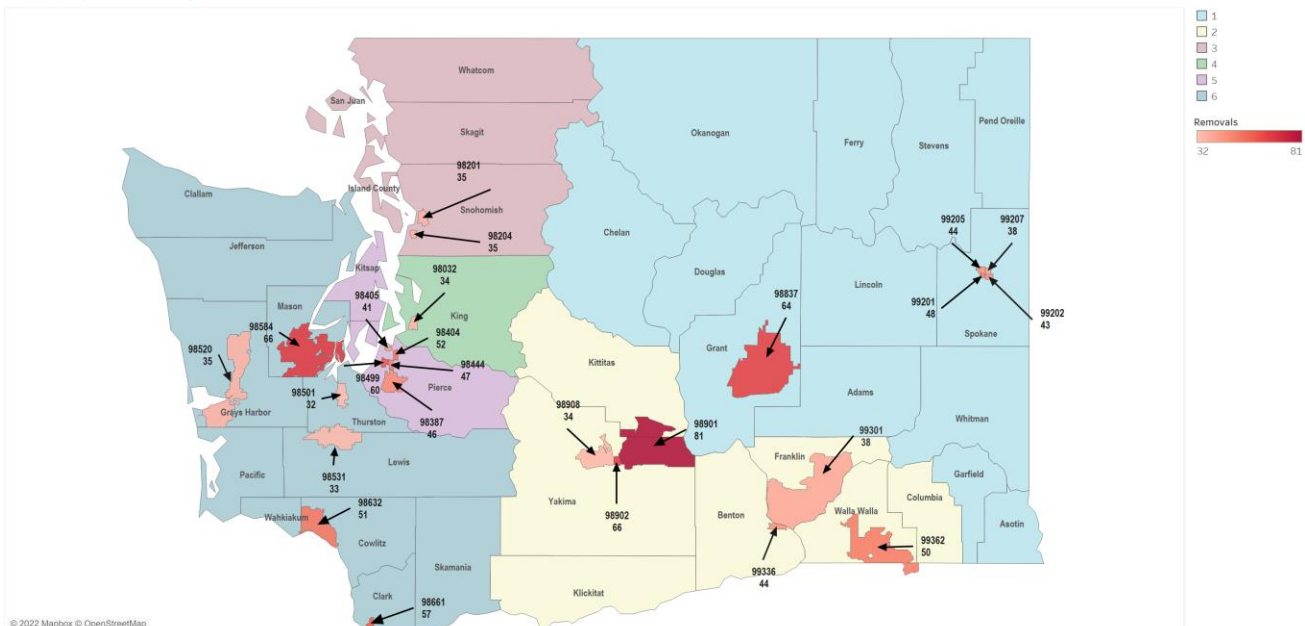
Original Date: June 2019 | Revised Date: June 2022

Over the past 12 months, the TRS have been actively recruiting within their respective regions. Here are some highlights of the work they are doing:

Region 1:
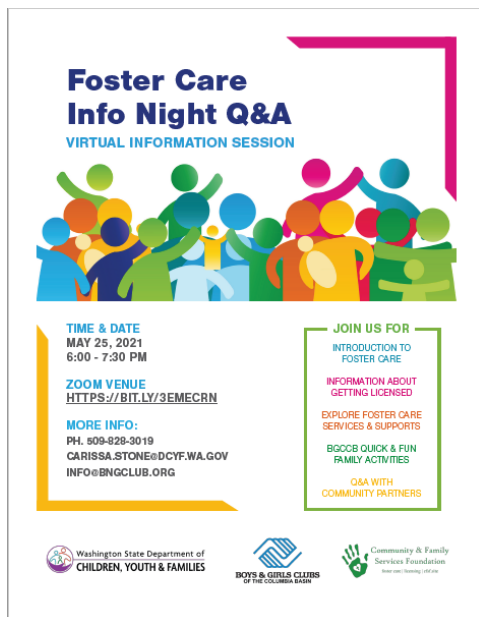
Region One is the largest region in Washington State, covering thirteen counties. Within this region, there are a wide array of towns, cities, and rural communities varying with unique needs and populations. Spokane is a highly populated city with several high removal zip codes and a large concentration of foster homes. The high removal zip codes in Spokane are primarily located in the heart of the city. Eastern Washington is known for its more rural areas. This is including areas such as Omak, Colville, Newport, Clarkston and Colfax. Although the population is less concentrated in these areas, the community still shares of the need to ensure children and youth are placed in their local community. There is a focus on the balance between rural and urban recruitment, acknowledging a vast area to cover and the unique needs of each community in the region.

Moses Lake, although far less populated than Spokane, is identified as high removal zip code. In addition to being a high removal zip code, there is also a shortage of placement so children and youth are commonly placed outside of their county. This region is on the Tribal lands of three Tribes including, Spokane , Colville, and Kalispell. Disproportionally represented in the child welfare system, working to build connections and partnerships with these Tribes is of the utmost importance in our work. In addition to improving Tribal relationships, reaching out to and building relationships with other targeted communities is also something we strive to do. This includes BIPOC and ESL communities.

There is a focus on the balance between rural and urban recruitment, acknowledging a vast area to cover, varying with resources, accessibility, and need.

Virtual Foster Information Night, Moses Lake   *Foster Care Discovery Night in Spokane, WA*

GOAL   **RECRUITMENT ACTIVITY**

Original Date: June 2019 | Revised Date: June 2022

Racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	- Participated in 10.03 meeting with Tribal Liaison and community partners to provide data and build relationships with Tribal Partners in Region One. - Invited Tribal Child Placing Agencies (CPA) to connect with other CPA's in a regular recruitment meeting created to support all recruitment efforts in communities across the region. - -Connected with Latinos En Spokane, a community organization. Through this connection, TRS was asked to attend and present at Communitas Church on foster care recruitment and information. - -Met with the President of the NAACP and discussed ways to partner in work around foster care. - Partnered with the Carl Maxey Center to share out foster parent ask in their local newsletter. The goal of the Carl Maxey Center is to uplift, empower and transform Spokane's African American community from the inside out.
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	- Created a Co-Design group to connect with statewide LGBTQIA+ partners both internally and externally, to improve publication, messaging, and marketing strategies. - TRS Region One staff was identified as LGBTQIA+ Lead for Licensing and participated in monthly meeting with other leads across the state; participation in this group lead to actions that resulted in policy change and staff engagement, improving outcomes for all children. - Region One Lead participated in Saying It Out Loud Conference Planning Committee and was vendor at virtual event. - Partnered with local community organizations including Odyssey, Spectrum, and PFLAG to provide education and build on the intersections of the work.
Homes licensed for three children or more (accommodate siblings).	- TRS work consistently across the region to engage in all communities through markets, events, and presentations to share in the need of sibling group accommodations. Examples of these include farmers markets such as Hillyard and Perry, monthly foster parent information sessions done virtually, and local agency presentations including that done for the West Spokane Wellness Coalition. In every instance, the need for sibling accommodations is shared.
Caregivers who are able to meet the needs of medically fragile children.	- TRS sought out and built relationships with a variety of community agencies and partners including Coordinated Care, Spokane Regional Health District, and CHAS. Improving relationships to create opportunities with the medical community-informing the intersection, need, and way to further the strategies to improve recruitment for children and youth with unique medical needs.
Develop/increase existing pool of	- TRS has built relationships with Northwest Autism Center and is working to have a regular presence in their monthly newsletter. Providing a consistent presence is an important strategy, ensuring

caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	individuals always have access to information on how to become a foster parent. - In addition, participation in the Steps for Autism event was well attended despite the pandemic. Individuals and families engaged in the vendor booth and gathered information about how to learn more about foster care in their community. Because families who are participating in this event are supportive of neurodivergent children and youth, the strategy is that they would be more likely to understand the population, be aware of supports needed, and be more likely to take children and youth who align with these specific needs.
Focus recruitment efforts on reducing the use of exceptional cost placements.	- In addition to working on the targeted areas detailed in the work, it is pertinent to evaluate the needs of children and youth coming into care and staying connected to the staff supporting placement. It is a priority to meet regularly with our placement coordinators to inform placement needs. In addition, there is education and information sharing at all events listed above with a specific message "we need caregivers for children and youth experiencing foster care right now." It is critical to inform families considering foster care facts about children and youth experiencing foster care and making sure they have access to the tools needed to support more complex placement issues. Providing needed supports must be available as well. TRS staff know their region, the specific needs of the region, and where to direct individuals who need additional support.

Region 2:

Region two is located within Eastern Washington and consists of the following 7 counties: Benton County, Columbia County, Franklin County, Kittitas County, Klickitat County, Walla Walla County, and Yakima County. While each county is unique, there is an overarching ethnic group of the region which is primarily Caucasian and Hispanic.

There are currently 470 licensed foster homes in the region. Of these foster homes, 35% have identified as being a minority status. These means that at least one caregiver in the home identified themselves as being non-white. The highest race/ethnicity identified within the region is Hispanic at 77%.

Consequently, there are far more children and youth experiencing foster care then there are licensed homes, currently that number is 835 children and youth. In addition, 63% of the children and youth in care identify as a minority status with the highest identified minority being Hispanic at 38.6%. This is significant because it illustrates the disproportionality of race and ethnicity between caregivers and children in care within the region.

As seen in the graph below, for every 9.1 children and youth who identify as American Indian/Alaskan Native, there is 1 caregiver who also identifies as such. Similarly, for every 7.7 children who identify as Black/African American, there is 1 licensed caregiver who also identifies as the same race/ethnicity. This again, illustrates

the significant gap between children and youth in care who identify as a minority status and the number of licensed homes who share the same race/ethnicity.

There is a high need in the region for more racially diverse caregivers who identify as American Indian/Alaskan Native, Black/African America, and Hispanic as there is approximately double to triple the number of children and youth in care that identify as such but cannot be placed with caregivers who resemble their racial identities.

There is also a need for licensed homes who are willing to accept sibling group placements. Out of the 835 children and youth currently in care, over half are part of a sibling group with approximately 29% experiencing separation from their siblings in placement.

Furthermore, data suggests that there is a need for additional kinship homes in Region 2. Of the 835 children and youth currently in care, approximately 51% are placed with in kinship care. While this number is favorable, DCYF aims to place all children in care with relatives

The top 10 highest removal zip codes with Region 2 are as follows: Yakima County with 220 removals (98901, 98902, 98908, 98951, 98944); Walla Walla County with 50 removals (99362); Benton County with 68 removals (99337, 99336); Franklin County with 38 removals (99301), and lastly Kittitas County with 16 removals (98926).

Within Region 2, there have been various publications created as both macro and micro recruitment efforts that educate and inform the local communities about the local foster care needs that are culturally appropriate and in the native language of each county. In addition, the TRS has attended targeted recruitment events in high removal areas where recruitment of prospective caregivers is priority.

KITTITAS COUNTY

Support a child or youth in your community today!

Be the Way HOME

KITTITAS COUNTY

Did you know there are over 40 children and youth experiencing foster care in your community?

Kittitas County is one of Washington State's most centrally located areas that draws on its extraordinary past to create traditional small-town charm. The collide of what is old and what is new fills towns with character and a strong sense of community.

Kittitas County has a continuing need for foster care families. By becoming a foster parent, you provide children and youth with a safe, loving, temporary home and make it possible for them to stay in the same school, participate in familiar activities, and remain connected to their parents and siblings.

Washington State Department of CHILDREN, YOUTH & FAMILIES

For more information about fostering in Kittitas, contact your **Targeted Recruitment Specialist:**

GABRIELA MENDEZ
gabriela.mendez@dcyf.wa.gov
(509) 407-7829

Visit our Become a Foster Parent page:
www.dcyf.wa.gov/become-a-foster-parent
Start here to begin the process:
www.dcyf.wa.gov/foster-parent-inquiry

If you would like copies of this document in an alternative format or language, please contact DCYF Constituent Relations (1-800-723-4831 | 360-902-8060, ConstRelations@dcyf.wa.gov).

DCYF PUBLICATION LIC_0042 (01-2022)

CONDADO DE YAKIMA

¡Apoye a un niño o joven de su comunidad hoy mismo!

Be the Way HOME

CONDADO DE YAKIMA

¿Sabía que hay más de 300 niños y jóvenes en hogares de acogida en su comunidad?

Yakima es conocida como el Corazón del centro de Washington debido a su ubicación central, su hermoso clima y su fuerte sentido de comunidad.

El condado de Yakima tiene una necesidad continua de familias de acogida. Al convertirse en padre o madre de acogida, usted proporciona a niños y jóvenes un hogar temporal seguro y afectuoso y hace posible que permanezcan en la misma escuela, participen en actividades familiares y se mantengan conectados con sus padres y hermanos.

Washington State Department of CHILDREN, YOUTH & FAMILIES

Para obtener más información sobre la acogida en Yakima, comuníquese con su **Especialista en contratación específica:**

GABRIELA MENDEZ
gabriela.mendez@dcyf.wa.gov
(509) 407-7829

Visite nuestra página para ser padre de acogida:
www.dcyf.wa.gov/become-a-foster-parent
Comience el proceso aquí:
www.dcyf.wa.gov/foster-parent-inquiry

Si desea obtener copias de este documento en un formato o idioma alternativo, comuníquese con la DCYF Constituent Relations (Relaciones del Constituyente del DCYF) (1-800-723-4831 | 360-902-8060, ConstRelations@dcyf.wa.gov).

DCYF PUBLICATION LIC_0035 SP (12-2021) Spanish

GOAL	RECRUITMENT ACTIVITY
Racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	- Created a culturally relevant/appropriate Spanish recruitment publication, specific to the Yakima County to spread awareness about the local foster care needs of caregivers. - Contacted the Yakima Diocese and 8 if its parishes to assist in the promotion and recruitment of Hispanic caregivers. The Diocese is the overarching leader of all Catholic Parishes within Central Washington. They have a unique opportunity to assist in this endeavor due to their deep community roots and outreach potential within their Spanish congregation. - Contacted 4 local Spanish radio stations within the Yakima and Tri-Cities areas to seek partnership/sponsorship in possible air time for prerecorded recruitment ads targeted at the Hispanic audience. Radio entertainment is one of the main sources of communication mediums for this population and a great option to promote the need for caregivers. - Contacted the Tri-Cities Hispanic Chamber of Commerce to establish relationship as they serve the Latino community in this area and host a variety of events throughout the year specifically for Latinos.

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	- Contacted 4 Spanish newspapers/magazines within Yakima/Tri-Cities areas to seek advertisement sponsorships. La Voz Hispanic Newspaper serves over 400,000 Hispanic homes across CW.
DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	- Contacted the Yakima Pride Organization to inquire about the opportunity to share local foster care information with their organization and members as well as attend events for 2021/2022 to recruit and promote need of caregivers.
Homes licensed for three children or more (accommodate siblings).	- Created a culturally relevant/appropriate Spanish recruitment publication, specific to the Yakima County to spread awareness about the local foster care needs of caregivers. - Connected with the Yakima Diocese and 8 of its parishes as Hispanic homes are more likely to accept sibling groups due to great emphasis on family connection and unity. Hispanic families tend to be of bigger sizes and tend to remain together for generations making them a great option for sibling groups.

Region 3:

In Region three there are 373 children of color in out of home care as compared to 156 licensed foster homes that have at least one caregiver who identifies as a person of color. The highest rates of racial disproportionality between children in out of home care and licensed caregivers of the same race/ethnicity are American Indian/Alaska Native, Black/African American, and Hispanic/Latinx.

- Data from Region 3 reflects the following:
  — For every 5.1 American Indian/Alaska Native children in out of home care there is 1 licensed home with an A/I A/N caregiver.
  — For every 4.8 Black/African American children in out of home care there is 1 licensed home with a Black/ African American caregiver.
  — For every 1.8 Hispanic/Latinx children in out of home care there is 1 licensed home with a Hispanic/Latinx caregiver.

In order to increase the number of caregivers that reflect the racial diversity of the children in out of home care, Region 3 recruitments efforts focus on increasing the number of A/I, A/N, Black/AA and Hispanic licensed caregivers.

In order to support agency goals to keep children in their community Targeted Recruitment Specialists are prioritizing recruitment efforts in high removal areas to grow resources in the areas that are most in need. In Region 3 Bellingham, Everett and Marysville each have two or more high removal zip codes in their city.

Family Fun Night Recruitment Event

FPAWS Pacific Northwest Caregiver Conference

GOAL	RECRUITMENT ACTIVITY
Racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	**American Indian or Alaska Native-** - Building partnerships by sharing information about Tribal events and sharing information with Tribes on licensing, kinship supports and supports offered through the Alliance. - Presented at 10.03 Tribal Partnership Meetings and hosted Tribal Listening Sessions. - Connect with Tribes to support current recruitment efforts within the tribe and provide disproportionality and kinship data. - All Tribes & Tribal Liaison are invited to participate in quarterly Recruitment & Retention Collaboratives (RRC) and receive meeting notes, data and resources. - Exploring ways to work collaboratively with tribes to create recruitment materials that reflect individual Tribes. **Black American/African American** - Connected with trusted community partners to make introductions to locally owned black businesses. - Exploring ways to partner with black owned Barber shop and salons that specialize in African American hair care in high removal areas with a goal of having business set up as providers for youth to access (benefiting both youth and businesses). o Small swag items with recruitment materials (rack cards) provided to hand out to clients

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	o In person introductions were made to the following businesses in high removal zip code areas:
	  ▪ Tha Fade Lounge 98201
	  ▪ Definitionz 98201
	  ▪ Amina's Professional Braiding
	  ▪ Invante
	  ▪ Tangles & Locs Salon 98203
	
	- Reverse tabling/networking at Black/African American Cultural events in high removal zip codes.
	- Co-facilitate Black/African American co-design group to create recruitment materials that are reflective of Black/African American communities and raise awareness.
	
	Hispanic/Spanish Speaking Families:
	- Booth at Mukilteo School District Back to School Resource Fair at Mariner High School. Included families from 24 schools.
	  o 11 Schools are in high removal zip code area (98204): Mariner High School, Challenger Elementary, Special Services, Horizon Elementary, Olivia Park Elementary, Voyager Middle School, Pathfinder Kindergarten Center, Odyssey Elementary. 98208: Discovery Elementary
	  o 28.7% of the school population is Hispanic.
	- Recruitment booth at Family Fun Night event in Skagit County to raise awareness. Attendance was primarily Hispanic families. Recruitment materials offered in Spanish.
	- Partnered with the Village on Casino Rd which serves primarily Spanish Speaking families.
	- Creating recruitment materials that reflect diversity in the community and sharing recruitment materials in Spanish.

DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	- Virtual booth at the LGBTQIA+ Pride conference. - Connection building - share flyers/recruitment materials through community partners, newsletters, social media etc. - Consult with existing LGBTQIA+ foster parents, and partner with them to raise awareness in the community. - Met with disproportionality team to identify existing community partners and discuss recruitment opportunities. - Creating recruitment materials and presentations that are reflective of LGBTQIA+ communities and raises awareness.
Homes licensed for three children or	- Connection building - identify high removal zip code areas for targeted population. Raise awareness in communities about the need to keep siblings together and need for kinship care.

more (accommodate siblings).	- Share flyers/recruitment materials through community partners, newsletters, social media etc. - Community partners are invited to participate and share information in quarterly Recruitment & Retention Collaboratives (RRC) and receive meeting notes, data and resources. Ongoing discussions occur about the need to keep siblings together, goals of reunification increasing supports to kinship caregivers and foster parents.

Caregivers who are able to meet the needs of medically fragile children.	- Outreach to community partners that are currently serving children with complex medical needs to build partnerships and raise awareness. Target agencies, and camps that serve medically fragile and special needs youth, volunteer agencies, and parents of medically fragile youth. Partner with agencies to share information in newsletters and through recruitment events. Targeted market: professionals, volunteers working with medically fragile youth and parents of medically fragile youth.
	   o Potential partners include medical facilities, Camps, DDA, ARC, Special Olympics, Blue skies for children etc.
	   o Met with Camp Corey to explore partnership, information sharing for medically fragile youth.
	- Advocate for better tracking through Binti or other software program to track medically fragile youth and foster parents and match children and families based on specific needs (feeding tube, limited mobility etc.).
	- Co-lead co-design group for youth with exceptional needs to collaboratively design recruitment materials to raise awareness and target potential caregivers that may have experience with youth with exceptional needs.

Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	- Met with BRS foster parents to discuss current challenges and identified foster parents that are willing to speak at foster parent recruitment events.
	- Attend CPA meetings to share data and ongoing needs for caregivers for children with special needs, discuss barriers and collaborate around recruitment strategies. Some outcomes include:
	   o Updating the CPA list and adding it to the DCYF website.
	   o Including information in foster parent information sessions about CPA's.
	   o Including CPA's in recruitment events.
	- Ongoing meetings with placement supervisor to keep updated on the current trends/placement needs in Region 3.
	- Share data and information with 1624 representative to inform current foster parents about the need, and here feedback from the fostering community about current challenges they face.

	- Attended Passion to Action Meeting to get feedback on how to incorporate youth voice in recruitment materials.
Focus recruitment efforts on reducing the use of exceptional cost placements.	- Use exceptional cost, hotel and office stay and placement stability data to identify the demographics of the youth experiencing placement instability. -Teens with exceptional needs experience the most placement instability. - Attend CPA meetings to share data and ongoing needs for caregivers for children with special needs, discuss barriers and collaborate around recruitment strategies.

Region 4:

Region four is one of the most diverse areas in Washington State and consists of King County. As one of the more populous areas in Washington State, it provides many opportunities and unique challenges.

In 2021 there were 767 licensed foster homes in Region 4, and about 33% of these homes have at least one character who identifies as a race or ethnicity other than White. Of the 33% of BIPOC caregivers, there is a wide distribution of race/ethnicities and Black/African American caregivers making up the largest group of BIPOC caregivers.

Despite this diversity in caregivers, there is still a need to increase the number of BIPOC caregivers as there are more children in care than there are available caregivers.

When looking at the data, you can see there is a lack of representation when looking at the diversity of the available caregivers. The area of most need is the number of caregivers who identify as American Indian/Alaskan Indian to care for American Indian/Alaska Native children and youth. In 2021 there were 2.6 American Indian/Alaska Native children and youth in care for every 1 licensed home with at least one caregiver who identifies as American Indian/Alaskan Native. The need for increasing the number of Black/African American caregivers is apparent as well. As of 2021, there were 1.8 children and youth in care who are Black/African American to every 1 licensed home with at least one caregiver who identifies as Black/African American. Although the need is not as great, it is just as paramount to grow the number of caregivers who identify as Hispanic. In Region 4, there are 1.1 children and youth in care who identify as Hispanic for every 1 licensed home with at least one caregiver who identifies as Hispanic. The more diverse our caregivers are the more likely we can provide children and youth in care with better cultural experience and better long-term outcomes.

General Recruitment Flyer Translated into 14 languages, to include Somali shown here.

Throughout 2021 the TRS in Region 4 focused on building connections with agencies throughout King County to build connections and raise awareness about the ever-changing need for foster parents throughout our state. The TRS partnered with the CPAs in King County to share data and the evolving needs for diverse foster parents in our area. Additionally, the TRS worked on building connections with mental health and community agencies to help raise awareness. The TRS reached out to ACRS, Sound Mental Health, Boys and Girls Club, Rotary Clubs, and the YMCA.

A lot of the data and awareness bringing was shared and highlighted the needs for foster parents in high removal zip codes. The TRS also focused majority of their events and connection building with agencies located in high removal zip codes. The TRS shared data with local agencies highlighting their service areas and removal rates to bring an acute awareness of the need.

GOAL	RECRUITMENT ACTIVITY
Racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	- Attended statewide ICW sub-committee to collaborate about recruiting American Indian/Alaskan Native families to care for children. - Attended Region 10.03 to discusses diligent recruitment efforts for AI/AN caregivers in Region4. - Ongoing meetings with the Office of Tribal Relations. - Tabled at the Rainier Beach Action Coalition's Back to School Bash which was attended by mostly BIPOC families from high removal zip codes. - Tabled at the Curry St. Temple for their back to school event. This was in high removal zip code and historically Black/African American neighborhood. - Attended the Discover Burien fest to make connections and learn about agencies that serve Burien and Federal Way. - Worked with El Centro de la Raza to publish a short story in their newsletter to raise awareness about the need for Hispanic foster parents. - Conducted a presentation at Asian Counseling and Referral service about the need for more foster parents in the South Seattle area.

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DCYF will be an open and affirming organization for LGBTQ+ caregivers and children/youth.	- Shared flyers and information with Lambert House about the need for LGBTQIA+ foster families in King County. - Had a virtual booth at the Seattle Pride event to recruit LGBTQIA+ and LGBTQIA+ affirming foster families. - Had a virtual booth at the Saying It Out Loud conference to recruit LGBTQIA+ and LGBTQIA+ affirming foster families. - Reached out to other LGBTQIA+ agencies throughout King County including: Gay City, PFLAG, and Lamda Legal.
Homes licensed for three children or more (accommodate siblings).	- Recorded an information video for REACH church about the need for foster parents and those that can keep siblings together. - Presented at the Fostering Support Faith Alliance and spoke about the need for homes to keep sibling together.
Caregivers who are able to meet the needs of medically fragile children.	- Reached out to the nurse's unions in King County in an effort to share information in their newsletter about the need for skilled professionals to care for children with medial needs.
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	- Reached out to mentorship groups throughout King County to share information about the need to support teens in foster care. - Reached out to community colleges and colleges about advertising on their campus to attract parents with college aged children to care for teens in foster care. - Reached out to Treehouse to collaborate with them about raising awareness about this need.
Focus recruitment efforts on reducing the use of exceptional cost placements.	- Worked with Northwest Adoption Exchange to develop strategies to finding permanency for legally free children and youth through reverse matching.

Region 5:

Region five is a beautiful and culturally diverse area that includes two large counties, Pierce and Kitsap. Within Pierce county there are four DCYF field offices that cover over 1,800 square miles with rural and urban areas. Kitsap county is separated by the strait of Puget Sound and home to the Bangor Trident Base Naval Base.

In partnering with placement coordinators within the region, one of the biggest needs expressed are for general foster care homes for boys between the ages of 6 and 17, homes for large sibling groups, and homes for children and youth experiencing mental health and behavioral challenges.

Highlight of Recruitment Activities within Region 5 for CY21 include:
- Include elements of connection building, bring community awareness
  — Quarterly RRC Meetings

- — Region 5 South Sound Awareness community meetings
- — Region 5 - 1624 meetings
- — Region 5 Quarterly Resource Family Leadership Meetings
- — Bremerton Strengthening Families
- — Region 5 has the highest concentration of CPA's have been able to successfully partner with agencies to do recruitment activities.
- — Partnered with Youthnet, Lorene's Place II, CYS, Beautiful Birds child placing agencies and Passion 2 Action at the Melanated Market (BIPOC), Puyallup South Hill for 2 days in a recruitment event.
- — Partner with Community Health new first Foster/Adoption Clinic in Tacoma to bring foster recruitment information to the community.
- — Building connections with FPAWS and attend recruitment event and annual conference

Table Flyer for BIPOC Market

- Work in high removal zip codes for 2021
  - — Quarterly Region 5 meeting with Region 5 Placement Coordinators to identify the specific areas (zip codes), ages and demographic needs within the region.
  - — Attend the high removal zip code DCYF Child Welfare offices disproportionality team meetings
- Include work on our specific areas of focus:

GOAL	RECRUITMENT ACTIVITY
Racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	- Cabelero Club - Virtual Meeting - BUILD Meeting – Connection for Specialized Homes - Puyallup Tribe Children's Services – Virtual Meeting - Region 5 - Disproportionality Meetings – Virtual - Suquamish Tribe – Virtual Meeting - Centro Latino – Virtual Meeting - Social Media connections with: Black Business Network Directory Women Owned Black Businesses Black Business Owners Minority Christian Women Entrepreneurs Seattle Tacoma Black Professionals Black Collective Women Owned Black Businesses S'Klallam Tribe Event & Resource Suquamish Community - Connection and relationship building with Puyallup Tribe of Indians - Launched African/Black American Co-Design Group

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	- Connection with Rise Center of Hilltop and Sigma Gamma Rho Sorority - Partnered with Youthnet, Lorene's Place II, CYS, Beautiful Birds child placing agencies and Passion 2 Action at the Melanated Market (BIPOC), Puyallup South Hill for 2 days in a recruitment event.
DCYF will be an open and affirming organization for LGBTQ+ **CAREGIVERS AND CHILDREN/YOUTH.**	- SIOL Conference Virtual - Scarlet Road Agency - Bremerton - Caring for LGBTQ+ Youth - Seattle Virtual Pride
Homes licensed for three children or more (accommodate siblings).	All recruitment efforts are inclusive of sibling groups they are highlighted at all times
Caregivers who are able to meet the needs of medically fragile children.	- Common Health – Foster/Adoption Medical Clinic - Help Me Grow Pierce County - Raising Autistic Kids of WA - Tacoma Special Education PTA
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	- South Sound Foster Care Awareness - Connection with CPA's to include Seattle YMCA - CPA Recruiters Mtg - Program Connect with CW Regional - Administrator to begin the process for teens with behavioral problems. - Partner with Community Health new first Foster/Adoption Clinic in Tacoma to bring foster recruitment information to the community.
Focus recruitment efforts on reducing the use of **EXCEPTIONAL COST PLACEMENTS.**	- Consultation with Capacity Building Center for States. - Ongoing relationship and partnering with Region 5 Placement Coordinators to understand needs and utilization of hotel, office, and/or night-to-night stays.

Region 6:

Region six is composed of 11 counties: Clallam, Jefferson, Grays Harbor, Pacific, Mason, Thurston, Lewis, Cowlitz, Clark, Wahkiakum, Skamania

At the end of 2021, there were 1,015 licensed foster homes in Region 6. Although the greatest number of children in care are White, the racial disproportionality is higher when looking at children in care to licensed caregivers, in the racial groups of American Indian/Alaska Native, Black/African American, and Hispanic/Latino. As you can see from the graph below, 3.7 children in care identify as American Indian/Alaska Native to one licensed caregiver who identifies as American Indian/Alaska Native. 2.3 children in care identify as Black/African American to one licensed caregiver who identifies as Black/African American. 1.8 children identify as Hispanic/Latino to one licensed caregiver who identifies as Hispanic/Latino. These are the highest rates of racial disproportionality in Region 6.

GOAL	RECRUITMENT ACTIVITY
Racially, ethnically and culturally diverse caregivers to meet the needs of children placed in out-of-home care.	- Connection and relationship building with DCYF tribal liaison and Regional Licensing Tribal Specialist. - Met with Angel Van Brunt from SPIPA (South Puget Intertribal Planning Agency) - Presented at the LICWAC Advisory Group - Presented at Vancouver LICWAC meeting - Contacted Clark County NAACP Chapter - Contacted Partners in Diversity about advertising opportunities, and posted in their community announcements section of their website - Contacted SURJ Clark County Chapter - Contacted the Latino Community Resource Fair - Contacted Teena Ives, Secretary of Office of Tribal Relations, DCYF - Meeting with SELF WA - 1st Presentation to the ICW Subcommittee Meeting - Contacted Quinault Tribe - Contacted Odyssey World International Education Services - Launched American Indian/Alaskan Native co-design group.
DCYF will be an open and affirming organization for	- Posting in PFLAG SW Washington Chapter Newsletter - Virtual tabling at Seattle PRIDE - Contacted Indivisible of Vancouver - Met ongoing with Triple Point Program manager- Children's Home Society

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LGBTQ+ caregivers and children/youth.	- Met with Director of Wild Heart Society
Homes licensed for three children or more (accommodate siblings).	- Several postings in the Clallam County Prevention Works Newsletter - In-person event at the Ridgefield - Contacted all of the Clark County neighborhood associations, and gave presentations to several associations
Caregivers who are able to meet the needs of medically fragile children.	- Reached out to Patty Lloyd at Olympic Medical Center - Spoke with Dr. Joyce Gilbert Monarch Sexual Assault Clinic - Contacted Washington State Nurses Association - Met virtually with Dr. Kim Copeland, member of the Child Abuse Assessment Team - Virtual Presentation to the Grays Harbor Summit Pacific Medical Center Board - Virtual Presentation to Salmon Creek Pediatric Rehabilitation Staff Meeting - Contacted Disabilities Rights Washington - Contacted many other pediatric clinics, family practice clinics, hospitals, throughout Region 6
Develop/increase existing pool of caregivers available to provide care for children with extensive emotional, behavioral, and physical needs.	- Contacted all of the foster care liaisons in the schools in region 6 - Virtual recruitment presentation for Longview School District - Presented at Clark County Faith Based Coffee community collaboration - Outreach attempts to all of the Boys and Girls Clubs in Region 6 - Contacted NAMI of SW Washington - Began co-design group for youth with extensive needs
Focus recruitment efforts on reducing the use of exceptional cost placements.	- Contacted Peggy Carlson, lead for foster care liaisons at the Office of Superintendent of Public Instruction - Contacted all United Ways, YMCA's

Racial, Equity, and Social Justice

During a consultation with DCYF's RESJ Team, it was recommended that recruitment materials specific to a community be created in partnership, as part of the codesign process. "Co-design" refers to a participatory approach to designing solutions, in which community members are treated as equal collaborators in the design process. In September 2021 Co-Design Groups were launched. By the following year, DCYF hopes to see the results of this collaborative process.

Goals of the Co-Design Group:
- Identify key values, messages, and themes for the identified group.
- What is the best way to connect and engage this community?
- What is the best medium to communicate with this community?

- In developing recruitment materials/messaging—what would be most effective?
- What images/representations accurately reflect this group?
- Once recruitment materials are developed, this team would review and provide feedback/approval.

Co-Design Groups Initiated:
- American Indian/Alaskan Native
- Black/African American
- Hispanic/Latinx
- LGBTQIA+
- Intensive Behavioral, Emotional, Physical Needs (Juvenile Rehabilitation - Facility, DDA, Medical Complex/Fragile, BRS)
- Teens/Young Adults (Extended Foster Care, ILS)
- Permanency (Reunification/Parent Partnership/Adoption from Foster Care)

Recruitment materials are being specifically created to express the need for diverse caregivers from all races/ethnicities. In addition, materials include a specific call to action for caregivers able to meet the needs of children experiencing complex physical, mental, and behavioral health needs.

Messaging shared continues to express the importance of keeping children and youth connected to their culture. Strong cultural identity contributes to higher levels of social well-being and education levels, better psychological adjustment and improved coping skills, lower rates of depression, anxiety, isolation, and other mental health challenges. Family connections are critical to children's healthy development, sense of belonging, and preserve children's cultural identity and relationship to their community.

Example of Virtual Recruitment Presentation for Clark County, Washington:

Racial Disproportionalities in Clark County

Be the Way HOME

We need caregivers that reflect the racial, ethic, and cultural backgrounds of the children and youth who experience foster care.

- 9.25 American Indian/Alaskan Native identified youth in care to 1 American Indian/Alaskan Native identified home
- 2.18 Hispanic/Latinx youth in care to 1 Hispanic/Latinx identified home
- 1.94 Black/African American identified youth in care to 1 Black/African American identified home
- *1.3 Asian identified home to every 1 Asian identified youth in care*

Data source: InfoFamlink Caregiver Recruitment and Retention Report, Region 6, Clark County, Dates (9/20/20-9/20/21)

Washington State Department of CHILDREN, YOUTH & FAMILIES

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Foster Parent Information Sessions

Targeted Recruitment Specialists, along with partners from the Licensing Division's Assessment team, host a Foster Parent Information Sessions on the first Tuesday of each month. This has been a great space for prospective foster parents to attend who are curious about fostering and/or adoption, want to learn more about the process, have technical questions, and want to connect one on one with a recruiter. These session launched in October 2021 and continue to grow in popularity.

Child-Specific Recruitment:
See timely search for adoptive families below for additional information/updates.

Statewide Information Recruitment Center (SRIC)

A key data source to track prospective foster parent characteristics is through the SRIC. The SRIC Data Tracker has been a contracted service through NWRA since 2009. This system tracks prospective foster parents who inquire about becoming a foster parent via an online inquiry form or from individuals or families who call the state's recruitment phone line at 1-888-KIDS-414.

The contract with NWRA was extended to December 31, 2022. LD will be launching an online provider portal in the fall of 2022. This will create an electronic application process for prospective caregivers (licensed general and kinship) to apply. DCYF will continue to contract with the SRIC to manage the high volume of prospective foster parent inquiries that are not ready to initiate the licensing process in Binti, but want additional information about becoming a caregiver.

Data available from the SRIC includes:
- General and specific forms of recruitment information that have prompted the family to inquire about foster care and adoption, including families who have responded to AdoptUS kids.
- Race/ethnicity, city and county of prospective foster families.
- The best way to connect with the prospective foster family (phone, cell, email).
- Family's specified area of interest.
- Numbers of new inquiries made each month (by type), reported by region/local office/source.
- Spanish speaking inquiries and ongoing support for Spanish speaking callers.
- Referrals directed to the contractor.
- Contacts (date, time, type) made by the recruiter or liaison.
- Follow up contacts made with each individual prospective family.
- Group contacts made by the recruiter or liaison.
- Bulk email messaging to all prospective families and active families in the system.

DCYF has established an Adoption Call to Action core group to develop new strategies to achieve timely permanency for children and youth in out-of-home care who are waiting to be adopted. The contracted provider for the SRIC is a member of the Call to Action core group and runs NWAE. Increased resources are being explored to continue work with NWAE to enhance current programs for child-specific recruitment that are youth driven and showing positive results. Please see Adoption Call to Action plan in the 2022 APSR for more information.

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Dissemination of Information Regarding Becoming a Foster and Adoptive Parent

DCYF's recruitment staff plan to utilize a variety of methods in order to disseminate information on becoming a licensed foster or adoptive parent. These methods include:

- Social Media - Facebook, Twitter, Instagram, YouTube, sharing advertisements through online Community Boards, Peach Jar (an online digital distribution system for school districts).
- US Postal Mail – post card project, sending recruitment materials and swag kits to community organizations, cultural centers, and businesses.
- Electronic Delivery (E-mail, List servs) - Utilizing contact information provided by prospective foster parents to send encouraging emails to "keep the lead warm", Caregiver Connection list serv:
  — Foster, Adoptive, and Kinship Caregiver Information (8,816)
  — Relative/Kinship Providers (2,519)
  — Licensed Caregivers (5,233)
  — Prospective Caregivers (738)

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 January 2022.

The Adoption DCYF website has been updated over the course of the last 18 months. An addition to the website includes the "Latest News" section similar to what is found on the Foster Parenting & Kinship Care page. The information in this section provides families interested in adoption with links to training, events, and many other helpful resources.

DCYF was created as of July 1, 2018 in accordance with House Bill 1661 signed into law on July 6, 2017. DCYF has restructured how the state serves at-risk children and youth with the goal of producing better outcomes for children, youth and families in all Washington communities. DCYF includes former Children's Administration (CA), Juvenile Rehabilitation (JR) and Department of Early Learning. A benefit of this new agency as it relates to recruitment and retention efforts is that DCYF has more resources to share information with the addition of a full, dedicated communications team.

Assuring Prospective Foster and Adoptive Parents Have Access to Licensing Agencies

DCYF has a vested interest in obtaining quality caregivers to provide for children and youth placed in out-of-home care who have experienced child abuse, neglect and trauma. There are two pathways in which an individual can become a licensed foster parent. The first is by applying through LD; and the second is by applying through a private Child Placing Agency (CPA) to be certified and then issued a license by the state's LD office.

- State Licensing:
  — Work directly with local Licensing Division.
  — Foster families make placement decisions independently.
  — Foster parents work directly with DCYF staff.

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- — Self-advocate for specific needs and resources.
- — Support provided under statewide contract, CaRES Program.
- Child Placing Agency (CPA):
  - — Work directly with a local private agency.
  - — CPA coordinates placement decisions.
  - — CPA provides advocacy for family and child needs and resources.
  - — Services provided or coordinated by agency.
  - — Families receive individualized support and case management.

There is a strong presence of CPAs throughout the state, accounting for approximately 35% of all licensed foster homes. There are many agencies available to individuals interested in becoming licensed; all are encouraged and supported. CPAs hold a license and contract with DCYF that outlines service expectations. Per their contract, "Foster parent recruitment activities shall take into consideration the diversity of the child population the Contractor serves. The Contractor shall engage in a variety of activities designed to recruit, train, support, and retain foster parents. The Contractor shall work cooperatively with DCYF on foster parent recruitment activities." DCYF continues to partner with CPAs across the state to recruit and retain licensed foster parents. This is a valuable partnership in which the TRS plan to continue developing within their new role.

In addition to holding the contract for the SRIC database, NWRA provides a comprehensive list of CPAs throughout the state via their website. The site also provides information on how to research a prospective CPA and determine what agency will be the best fit.

DCYF took part in a foster parent recruitment tool using a Foster Care Funding Collaborative Marketing strategy. This tool was developed by the Washington Association for Children and Families (WACF). This tool used marketing technology to track users through multiple web browsers. Individuals were provided a portal where they enter information and are asked to capture their family's motivation and ideal around foster care. The individual was then matched with three agencies (included DCYF as an option). Participating agencies were sent the prospective foster parent's information for an immediate follow up. There have been some changes to this program, in that WACF created an 8-part webinar to send prospective foster parents as a first step in the process, versus having CPA's individually contact leads right away. The goal is to help prospective foster parents learn more about fostering and have their questions answered before using CPA resources if an individual was not quite ready to begin the licensing process.

It is the role of the TRS to recruit for diverse, quality caregivers no matter which path to licensure they chose. Over the last year, DCYF worked hard to develop a comprehensive list of CPAs that can live on the website to

provide prospective caregivers with current, accurate information on CPAs available and services offered. At initial inquiry and during orientation, individuals are provided information on CPAs in the area and the different tracks available for licensure.

CPA contact lists can be found under the Options for Getting Licensed tab on Becoming a Foster Parent page or in the DCYF Publications Library.

In addition to finding general information on webpage, there are prompts to get more information:

- If you'd like **someone to email or call you about fostering**, complete the inquiry form and a member of the CaRES team will contact you within 2 business days.
- If you'd like to **talk to someone about fostering**, call 1-888-KIDS-414.
- If you'd like to read more information about fostering, check out our Becoming a Foster Parent FAQ or read the information below.

Completing the inquiry form connects to the SRIC database. Once an individual provides their contact information, geographical location, race/ethnicity, gender, age, type of care interested, what encouraged them to apply, and primary language, this information is logged in the database as a new record. CaRES is then responsible to provide initial contact and support through the licensing process. A CaRES team member is tasked to follow up within 2 business days. The CaRES team provides the individual with comprehensive information as it relates to the licensing process, including information on how to access state and private licensing agencies. All individuals receive support; however, individuals from particular areas across the state and those who indicate an interest in general foster care/respite care are provided additional outreach per a developed engagement strategy.

- Inquiry Engagement Strategy:
  - Respond to each individual inquiry within 2 business days.
  - Individually call within five business days:
    - o Prospective foster parents who want to provide general foster care or respite and who live in the top 25 zip codes with the highest removal rates
    - o Kinship caregivers
  - Provide all prospective caregivers with more information about the licensing process.

Through a partnership with LD, prospective foster families learn about:
- Children and youth who enter out-of-home care, trauma they may have experienced, and available services.
- Licensing requirements.
- The application and home study process, background check requirements, and timeframes for licensing.

- Fostering experiences from veteran caregivers at Caregiver Orientation and Caregiver Core Training (CCT) .
- Opportunities for direct contact with DCYF contracted and partner agencies and experienced foster parents during the CCT field experience.
- Ongoing support from CaRES when questions arise regarding training, applications, home studies, and licensure process.

Training for prospective and existing foster and adoptive families is available through the Alliance. The Alliance is a comprehensive statewide partnership developed with the University of Washington School of Social Work (UW), the University of Washington Tacoma (UWT), Eastern Washington University (EWU), DCYF and Partners for our Children (P4C) through UW. The Alliance partnership delivers training for DCYF staff as well as caregivers. Cultural competency is a foundational part of the curriculum. DCYF staff, prospective and existing caregivers receive cultural awareness and competency training in the core curriculum.

During the pandemic, all in-person CCT offerings ceased. Prior to the pandemic, the 24-hour CCT curriculum provided to prospective foster families was available in all regions and many communities across the state. A variety of training times and locations, including days, evenings, and weekends, was available to allow prospective foster families access to classes.

Since September 2, 2018, the Alliance has provided an online version of CCT which is a self-paced, eLearning experience. The same content offered in the classroom is now available and can be completed anytime or anywhere there is an internet connection. Powerful, natural voices of youth, caregivers, and birth parents give participants real life perspectives and strategies. Individuals completing the online version are required to participate in one field activity to complete the course. The field activities cover a broad range of items . Examples of field activities include attending a local support group or dependency court hearing, volunteering at a fostering event, or having a one on one meeting with an experienced foster parent. Field activities are coordinated and facilitated by the assigned Alliance trainer. After an individual completes the 8 sessions on - line, they receive a coaching session with an Alliance trainer where they have the ability to ask and have questions answered. LD staff and other stakeholders participated in the development of the online curriculum. The Alliance is collaborating with P4C to evaluate the content and provide feedback on this modality in comparison to the classroom version. Popularity for the online version of CCT continues to grow.

Online Caregiver Core Training (CCT) is the only option to complete pre-service at this time due to COVID-19. Online CCT is also provided in Spanish titled Capacitación Básica para Cuidadores.

Caregiver Core Pre-Service Training Utilization Rates CY2021	
Quarter 1 January to March 2021	
CCT Classroom	0*
CCT Online	435
Quarter April to June	
CCT Classroom	0*
CCT Online	440
Quarter 3 July to September	
CCT Classroom	0*
CCT Online	380
Quarter 4: October to December	
CCT Classroom	0*
CCT Online	352

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Due to the pandemic, DCYF waived the in-person requirement for providers or caregivers who are needing to complete or become re-certified in First Aid/CPR training. All providers and caregivers needing this training are allowed to complete an online course. Any online course that providers take during this interim must be nationally certified, such as the American Red Cross, American Heart Association or American Safety and Health Institute. There will be follow up with providers and caregivers to complete the hands-on component when it is safe to do so. DCYF will be resuming in-person CPR/First Aid training on July 1, 2022 and will no longer accept the virtual training.

DCYF has renewed contracts with the four private agencies who complete adoption-only home studies for families interested in a specific population. This population includes children and youth age 6-17, sibling groups, and children and youth with mental health, medical needs, and behavioral issues. Initial referrals included families who were focused on the younger range of children (ex: willing to adopt a child between 0-10) which was not the initial intent of these contracts. For this reason, clarification was needed to inform referring staff that a family's primary focus must be older children or those with differing abilities as outlined above.

The contracts were originally launched in March 2021. As of April 13, 2022, there are a total of 17 home studies requested. Of the 17 homes, 12 are completed; 4 were cancelled by the family; and one is pending. Three of the families with approved home studies have taken placement for a total of four children now in a pre-adoptive home.

Staff Training to Work with Diverse Communities

DCYF partners with the Alliance to provide training to staff, tribal members, and caregivers across the state. All new DCYF employees are required to participate in Regional Core Training (RCT) in order to prepare social service specialists with the basic knowledge, skills, and understanding to begin their careers in public child welfare. RCT is a comprehensive training and coaching program containing multiple sessions which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals. Woven throughout RCT are several critical concepts, integral to best practice in child welfare, and designed to maximize learning within context and with relevancy to the work:

- Child safety, permanency, and well-being
- Critical thinking
- Trauma-informed practice
- Disproportionality and racial equity in child welfare
- Cultural competency/cultural humility
- Reflection and recognizing bias
- Documentation skills in FamLink
- Program specific job skills

DCYF staff receive continuous education through the Alliance which provides frequent, accessible in-person and online training based on relevant and current curriculum. In particular, staff are highly encouraged to participate in Racial Microaggressions: Developing Cross Cultural Communication Skills. This seven-hour course is intended to have participants leave the training with a common language and understanding of what

is meant by cultural competence and the work they need to do to grow their ability to effectively engage across cultures, an understanding of racial microaggressions and why they are problematic, and an increased ability to have courageous conversation about difference and to effectively engage racial tension.

LD staff who conduct home study assessments to assess for character, suitability and permanency participate in an additional training course entitled Licensing Track Week. This training provides program specific guidance and illustration, and is facilitated by LD staff. In addition to learning the home study guide and assessment tools, there is specific information related to cultural, racial and socio-economic variations that should be taken into consideration when working within each family. LD staff also receive comprehensive training on LGBTQ+ populations and best practice approaches when assessing caregivers.

Alliance CaRES is responsible for providing both new staff training on Cultural Competence and Caring for LGBTQ+ Youth. CaRES is to conduct annual trainings on cultural competence in order to support foster parents and kinship caregivers. In addition, the Caring for LGBTQ+ Youth training is also conducted annually so staff can educate families about caring for LGBTQ+ youth.

Strategies for Dealing with Linguistic Barriers

DCYF policy requires that staff are to provide Limited English Proficiency (LEP) clients access to DCYF programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively. All form and publications for DCYF are provided in various languages. If there is a specific language in which a form is not translated, DCYF will work diligently to submit the request and provide services in the requested language as soon as possible.

During the home study and licensing process, DCYF offers interpretive services at no cost. In addition, LD has several staff members statewide who are certified to interpret in various languages. DCYF staff are required to document LEP clients and services offered to alleviate any communication barriers. The SRIC database captures the primary language of prospective foster parents and provides this information to the respective contractors. In addition, the NWRA has a Spanish speaking staff to cover telephonic inquiry request with Spanish speaking individuals.

CaRES is responsible for providing appropriate, accessible and culturally relevant services to clients and their families. Service delivery must be culturally competent and responsive to each client's cultural beliefs and values, ethnic norms, language needs, and individual differences. It is encouraged that both programs employ a diverse workforce that reflects the diversity of their clientele and the community. LEP clients are provided with a certified or otherwise qualified interpreter and translated document. Deaf, deaf-blind, or hard of hearing clients are provided a certified sign language interpreter if needed. These services are provided at no cost to the client.

1) Non-discriminatory fee structures

DCYF provides services to all clients at no charge. An individual has access to training, required documents, recruitment materials, a home study assessment, and placement of children and youth with no out-of-pocket expenses. At times there are additional costs for an individual seeking foster care licensure. These costs can include funds spent to prepare the home to meet the minimum licensing requirements (obtaining a fire extinguisher, emergency escape ladder, first aid kit, etc.), fees associated with the required medical physical

and TB tests/Immunizations, and obtaining appropriate furniture/bedding. Financial assistance is available to kinship caregivers who are getting licensed to assist in eliminating barriers.

Foster parents who are identified as the permanent placement resource for the child or youth placed in their home have the ability to adopt that child. There are fees associated with adoption through DCYF and the costs of adopting a child from foster care are typically kept to a minimum and adoptive families may be eligible for reimbursement. Incurred costs are generally limited to attorney fees and adoption home studies (if completed by someone other than DCYF). Foster families may apply for a non-recurring adoption expense reimbursement of adoption costs, the maximum reimbursable costs are $1,500.00 per child or youth.

DCYF requires that CPAs disclose all fees associated with their agency upfront to applicants. Per the Washington Administrative Code 110-147-1680, an agency must advise each applicant in writing about agency fees including: (1) All fees and charges associated with the cost of adoption; (2) A description of each fee including in-state, out-of-state and international expenses and fees; (3) All other miscellaneous expenses associated with the adoption process such as: (a) Home study fees; (b) Childcare expenses prior to adoption; (c) Post-placement and post-adoption reports; (d) Third-party fees; (e) Estimated travel and accommodation expenses; and (f) Non-refundable fees.

Timely Search Efforts and Supports for Adoptive Placements

DCYF's Policy 4330.Adoption Process requires scheduling an Adoption Planning Review (APR) staffing within 30 calendar days of the decision to file a termination of parental rights petition or accept a relinquishment of parental rights. If a child or youth is not in a potential permanent placement, they must be registered with the Washington Adoption Resource Exchange (WARE) within five days of the APR staffing.

Recruitment Services

DCYF contracts with Northwest Resource Associates who provide services to Washington youth through a number of recruitment services. These services include two websites: Washington Adoption Resource Exchange (WARE) and Northwest Adoption Exchange (NWAE). WARE is a password protected website available only to Washington families and case workers, while NWAE is a public website which features Washington youth.

Between January and December 2021, there were 104 children registered on Washington Adoption Resource Exchange (WARE) and a total of 186 children served. Children are considered served by the exchange if they had an open case during the time period. This includes children that were active on the photo listing site, where families can connect with caseworkers, as well as children who were on hold pending a status change, such as if a child was awaiting an ICPC placement transition to occur.

Of the 186 children served during this period, 69 have a placed status for recruitment purposes, indicating that they have physically moved into their home of choice. Additionally, of those children served:

- 64.0% were ages 12 or older
- 52.7 were minority youth
- 65.6 were males
- 31.7% were females
- 4.3% identified as transgender
- 1.8% identified as non-binary

After a child or youth becomes legally free, recruitment efforts also include registration with NWAE, AdoptUSKids, and other exchanges. In addition to the web-based services provided through Northwest Resource Associates, they also provide photographers from across the state who take professional photos of the child or youth for recruitment profiles. Child recruitment efforts also include the Wednesday's Child program, Saturday's Child, and assignment of a worker from Wendy's Wonderful Kids (WWK). Additional permanency-related services are outlined below.

Beyond typical photo listing, NWAE understands successful recruitment of families is dependent upon the organization and presentation of profiles in a way that inspires families to come forward. One way in which this is achieved is through the utilization of In-Depth Profiles (IDP). This recruitment model offers creative storytelling projects, published on a youth's photo listing profile, that feature creative, youth-driven content; empower youth in their own recruitment; and reach and engage more potential adoptive families. Anecdotal feedback from families engaged in viewing nwae.org indicate the youth stories are impactful and inspire families to reach out to the youth's case worker. The impact of this type of recruitment can be seen in the data analytics for *nwae.org* consistently show a high level of engagement from website viewers. NWAE.org website visitors average over four minutes per session, about five times longer than average for websites.

The partnership between NWAE and DCYF has expanded the outreach to families. Approximately once a month, NWAE is provided with a list of families who have an approved home study and are interested in adoption. This list provides NWAE with the ability to reach out to families regarding the services the agency provides. In 2021, there was a 57% increase in the number of ready-to-adopt families who completed a featured family profile for caseworkers to view on WARE. Additionally, there was an even more significant increase of 154% in the number of ready-to-adopt families who signed up for an account on WARE which provides access to profiles of Washington youth in need of permanency.

NWAE assist DCYF by providing supplemental trainings regarding services and how the services can increase timeliness to permanency. This includes participation in the Adoption Specialized Track training provided to all new adoption workers. This training is offered to CFWS staff as well but is not well-attended. NWAE provides support to staff regarding "Unpacking the No" and provides guidance for permanency discussions with youth.

Additional statewide recruitment efforts to assist in the timely facilitation of adoptions include:

The Permanency from Day One (PFD1) Grant
A portion of this federal grant is slated to provide an Enhanced Youth Recruitment (EYR) strategy with two components to support timely adoption. This strategy was delayed temporarily due to contract freezes related to the COVID-19 pandemic; however, once the contract was able to be established with NWAE specific to this strategy, a group was reconvened. Detailed information regarding this recruitment effort can be found in the "Update to State Plan" section.

Purchase of Services (POS) Contracts
To minimize additional barriers to adoptive placements for Washington youth, DCYF utilizes monies through the Adoption POS program which is facilitated and monitored by the Adoption Program Manager. The monies are accessible when: 1) youth has an identified permanent plan of adoption, and 2) an out-of-state adoptive placement has been identified. To apply for POS funds, case workers must provide a copy of the shared planning meeting notes outlining the transition plan, family's adoption home study, how the identified family

is able to meet the youth's needs and a list of necessary services to support the family and/or youth in transition and throughout placement.

Services provided by the out-of-state private agencies typically provide include health and safety visits, monthly reports, and adoption finalization reports and other services for a fee. The monies can be used to address post-placement barriers to finalizing an adoption such as in-home services for the family and youth, specialized therapy, and services identified by the private agency which may be specific to the state in which the youth now resides.

Between CY2020 and CY2021, there was a 128% (7/16)[2] increase in the total number of requests for POS contracts. In CY2021, case workers requested a total of 16 POS contracts. As of April 26, 2022, 1 youth has a finalized adoption, 5 youth have been successfully placed with three of those placements near adoption finalization. Five of the contracts were either cancelled by the case worker or placement never occurred. One placement disrupted resulting in the youth returning to Washington and there are 2 pending contracts.

Wendy's Wonderful Kids® Child-Focused Recruitment Model

The Washington state legislature authorized the expenditure of $600,000 for state fiscal year 2022, beginning July 1, 2021 and for state fiscal year 2023, beginning July 1, 2022 for enhanced adoption placement services for legally free children in state custody in partnership with the Dave Thomas Foundation for Adoption (DTFA). The department began grant negotiations with DTFA on July 1, 2021 while concurrently creating seven positions to implement the Wendy's Wonderful Kids® Child-Focused Recruitment (WWK) program model. The supervisor was hired on December 1, 2021 and the grant was executed on December 3, 2021.

The first recruiter was hired on January 1, 2022 and as of April 1, 2022, five of the six recruiters have been hired and on-boarded, serving regions 1 through 5. There are currently thirty-one children and youth enrolled in the program with a median length of stay of 2,555.50 days. Since the launch of the internal program, 1,339 potential adoptive resources identified with 666 of those being relatives. An additional 120 resources have been contacted and network building has begun.

The department has seen some benefit to having the WWK program implemented by department staff. The recruiters all have access to FamLink and are able to access the electronic and hard files without having to make an appointment with the assigned caseworker. They are also able to make note of any missing records, such as education, medical, psychological, etc. and request updated records with the case worker's permission. Once records are received, the recruiters are able to update the appropriate modules in FamLink with the new information and upload the records into FamLink. Recruiters are also able to facilitate background checks by providing background authorization to potential adoptive resources and other supports for whom the assigned caseworker has given permission.

DCYF strives to implement the WWK model to fidelity. There continues to be some confusion within the newly hired DCYF WWK staff regarding what constitutes a potential adoptive resource. On-going training and technical assistance are provided by the supervisor and the Adoption Program Manager with DTFA. The supervisor has also begun a new quality assurance process in order to identify knowledge and skills gaps. Strategies to address gaps have already been implemented. For example, the supervisor has created a

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[2] Data provided through adoption purchase of service spreadsheet owned by the Adoption Program Manager.

spreadsheet the recruiters can use to make note of any potential adoptive resource identified through the case review. It is broken out by relative search, education, treatment, extra-curricular, etc.

Statewide Adoption Consortium Meetings

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, Licensing Department (LD) workers, Guardians ad Litem/Court Appointed Special Advocates (CASA), private agency workers, contracted recruiters and families to present information on children and youth who need permanent homes and families with approved home studies who are awaiting placements.

All consortium meetings are held on the third Tuesday of every month via ZOOM which allows flexibility for workers and families. Continued COVID-19 restrictions caused another year without an in-person consortium. These events are one to two days in length and provide opportunities for presentations of children, youth, and families and cross-training for attendees. Training topics included permanency considerations, team building and best practice ideas when assessing families for placement. Additional written guidance about this service is available to the community through the publication, "What is Adoption Consortium?"

In 2021, a total of 85 youth were presented at consortium. Many of the youth were presented a number of times throughout the year. Of the youth presented, 64% (54) identified as male, 35% (30) identified as female, and 1% (1) identified as non-binary. The median age for youth presented is 12 years. Of the 85-youth presented, 2% (2) identified as Native American; 16% (14) identified as Black; 1% (1) identified as Hispanic; 56% (48) identified as White; and 24% (20) identified as Multi-Racial.

During the same calendar year, a total of 75 families were presented to case workers. As with the youth presented, many of the families were presented a number of times. Some families preferred to present their family while some families were able to utilize staff from within the respective agency to present on the family's behalf. The majority of the families presented (50) were from private agencies. Of the families from private agencies, 39 of the families were out-of-state families. A total of 25 families were DCYF studied families.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN, 2023 APSR UPDATES

Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: June 2019 | Revised Date: June 2022

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
- Physical health
- Substance use disorder

The Division also includes three On-going Mental Health (OMH) screeners under the Screening and Assessment Program Manager. These staff are specially trained, non-case carrying Social Service Specialists who re-administer behavioral health screening tools for a cohort of children that remain in out-of-home care

longer than six months. OMH uses the same age-appropriate, validated screening tools used by the Child Health and Education Tracking (CHET) program when children initially enter care.

Health Care Authority – Foster Care Adoption and Support (FCAS)

The FCAS staff are specialized 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 FCAS staff receive 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 FCAS staff request medical records for children who remain in foster care for forty-five days based on Medicaid billing data. FCAS staff upload 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 coordination or 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 the following:
- Unit manager
- Five part-time Regional Medical Consultants (pediatricians)
- Two Registered Nurses
- One Outcome Improvement Specialist
- One Social and Health Program Consultant 2

When AHCC was implemented in April 2016, FWB retained wrap-around care coordination responsibilities for dependent children and youth (ages 0 – 17) and youth participating in the Extended Foster Care (EFC) program (ages 18-21) that are eligible for the Apple Health fee for service program. Tribal children and youth have the option to enroll in the managed care plan for foster children or remain fee for service. Non-Citizen children are not eligible for federal Medicaid programs and remain fee for service. 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 1,500 children and youth in out-of-home care.

In addition to care coordination, FWB provides:
- Consultation to caseworkers and caregivers from the five part-time Regional Medical Consultants (RMC).
- Clinical consultation for DCYF Licensing and Contract monitoring of Behavior Rehabilitation Services (BRS) group homes and Medically Fragile group homes.

- Review of Child Health and Education Tracking (CHET) screening reports for identification of medically fragile children per DCYF Medically Fragile Policy #45171 and WAC 388-107-0001.
- Referral of CHET screening reports to AHCC for care coordination for all children and youth enrolled in the Integrated Foster Care managed care plan.
- Coordination of services not covered by AHCC, i.e. transportation, dental/orthodontia, vision hardware.

HCA, AHCC, and FWB are key partners and contributors with DCYF in Washington's efforts to ensure children in out-of-home care receive appropriate physical and behavioral health care services and supports. All partners coordinate with each other and the child's caseworker and caregiver to identify and address gaps in eligibility and services.

Oversight and Coordination of Health Care

(1) Developing a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

Children must have an initial health screen by a medical professional as soon as possible but no later than five days after they enter foster care. Initial health screens help identify and manage urgent medical problems not immediately identified in the transition from the child's home into foster care.

[DCYF policy 4517. Health Care Services for Children Placed in Out-of-Home Care](#) requires children in out-of-home care to receive age appropriate EPSDT examinations upon initial entry into out of home care and based on the Medicaid periodicity schedule:
- Within 30 days of out-of-home placement;
- Five examinations during a child's first year;
- Three examinations for children between one and two years of age; and
- Annual examinations for children between 3 and 20 years of age.

DCYF policy 4517 also requires caseworkers to schedule an initial dental exam to occur no later than the child's sixtieth day in placement.

The Child Health and Education Tracking (CHET) is a legislated, statewide program with specially trained child welfare staff. CHET staff do not carry an on-going caseload; their primary responsibility is to create a baseline of information for children when they enter out-of-home placement. CHET screens are completed for all children who remain in care 30 days and longer. CHET identifies and organizes essential information in the following domains:
- Physical health – Child receives an EPSDT by the thirtieth day in out-of-home placement.
  — CHET staff document known physical, behavioral, and dental health needs or scheduled appointments in the final screening report. The CHET staff help caregivers connect with needed providers including physical health, dental, and behavioral health providers.
- Developmental – Using the following age appropriate, validated screening tools for non-school age children:
  — Denver Developmental Screening Tool II (birth – 1 month)
  — Ages and Stages Questionnaires-third edition (ASQ-3) (1 month – 66 months)
- Education – Records for school-age children are summarized in the final CHET report. Summary of the records includes identification of needs and if the child has an Individual Education Plan (IEP) or other education interventions through the school district.

- Social/Emotional – Using the following age appropriate, validated screening tools:
  — Ages and Stages Questionnaires: Social Emotional (ASQ:SE) (1 month – 65 months)*
  — Pediatric Symptom Checklist (PSC-17) – (66 months to 17-years old)*
  — Plus – trauma screening (3-7 years old) for caregiver completion starting in fall of 2022
  — 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)

  *Note the ASQ:SE will be updated in late 2022 to the ASQ:SE2 (second addition) and will screen children 1 month to 72 months. Once this is implemented, the PSC-17 will begin at 72 months, or 6 years of age through 17 years of age.

- 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, caregiver and parent, if available. The CHET Screening Report is uploaded into FamLink and sent to the child's caregiver within five days of completion. The child's caseworker uses the CHET report in consultation with the child's bio-family, caregivers, and service providers to establish a plan to address the child's urgent and long-term well-being needs. Caseworkers and caregivers are encouraged to share the CHET report with the child's physical and behavioral health care providers. Caseworkers are given an introduction to the CHET process during Regional Core Training (RCT). There is a full-day in-service training that caseworkers can choose to take regarding the CHET report and the mental health issues caseworkers need to know about to help the children and youth identified in their cases.

The CHET screening report is shared with FWB and AHCC as a tool that identifies the child's initial care coordination needs to address physical and behavioral health concerns.

- FWB nurses determine if a child meets the Medically Fragile definition per DCYF policy 45171. Medically Fragile Children.
  — FWB automatically provides care coordination for any medically fragile child who is not enrolled in AHCC.
- FWB forwards CHET Screening Reports for all children enrolled in AHCC to the health plan for initial identification of the child's physical and behavioral health care coordination needs.
- FWB provides care coordination as requested to fee for service children.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental or social-emotional concerns are identified on the Denver, or ASQ-SE, for children under 3-years of age.

Caseworkers are responsible to ensure that children in out-of-home care beyond 30 days receive ongoing, age appropriate EPSDT examinations and any follow-up services identified in the EPSDT examination.

The FWB staff develop written comprehensive health overviews and clinical recommendations that integrate physical and behavioral/mental health for foster children and youth in the Apple Health Fee for Service

population that are eligible for care coordination services, including children and youth who are medically fragile or complex. The health overviews and recommendations help support the caregiver and help the DCYF caseworker to identify appropriate placements and accomplish any prescribed or recommended follow-up referrals and services related to the child's and youth's physical and behavioral health care. This care coordination also provides a physical and behavioral/mental health baseline for primary care and specialty providers for the children and youth's ongoing care management.

(2) Health needs monitored and treated

The first Shared Planning Meeting (SPM) is held within 60 days of the child entering out-of-home placement. The SPM is used to discuss and address the results of the CHET screening and the EPSDT. SPMs occur throughout the life of the case and include family, caregivers, service providers, and others important to the child and their case. SPMs also consider whether the child is in the most appropriate placement to meet their physical and behavioral health needs, and to identify what services will best meet the child's needs based on the CHET screening results.

DCYF screens children ages 7 through 17-years old for trauma related concerns in the CHET screening process so that caseworkers can link children and youth to appropriate behavioral health services.

- In 2022, DCYF will implement a newly validated screening tool that allows the screener to identify trauma concerns in children ages 3 to 6 years old.

The Ongoing Mental Health (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 a cohort of children and youth ages 3 through 17-years old who are in care over six months. OMH uses the same emotional/behavioral health screening tools that are used in the CHET process:
- Ages and Stages Questionnaires: Social Emotional (ASQ:SE)
- Pediatric Symptoms Checklist-17 (PSC-17)
- Screen for Child Anxiety and Related Emotional Disorders (SCARED) trauma tool.

These screeners assist caseworkers and caregivers by identifying new behavioral health concerns and making recommendations for referrals to services and evidence-based treatments. OMH summarizes the screening results and items needing follow-up into a report that is shared with the caregiver and caseworker.

When health and mental health concerns are identified in the CHET screen, the annual EPSDT examination or the OMH screen, the assigned DCYF worker makes referrals to community or local mental health providers for a comprehensive mental health evaluation.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental concerns are identified on the Denver, or ASQ-SE, 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, but are not limited to:

- <u>Mental Health: In-Depth Applications for Child Welfare</u> – course topics include; referring to mental health services, use of screening tools, characteristics and behavior indicators of developmental and mental health concerns, use of 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.
- <u>Behavior Management Tools for Foster Parents and Caregivers</u> - practical tools to help caregivers manage behaviors.
- <u>Trauma Informed Engagement</u> - applying lessons from trauma studies to child welfare practice for children, youth, and adults.
- <u>Secondary Trauma: Impact and Solutions</u> – training for DCYF caseworkers and supervisors who do ongoing work in the child welfare system with identification of and responses to secondary trauma.
- <u>Caregiving for Children With Physically Aggressive Behavior Concerns</u> - 6-hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors.
- <u>Parenting Teens Part 1 & 2: Introduction and Understanding the Impact of Trauma in Youth in Foster Care & Parenting Youth Who Have Experienced Trauma</u> - developing an understanding of the underlying causes of a youth's behavior and adapting parenting to the needs of youth requires both a toolbox of techniques and knowledge about the effects of their experiences. The second part in the Parenting Teens series, focuses on tailoring your approach to respect the impact of trauma

The RMCs are available statewide and are available to answer questions from caseworkers and caregivers regarding trauma related issues.

Caseworkers utilize monthly visits with parents, caregivers and children to:
- Discuss and monitor physical and dental health care needs and treatment plans.
- Provide support and identify services that will meet the child's well-being needs.
- Ensure the child's behavioral health care needs are met.
- Ensure the child is in the most appropriate level of care to meet their needs.

Caseworkers are required to update the child's health, mental health, and education status in the court report every six months.

CHET Screeners and caseworkers make referrals to the FWB Program when fee for service children with unaddressed or uncoordinated health and mental health concerns are identified. The referrals are reviewed to determine which children need follow-up or care coordination services to ensure their health and mental health treatment needs are met.

The FWB program provides consultation and care coordination services for children in out-of-home placement. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited. Once a plan of care is established, FWB staff monitor and update the plan as needed.

FWB nurses and specially trained program staff document and upload important health and mental health information in FamLink to assist the assigned DCYF worker with continued monitoring and follow-up for children/youth in foster care.

DCYF has a contract with the Harborview Center for Sexual Assault and Traumatic Stress to provide the Foster Care Assessment Program (FCAP). FCAP is a multi-disciplinary evaluation that assesses the needs of referred children who are in out-of-home care for more and need permanency planning. Assessment services can include a six-month follow-up period to assist the DCYF caseworker in implementing a placement plan and to help meet the needs of the child and family. Contracted services include:

- Permanency and Planning Consult - this service focuses on permanency and linking children and families with the most appropriate services. The consultation service provider structured case staffing, service identification, system navigation and care coordination. Permanency consultation also include identification of barriers achieving permanency, potential solutions, and action steps need to be taken to overcome identified barriers. Approximately forty-five-minute detailed consultation in person or via tele or video conference will produce a one-page summary of recommendations with timeline, referrals to evidence-based treatment as needed.

- Standard and comprehensive assessments - these services consist of structured clinical interviews and the administration of standardized measures. A multi-disciplinary team representing pediatrics, psychiatry, psychology, social work, DCYF, and other consultants (e.g., ethnic/cultural and foster/adoptive parent) will review the preliminary results of the assessment. A written report is provided to the caseworker regarding the child and parents/caregiver's functioning with specific recommendations for services and permanency including timelines.

Training to DCYF staff regarding trauma symptoms, mental health diagnoses, evidence based treatments, and psychotropic medications is provided in person by the Alliance via In-Service and Regional Core Training (RCT).

FWB staff attend the DCYF Tribal Policy Advisory Committee (TPAC) meetings. Feedback from these meetings is used to ensure tribes are aware of any changes to programs or policies that impact health and mental health care for tribal children served by DCYF and tribes.

CCW, in consultation with DCYF, provided trainings on Adverse Childhood Experiences, Resilience, and Trauma Informed Care for community providers, caregivers, and system partners.

AHCC calls caregivers of all children newly placed into foster care once they have been in placement over 45 days and the child has a completed CHET report. AHCC discusses any need identified in the CHET with the caregiver and can answer 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 FCAS 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 FCAS staff 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 FCAS staff to reinstate Apple Health eligibility.

Completed CHET reports are sent through FXW to be shared via a secure file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.

Update May 2020
- AHCC contacts caregivers starting at 45 days after the child or youth is in out–of-home care to discuss the CHET report and any recommendations and follow-up care the child or youth needs.
- The OMH screeners upload the results of the mental health screening tools into FamLink, and the caseworker is notified by email that the report is uploaded. A copy of the OMH report is mailed to the child's caregiver.
- Beginning in July 2020, OMH screeners will use secure email to send screening reports of children and youth with identified mental health concerns to AHCC for follow-up.
- DCYF and HCA executed a data share agreement that allows the two agencies to establish data and information sharing protocols. This information sharing is necessary to ensure children served through the AHCC plan receive timely, appropriate, and coordinated physical and behavioral health care services.

- The data share agreement is being updated to reflect additional data needs of DCYF including information about medical, mental health, and dental appointments of children and youth in out-of-home care.
- Families of adopted children and youth ages 18 to 26-years old who choose to remain enrolled in AHCC are able to access their health information through the CCW secure client portal.

Update May 2021
- OMH screeners began asking caregivers and youth questions related to physical health in December 2020. The questions include EPSDT, dental and general health questions and will be used to identify any unmet needs or gaps in services that need addressed. If needs are identified, they are noted in the OMH report that is sent to the caregiver, youth and the caseworker.
- The data share agreement with HCA was updated to include a monthly report of dental services in the last calendar year for children in out-of-home care. DCYF data staff will help combine this list with the list of identified EPSDT gaps from CCW to create one functional list of identified gaps in services that will be disseminated to case carrying staff.
- Information in understanding how to use the CHET and OMH reports and how to refer children and youth for care coordination was disseminated to caregivers and caseworkers through the DCYF Digest, field operations leadership and through the DCYF Caregiver Connection.

Update May 2022
- The OMH screeners upload the OMH Screening report and screening tools into FamLink, and the caseworker is also provided the report by email. A copy of the OMH report is provided to the child's caregiver.
- 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.
- 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.

FCAS staff mail 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, behavioral health (including mental health and substance use) fully integrated with physical health into the MCOs responsibility; AHCC for the foster care population. AHCC program covers foster care, adoption support, and alumni of foster care population and covers full array of behavioral health services in addition to their physical health, in all 39 counties in the state.

Referral packets to Behavior Rehabilitation Service (BRS) providers include physical and behavioral health care information so that potential providers understand the level of care the child or youth requires.

(5) Oversight of prescription medications.
DCYFs policy 4541: Psychotropic Medication Management outlines expectations regarding the role of the DCYF caseworker and obtaining consent from a youth (13 years and older) or parent (for a child 12 years and younger) when psychotropic medications are prescribed. The policy also addresses obtaining authorization from the court, when necessary.

Information about the youth's rights to informed consent for psychotropic medications is included the in "Your Rights, Your Life" booklet for youth.

The Alliance and DCYF developed the "Mental Health: A Critical Aspect to Permanency and Well-Being" curriculum for caseworkers which addresses screening for trauma, mental health needs, psychotropic medications, and evidence based treatments. This training is currently provided in a train the trainer format and is part of RCT for new caseworkers.

The FWB program provides care coordination services for fee for service children and youth, which includes the identification of medications that require oversight. Children and youth who have a mental health diagnosis and are prescribed a psychotropic medication are eligible to receive care coordination.

- FWB receives a monthly list from the HCA of fee-for-service children ages 0 – 5 years old who are prescribed a psychotropic medication. FWB monitors and provides care coordination until the child turns six years of age. FWB communicates with the child's caseworker and caregiver regarding concerns and medication monitoring.

HCA sponsors the Pediatric Mental Health Stakeholder workgroup to establish and review Washington's community thresholds for reasonable prescribing limitations that are applied to the Medicaid population including children and youth in foster care. The workgroup meets "as needed" and is comprised of child psychiatrists, pediatricians, community mental health professionals, client advocates, and other community stakeholders.

The primary intervention used by HCA for psychotropic medication oversight is a mandatory review from the contracted Second Opinion Network (SON) when community established thresholds are exceeded. The SON is comprised of pediatric psychiatrists on staff at Seattle Children's Hospital.

A referral to the SON is triggered by algorithms within the ProviderOne payment system that look at whether there are multiple mental health medications prescribed for a child, the dosage prescribed, and the age of the child, (too much, too many, too young).

SON reviews are triggered for:
- Children receiving two or more atypical antipsychotics (AAPs)
- Children age five or younger receiving psychotropic medications
- Children receiving five or more psychotropic medications
- High doses of ADHD, AAPs, or antipsychotics. Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the HCA's Pediatric Mental Health Stakeholder Workgroup

In addition to the SON, HCA maintains the Partnership Access Line (PAL) through contract with Seattle Children's Hospital. PAL is a telephone based pediatric mental health consultation system. PAL employs child psychiatrists and caseworkers affiliated with Seattle Children's Hospital to deliver these consultation services. The PAL team is available statewide to any primary care provider. Primary health care providers are encouraged to call the PAL toll free number as often as they would like to answer questions regarding diagnostic clarification, medication adjustment, or treatment planning.

FWB RMCs provide consultation to the FWB nurses and caseworkers regarding medications and their side effects.

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

Update May 2020
- In 2019, CCW had over 700 children and youth receive reviews through the SON.

Update May 2021
- Coordinated Care's Pharmacy Team determines that a SON referral is needed, the Team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This process has decreased unnecessary referrals to the SON by 56%, from over 700 in 2019 to 308 in 2020.

Update May 2022
- In 2021, there were 215 SON referrals.

DCYF Licensing Division (LD) requires that all regional licensors and BRS group care providers receive training about medication documentation and safe storage. The training is also available for other DCYF staff and non-BRS group care staff. Regional licensors review medication storage and logs as part of their bi-annual health and safety review of BRS group care programs.

RCT and In-service (IST) Mental Health training from the Alliance includes understanding use and oversight of psychotropic medications and matching behavioral symptoms based on screening results to appropriate evidence based practices.

(6) How the state actively consults with and involves medical or other appropriate medical and non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for foster children.

The Deputy Chief Medicaid Officer (DCMO) at HCA is assigned to provide consultation for DCYF to ensure child welfare policy is consistent with Medicaid rules and standards of care. This includes input regarding evidence and research based clinical interventions. The DCMO also provides assistance to resolve child specific issues related to Medicaid covered benefits.

DSHS employs physicians as part-time medical consultants to provide consultation to caseworkers and caregivers. These physicians provide statewide coverage to DCYF child welfare offices and provide medical oversight to the FWB Program.

In compliance with RCW 74.14B.030, each DCYF Region is required to conduct a Child Protection Team (CPT) staffing. The CPT includes medical, law enforcement, mental health, substance abuse, and other appropriate community professionals. This cross-system review team meets to assist DCYF when making decisions regarding placement and filing of dependencies.

DCYF Regions convene meetings with Developmental Disabilities Administration (DDA) regional staff to coordinate regarding mutually served children to ensure they receive appropriate services.

DCYF partners with HCA and the ALTSA through the FWB Program to ensure fee for service children receive appropriate physical and behavioral health services and treatment.

All caregivers of newly placed children receive a phone call from AHCC staff to determine if the child has any urgent or unmet physical or behavioral health care needs, answer questions about the AHCC plan and managed care, and assign a primary care provider.

Ongoing Processes
- AHCC contacts caregivers approximately 45 days after the child or youth enters out–of-home care to discuss the CHET report and any recommendations and follow-up care the child or youth needs.
- Completed CHET screens for AHCC enrolled children are shared with the managed care plan. AHCC reviews the CHET reports and assigns the child to the appropriate care coordination level. AHCC contacts caseworkers if a child requires more intensive levels of care coordination.
- CHET screeners and FWB send requests for "expedited referrals" to AHCC for care coordination if there are concerns about medically or behaviorally complex children during the CHET screening process.

AHCC provides training opportunities for DCYF licensed and unlicensed caregivers. DCYF staff are also welcome to attend AHCC trainings. Trainings include:
- Trauma Informed Care (National Child Traumatic Stress Network (NCTSN) curriculum)

- Resiliency
- Hope for Healing (Association for Training on Trauma and Attachment (ATTACH) curriculum)
- Substance Use, Abuse & Addiction
- Suicide Prevention
- Whole Brained Parenting
- Coping with Holiday Stress
- Adverse Childhood Experiences
- Childhood Development
- Sexual Health in Foster Care- Skill Building for Caregivers

AHCC continually expands their training library and is responsive to requests from DCYF for development of new trainings.

Update May 2020
- In 2020, AHCC will not produce any new trainings. They will review existing trainings and materials to assure they are up-to-date with their processes and current clinical practice.

Update May 2021
- AHCC is collaborating with DCYF to update the Apple Health Core Connections Overview, a presentation/training featuring Care Coordination. This is a presentation for child welfare staff.

(7) Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the new requirement to include options for Health Care Insurance and Health Care Treatment Decisions

Transition Planning
All youth exiting foster care in Washington State are eligible for Medicaid until their 26th birthday. As required by policy (Practices and Procedures Chapter 4000, section 43104), this information is discussed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF worker visits as needed.

During the National Youth in Transition Database (NYTD) survey calls, the survey team explains to youth that they have medical coverage to age 26. Additionally, the team supplies the contact information to AHCC.

DCYF has a pilot in Clark County where AHCC regional representatives are standing members of a youth's Shared Planning meeting prior to the youth exiting care. During the meeting, AHCC will provide the youth with resources and discuss services available to them until age 26.

Update
The following changes were made:
- Connect aging-out youth directly with AHCC staff
- AHCC gathers key information from the youth and the caseworker
- AHCC staff will contact the youth independently to provide an overview of health care benefits and connect to services if any are identified.

COVID-19 Response

AHCC staff are surveying all extended foster care youth and alumni who are receiving health care from AHCC to ensure the youth knows of their healthcare benefits as well as help navigate telehealth and obtaining SafeLink phones.

The COVID-19 pandemic has presented many challenges to children and families, direct service providers and child-serving systems. These include significant rates of depression and anxiety among children and youth, increasing financial burden and mental/emotional toll on families, and higher risk of abuse and neglect. In-person behavioral health (BH) services decreased dramatically due to the risk of transmission, and BH services were mainly delivered via telehealth, including telephone sessions and internet video platforms. In some cases, telehealth was not as effective for some populations, including WISe youth and families, and younger children. The use of telehealth expanded across the BH service array to include crisis services. Mobile crisis outreach teams also began using telehealth as a platform to address crises, and requesting in-person crisis intervention became increasingly difficult. Although the sense of connection and effectiveness of BH services were complicated with the transition to telehealth platforms, access to BH services improved as the factors of transportation and finances were removed with the implementation of telehealth as a main source of delivery. Children and youth were able to access BH services from their home environments, along with online schooling. The massive shift towards telehealth as a primary form of service delivery shows promise for the future of accessing needed BH services.

During the lockdown phase of the pandemic, the AHCC Care Management team identified 273 youth in out-of-home placement between the ages of 12-17 who had a previous BH diagnosis. The AHCC care coordinators did outreach to these youth to make sure they were connected to BH services, especially when in-person services were not available during the lockdown. Telehealth options for BH services to youth continue to be utilized at a much higher rate than before the pandemic, and seem to be a permanent alternative for connecting youth to services.

Health Care Treatment Decisions
To support youth in their transition out of care and ensure they are knowledgeable about a Durable Power of Attorney for Health Care, DCYF has incorporated the following language into its Transition Plan for Youth Exiting Care (DCYF 15-417):

> The importance of having a Durable Power of Attorney for Health Care, which would designate another person to make health care treatment decisions on my behalf in case I become incapacitated and unable to participate in such decisions and I do not have or want a relative who would otherwise be authorized to make such decisions, including where to find the document and how to execute it.
> http://www.doh.wa.gov/livingwill/registerdocuments.htm.

This information is addressed at the Transition Staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF caseworker visits as needed.

In addition, the Independent Living (IL) and Responsible Living Skills Program (RLSP) contracts include a requirement for providers to discuss the importance of having Durable Power of Attorney for Health Care with all youth exiting care.

(8) The procedures and protocols the state or tribe has established to ensure that children in foster care are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses (section 422(b)(15)(A)(vii) of the Act).

All Children

Every child in out of home placement thirty days or longer receives a CHET screen which is completed by the thirtieth day of placement.

All CHET screens are reviewed by the FWB to identify children who meet the medically fragile criteria in DCYF policy 45171. When a child meets the medically fragile criteria:

- FWB sends an expedited referral to AHCC to request care coordination and notifies the DCYF caseworker about the referral.
- FWB provides care coordination for medically fragile children who are not enrolled in AHCC and remain fee for service (i.e. Tribal and undocumented children).
  — When health and mental health concerns are identified in the CHET screen or the EPSDT examination, the assigned DCYF caseworker and caregiver work with AHCC to identify appropriate physical and mental health providers to meet the child's identified needs.

Medically Intensive Children's Program

The Medically Intensive Children's Program (MICP) provides skilled nursing services to children 17-years-old and younger. These children have complex medical needs that require a registered nurse to provide support. Nursing services may be provided in the family home, foster homes, and in contracted medically intensive children's group and staffed residential homes. This Medicaid program helps to keep families together. It also greatly reduces the cost of in-patient hospital care where these children would be cared for without this program.

MICP Eligibility Requirements:

- 17-years old or younger;
- Have complex medical needs (example, ventilator dependent, tracheostomy care);
- Enrolled in Washington Apple Health (Medicaid); and
- Require at least four hours of continuous skilled nursing care per day.

Wraparound with Intensive Services (WISe) and Behavior Rehabilitation Services (BRS)

In October 2017, DCYF implemented a Wraparound with Intensive Services Policy 4542. Wraparound with Intensive Services (WISe). The policy requires DCYF caseworkers to refer or verify that a referral for WISe screen is made to an outpatient behavioral 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, intensive 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-making 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 an intensive wraparound support and treatment program for children and youth with complex behavioral health needs. BRS can be provided in a child's home prior to placement, a foster home, or group home setting. BRS is intended to stabilize children and youth (in-home or out-of-home) and assist them in achieving their permanent plan.

- To be considered for BRS level of services, in addition to the WISe screening, a child or youth must be recommended for BRS level of service in a Shared Planning Meeting or Family Team Decision Making (FTDM) meeting.

- The DCYF caseworker staffs the case with their supervisor and completes a BRS referral packet. This referral is reviewed by the supervisor and the area administrator (AA) for appropriateness. If appropriate, the supervisor and AA sign the referral and the packet is submitted to the regional BRS program manager for review and final approval. The regional BRS program manager will make sure that all less restrictive levels of care were tried and unsuccessful and that they youth needs BRS level of services.

- The BRS program manager works to keep the youth in the lowest level of BRS environments as the child or youth's behaviors and treatment needs allows.

- The DCYF caseworker tracks the progress of each youth and reviews the treatment plan with the Child and Family Team at least on a quarterly basis to ensure that the currently level of care is still necessary. A new WISe screen is done every 6-months and at discharge while a youth is in BRS.

- The regional BRS program manager reviews the child or youth's status every six months with the caseworker and service provider. These reviews include the child or youth's service needs, level of care, expected exit date, and transition plan to a lower level of care or home.

- Children and youth placed in a BRS Qualified Residential Treatment Program (QRTP) must have DCYF and court approval for the placement and:
  — A court review hearing within 60 calendar days of the QRTP placement;
  — A court review at least every six months;
  — DCYF deputy secretary approval if placed in a QRTP longer than six months.; and
  — Regional administrator or designee if placed in a QRTP longer than twelve months and every twelve months thereafter.

Children's Long-term In-patient Program (CLIP)

CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, ages 5 to 18-years-old. CLIP is residential psychiatric treatment provided in a secure and highly structured setting that is designed to assess, treat and stabilize youth diagnosed with psychiatric and behavioral disorders. The youth must meet Medical Necessity for CLIP treatment.

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 need residential behavioral 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 local CLIP Committee or 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 evaluated 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 court order.

Admission to a CLIP treatment occurs only if the child meets medical necessity guidelines as determined by the local CLIP Committee, CLIP Administration and the behavioral health providers in charge of the CLIP 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

Children and youth in out-of-home care do not consistently receive preventive dental examinations every six months. Caregivers and caseworkers cite scheduling difficulties with "wait lists" and challenges in knowing whether the child will be in the same placement in order to make recommended future appointments. DCYF needs better data from HCA and Coordinated Care to better inform caseworkers and caregivers about needed follow-up care.

Children and youth in out-of-home care do not consistently receive recommended follow-up for identified physical and mental health concerns.

Sharing the CHET report with AHCC and FWB resulted in increased linkage of identified behavioral and physical health to appropriate services.

Sharing the list of EFC youth enrolled in AHCC assists the managed care plan to make strategic communication efforts with this population.

DCYF has additional information about a child's behavioral health needs through the OMH screening process that will be shared with AHCC starting in July 2020 to ensure connection and access to appropriate services, care coordination, and providers.

Washington's mental health system does not have a "step-down" or respite option for children and youth who transition to and from intensive in-patient behavioral health services. This lack of resources affects family and placement stability, and retention of out of home caregivers.

DCYF participated in a cross-agency workgroup to identify strategies and funding mechanisms to support additional behavioral health supports for children and youth in Washington State. As a result of this workgroup, a decision package was submitted and received funding in the Governor's Supplemental Budget for FY2021. Funding may be affected by economic concerns as a result of COVID-19.

Activities for 2020 – 2024 – Update

HEALTHCARE OVERSIGHT AND COORDINATION PLAN		
PLAN ELEMENT	**PLANNED ACTIVITIES**	**2021 ACTIVITIES UPDATE**
1. Schedule for initial and follow-up health screenings.	A. In 2019, DCYF will implement a newly validated screening tool that allows the screener to identify trauma concerns in children ages 3 – 6. B. In 2019, AHCC will begin calling caregivers of children and youth.	A. OMH continues to use the newly implemented trauma screener for children ages 3 – 6 years old. A new validated tool will be implemented in fall of 2022. B. AHCC calls to caregivers began in fall 2019.
2. How health needs are monitored and treated.	A. Work with data from HCA and CRT regarding dental care provided to children and youth in out-of-home placement to identify barriers to	A. Updated DSA with HCA to include dental data for children and youth in care. Process for disseminating information to

	receiving preventative dental care every six months. B. In 2019, DCYF will explore the ability to share the OMH report with AHCC and FWB as appropriate.	drive practice changes for DCYF field and caregivers is being developed. B. OMH began sharing reports for children with identified concerns in July 2020.
3. Updating and sharing medical information.	A. In 2019, DCYF will continue to work with AHCC for access to the AHCC secure portal. Access to the portal will allow appropriate DCYF staff to see health related information such as immunizations and medications. Barriers to current access include assurance of HIPAA protections for certain types of information such as behavioral and reproductive health information. B. In 2019, DCYF will explore the ability to share the OMH report with AHCC and FWB as appropriate.	A. CCW continues to work on issues to limiting access to protected he information in their system. No anticipated date for access to be but it is still something that our organizations want to implement continue to work toward. B. OMH reports for children and youth with identified mental health concerns will be shared with CCW beginning July 2020.
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.	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

	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.	foster homes. This work started in June 2020. DCYF has three contracted providers who have started serving youth.
5. Oversight of prescription medications.	A. By spring 2020, DCYF will work with HCA and AHCC to develop a youth-driven communication regarding psychotropic medications and consent. 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. In 2020, Coordinated Care implemented an improvement process to proactively screen pharmacy data that could potentially trigger the need for a Second Opinion Network (SON) review. This process starts at the point of sale to reject the pharmacy fill request based on the established SON referral criteria. Coordinated Care's Pharmacy Benefit Management system receives the rejection, flags the request through the need for a prior authorization review, and it is sent directly to Coordinated Care's Pharmacy Team for further evaluation. If Coordinated Care's Pharmacy Team determines that a SON referral is needed, the Team immediately takes over and sends the referral to the SON. If no SON referral is needed, the fill request can be granted. This

		process has decreased unnecessary referrals to the SON.
6. Consultation with medical and non-medical stakeholders and child welfare experts.	A. New Substance Use Disorder (SUD) program manager will collaborate with other state agencies, community stakeholders, and treatment providers to ensure programs that allow parents to have their children present in residential treatment facilities are sensitive to the issues surrounding families who receive services from DCYF.	A. The SUD program manager that was hired in 2020 left this position and the hiring process has to begin for a replacement. A new hire in this role will begin in June 2021. The position was again vacated and a new hire began the role in May 2022.

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. AHCC 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.

Washington State Department of Children, Youth, and Families (DCYF)
Title IV-E Training Plan

State Fiscal Year 2023
July 2022

Revision dates

6/30/2022 Initial Submission; 8/1/2022 Revised Initial Submission

Washington State DCYF Title IV-E Training Plan
Cost Allocation Methodology

DCYF uses a curriculum analysis methodology per the approved Public Assistance Cost Allocation Plan (PACAP) for the Alliance for Child Welfare Excellence (Alliance) expenditures which allocates to Title IV-E based on the proportionate share of training eligible for the applicable Title IV-E FFP with the foster care penetration rate applied.

Administrative staff that provide training are allocated through DCYF RMTS Indirect Waiver Base 590. The training and/or administrative costs associated with social workers who provide training, and training and/or administrative costs associated with Children's Administration staff attending training are allocated through Base 592 or Base 593. Bases 590, 592, and 593 are based on the Random Moment Time Study (RMTS) which will be submitted in an amendment to the Public Assistance Cost Allocation Plan (PACAP) effective July 1, 2015 to include Title IV-E Entitlement Training costs at 50% FFP, Title IV-E Entitlement Training costs at 75% FFP, and State only (no Title IV-E costs). Supervisors and Administrators' costs are allocated based on the results of the RMTS which are representative of Social Worker time. Therefore, the allocation of costs based on the RMTS may include time spent attending training.

The Title IV-E penetration rate is applied to all trainings identified in the SFY19 Training Plan, with the exception of Title IV-E Specialist and SSI trainings. If the state identifies a training other than the Title IV-E Specialist and SSI trainings where the penetration rate should not be applied, ACF Region X will be consulted with and if agreed upon the State will submit an amended Training Plan noting the training in which the penetration rate is not applied. Once approval of the amended Training Plan is received, the State will claim Title IV-E, as approved.

The total estimated costs identified in the training plan are estimated annual costs to provide the training. The estimates do not include the cost of the attendees.

Effective SFY 2016 the following trainings will be allocated to 100% state only funding with the exception of the specialized DLR/CPS and Intake Tracks which will allocate to TANF in the RMTS based upon the proposed structure submitted in a Public Assistance Cost Allocation Amendment to DCA.
- Ø DLR/CPS Specialized Track (TANF)
- Ø Intake Specialized Track (TANF)
- Ø Train the Trainer – Mandated Reporting (State)
- Ø Mandated Reporting (State)
- Ø 10 Day Response CPS/Intake (State)
- Ø CPS Miscellaneous (State)
- Ø Ending Alternative Response (State)
- Ø Policy and Practice Training related to 10-day intakes (State)

Effective July 1, 2016 DCYF, formerly CA, is requiring the Alliance to institute internal control procedures to ensure worker types attend the appropriate training courses, inherently based on the benefitting funding source for all topic specific training courses outside of Regional and Supervisor's Core Training. For non-topic specific training courses (i.e. Worker Safety, FamLink Training, ICW, etc.) outside of Regional and Supervisor's Core Training, DCYF will require the Alliance to track the worker types attending the trainings and report it to DCYF on a quarterly basis. DCYF will capture the proportionate share of benefitting Title IV-E staff and apply the Title IV-E proportionate share to the training hours of these non-topic specific courses in the quarterly curriculum analysis calculation for the purpose of adjusting training costs based on actual training course.

Effective **July 1, 2017**, the Alliance is no longer providing FamLink Training. All FamLink Training is provided by DCYF IT Division.

FamLink Training Description
Using a blended learning model based on a LEAN Framework, utilizes the best learning method for each stage of learning and knowledge, skill, integration and motivation transfer; minimizing inefficiencies in the training process and maximizing worker knowledge and confidence in a short amount of time.

Classroom and Virtual Classroom Training maximizes the use of the group and face-to-face interaction in order to support concept learning, relationship building and culture orientation. It is followed with **E-Learning** that supports self-paced learning across geographical locations with an emphasis on practice and alignment with the actual work that the caseworker or supervisor performs. Our on-line courses include easy navigation, task simulation and completion, interacitve excercises with real world examples, tasks and quizzes.

Our **Immersive Learning (Coaching)** experiences pairs up our training coaches with workers and their supervisors to support integration of learning; connecting the learning and learner to real world practice. This allows the learner to understand how the learning material applies to their daily tasks by enabling job application and building skill as the coach teaches alongside where they can observe the work, providing feedback. During the Immersive Learning experience there is ongoing dialog and the opportunity for more exploration of the material and application.

This process also allows the training team to develop specific knowledge and key skill milestones for each of the courses. This provide the team with the ability to track mastery throughout the process; adjusting the training along the way to meet each individual learner's needs, setting the stage for success.

FY22 Estimated Training Costs

Training Tab	FY23 Estimated Training Costs	Notes
Trainings in Development	$1,035,000.00	
Workforce Training	$5,325,409.81	Regional Core Training costs include salaries, benefits & average of goods, services, travel of RCT coaches and Alliance staff related to RCT
Caregiver Training	$2,364,773.23	
eLearning Training	$455,538.96	
FamLink Training	$294,612.75	
Conferences & Other Trainings	$552,398.98	
Region 1	$9,945.00	
Region 2	$11,565.00	
Region 3	$44,280.00	
Region 4	$5,647.50	
Region 5	$14,400.00	
Region 6	TBD	Currently no trainings planned; trainings are held as needed or upon request
Total Estimated Training Costs	$10,113,571.23	

Trainings In Development											
Title	**Course Description**	**Venue**	**Length per Topic Area (Hrs.)**	**# of Statewide Sessions Planned in FY**	**Provider**	**Audience**	**Location**	**Estimated Implementation Date**	**Projected FFP**	**Notes**
Caregiving for Children With Physically Aggressive Behavior Concerns	This 6-hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with physically aggressive behaviors. Participants will explore the potential impacts of trauma and maltreatment on attachment, behavior and development as well as the risk factors for violent behavior in children. Participants will closely review the newest Washington Administrative Code (WAC) related to discipline and will contrast principles of positive discipline and punishment. Skill building will focus on creating a plan to prevent a crisis; the various forms aggression may take and how to look for signs of when a child is agitated or escalating; how to intervene during a crisis; and how to manage ongoing or explosive aggressive behaviors via teaching coping skills and Collaborative Problem Solving. Local resources and supports for the youth as well as the caregiver are discussed.	Classroom	6.0	6.0	36.0	Alliance	Caregivers	Statewide	75%	3/14/2022 - Modifying delivery method of current in person course to be delivered via webinar. 12/15/2021 - Number of sessions changed from 12 to 6 based on projection that DCYF staff are not going back to in-person training until late spring 2022.
Caregiving for Children With Sexual Behavior Concerns	This 6 hour in-service training for caregivers provides a foundation for caregiving and behavior management for children in out-of-home care who struggle with sexual behaviors. Participants will explore values and beliefs before reviewing typical child development and the impacts of trauma, abuse, and neglect on development. Participants will then explore in-depth how sexual abuse specifically can impact various development domains, as well as the child's self-image, and the household supporting them. Sexual development is explored throughout childhood including what is typical, what may be "red flags", how some experiences can lead to sexual behavior problems, and how to intervene and respond safely. Caregivers will learn about their role in promoting healthy sexual development, positive messaging, suggestions for prevention education, the importance of establishing house rules, and other ideas to maintain safety while also helping to prevent false allegations in their home.	Classroom	6.0	6.0	36.0	Alliance	Caregivers	Statewide	75%	3/14/2022 - Modifying delivery method of current in person course to be delivered via webinar. 12/15/2021 - Number of sessions changed from 12 to 6 based on projection that DCYF staff are not going back to in-person training until late spring 2022.
Child Protective Services In-Service						Social Workers, Supervisors				2/17/2022 - Revisions to course to include HB 1194, RCW 13.34 Family Time, Practices and Procedures Family Time 1120 Safety Assessment, Policy requirement Legislation requirement Program Improvement Plan requirement
Cultural Connections: Meaningful Engagement with Indigenous Families and Communities	Making meaningful connections with community knowledge keepers so that children, youth and families have cultural continuity. Mitigating the pan approach to Indigenous culture.	TBD	To Be Determined		Alliance	Caregivers			75%	75% FFP confirmed 11/19/20
Education Policy and Case Planning (eLearning), or Foster Care Education	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.	eLearning	To Be Determined		Alliance	Area Administrators, Social Workers, Supervisors			75%	1/26/2022 - Revising eLearning

Emotion Coaching	Emotion Coaching is a research based method from the Talaris Institute and the Gottman Institute that gives caregivers a way to help children learn about emotions. Research shows that when caregivers value and guide emotions using this important method, children do better in many ways. These children tend to: Form stronger friendships with peers Have higher self esteem Regulate their moods more easily Be more successful in their problem solving skills Bounce back from emotional events more quickly Get sick less often Emotion Coaching helps prepare children from birth to 5 years old for the challenges they face throughout their lifetime. A child's ability to delight in the happy times and recover from the bad ones is a key part of emotional health. By learning and practicing the 5 steps of Emotion Coaching, you can make an important investment in a child's future.	Classroom & Webinar	2.0	26.0	52.0	Alliance	Caregivers	Statewide	75%	3/14/2022 - Curriculum documentation needs to be developed and aligned with the Gottman classroom version. 12/15/2021 - Changed 2 classroom modalities to webinar based on projection that DCYF staff are not going back to in-person training until late spring 2022. No change to hours.
FFPSA / Motivational Interviewing	multiple component training	Classroom / Webinar	To Be Determined			Alliance	Social Workers		50%	
How to Co-Investigate / Navigating MOAs with Tribes	Active implementation of existing MOAs that reflect the unique expectations and recognition of culturally relevant protective factors in communities. Will include specific content as it to their community's expectations that practice on the reservation meet their legal processes; i.e. grandparents committee at Lummi. Prioritize with Tribes that have MOU's in place.	TBD	To Be Determined			Alliance	Social Workers and Supervisors		75%	
How to Work with a Child's Tribe	Collaborative social work in support of sovereignty, culturally relevant case planning and work with indigenous families supporting safety, permanence and wellbeing. Need to include learning outcomes that are reflective of the varied communities Indigenous families represent.	TBD	To Be Determined			Alliance	Social Workers		75%	
Impacts of Colonization on Social Determinants of Health:	Working with, and supporting wellness in Indigenous Families and Communities. See Pulling Together for Wellness from American Indian Health Commission.	TBD	To Be Determined			Alliance	Social Workers, Supervisors & Tribal Workers		75%	
Infant Safety Education and Intervention - DCYF	The current proposed policy revisions cover the following content areas - Plan of Safe Care: • Provides clarity for open DCYF cases in which infants are substance abuse affected, experiencing withdrawal or diagnosed with FASD, or born to a dependent youth • Identified timeline for completion of ten days • Emphasizes the importance of working with and collaborating with providers Period of PURPLE Crying: • Updates to documentation requirements Infant Safe Sleep • Clear steps around assessing, obtaining, and verifying a safe sleep environment • Supervisory consultation when families decline a safe sleep option and/or additional risk factors are present						Social Workers and Supervisors			12/13/2021 - Revisions to add new policy: DCYF Infant Safety Education and Intervention https://www.dcyf.wa.gov/1100-child-safety/1135-infant-safety-education-and-intervention PL 111-320 Child Abuse Prevention Treatment Act (CAPTA) of 2010 https://www.congress.gov/111/plaws/publ320/PLAW-111publ320.pdf PL 114-198 Comprehensive Addiction and Recovery Act (CARA) of 2016 https://congress.gov/114/plaws/publ198/PLAW-114publ198.pdf
Intake 1.1 - 2.2	The Intake policy is currently under revision, the revised policy and other more recent practice updates which aren't reflected in the current eLearnings, as well as the priorities of DCYF will drive the revisions to these eLearnings, which were developed when the agency was still Children's Administration. DCYF Policy 2200 Intake Process and Response (currently under revision) - https://www.dcyf.wa.gov/practices-and-procedures/2200-intake-process-and-response RCW 26.44.030 https://app.leg.wa.gov/RCW/default.aspx?cite=26.44.030 WAC 110-30-0030 https://app.leg.wa.gov/wac/default.aspx?cite=110-30&full=true#110-30-0030	eLearning	To Be Determined			Alliance	Social Workers		0%	

Introduction to Family First Prevention Services Act E-Learning	Early implementor offices of FFPSA will roll-out Jan 2022, DCYF staff need an introductory elearning as soon as possible, preferably by Sept 1, 2021. The target audience will be anyone who wants to be familiar with the Family First Prevention Act at DCYF, or for outside providers. This will be an overview of the law as well as WA state's plan for implementation.	eLearning	To Be Determined			Alliance	Social Workers and Supervisors			50%	
Introduction to Positive Discipline	An Introduction to Positive Discipline is a 2-hour in-service level training for foster, kinship and suitable adult caregivers. This introductory training will help caregivers learn the basic parenting approach of the Positive Discipline model by providing several group activities and discussions based in real life scenarios. Positive Discipline focuses on teaching valuable social and life skills to children instead of using any form of punishment, rewards, praise, permissiveness or logical consequences. Positive Discipline focuses on helping participants learn how to use effective discipline that is kind and firm, creates connection before correction, is empowering and encouraging to children to believe in their own capability, and keeps the joy in caregiving.	Classroom & Webinar	2.0	19.0	38.0	Alliance	Caregivers	Statewide	75%	3/14/2022 - Modifying to expand Trauma lens. Proposed complete date 05/22.
Kinship Core Training	Create specialized CCT track for Kinship Caregivers. There are current available trainings but pulling those out to create a track specific to children who are placed in Kinship Care. Proposed training: Caring for children who have experienced trauma (4 modules) Module 1: Intro on Trauma Informed Parenting. Module 2: Trauma 101 , Module 3: Understanding Trauma's Effects, Module 4: Building a Safe Place, Navigating change in Family Dynamics, WAC compliance and Investigations, Visitations-caregivers as visiting facilitators, Navigating the systems-court. WAC 110-148-1375 (1): https://apps.leg.wa.gov/WAC/default.aspx?cite=110-148-1375 DCYF Policy 5120: Licensing State Foster Homes: https://www.dcyf.wa.gov/5100-applying-foster-parent-or-unlicensed-caregiver/5120-licensing-state-foster-homes						Caregivers				2/17/2022 - New course in development
Mandatory Reporting	A workgroup is being formed to revise DCYF's suite of mandatory reporting materials, DCYF has funding for this project and would like to partner with the Alliance around development of all materials. New materials include, but are not limited to videos and print materials. Key areas of focus for content will be addressing disproportionality and bias in reporting, disparities in child welfare involvement, and developing education, materials, and presentations specific to disciplines comprising our highest rates of reports (e.g. educators, mental health professionals, etc.). This project has received CAPTA/ARPA funding and is one component of a larger communication campaign to be developed with partners and stakeholders with a goal of educating the broader community about normalizing stress and seeking support, as well as identifying supportive resources and providing information about recognizing and reporting concerns regarding child abuse or neglect.	eLearning	To Be Determined			Alliance	Area Administrators, Social Workers, Supervisors, Caregivers, Kinship providers, Tribal Members			0%	2/3/2022 - New course in development
Meaningful Cultural Connections: Working with Indigenous Communities	Supporting Active Efforts by engaging parents in services that are culturally relevant. Making meaningful connections with community knowledge keepers.	TBD	To Be Determined			Alliance	Social Workers			75%	

Course	Description	Method	Hours			Vendor	Audience	Region	Rate	Notes
New: Foster Care Portal	Relevant policies/rules/ laws related to training (please attach or provide hyperlink to all policies/rules/laws): https://www.dcyf.wa.gov/practice/practice-improvement/foster-parent-application-portal. This is where you can get the most updated information on the development for the Foster Parent Application Portal. Content areas to be addressed in the training. Please be specific and detailed: How caregivers interface externally with the Foster Parent Application Portal. More details will be provided as the as the Portal gets finalized Knowledge and skills the participant will demonstrate as a result of the training. What do you want the participants to know? What do you want them to be able to do? Please be specific and detailed. What you write below should DRIVE the focus of this training towards specific skills and knowledge: •Prospective caregivers will complete the application process in the portal. •They will be able to upload any required documents, such as a copy of their driver's license. •All signatures needed throughout the application process can be captured electronically. •Applicants will be able to track their own progress throughout the process. •Application processes can be completed on any device, include cell phones, tablets and computer	TBD					Caregivers			
Paper Trail: Documentation Training for Caregivers	To remember an idea, you might write it down. At an event, you might take a picture. As a caregiver, you are the custodian of the milestones and memories of a child's life for the whole welfare team, so understanding how and why to document elements of that is crucial. This 1.5-hour in-service training will cover best practices for documentation to prepare and support you and others involved in the child's life, with the ultimate goal of sharing information, concerns and progress. Focused learnings around why documentation matters are central to the course – specific scenarios help translate ideas to real-life examples. You also will leave with an individualized plan for what, when and how to document, based on the process that will work best for you.	Classroom & Webinar	1.5	16.0	24.0	Alliance	Caregivers	Statewide	75%	3/14/2022 - Revisions to existing course include: add practice scenarios to handouts; add policy and WAC citing's; update visitation language to Family Time; add clarity to activity instructions; add slide for practice activity on pgs. 12-13: change language from "good vs. Bad" to "strong vs. weak": etc. Proposed launch date for revised course 5/2022.
Parenting Teens for Group Care Facilities	The training will provide group care staff a greater skill level in managing youth who are in residential care to help stabilize the placement and prepare them for their permanent plan.	Webinar	21.0			Alliance	JRA staff, Child Placing Agency staff, Group Care staff		75%	2/17/2021 - Course name changed from Core Teen for Group Care Facilities 1/26/2021 - Revising Parenting Teens series to target group care staff. CW CPA staff billed at 75%; JR and JR Group Care staff billed at 0%
Regional Core Training (RCT)	Revision	Classroom / Webinar	To Be Determined			Alliance	Social Workers		varies	DCYF is updating policies to meet their PIP and will update this revision again before it launches. Moved back to development 11/19.
Relative/Kinship Caregiving: Navigating Change in Family Dynamics or Supporting Child in Your Care	navigating change in the family, supporting the child in your care,	To Be Determined	To Be Determined			Alliance	Kinship Providers		75%	1/26/2021 - Revision course
Skill Building for Indigenous Kinship Providers	Addressing stigma, culturally varied definitions of family, financial and resource support and referrals, and identifying and mitigating barriers to licensing for Indigenous kinship providers.	To Be Determined	To Be Determined			Alliance	Caregivers		75%	
Supervisor Core Training	Revision	Classroom / Webinar	To Be Determined			Alliance	Supervisors		50%	
Supporting Child Safety and Well Being for Administrative Law Judges	Training for AGO, DCYF, and judicial and other court-system partners regarding requirements and timeframes for permanency and the system impacts on timely completion	eLearnings	To Be Determined			Alliance	Administrative Judges		0%	In development. 3 of 6 eLearnings have been rolled out

Videos for Motivational Interviewing	This training video is for field regional leadership, AAs, supervisors and field staff. After watching the video, you will learn to (a) navigate difficult scenarios by those using a Motivational Interviewing lens, (b) Recognize the stages of change and readiness for change, (c) Understand the stages of Motivational Interviewing and how to steer conversations towards change. The video supplements the DCYF Motivational Interviewing series available for regional leadership, AAs, supervisors, field staff and fidelity coders.	TBD	TBD	TBD	Alliance	Social Workers, Supervisors				3/14/2022 - To supplement classes: DCYF Motivational Interviewing for Leaders, DCYF Motivational Interviewing for Child Welfare Field Staff, DCYF Motivational Interviewing for Fidelity Coders. This training is part of a legislative requirement. Proposed launch date 8/2022.
Washington State ICW Training Day 3		Classroom / Webinar	To Be Determined		Alliance	Social Workers			75%	

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Planned in FY		Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
				Classroom	Webinar						
NCAST/Parent-Child Interaction Feeding Scales Certification	The NCAST Feeding Scales are designed for parents/caregivers and children age birth-12 months. The Feeding Scales are an assessment tool which provides valid and reliable measurements of parent-child interactions. Participants in this NCAST certification course will learn about Keys to Caregiving, infant cues, and specific behaviors pertaining to early childhood development and relationships when assessing a parent-child dyad during a feeding interaction. In addition, participants will learn about special considerations when conducting NCAST assessments in child welfare. Participants will observe videos and practice scoring feeding interactions. Participants will learn how to use NCAST Feeding Scales as a tool to gather pertinent information about the parent-child dyad; assessment of parent-child interactions; and intervening with parents and children. All participants will attempt reliability to become certified to use the NCAST Feeding Scales for one year.	Webinar	25.0	0.0	0.0	0.0	Alliance	Social Workers	Statewide	75%	6/18/2022 - Alliance discontinued course in FY2023
NCAST/Parent-Child Interaction Feeding Scales Recertification	The NCAST/PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "NCAST/Parent-Child Interaction Feeding Scales Re-Certification," supports your knowledge-building with the opportunity to achieve reliability and to maintain your certification in the use of this tool.	Classroom & Webinar	6.0	0.0	0.0	0.0	Alliance	Social Workers	Statewide	75%	6/18/2022 - Alliance discontinued course in FY2023
NCAST/Parent-Child Interaction Teaching Scales Certification	The NCAST/PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "NCAST/Parent-Child Interaction Feeding Scales Certification," supports your knowledge-building to pursue certification. You also will gain a host of skills and knowledge to apply to your everyday interactions with children and families both inside and outside the scope of this assessment scale. Developed by Parent-Child Relationship Programs (NCAST) at the University of Washington (www.pcrprograms.org), the PCI Feeding Scales provide valid and reliable assessment of a parent-child dyad using an observable set of behaviors during a feeding interaction. The Feeding Scales are designed for parents/caregivers of children 0-12 months. NCAST/PCI scales are used consistently with both children in out-of-home care as well as with children/families in CPS/FVS. NCAST/PCI scales are highly recommended at the time of reunification/trial return home for children younger than 3 and are very beneficial to complete when children are first placed in care to inform services and reunification planning. NCAST/PCI assessments also can provide indication if children are in need of further assessment to address developmental needs. Certified NCAST/PCI Assessors are encouraged to complete at least three assessments per calendar year, and participate in re-certification every 12-18 months. Re-certification is one-day for each of the scales (two days total if assessors are certified in both scales).	Webinar	25.0	0.0	0.0	0.0	Alliance	Social Workers	Statewide	75%	6/18/2022 - Alliance discontinued course in FY2023
NCAST/Parent-Child Interaction Teaching Scales Recertification	The NCAST/PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "NCAST/Parent-Child Interaction Teaching Scales Re-Certification," supports your knowledge-building with the opportunity to achieve reliability and to maintain your certification in the use of this tool.	Classroom & Webinar	6.0	0.0	0.0	0.0	Alliance	Social Workers	Statewide	75%	6/18/2022 - Alliance discontinued course in FY2023
Right Response 3 (Elements+) Recertification (eLearning)	When you first attend a Certification Workshop, we tell you what you should be doing to address crisis proactively. But when you return for recertification, we ask, "What have you been doing and how has it been working?" The Recertification curriculum is not just a rehash of the certification workshop but is designed to further embed and extend your original learning. Instructors provide consultation on addressing your particular challenges. With the RIGHT RESPONSE Workshop Recertification Workshop, you can fine-tine your intervention process in order to become more successful. To qualify for a Recertification Workshop, you need a current certification in Right Response 3 or it has been no more than 90 days since your certification expired. After the 90-day Grace Period, you need to attend a Certification Workshop in order to gain a current certification again.	Classroom & Webinar	3.0	0.0	0.0	0.0	Alliance	Social Workers	Statewide	50%	6/18/2022 - Course discontinued by the Alliance in FY2023 12/13/2021 - Course title revised to include eLearning 9/16/2021 - Course description updated

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Right Response 4 (Advanced) Recertification (eLearning)	When you first attend a Certification Workshop, we tell you what you should be doing to address crisis proactively. But when you return for recertification, we ask, "What have you been doing and how has it been working?" The Recertification curriculum is not just a rehash of the certification workshop but is designed to further embed and extend your original learning. Instructors provide consultation on addressing your particular challenges. With the RIGHT RESPONSE Workshop Recertification Workshop, you can fine-tine your intervention process in order to become more successful. To qualify for a Recertification Workshop, you need a current certification in Right Response 4 or it has been no more than 90 days since your certification expired. After the 90-day Grace Period, you need to attend a Certification Workshop in order to gain a current certification again. You must bring your Right Response Workbook. Right Attendees that complete the workshop receive a 1 year certification.	Classroom & Webinar	4.0	0.0	0.0	0.0	Alliance	Social Workers	Statewide	50%	6/18/2022 - Course discontinued by the Alliance in FY2023

12/13/2021 - Course title revised to include eLearning

9/16/2021 - Course description updated |
| Right Response Elements+ | The RIGHT RESPONSE Elements+ course is designed for staff who support individuals with identified behavioral challenges but minimal aggression risks, as well as those staff who have more opportunity or influence with those they support. Focus is on proactive strategies to manage the individual's environment and provide positive behavior support to avoid the need for physical safety techniques. Note: Basic Physical Safety Skills is not included in this course. You will learn the cycle of risk management and response, which includes prevention strategies, de-escalation techniques and post-crisis follow-up. Topics include: Prevention, stress, and self-care, De-escalation process and postvention, Proactive environments, Effects of Trauma, Positive Behavior Support, Motivational Model for de-escalation, Re-stabilization, Postvention teaching, Cycle of reflecting. The RIGHT RESPONSE Elements+ Workshop is now a 9-hour instructor-led discussion and training. | Classroom & Webinar | 9.0 | 0.0 | 0.0 | 0.0 | Alliance Contracted Training: Service Alternatives | Social Workers | Statewide | 75% | 6/18/2022 - Course discontinued by the Alliance in FY2023

2/3/2022 - Course length updated from 6 to 9 hours.

12/13/2021 - Course title revised to include eLearning

9/16/2021 - Course description updated |
| Right Response Self Protection Component of Elements+ for AfterHours Staff | Learn Basic Physical Safety Skills to keep yourself safe should you be attacked. You will learn the Basic Position which allows you to protect yourself at all times and to move in any direction at any time. You will also learn 3 Basic Movements for getting out of harm's way without tripping over yourself. You will also learn how to protect your head, torso and groin from blows and kicks. You will learn 14 Non-Aversive Release Techniques to get out of situations where you may be pinched, grabbed, scratched, bitten, choked or have your hair pulled. All of the Release techniques you will learn in the RIGHT RESPONSE Workshop are non-aversive. This means that you do not apply pain or pressure points to get the person to release you (which may be illegal in your area.) Instead, you will learn how to move yourself out of these situations while avoiding injury to yourself and your attacker. This training completes the Right Response Elements+ for those who have taken Elements+ eLearning and webinar and must be completed in-person. You will need to bring your Right Response Workbook to class. | Classroom & Webinar | 2.5 | 0.0 | 0.0 | 0.0 | Alliance | Social Workers, Supervisors & Area Administrators | Statewide | 50% | 6/18/2022 - Course discontinued by the Alliance in FY2023

9/16/2021 - Course title and description updated |
| Right Response: Upgrade Certificate from Level 3 to Level 4 | This class is for people who are already certified in Right Response 3 or have completed Right Response Elements+ and the supplemental physical skills training. Your certification must be current. Training focuses on physical safety skills. Students must sign a waiver and will be required to participate in physical activity. When a person's behavior endangers themselves or others (and maybe property), use Physical Intervention skills to maintain safety. Be sure that your intervention will make the situation safer and not more unsafe. Weigh the risks of your intervention with the risks of not responding at all. The RIGHT RESPONSE Workshop features Escort and Hold techniques for controlling the person until it is safe to release them. These techniques feature options for 1, 2 or 3 person interventions. All are designed to minimize the most common physical dangers associated with restraints including asphyxiation, joint dislocation, limb separation and falling hazards. Careful instruction and professionally-designed techniques maximize safety during an inherently dangerous activity. | Classroom & Webinar | 5.0 | 0.0 | 0.0 | 0.0 | Alliance | Social Workers, Supervisors & Area Administrators | Statewide | 50% | 6/18/2022 - Course discontinued by the Alliance in FY2023

9/16/2021 - Course description updated |
| Supervisor Core Training 1.2: Peer Based Learning (webinar) | Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. You will be assigned a coach upon notification of hire. Your coach will register you for this webinar after you complete the activities in Supervisor Core Training 1.1: Essential Professional Tools (eLearning). In this webinar you will be joined by other recently hired supervisors and participate in peer based learning activities to strength the value of making cross office connections as a source of support. In addition you will develop strategies to address the paradoxes in child welfare that impact your staff's practice. You will work with your coach on your registration for Supervisor Core Training 2: Foundations of Effective Leadership (webinar). | Webinar | 1.0 | 0.0 | 0.0 | 0.0 | Alliance | Supervisors | Statewide | 50% | 6/18/2022 - Alliance discontinued course in FY2023 |

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Coaching for Regional Core Training - Skill Acquisition Session: Day 60	Ongoing skill development is an important aspect of Regional Core Training instruction and benefits the transfer of learning of critical concepts while supporting work on newly assigned cases. Additional skill acquisition sessions have been approved following the completion of the 320 RCT course hours for child welfare case-carrying Social Service Specialists. All other participants (CWTAP/Intake/LD/Afterhours/SSS 1's) will be offered the opportunity to engage in the sessions at the discretion of the participant and their supervisor. There are four identified RCT Skill Acquisition Sessions that will occur 1:1 with each RCT participant in the field or in the participant's identified office (can occur virtually if necessary). These sessions will be a minimum of 2 hours but may go over depending on the topic and need of the participant. The mandatory sessions will be provided at 15, 45, 60 and 90 days and will be scheduled upon completion of the 320 course hours. They do not need to be taken in any particular order. The following topics will be addressed in these sessions: ●Case prioritization and organization; ●Documentation; ●Assessments; and ●Family time and conditions for return home. Upon completion of the 320 hours and the four sessions, participants will be completed for the entire RCT course in the learning center.	In-person / virtual	0.5	640.0	640.0	320.0	Alliance	Social Workers	Statewide	75%	6/18/2022 - New training for FY2023
Coaching for Regional Core Training - Skill Acquisition Session: Day 90	Ongoing skill development is an important aspect of Regional Core Training instruction and benefits the transfer of learning of critical concepts while supporting work on newly assigned cases. Additional skill acquisition sessions have been approved following the completion of the 320 RCT course hours for child welfare case-carrying Social Service Specialists. All other participants (CWTAP/Intake/LD/Afterhours/SSS 1's) will be offered the opportunity to engage in the sessions at the discretion of the participant and their supervisor. There are four identified RCT Skill Acquisition Sessions that will occur 1:1 with each RCT participant in the field or in the participant's identified office (can occur virtually if necessary). These sessions will be a minimum of 2 hours but may go over depending on the topic and need of the participant. The mandatory sessions will be provided at 15, 45, 60 and 90 days and will be scheduled upon completion of the 320 course hours. They do not need to be taken in any particular order. The following topics will be addressed in these sessions: ●Case prioritization and organization; ●Documentation; ●Assessments; and ●Family time and conditions for return home. Upon completion of the 320 hours and the four sessions, participants will be completed for the entire RCT course in the learning center.	In-person / virtual	0.5	640.0	640.0	320.0	Alliance	Social Workers	Statewide	75%	6/18/2022 - New training for FY2023
Coaching for Regional Core Training- Skill Acquisition Session: Day 15	Ongoing skill development is an important aspect of Regional Core Training instruction and benefits the transfer of learning of critical concepts while supporting work on newly assigned cases. Additional skill acquisition sessions have been approved following the completion of the 320 RCT course hours for child welfare case-carrying Social Service Specialists. All other participants (CWTAP/Intake/LD/Afterhours/SSS 1's) will be offered the opportunity to engage in the sessions at the discretion of the participant and their supervisor. There are four identified RCT Skill Acquisition Sessions that will occur 1:1 with each RCT participant in the field or in the participant's identified office (can occur virtually if necessary). These sessions will be a minimum of 2 hours but may go over depending on the topic and need of the participant. The mandatory sessions will be provided at 15, 45, 60 and 90 days and will be scheduled upon completion of the 320 course hours. They do not need to be taken in any particular order. The following topics will be addressed in these sessions: ●Case prioritization and organization; ●Documentation; ●Assessments; and ●Family time and conditions for return home. Upon completion of the 320 hours and the four sessions, participants will be completed for the entire RCT course in the learning center.	In-person / virtual	0.5	640.0	640.0	320.0	Alliance	Social Workers	Statewide	75%	6/18/2022 - New training for FY2023

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Coaching for Regional Core Training: Skill Acquisition Session: Day 45	Ongoing skill development is an important aspect of Regional Core Training instruction and benefits the transfer of learning of critical concepts while supporting work on newly assigned cases. Additional skill acquisition sessions have been approved following the completion of the 320 RCT course hours for child welfare case-carrying Social Service Specialists. All other participants (CWTAP/Intake/LD/Afterhours/SSS 1's) will be offered the opportunity to engage in the sessions at the discretion of the participant and their supervisor. There are four identified RCT Skill Acquisition Sessions that will occur 1:1 with each RCT participant in the field or in the participant's identified office (can occur virtually if necessary). These sessions will be a minimum of 2 hours but may go over depending on the topic and need of the participant. The mandatory sessions will be provided at 15, 45, 60 and 90 days and will be scheduled upon completion of the 320 course hours. They do not need to be taken in any particular order. The following topics will be addressed in these sessions: ●Case prioritization and organization; ●Documentation; ●Assessments; and ●Family time and conditions for return home. Upon completion of the 320 hours and the four sessions, participants will be completed for the entire RCT course in the learning center.	In-person / virtual	0.5	640.0	640.0	320.0	Alliance	Social Workers	Statewide	75%	6/18/2022 - New training for FY2023
Facilitated Cohort Learning Sessions to support Domestic Violence Practice	These sessions provide participants of the Domestic Violence in Child Welfare in-service training an opportunity to expand their knowledge and work within live cases. Topics of the sessions are identified by the cohort members and learning activities are organized and facilitated by Alliance staff. These sessions will rely on the policy and best practices in "The Social Worker's Practice Guide to Domestic Violence" for child welfare work with families experiencing domestic violence. These learning sessions will continue to build across the four core areas from the Domestic Violence in-service: universal and periodic screening for domestic violence; conducting a specialized DV assessment; engagement and accountability with DV perpetrators; and case planning in families experiencing DV. Completion of the Domestic Violence in Child Welfare in-service course is a pre-requisite for this course.	In-person / virtual	2.0	15.0	15.0	60.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	6/18/2022 - New training for FY2023
Partners Make Better Decisions (webinar)	Partners Make Better Decisions brings together social workers and caregivers in a dynamic environment of dialogue, small-group activities and scenario discussions. This course mimics the way the child welfare process works, with many voices at the table, with the goal of building understanding and relationships through finding commonality and mutual respect. Building partnerships and finding common ground with others is integral to achieving the best outcomes for children and families. When approaching decision making, it is vital that you can work effectively with all parties involved, and this training provides you the foundation for making that happen. You will start the training by sharing and hearing from other participants about why they do the work they do, likely finding many shared values. The training also will guide you through a conversation about communication and potential barriers and breakdown points, with special consideration of the high stakes and complicated dynamics involved in this work. Finally, you will learn some tools and strategies for working together and remaining focused on the "main thing," the interest of the child, even when distractions or disagreements arise. When you leave the training, you will have a new understanding of and appreciation for your partners on the child's care team, and a plan for communicating and working together.	Classroom & Webinar	3.0	3.0	6.0	9.0	Alliance	Social Workers, Supervisors & Caregivers	Statewide	75%	6/18/2022 - New training for FY2023
Advanced Guidelines for Difficult Conversations	For social workers, difficult conversations are part of a broad landscape of interactions necessary to achieve the best outcomes for children, youth and families. This new training, "Advanced Guidelines for Difficult Conversations," will give you the tools to feel prepared to manage these exchanges effectively and with respect. By definition difficult conversations bring together opposing opinions and high stakes, with the potential for conflict and negative emotional reactions. Though challenging, these interactions are essential to working through problems and finding solutions, something at the core of carrying out effective social work practice. They are part of communicating well with families, and can also surface in professional environments. This course will begin by taking you through a self-assessment of your own comfort level, and help you understand your own emotions and how to maintain objectivity. You will then engage in discussions around how to develop a goal or mutual purpose for these conversations, considering what all parties want to achieve. You also will talk about how to develop a safe space for having these conversations, a vital element in creating open dialogue. You will break into small groups with other participants to work through scenarios with all the skills you have just learned. At the close of the training, you will know how to create mutual purpose and ensure safety when having difficult conversations as you move forward. This will give you the tools to develop conversation goals to strategize case planning for families you work with.	Classroom & Webinar	6.0	12.0	9.0	72.0	Alliance	Social Workers & Supervisors	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Advanced Microaggressions for Supervisors: Guiding Staff Through 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.Learn strategies for engaging when they commit, witness or experience a microaggression; 2.Explore strategies for addressing conflict that occurs between their staff; 3.Improve their ability to have courageous conversations.	Classroom & Webinar	6.0	3.0	5.0	18.0	Alliance Contracted Training: Cultures Connecting	Supervisors	Statewide	50%	
Afterhours Core 1.2 Child Safety: Identifying Present Danger (webinar)	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	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 1.3 Child Safety: Protective Actions (webinar)	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	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 2.2 Physical Abuse: Sentinel Injuries (webinar)	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	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 2.3 Physical Abuse: Serious Physical Abuse (webinar)	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	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 3.2 Maltreatment and Placement: Neglect and Sexual Abuse (webinar)	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	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 3.3 Maltreatment and Placement: Trauma Informed Placements (webinar)	Afterhour's 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	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 4.2 Caring for Children: Trauma Informed Care and Following ICWA (webinar)	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	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	
Afterhours Core 4.3: Caring for Children: Worker Safety, Documentation, and Infants (webinar)	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	2.0	4.0	6.0	8.0	Alliance	Social Workers	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
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 & Webinar	6.0	3.0	3.0	18.0	Alliance Contracted Training: Dee Wilson	Social Workers & Supervisors	Statewide	75%	
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 Day 4: Growing and Sustaining Effective Internal and External Teams Day 5: Essentials for Resource Management Day 6: Strategic Thinking and Planning Tools for the Manager	Classroom	36.0	1.0	1.0	36.0	Alliance Contracted Training: Peter Dahlin	Area Administrators	Statewide	50%	
Assessing Safety Beyond Removal: Family Time and Conditions for Return Home	In this training, you'll consider how to best explain the safety threat that's keeping a child in out-of-home care and think about how this threat impacts child safety during family time. You'll practice applying the threshold questions to decisions about family time and articulating to the court why you are recommending a specific level of supervision, even when the child needs to remain out of the home. You will also learn to address areas of personal and institutional bias and how this appears in the language used to shape views of child safety. Finally, you'll consider how safety threats can be mitigated when parents progress and children are able to return home, including how transition plans can support everyone's long term success.	Classroom & Webinar	6.0	10.0	4.0	60.0	Alliance	Social Workers	Statewide	75%	2/3/2022 - Course length updated from 4 hours to 6 hours. No change in curriculum. Need more time to complete course material. 12/13/2021 - Number of sessions changed to 7; course description updated 9/16/2021 - New course added
Child Abuse Interviewing and Assessment	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	33.0	6.0	0.0	198.0	Alliance Contracted Training: Children's Justice Training Commission	Social Workers	Statewide	0%	
Child Abuse Interviewing and Assessment (webinar)	This in-service webinar 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	30.0	0.0	9.0	270.0	Alliance Contracted Training: Children's Justice Training Commission	Social Workers	Statewide	0%	
Child and Family Welfare Services In-Service	This two-day in-service training delivered by webinar will prepare new CFWS caseworkers and experienced CFWS 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 toward safe reunification and timely permanency. Participants will explore engaging children and caregivers during monthly visits, best interest considerations and permanency planning. Participants will be provided tools to improve the quality of court reports in addressing policy requirements and good practice. A pre-requisite to the webinar training is the Permanency Considerations eLearning. Participants must register and complete this eLearning prior to the webinar.	Classroom & Webinar	12.0	10.0	12.0	120.0	Alliance	Social Workers	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
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 & Webinar	18.0	10.0	12.0	180.0	Alliance	Social Workers	Statewide	0%	
Coaching for Ad-Hoc Needs	Coaching sessions are utilized to enhance a learner's specific skill attainment in an identified area of practice. Coaching sessions are provided to Children's Administration workforce to help workers attain specific skills pertinent to their daily work/practice in child welfare. Identified goals are created and progress towards those goals is measured by both the learner and the coach after each session.	In Person & Virtual	0.5	50.0	100.0	75.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
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.	In Person & Virtual	0.5	50.0	552.0	301.0	Alliance	Area Administrators	Statewide	50%	
Coaching for Assessments	Coaching sessions are utilized to enhance a learner's specific skill attainment in an identified area of practice. Coaching sessions are provided to Children's Administration workforce to help workers attain specific skills pertinent to their daily work/practice in child welfare. Identified goals are created and progress towards those goals is measured by both the learner and the coach after each session. Assessments (Functionality and Content) field based coaching topics include: Content and FamLink functionality in completing the Investigative Assessment (IA), Family Assessment Response Family Assessment (FARFA) and Comprehensive Family Evaluation (CFE); understanding the use of the gathering questions to assess for child safety; identifying and utilizing protective factors and protective capacities for safety and case planning; understanding timeframes for each assessment in the different program areas; service referrals and the use of EBP's.	In Person & Virtual	0.5	50.0	50.0	50.0	Alliance	Social Workers & Supervisors	Statewide	75%	
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.	In Person & Virtual	0.5	50.0	50.0	50.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Coaching for Child Safety Throughout the Life of the Case	Assessing for present danger/impending danger; applying the Child Safety Framework; understanding the 17 safety threats and how to plan for present danger with protective action plans and safety plans in cases with identified impending danger; how to make appropriate collateral contacts; interviewing of children, parents/caregivers and all adults in the home; using medical consultation (Med-Cons); scheduling and preparing for appropriate case staffings; using Structured Decision Making (SDM) to help assess risk in cases and reassessing child safety throughout the life of the case.	In Person & Virtual	0.5	100.0	574.0	337.0	Alliance	Social Workers & Supervisors	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Coaching for Indian Child Welfare: Working with Tribes and Tribal Families	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. This coaching session opportunity for staff will aim at compliance with ICWA, give recommendations for working with Tribes and Tribal families, revisit the Federal Act, State ICW codes and current policies/procedures when ICWA applies or is being considered. This session will revisit current practices in CA, specialized units and steps available for staff, including tailored topics such as: 1) Initial Intake (ICW Procedures at initial contact) 2) Tribal/State Agreements 3) Inquiry and Verification of Child's Indian Status 4) Disclosure of Confidential Records/Information to Tribes 5) Child Protective Services for Indian Children 6) Casework Activities for Court Proceedings – forms Legal Notice, FamLink Response from NAIR eLearning, Monthly Progress report, 7) Indian Child Placement Preferences and Relative Search 8) Adoption 9) Interstate Compact on the Placement of Indian Children 10) Local Indian Child Welfare Advisory Committees 11) Payments for Services for Children in Tribal Care or Custody 12) Casework Services for Children and Families of Non-Federally Recognized Tribes and Canadian First Nations	In Person & Virtual	0.5	50.0	110.0	80.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Coaching for Motivational Interviewing Competency Assessment (MICA)	These sessions will be focused on enhancing skill development of Motivational Interviewing by coding an interaction using the Motivational Interviewing Competency Assessment (MICA) and providing feedback to the staff.	In-person / virtual	0.5	1500.0	0.0	750.0	Alliance	Social Workers, Supervisors & Area Administrators	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.	In Person & Virtual	0.5	50.0	100.0	75.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Coaching for Regional Core Training Continuation	Coaching for Regional Core Training (RCT) Continuation provides an opportunity for you to enhance your skills after you graduate from RCT in a focused area of practice pertinent to your daily work/practice in child welfare. Identified goals are created and measured for progress toward those goals by both you and your coach after each session. Coaching sessions are offered by an Alliance coach at 30, 60, 90 and 120 days after the RCT class is completed.	In Person & Virtual	0.5	50.0	3000.0	1525.0	Alliance	Social Workers	Statewide	75%	
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.	In Person & Virtual	0.5	1000.0	4000.0	2500.0	Alliance	Social Workers & Supervisors	Statewide	50%	
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)Learn strategies to mitigate the impact of implicit bias.	Classroom & Webinar	6.0	3.0	5.0	48.0	Alliance Contracted Training: Cultures Connecting	Social Workers, Supervisors & Area Administrators	Statewide	75%	
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	8.0	0.0	48.0	Alliance	Social Workers & Supervisors	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Developing Skills for Licensing Staff Assessing LGBTQ+ Awareness and Support (webinar)	Children and youth in care who identify as LGBTQ+ face challenges that can affect their quality of life far beyond their experiences in the child welfare system. Because of this, it is especially important that Licensing Division Foster Care employees can assess providers' and caregivers' ability to provide a welcoming and affirming environment for LGBTQ+ children and youth. The training first takes you through an exercise that allows you to reflect on possible personal biases that may affect your evaluation of prospective caregivers, children and youth during the licensing process. You will then go through a learning around SOGIE/LGBTQ+ terminology and discuss how to talk to children, youth and providers about LGBTQ+ culture, a critical component of interviewing. A key component of the course is the focus on being able to review and apply the laws and minimum licensing requirements around assessing a provider's ability (not just willingness) to care and support children and youth who identify as LGBTQ+, as well as the provider's level of knowledge pertaining to LGBTQ+ children and youth, and their interest in expanding that knowledge as needed. This learning includes defining welcoming and affirming environments. You will learn characteristics of those spaces, such as open conversations with children and youth, and talk about how to support caregivers in providing positive and affirming surroundings. Finally, you will dive in for a deep look at nondiscrimination-focused RCWs, WACs, and Policies, Practices and Procedures, and discuss how to apply them in licensing and investigations. You will have an opportunity to build skills formulating and applying questions based on current licensing standards and mandates. At the close of the training, you will have a personal and professional action plan that outlines what you have studied and the steps you will take to best engage with, learn from and advocate for your clients.	Classroom & Webinar	3.0	8.0	5.0	39.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	75%	
Domestic Violence in Child Welfare (webinar)	Working with families impacted by Domestic Violence can be challenging, nerve wracking, and sometimes inspiring. You may often wish that you had more guidance about how you should approach this work. In this course, you'll learn more about the policy and legal guidance for child welfare work with families experiencing domestic violence. More importantly, you'll learn the best practices for this work and get to practice applying these best practices. In Washington we are lucky to have an entire manual outlining these best practices, "The Social Worker's Practice Guide to Domestic Violence." This guide will be heavily relied upon in this course and you'll become familiar with most of its contents. The course aims to build your knowledge and skills across four core areas: universal and periodic screening for domestic violence, conducting a specialized DV assessment, engagement and accountability with DV perpetrators, and case planning in families experiencing DV. In addition, you'll learn about the different types of protection orders that may exist and the implications of each, as well as the process of domestic violence safety planning with adult DV victims.	Classroom & Webinar	16.0	12.0	12.0	384.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Facilitated Cohort Learning Sessions To Support ICWA Practice	Facilitated Cohort Learning Sessions To Support ICWA Practice provides former cohorts from RCT and SCT classes that are working on Indian Child Welfare cases to expand their knowledge beyond core training curriculum and gain application within live cases. Topics of the sessions are identified by the cohort members and learning activities are organized and facilitated by Alliance staff. These sessions will review current WA State ICWA practices while providing opportunities to apply critical thinking to the overall complexities of child welfare work. Tailored topics may include: Initial Intake (ICW Procedures at initial contact), Inquiry and Verification of Child's Indian Status, Disclosure of Confidential Records/Information to Tribes, Child Protective Services for Indian Children, Active Efforts, Casework Activities for Court Proceedings – forms Legal Notice, FamLink Response from NAIR eLearning, Monthly Progress report, Indian Child Placement Preferences and Relative Search, Adoption, Interstate Compact on the Placement of Indian Children, Local Indian Child Welfare Advisory Committees, Casework Services for Children and Families of Non-Federally Recognized Tribes and Canadian First Nations.	Classroom & Webinar	1.5	12.0	0.0	18.0	Alliance	Social Workers	Statewide	75%	
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.	Classroom & Webinar	12.0	4.0	6.0	120.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Harm Reduction and Safety Planning with Substance Using Families (webinar)	This 6-hour webinar 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.	Classroom & Webinar	6.0	8.0	9.0	102.0	Alliance Contracted Training: Robin Harwick	Social Workers & Supervisors	Statewide	75%	12/13/2021 - Replaces parts 1 and 2 and combines them into one 6-hour class.

				Length per Topic	# of Sessions Planned in FY	Total FY Training						
Identifying and Supporting Commercially Sexually Exploited Children for DCYF (webinar)	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	10.5	6.0	12.0	189.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Identifying and Supporting Commercially Sexually Exploited Children for Workforce	This course is mandatory for CFWS workers, and recommended for Intake, CPS and other case carrying staff.

This 6-hour course help workers who do ongoing work with adolescents in the child welfare system identify 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 social work practices that support helping these youth reach positive outcomes. Participants will leave understanding CA's policy and legal requirements related to screening and supporting these youth, will practice and consider approaches to supporting these youth, and will be provided with a list of some community resources. | Classroom | 6.0 | 6.0 | 0.0 | 36.0 | Alliance | Social Workers & Supervisors | Statewide | 75% | |
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 & Webinar	6.0	10.0	12.0	132.0	Alliance and Contractor: Mikey Kandor	Social Workers & Supervisors	Statewide	75%	
Infant Safety: Assessing the Infant's Environment (webinar)	Assessment of every environment in which an infant lives and sleeps, as well as all individuals providing care, is critical to ensuring the safety of this vulnerable population. Emphasis will be placed on developmental needs, attachment, and the infant's relationships. The focus of this course is to provide instruction around assessment of the infant's interactions with both caregivers and the environment, identifying parent/caregiver training or support needs, and opportunities for demonstration, practice, and feedback pertaining to meeting the practice and policy requirements for this component of the Infant Safety Education and Intervention.	Webinar	5.0	8.0	12.0	100.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Infant Safety: Period of PURPLE Crying (webinar)	The Period of PURPLE Crying will provide social workers with an understanding of the importance of assessing for both prolonged crying in infancy and the caregiver's ability to manage long periods of crying. Emphasis will be placed on safety in terms of the connection between prolonged crying and child abuse/neglect, as well as completion of the Period of PURPLE Crying Training Certification through dontshake.org (if not previously completed). The focus of this course is to provide instruction around assessment, and opportunities for demonstration, practice, and feedback pertaining to meeting the practice and policy requirements for this component of the Infant Safety Education and Intervention Policy.	Webinar	4.0	8.0	12.0	80.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Infant Safety: Plan of Safe Care (webinar)	The Plan of Safe Care is an element of case planning for families with infants born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, or born to a dependent youth. The Plan of Safe Care focuses on access to a network of community-based providers and support services and addresses the needs of both the infant and the family/caregiver. The focus of this course is to provide opportunities for demonstration, practice, and feedback pertaining to meeting the practice and policy requirements for this component of the Infant Safety Education and Intervention Policy.	Webinar	3.0	8.0	12.0	60.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Informing Decisions Through 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 & Webinar	3.0	3.0	3.0	18.0	Alliance Contracted Training: Dee Wilson	Social Workers & Supervisors	Statewide	75%	1/25/2022 - Training missing from previous training plan submissions
Leadership Training for Supervisors, Program Managers, and Quality Practice Specialists (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 competencies. Managing self, managing others, managing systems and managing outward are the four main themes integrated throughout this course.	Classroom & Webinar	36.0	3.0	3.0	216.0	Alliance Contracted Training: Peter Dahlin	Supervisors	Statewide	50%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Learner Centered Coaching Skills for Supervisors and Area Administrators (webinar)	Collaboration and mentorship are central tenets of leadership, and coaching provides an opportunity to help supervisors identify practice barriers that have direct impact to the children and families you serve. In this course, you will learn how to build coaching capacity into your work supervising staff. At the center of this is the Learner Centered Coaching model, which enhances practice skills and self-efficacy of DCYF supervisors. It aims to reduce trauma response in the child welfare practice environment by highlighting positive regard, cultural humility and a trauma- informed lens. This training will provide a foundational picture of how to utilize coaching in supervision. The introduction covers identification of behaviors that create a sense of psychological safety for individuals on your team, a must-have for success. The core of the training will highlight the principles of complex skill development in adults, as well as, the Learner Centered Coaching model itself, including the principles, values and behaviors that make up a "coaching stance" and the five steps of learner centered coaching. Throughout the course you will be asked to consider what you might do differently in your ongoing staff development work, and the individual skills you might be using at each step in the coaching process. The education in this training goes beyond the webinar. Before your training is complete, you will have a chance to apply this information by using handouts and reflection worksheets to consider how you will integrate coaching into your work. You will also submit a coaching plan and begin the coaching process with two of your staff members. And to encourage your long-term professional development, you will be supported after you complete the course, through individualized coaching and resources to help you develop and enhance your coaching skills as you move forward.	Webinar	15.0	4.0	8.0	180.0	Alliance	Supervisors & Area Administrators	Statewide	50%	
Mental Health: In-Depth Applications for 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	6.0	8.0	6.0	84.0	Alliance and Contractor: Mikey Kandor	Social Workers & Supervisors	Statewide	75%	
Motivational Interviewing for Child Welfare Field Staff	This training is for Field Staff that will be carrying prevention cases. In this training you will be provided both Introduction to Motivational Interviewing and Advanced Motivational Interviewing with the following learning objectives: • Recognize the stages of change to assess readiness to change • Identify how Equipoise affects the Motivational Interviewing Process • Deepen your empathy skills via strategic reflective statements • Recognize resistance talk, sustain talk and change talk • Decrease resistance and increase engagement • Differentiate the 4 processes of Motivational Interviewing • Navigating the Physics of Communication • Strategically responding to Change talk • Discover the Motivational Interviewing Coding process Social workers participating in this training will receive 20 continuing education clock hours.	Webinar	20.0	8.0	0.0	160.0	Contracted Provider: The Institute for Individual and Organizational Change	Early Implementer Social Workers (carrying prevention cases)	Statewide	75%	
Motivational Interviewing for Fidelity Coders	This training is for designated Region/Head Quarters support staff and Alliance Coachers identified to provide MI fidelity coding for prevention field staff. In this training you will be provided both Introduction to Motivational Interviewing and Advanced Motivational Interviewing with the following learning objectives: • Recognize the stages of change to assess readiness to change • Identify how Equipoise affects the Motivational Interviewing Process • Deepen your empathy skills via strategic reflective statements • Recognize resistance talk, sustain talk and change talk • Decrease resistance and increase engagement • Differentiate the 4 processes of Motivational Interviewing • Navigating the Physics of Communication • Strategically responding to Change talk • Discover the Motivational Interviewing Coding process In addition coders will learn to: • Identify the process of coding and coaching with the MICA manual • Analyze Motivational Interviewing Microskills & verbal interventions accurately • Recognize demonstrations of Motivational Interviewing intentions & strategies • Develop a tangible decision tree for using the MICA and the MICA report system Social workers participating in this training will receive 35 continuing education clock hours.	Webinar	35.0	1.0	0.0	35.0	Contracted Provider: The Institute for Individual and Organizational Change	Regional and Headquarters Support Staff & Alliance Coaches	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training					
Motivational Interviewing for Leaders	This training is for executive management, field regional leadership and Early Implementer AAs/supervisors. During this course you will learn to • Navigate difficult work scenarios by looking through a Motivational Interviewing lens • Recognize the stages of change and readiness for change • Understanding Interventions to help you steer crucial conversations Social workers participating in this training will receive 10 continuing education clock hours.	Webinar	10.0	3.0	0.0	30.0	Contracted Provider: The Institute for Individual and Organizational Change	Executive Management, Regional Field Leadership & Early Implementer Area Administrators and 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 & Webinar	2.0	2.0	6.0	16.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Permanency for Every Child	The focus of this course is on the role of the CFWS caseworker in achieving permanency for children taking into consideration how safety threats, risk factor and protective factors apply to achieving timely permanency. You will explore 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, including the conditions for return home, determining best interest and choosing alternate plans.	Classroom & Webinar	12.0	6.0	3.0	108.0	Alliance	Social Workers	Statewide	75%	
Quality Matters – Engagement for quality contact with Children and Youth	During this two-hour workshop, you will learn what characteristics make up a quality contact with children and youth during initial and on-going assessment and/or out-of-home placement, and why quality contacts matter. You will have an opportunity to watch a social worker conduct a health and safety visit with a youth, and then you will apply skills observed to a case scenario. Throughout the workshop, Alliance coaches will support the integration of quality contacts into social work practice.	Classroom & Webinar	2.0	6.0	6.0	24.0	Alliance	Social Workers, Supervisors, Area Administrators & Tribal workers	Statewide	75%	
Quality Matters – Engagement for quality contacts with Caregivers	During this two-hour workshop, you will learn what characteristics make up quality contacts with caregivers and why quality contacts matter. You will have an opportunity to watch a social worker conduct a caregiver interview, and you can then apply skills observed to a case scenario. Throughout the workshop, Alliance coaches will support the integration of quality contacts into social work practice.	Classroom & Webinar	2.0	6.0	6.0	24.0	Alliance	Social Workers, Supervisors, Area Administrators & Tribal workers	Statewide	75%	
Quality Matters – Engagement for quality contacts with Parents	During this two-hour workshop, you will learn what characteristics make up a quality contact with parents during initial and on-going assessment as well as out-of-home placement, and why quality contacts matter. You will have an opportunity to watch a social worker conduct a parent interview, and then you will apply skills observed to a case scenario. Throughout the workshop, Alliance coaches will support the integration of quality contacts into social work practice.	Classroom & Webinar	2.0	6.0	6.0	24.0	Alliance	Social Workers, Supervisors, Area Administrators & Tribal workers	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.	Webinar	7.0	6.0	3.0	63.0	Alliance Contracted Training: Cultures Connecting	Social Workers & Supervisors	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Regional Core Training	Regional Core Training (RCT) is Washington State's pre-service foundational training designed to prepare newly hired social service specialists with the basic knowledge, skills, and understanding to begin their careers in public child welfare for the State of Washington. RCT is a comprehensive training containing multiple sessions which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals. RCT consists of a cohesive developmental curriculum in which knowledge and skills are broadened and deepened. RCT provides participants with blended learning opportunities, including classroom instruction, field activities, and coaching. RCT is organized into three distinct learning modules, each with a subset of dedicated instruction; General Instruction The Population You Serve Dynamics of Child Abuse and Neglect Through the Life of a Case Safety Focused Practice Getting to Know Your Caseload Program Tailored Learning Program-Specific Assessment and Planning Managing Your Caseload 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 Critical Thinking Trauma-Informed Practice Disproportionality in Child Welfare Cultural Competency/Cultural Humility Recognizing Bias and Confirmation Bias FamLink Skills	Classroom and Webinar	320.0	24.0	0.0	7680.0	Alliance	Social Workers	Statewide	75%/50%/0%	
Right Response: Level 3	The RIGHT RESPONSE Level 3 Workshop is primarily prevention training. This 11-hour certification provides basic 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	24.0	0.0	264.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	50%	
Right Response: Level 4	With the Right Response 4 - Advanced Recertification course, you will build upon the Right Response - Level 4 lessons, where you learned proactive things to address crisis. In this course, we'll examine what you have encountered since the first course and evaluate how it has worked, further embedding and extending your knowledge. Instructors will also consult with you about your individual challenges. You can fine-tune your intervention process to become more successful. The RIGHT RESPONSE Recertification is a combination of a self-paced eLearning module followed by an instructor-led training.	Classroom	14.0	4.0	0.0	56.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	50%	
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	11.0	6.0	51.0	Alliance Contracted Training: Phoebe Mulligan	Social Workers & Supervisors	Statewide	75%	
Suicide Prevention LEARN® Training by Forefront for Workforce	LEARN is a suicide awareness training that helps participants identify and act on signs of suicide. The training was developed in the School of Social Work by noted Suicidologist, Dr. Jennifer Stuber, and is based on best practices outlined by the federal Substance Abuse and Mental Health Administration (SAMHSA). LEARN® is designed to empower individuals to help others move in the direction of hope, recovery, and survival. Presenters for this training are contracted and trained by Forefront Suicide Prevention.	Webinar	3.0	4.0	4.0	24.0	Alliance Contracted Training: Forefront	Caregivers, Social Workers & Supervisors	Statewide	75%	
Supervising for Safety: Out of Home Care (webinar)	The "Supervising for Safety" series comprises three webinars and an eLearning that aim to support supervisors in the understanding and application of assessment tools and integration of these tools into their supervision. In this training you will consider how to support your staff in preventing and responding to safety threats in out of home care, and how integrating safety framework tools may help with this process. We will review a variety of situations, from initial assessment of a prospective caregiver, to issues needing immediate response in a current placement, to low-level concerns that over time impact the quality of care. You will also learn how biases impact our ability to spot serious abuse by out of home or adoptive caregivers. Lastly, you will make plans to integrate strategies into your supervision practice that help ensure that everyone attached to a caregiving setting is gathering sufficient information to identify and respond to concerns early – increasing the chance that we prevent unsafe placements and that we intervene as early as possible when a safety threat does occur.	Webinar	3.0	4.0	4.0	24.0	Alliance	Supervisors & Area Administrators	Statewide	50%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Supervising for Safety: Remain or Return Home Decisions (webinar)	The "Supervising for Safety" series comprises three webinars and an eLearning that aim to support supervisors in the understanding and application of assessment tools and integration of these tools into their supervision. In this training, you will first identify the legal, policy and practice guidance that requires children remain home, or return home, whenever safely possible. Then, you will practice guiding a case worker in applying the safety framework tools to their case, and making a decision about whether it's safe to return a child home. You will focus in particular on the safety threshold and safety plan analysis questions, which guide safety decisions once we have sufficient information about the family and situation. You will review guidance on safety planning, and consider how your supervision can support case workers in developing strong safety plans, and monitoring these until the safety threat is no longer active. Lastly, you will make plans to integrate strategies into your supervision practice that help ensure that the safety framework is integrated into all discussions you are having on this topic. The "Supervising for Safety" series is mandatory for Area Administrators. This individual webinar is mandatory for CPS/FAR and CFWS staff.	Webinar	3.0	4.0	4.0	24.0	Alliance	Supervisors & Area Administrators	Statewide	50%	
Supervising for Safety: Removal Decisions (webinar)	The "Supervising for Safety" series comprises three webinars and an eLearning that aim to support supervisors in the understanding and application of assessment tools and integration of these tools into their supervision. In this training you will consider how the safety framework helps us make decisions about whether a child needs to be removed from their parent(s). We will also identify the legal and policy requirements that guide removal decisions. You will practice guiding a caseworker in applying the safety framework tools in their case and making a decision about whether a child needs to be removed from their home. We will focus in particular on gathering questions, and on how to support caseworkers in obtaining sufficient, relevant information before we make an assessment of whether a child is safe. Lastly, you'll consider how you can better integrate the child safety framework into your supervisory practice when approving or discussing removal decisions. The "Supervising for Safety" series is mandatory for Area Administrators. This individual webinar is mandatory for CPS/FAR and LD staff.	Classroom & Webinar	3.0	4.0	4.0	24.0	Alliance	Supervisors & Area Administrators	Statewide	50%	
Supervisor Core Training 1.1: Essential Professional Tools (Coaching)	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings and field based activities about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. You will be assigned a coach upon notification of hire to support you through the learning. Part 1.1 of this course is designed to provide you critical information needed on Day 1 in your new role. When you complete this training, you will be able to effectively use FamLink, including managing cases and approvals and using the Tickler; recognize the structure and goals of Learner Centered Coaching; use the Administrative Incident Reporting Systems; understand the scope of Aiden's Act Review; and be able to identify the components of clear documentation and your responsibilities around it. You will have reviewed your unit employees' personnel information and identified gaps; be able to describe how power influences subordinate employees and develop a plan for self-awareness and self-management. This course consists of these eLearnings: Welcome to FamLink for Supervisors, Introduction to Learner Centered Coaching, AIRS/Critical Incidents, Aiden's Act, Professional Documentation/Human Resources Division. These activities are part of this course: Personnel File Review (field-based learning activity completed prior to webinar), Everyday Leadership (video and field-based learning activity completed prior to webinar), Welcome and introduction to SCT overview with assigned coach (approximately 90 minutes)	Classroom & Webinar	8.5	65.0	65.0	1105.0	Alliance	Supervisors	Statewide	50%	
Supervisor Core Training 2: Foundations of Effective Leadership (webinar)	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. In this comprehensive and competency-based training program, you will have the opportunity to learn across multiple modalities including webinar, coaching, simulations, eLearnings and field-based activities. This lays the foundation for continuous on-the-job learning and professional development critical to your development as a competent, confident, and effective child welfare supervisor. Throughout the classes, you will learn skills that you can take right back into your work, such as how to most efficiently use your time, and you will also tackle critical-thinking-focused topics such as how to build a strong team and how to work with your staff to ensure their continued growth. At the close of Part 2 of SCT, you will be inspired and prepared to take on the challenges of this role and in a position to reap its rewards.	Classroom & Webinar	91.0	4.0	5.0	819.0	Alliance	Supervisors	Statewide	50%	

			Length per Topic	# of Sessions Planned in FY	Total FY Training						
Supervisor Core Training 3: Coaching	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. In Part 3, you will learn how to apply the Learner Centered Coaching Model in your day-to-day supervision of staff. The use of coaching supports reflective supervision and increases critical thinking skills. You will engage in a final coaching session with an Alliance coach in the sixth month of SCT. Coaching sessions can occur in 30-minute increments and are learner-driven. Once the coaching session is completed, the coach will indicate in The Learning Center that the Supervisor has officially completed SCT.	Classroom & Webinar	0.5	130.0	130.0	130.0	Alliance	Supervisors	Statewide	50%	
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.	Webinar	3.0	3.0	4.0	21.0	Alliance Contracted Training: Peter Dahlin	Supervisors, Regional Administrators & Program Managers	Statewide	50%	
Supervisor Reflective Workshops (webinar)	Coaching is an important piece of ongoing professional growth, presenting opportunities for personalized skill development and self-assessment. As a supervisor, this takes on added significance as the learnings are applicable to both you and your staff. "Supervisor Reflective Workshops" give you the chance to discuss with your peers coaching successes and barriers, helping you grow and improve. The workshops are intended to be attended after the completion of the "Learner Centered Coaching Skills for Supervisors and Area Administrators" course and support the integration of the model into supervisory practice. The sessions provide an opportunity for peer discussion around implementation of coaching with your teams. You may work through practice barriers together, or hear how coaching is applied and supports clinical supervision. Enhanced skill-development opportunities such as how to assess for identified practice barriers, the use of reflective questions, motivational Interviewing strategies/techniques, providing feedback and the use of tools in coaching will be facilitated based on feedback and requests made from each independent group. These workshops will also provide an opportunity for you to think about coaching support you may want to identify and work on with your assigned Alliance coach.	Webinar	1.0	12.0	24.0	36.0	Alliance	Supervisors & Area Administrators	Statewide	50%	
Supporting LGBTQ+ Children, Youth and Families (webinar)	This course will focus on providing information and engaging in conversation about LGBTQ+ children, youth and families. You will learn about identifying and addressing systemic institutional and personal biases when serving LGBTQ+ children, youth and families. Activities and self-reflection exercises will prepare you to return to your work and create a welcoming, safe and affirming space. Included in this training is updated terminology, resources, and current data/statistics.	Webinar	3.0	8.0	8.0	48.0	Alliance	Social Workers, Supervisors & Area Administrators	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	5.0	4.0	27.0	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	6.0	13.0	4.0	102.0	Alliance	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	2.0	10.0	144.0	Alliance	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 & Webinar	6.0	10.0	10.0	120.0	Alliance Contracted Training	Social Workers & Supervisors	Statewide	75%	

Caregiver Training											
				# of Sessions Planned in FY							
Title	Course Description	Venue	Length per Topic Area (Hrs.)	Classroom	Webinar	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes

I-LABS Module 7 – Development of Attachment (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 25-minute online module covers the following points: -Babies have a biological need for loving care. They begin forming an emotional bond with their caregivers at birth. Infants form an attachment to primary caregivers by the end of their first year. -The quality of attachment relationships is different for each child. Child and family factors can affect attachment quality. -Attachment relationships during infancy can have lasting effects on children's development. Yet, attachment quality can improve with proper support.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 8 – Attachment in Practice (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -Attachment is a dyadic relationship. This means that an attachment relationship depends on both the adult and the child. -Attachment security is on a continuum. Children's attachment behavior can be more or less secure. Their behavior depends on the caregiving they receive. -A child is more likely to form a secure attachment when her caregiver provides consistent and sensitive care.	Online	1.0	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	
I-LABS Module 9 – Sharing Attention During Early Childhood (eLearning)	All children deserve the best start in life and new scientific discoveries deepen our understanding of how to create the best environments for children. The team at I-LABS creates new and effective ways to bridge the gap between the science and the practice of learning by disseminating the latest science of child development. Our team shares the latest scientific discoveries in relevant and actionable ways with those who can best put it into practice: early learning professionals, parents, and policymakers. Partners use cutting-edge research to create evidence-based policies, practices, and programs that grow the next generation of lifelong learners. This 20-minute online module covers the following points: -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	1.0	1.0	Alliance Contracted Provider: I-Labs	Caregivers	Statewide	75%	

Infant Safety and Care for Caregivers (eLearning)	If it's been a while since you cared for an infant or if you've never cared for one before, this is the course for you. This 2.5-hour eLearning provides the basic information you'll need to care for babies ages birth to 12 months and keep them safe. You will practice identifying the infant behaviors that are the clue to understanding your baby's needs. You will then apply this knowledge with some of the fundamental tasks of infant care (holding, feeding, diapering, sleep and medical care) while considering how trauma may impact how you provide care in these areas. Finally, you will learn about elements of infant safety, including safe sleep and the Period of Purple Crying.	Online	2.5	1.0	2.5	Alliance	Caregivers	Statewide	75%	9/16/2021 - New course
Intake 1.1: Welcome to Intake (eLearning)	This is Session 1.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants will receive practical information about their main job functions, and get to practice applying many of this information. Intake staff serve as the first point of contact for community members with concerns about children, and complete the first assessments of this information to determine if and how CA may respond. These two functions are addressed and information about the role of Intake staff in assessing child safety and in educating the community is provided. The training helps new staff to understand the differences between intake types and to identify timelines associated with each. Lastly, roles and actions outside the scope of Children's Administration Intake are discussed.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 1.2: Screening in Intake and the Intake SDM Tool (eLearning)	This is Session 1.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants will learn critical information about how to make screening decisions using the standardized tools in FamLink – the sufficiency screen and the SDM for Intake. Participants will learn about the state definitions of child abuse and neglect, and the SDM Intake tool, which helps ensure accurate and consistent screening decisions for screened in CPS Intakes. During much of the training, participants will be applying what they have learned to a series of intake scenarios, and will receive feedback on their work.	Online	1.5	1.0	1.5	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 1.3: Interviewing for Assessment in Intake (eLearning)	This is Session 1.3 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This training will support you in identifying the most important information to gather from callers, and in building skills to focus and guide callers toward this important information, so the best possible screening decisions can be made.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 1.4: Disproportionality and Cultural Competence for Intake (eLearning)	This is Session 1.4 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This training will identify the problem of racial disproportionality in our state's child welfare system, focusing on disproportionality at intake. The importance of Cultural competence for intake workers is presented, and practical tips related to Intake's role in child welfare are provided. Participants will learn how they can work to best serve persons with Limited English Proficiency. Additionally, the training will provide guidance about Intake's role in complying with the Indian Child Welfare Act and in supporting early identification of children who are Native American.	Online	0.75	1.0	0.8	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF

Course	Description	Format	Col1	Col2	Col3	Provider	Audience	Region	Percent	Date
Intake 1.5: Working With Law Enforcement and Collateral Contacts at Intake (eLearning)	This is Session 1.5 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. Participants in this e-learning will learn how and why to collaborate with Law Enforcement to protect children, gather information needed for good screening decisions, and meet legal and policy requirements to share specific types of reports and information. How and why to work with medical professionals to support good screening decisions and assessments of child safety is also presented. Participants will have a chance to practice both skills and receive feedback.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 1.6: Screening Provider Related Intakes (eLearning)	This is Session 1.6 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This brief e-leaning will orient you to some basic considerations related to screening intakes which involve licensed or other state regulated facilities.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 2.1: Special Circumstances in Intake: Substance Exposed Infants (eLearning)	This is Session 2.1 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This brief e-learning will review policy and legal requirements in screening intakes regarding currently pregnant substance using mothers and infants who were exposed to substances during gestation. Participants will consider important questions to ask callers in order to gather the most relevant information, which will support good screening decisions and capture foundational information which may be used by workers who are assigned to this family now or in the future.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Intake 2.2: Special Circumstances in Intake: Domestic Violence (eLearning)	This is Session 2.2 of the Intake In-Service course, which will support new staff working at Intake to gain the knowledge and skills they need to be effective in gathering and documenting information and in screening intakes. The course is divided into three modules which occur at different times during the employee's first six months at Intake. This e-learning will help you ask the screening questions most likely to provide you with information about domestic violence if its occurring, identify domestic violence based upon the information you have gathered, consider the impact of identified domestic violence on the child's safety, and adequately document the information you obtain.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	0%	6/18/2022 - 100% TANF
Interstate Placements: Fundamentals and Your Role (eLearning)	In this course you will learn about the requirements of the Interstate Compact and Placement of Children (ICPC), including both sending children in foster care to other States, and receiving children in foster care from other States. In addition, you will learn how ICPC applies to ICWA cases. Your role and responsibilities from beginning to end are covered including the home study process, completing quarterly reports, and closing cases. Details about common violations, parent visits, and how to contact the headquarters ICPC team for support and guidance are provided.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Interviewing Parents for CFWS & FVS (eLearning)	In this eLearning participants will review the stages of an adult FVS/CFWS interview and the information they need to gather in each stage; read a case summary; and view an interview with the parents related to the case.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Interviewing Parents for CPS (eLearning)	In this eLearning participants will review the stages of an adult CPS interview and the information they need to gather in each stage; read a case summary; and view an interview with the parents related to the case.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	0%	

Introduction to Case Planning and the Structured Decision Making Risk Assessment	This eLearning covers two main components of service provision in CPS and FVS: the Structured Decision Making Risk Assessment (SDMRA) and the Case Plan. Participants will use a realistic scenario to walk through the SDMRA and a resulting case plan. Participants will learn how to target resources towards those who can benefit most using the SDMRA and then how to develop and monitor an effective case plan that moves the family toward change.	Online	1.0	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	0%	
Keys to a Successful Termination Referral (eLearning)	This training helps social workers understand the legal requirements that must be met in order for a court to terminate a parents' rights to their children. Social workers also learn to separate myths from facts in the area of termination and regarding their role in preparing and submitting a termination referral to their local Assistant Attorney General or other legal representative. A score of 80% is required to complete this course.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Mandatory Reporter Roles and Responsibilities (eLearning)	Mandatory reporters play a key role in ensuring the safety of vulnerable children. These professionals are obligated to report concerns about abuse or neglect, and this eLearning will guide you as mandated reporter through the process of identifying and documenting those concerns. This training breaks the process down into three parts: Recognize, Record and Report. Through the training, you will understand what indicators of abuse to look for; how to appropriately record and what information to have; and what happens when a report is filed. You will consider the impact of biases on reporting possible child abuse and neglect, and learn about the problem of racial disproportionality in our state's child welfare system. The training also covers the federal requirement of identification of Indian heritage and affiliation with federally recognized tribes. At the conclusion of the training, you will feel confident in understanding your role in keeping children safe.	Online	0.75	1.0	0.8	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	0%	6/18/2022 - 100% TANF
Medication Management and Administration (eLearning)	This eLearning covers the correct way to administer, log, store, and dispose of medications. In addition, this eLearning will provide information/protocol to revise agency policies and procedures with current information and best practice.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	50%	
Medication Management and Administration for Caregivers (eLearning)	This eLearning covers the correct way to administer, log, store, and dispose of medications. In addition, this eLearning will provide information/protocol to revise agency policies and procedures with current information and best practice.	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	50%	12/13/2021 - Course available in English and Spanish
Multi-Ethnic Placement Act: What Caregivers Need to Know (eLearning)	This training focuses on a law that mandates that race, culture, or ethnicity may not be used to prevent a child from being placed in a particular home, nor can it be used to delay the placment of a child.	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	75%	
NAIR: Creating and Monitoring Your Native American Inquiry Request (eLearning)	This in-service level training will teach participants the steps for identifying Indian Children, address practical steps to input information into FamLink, and give CA staff tips on completing Ancestry Charts and submitting referrals to the Native American Inquiry Request (NAIR) unit to fulfill the requirements of the Federal ICWA, State Law and CA policies.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Paquete de Herramientas para Denunciadores de Abuso Infantil por Mandato	Las personas que toman este curso digital aprenderán sobre su rol como denunciadores de abuso por mandato cuando se sospecha abuso o negligencia infantil y los pasos para reportar estas preocupaciones. Este entrenamiento provee información sobre los indicadores que pueden indicar que abuso o negligencia infantil está ocurriendo y las situaciones comunes que en que es necesario llamar a la agencia correspondiente para hacer una denuncia. Las personas tomando este curso también aprenderán a considerar el impacto de los prejuicios culturales cuando se hacen estas denuncias y el problema de disparidad racial representada en el sistema. También este curso explica los requisitos federales para reconocer el linaje de un niño/a con una tribu indígena o su afiliación a una tribu reconocida federalmente. Finalmente, este curso también repasa los pasos para comunicarse con la Administración de Protección Infantil y hacer una denuncia, la información que se necesita, y lo que ocurre una vez que la denuncia ha sido hecha e investigada.	Online	0.75	1.0	0.8	Alliance	Caregivers, Social Workers, Supervisors & Area Administrators	Statewide	0%	6/18/2022 - 100% TANF

Parenting a Native American Child: Partnering in the Interest of Culture for Caregivers (eLearning)	This 3-hour eLearning provides Caregivers with an introduction to the Indian Child Welfare Act (ICWA), tribal sovereignty and the impacts on foster parenting. The Indian Child Welfare Act obliges child welfare agencies and caregivers to take certain steps to protect and preserve the rights and cultural and familial connections of children covered by the act. For non-Federally recognized tribes (and in other circumstances), Washington State enacted policy related to Local Indian Child Welfare Advisory Committees (LICWACs) to staff tribal cases and these impacts and supports are also discussed. This training explores the legal, historical, and social biases which have impacted and continue to have a disproportionate impact on Native American children and families. Caregivers will review basic information and skills needed to work with families and children who are covered under ICWA and LICWAC. The State of Washington's legal and policy guidelines around placement and permanency preferences for children covered by ICWA and LICWAC are explored, as well as the various manners in which Tribes can take jurisdiction or chose to otherwise be involved in Child Welfare cases. Skills and resources are also discussed to help caregivers support and develop a child's cultural identity and tribal connection.	Online	3.0	1.0	3.0	Alliance	Caregivers	Statewide	75%	
Permanency Considerations (eLearning)	This course will provide participants with an overview of permanency planning for children in out of home care. This course will focus on the differences and similarities of adoption, guardianship and non-parental custody as concurrent plans. Participants will explore personal bias, how it influences their professional decision-making, and how to counter bias in making permanency decisions that reflect the best interest of children. All permanency options are explored and a case scenario will help participants understand the multiple factors to consider in determining the child's best interest and best alternate plan. ***Supervisors: This eLearning may be completed individually or as a group during a unit meeting. If the eLearning is completed as a group, be sure to contact an Alliance coach to input completion of the eLearning training in LMS for all participants. Supervisors may use the "Supervisors Guide to Permanency Considerations eLearning" available here to promote a permanency discussion after caseworkers have taken the eLearning. (this is an optional activity)	Online	1.0	1.0	1.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Pregnant and Parenting Youth for Caregivers (eLearning)	This eLearning focuses on how caregivers can best support and care for pregnant and parenting youth (and their children) who are living in foster care. Participants will identify their roles and responsibilities and determine what they are able and willing to do. They will also gather information about supports, resources and partnering with the other members of the child welfare team.	Online	1.5	1.0	1.5	Alliance	Caregivers	Statewide	75%	
Pregnant and Parenting Youth for DCYF staff (eLearning)	This course focuses on the successful transition of pregnant and parenting youth involved with child welfare, and covers specific case management activities. You will learn about your role and responsibilities to provide information to pregnant and parenting youth, including the Pregnant and Parenting Teen Guidebook and tip sheets (DSHS #22-1536), and utilizing a Shared Planning Meeting to identify services and community resources.	Online	2.0	1.0	2.0	Alliance	Social Workers & Supervisors	Statewide	75%	
Preparing Youth for Transitioning to Adulthood (eLearning)	As a caregiver you play a key role in helping youth in your care transition into adulthood. During this course you will review the impact of childhood trauma on foster youth. You will explore the rights of youth in care and recognize your responsibilities for insuring those rights are met. You will explore ways to engage youth in conversations and activities in your home and community to develop life skills for launching into adulthood.	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	75%	
Prudent Parenting (eLearning)	This elearning on Prudent Parenting is for both Caregivers and Social Workers. This training discusses the parenting decisions that fall to the Caregiver according to the Prudent Parent Law, provides a few additional considerations when making prudent parenting decisions for children in care, and presents several scenarios that address frequently asked questions related to the Prudent Parent Law.	Online	0.75	1.0	0.8	Alliance	Caregivers & Social Workers	Statewide	75%	

Random Moment Time Study (RMTS) Roles and Responsibilities for DCYF Coord. (eLearning)	As a coordinator for the Random Moment Time Study (RMTS), you will learn key elements needed to support local offices with technical and program support. You will be able to identify your significant role and responsibilities in the RMTS process and how to locate notifications, determine proper coding for tasks completed during the sample and properly document associated details into FamLink.	Online	0.5	1.0	0.5	Alliance	Social Workers & Support Staff	Statewide	50%	
Random Moment Time Study (RMTS) Roles and Responsibilities for DCYF Staff	Following this eLearning you will be able to define the key elements in Random Moment Time Study (RMTS) and the role it plays in the agency's work, as well as, your role and responsibility in completing the study. You will learn how to locate the RMTS notifications, determine proper coding for tasks completed during the sample, and properly document associated details into FamLink.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Relative Home Studies	This eLearning will help learners understand the process for assessing the suitability of prospective unlicensed caregivers and when to initiate a home study.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Relative Search for Caregivers (eLearning)	When a child is in need of out-of-home care, the Department should be actively seeking placement of children with relatives. The goal of this training is to help Caregivers understand the process as it impacts placements and long-term permanency.	Online	0.5	1.0	0.5	Alliance	Caregivers	Statewide	75%	9/16/2021 - Course available in English and Spanish
Relative Search: Creating and Monitoring Your Request (eLearning)	This training will teach the participant the steps to initiate and monitor efforts completed by the Relative Search unit. When a child is in need of out of home care, the Department should be actively seeking placement of children with relatives. The centralized Relative Search unit assists staff to locate and identify relatives and this training will help staff learn about the process, required forms and how to gather detailed information from FamLink.	Online	0.5	1.0	0.5	Alliance	Social Workers & Supervisors	Statewide	75%	
Right Response 3 (Elements+) Recertification	With the Right Response 3 - Elements+ Recertification course, you will build upon the Right Response – Level 3 lessons, where you learned proactive things to address crisis. In this course, we'll examine what you have encountered since the first course and evaluate how it has worked, further embedding and extending your knowledge. Instructors will also consult with you about your individual challenges. You can fine-tune your intervention process to become more successful. The RIGHT RESPONSE Recertification is a combination of a self-paced eLearning module followed by an instructor-led training.	Online	2.5	1.0	2.5	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	50%	9/16/2021 - Course description updated
Right Response 4 Recertification	When you first attend a Certification Workshop, we tell you what you should be doing to address crisis proactively. But when you return for recertification, we ask, "What have you been doing and how has it been working?" The Recertification curriculum is not just a rehash of the certification workshop but is designed to further embed and extend your original learning. Instructors provide consultation on addressing your particular challenges. With the RIGHT RESPONSE Workshop Recertification Workshop, you can fine-tine your intervention process in order to become more successful. To qualify for a Recertification Workshop, you need a current certification in Right Response 4 or it has been no more than 90 days since your certification expired. After the 90-day Grace Period, you need to attend a Certification Workshop in order to gain a current certification again. You must bring your Right Response Workbook. Right Attendees that complete the workshop receive a 1 year certification.	Online	3.0	1.0	3.0	Alliance	Social Workers, Supervisors & Area Administrators	Statewide	50%	9/16/2021 - Course description updated

Course	Description	Type								Notes
Right Response Elements+ (eLearning)	The RIGHT RESPONSE Elements+ course is designed for staff who support individuals with identified behavioral challenges but minimal aggression risks, as well as those staff who have more opportunity or influence with those they support. Focus is on proactive strategies to manage the individual's environment and provide positive behavior support to avoid the need for physical safety techniques. Note: Basic Physical Safety Skills is not included in this course. You will learn the cycle of risk management and response, which includes prevention strategies, de-escalation techniques and post-crisis follow-up. Topics include: Prevention, stress, and self-care, De-escalation process and postvention, Proactive environments, Effects of Trauma, Positive Behavior Support, Motivational Model for de-escalation, Re-stabilization, Postvention teaching, Cycle of reflecting. The RIGHT RESPONSE Elements+ Workshop combines a 3-hour self-paced online learning with a 6-hour instructor-led discussion and training.	Online	3.0	1.0	3.0	Alliance	Social Workers	Statewide	75%	
Service Referral: An Introduction (eLearning)	This course provides instruction on using the service referral tool in the FamLink case management system for both social workers and fiduciaries. Step by step guidance walks through the steps necessary to launch the referral, provide customized details and instructions for the authorization of payments	Online	0.25	1.0	0.3	Alliance	Social Workers	Statewide	75%	
Services: How to Prevent Placement and Promote Reunification of Children (eLearning)	This course is designed to teach social workers how to identify the service needs of families when trying to prevent out-of-home placement or to support reunification. Working through scenarios social workers actively engage in the decision-making process for appropriate services. Workers will learn the fundamentals of the referral process, engagement with providers and families as well as documentation.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	75%	
So You Have Your First Placement...Now What? (eLearning)	Everything you need to know about agency processes: • Procedures and paperwork • Meetings and court proceedings • Allegations and investigations • Miscellaneous information This class will help you to be familiar with your regional paperwork and policies. This is an excellent class for both new and experienced caregivers.	Online	3.0	1.0	3.0	Alliance	Caregivers	Statewide	75%	9/16/2021 - Course available in English and Spanish
Structured Decision Making and Risk Assessment (eLearning)	Following successful completion of this elearning course, participants will understand the purpose of the Structured Decision Making-Risk Assessment (SDM-RA), and how it provides a framework for consistent decision making as well as a way to target in-demand resources toward those who can benefit most. Participants will understand the definition of each SDM-RA question, its application, and the procedures for completing this tool. This course incorporates numerous types of media through video, audio, images, and scenario application in order to enhance the transfer of learning. A score of 80% is required to complete this course.	Online	1.0	1.0	1.0	Alliance	Social workers	Statewide	75%	
Supervising for Safety: Decision Making Tools for Supervisors (eLearning)	The Child Safety Framework and the Structured Decision Making Risk Assessment are the tools that should guide caseworkers in making their most important decisions. Both tools aim to improve critical thinking and objective decision making, and ultimately to help DCYF correctly identify what level of intervention – from placement out of the home to providing referrals and case closure – is the most appropriate for each child and family. As a supervisor, you must understand these tools, but you also have a responsibility to integrate the tools into your supervision. This eLearning aims to strengthen your understanding by providing an overview of each of these tools. It also asks initial questions about how you might continue to integrate these tools into your work within your unit.	Online	1.0		0.0	Alliance	Supervisors & Area Administrators	Statewide	50%	

Course	Description		Hrs				Audience			
Supervisor Core Training 1.1: Essential Professional Tools (eLearning)	Supervisor Core Training provides the foundation for effective supervisory practice in the child welfare system. This program will prepare you to become comfortable in assuming your new role through learnings and field based activities about what it means to be a supervisor in the child welfare system and understanding the new responsibilities of this position. You will be assigned a coach upon notification of hire to support you through the learning. Part 1.1 of this course is designed to provide you critical information needed on Day 1 in your new role. When you complete this training, you will be able to effectively use FamLink, including managing cases and approvals and using the Tickler; recognize the structure and goals of Learner Centered Coaching; use the Administrative Incident Reporting Systems; understand the scope of Aiden's Act Review; and be able to identify the components of clear documentation and your responsibilities around it. You will have reviewed your unit employees' personnel information and identified gaps; be able to describe how power influences subordinate employees and develop a plan for self-awareness and self-management. This course consists of these eLearnings: Welcome to FamLink for Supervisors, Introduction to Learner Centered Coaching, AIRS/Critical Incidents, Aiden's Act, Professional Documentation/Human Resources Division. These activities are part of this course: Personnel File Review (field-based learning activity completed prior to webinar), Everyday Leadership (video and field-based learning activity completed prior to webinar), Welcome and introduction to SCT overview with assigned coach (approximately 90 minutes)	Online	7.0	1.0	7.0	Alliance	Supervisors	Statewide	50%	
Understanding Autism: Reflections and Insights From Parents and Professionals (eLearning)	The University of Washington Research in Early Autism Detection and Intervention Lab (READi Lab) focuses on conducting research related to early identification and intervention for children with Autism Spectrum Disorder (ASD), which is also referred to as autism. The UW READi Lab has developed this online course which offers: "…compassionate, practical information that is based on the latest scientific knowledge as well as the experiences of parents who have 'been there'." "This course is designed especially for caregivers of newly diagnosed children, and provides helpful tips and strategies for the journey that lies ahead." This course is also helpful for child welfare staff who need more information about children who may have Autism Spectrum Disorder. This course includes five chapters: • Welcome • Chapter One: Understanding the Diagnosis (Approximately 12 minutes) • Chapter Two: Voices of Experience: Caring for Yourself and Your Family (Approximately 10 minutes) • Chapter Three: Finding Help for Your Child (Approximately 11 minutes. Provides Washington State Resource Information.) • Chapter Four: Setting Up a Treatment Program (Approximately 22 minutes) • Chapter Five: Voices of Experience: The Long View (Approximately 6 minutes)	Online	1.0	1.0	1.0	Alliance	Caregivers & Social Workers	Statewide	75%	
Understanding Child Maltreatment - ALJ	In this course you will learn basics related to physical abuse, neglect, and sexual abuse – including what dynamics often accompany each type of maltreatment, how they are commonly identified, and the legal definitions used in the state of Washington. You will then consider chronic maltreatment, defined by children experiencing multiple types of abuse or neglect across time, and look at the dynamics that often accompany chronic maltreatment. Lastly you will consider information about equity, culture, historical and current disproportionality in child welfare systems as they respond to reports of concern. We will end learning how community systems can both support DCYF and hold it accountable in its goal to provide helpful, relevant and equitable supports to families and children.	Online	3.0	1.0	3.0	Alliance	Judicial Personnel	Statewide	75%	12/13/2021 - New course

Working With Clients With Limited English Proficiency (eLearning)	In this course, participants learn the policies, procedures and best practices for using interpreter and translation services when working with CA clients with limited English proficiency. Participants learn how interpreter services assist in helping families achieve permanency by enhancing communication between families and the social worker. Participants also learn how to appropriately and accurately document the use of interpreter and translation services for LEP clients in FamLink, as well as how to navigate the CA Intranet to identify LEP tools and resources in order to best meet the language and communication needs of clients.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	75%	
Working with People who are Deaf or Hard of Hearing: Culture and Communication (eLearning)	In this eLearning you will learn about the spectrum of Deaf, deaf and hard of hearing culture and how people's culture and identity impacts their communication. In addition, you will learn about assistive communication technology and how to access these devices, setting up an environment that is conducive to communication with the deaf or hard of hearing person. You will explore ways to engage with an interpreter to support positive and productive communication when a person's primary language is sign language. If the person you are working with has a severe hearing loss and requires C.A.R.T interpretation services or an axillary listening device to support communication, you will learn how to recognize and access the needed supports. By the end of the eLearning you will understand DCYF expectations when working with clients with disabilities under the Americans with Disabilities Act and DCYF Administrative Policy 6.03: Access to Services for Individuals with Disabilities.	Online	1.5	6.0	9.0	Alliance	Child Welfare staff including support staff	Statewide	75%	12/13/2021 - New course This course is mandatory for child welfare staff, including support staff. Licensing and Juvenile Rehabilitation staff are strongly encouraged to complete.
Your Role in the Child Welfare System Part 1 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Your Role in the Child Welfare System Part 2 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Your Role in the Child Welfare System Part 3 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	0.5	1.0	0.5	Alliance	Social Workers	Statewide	75%	

Your Role in the Child Welfare System Part 4 (eLearning)	This 4-part eLearning series provides an interactive, deeper dive, into the roles and responsibilities of the major programs within DCYF; CPS Investigations and CPS Family Assessment Response, Family Voluntary Services, and Child and Family Welfare Services. Participants will have an opportunity to review the flow of a case and better understand the structure of DCYF offices and the roles of those who work around them. Finally, participants will walk through the basic parts of their job as CPS, FVS, or CFWS workers, including which policies and laws often guide their choices. This eLearning is offered in four distinct modules: In this module, you'll: Identify the role of child welfare in Washington State. Better understand the basic organizational structure of DCYF Child Welfare. Feel more confident in your understanding of your role within the child welfare system.	Online	1.0	1.0	1.0	Alliance	Social Workers	Statewide	75%	
Youth Missing from Care for Caregivers (eLearning)	This 1 hour in-service eLearning is designed to provide caregivers with the information needed to identify, support, and intervene with youth who are living in care and are at risk of running away. Caregivers will learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of them running. Legal and procedural requirements are presented so caregivers can successfully partner with Social Service Specialists and understand what steps to take when a youth is missing from care, and when they return. Caregivers will learn how to participate with youth and Social Service Specialists in the development of a Run Prevention Plan for youth identified as being at risk of running, and a Returning Child De-briefing to assess the youth's immediate needs upon their return to care.	Online	1.0	1.0	1.0	Alliance	Caregivers	Statewide	75%	
Youth Missing from Care for Workforce (eLearning)	Participants learn the characteristics associated with youth who are at risk for running away, and key strategies to reduce the likelihood of running behavior. Policy and procedural requirements are presented. The components of a Run Prevention Plan are covered, as well as the fundamentals of conducting a debriefing meeting to assess the youth's immediate needs upon their return.	Online	1.5	1.0	1.5	Alliance	Social Workers & Supervisors	Statewide	75%	

Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions Planned in FY	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Adoptions	Participants will learn and practice skill in Comprehensive 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.	Virtual Classroom, E-Learning & Immersive Learning	5.0	12.0	60.0	DCYF IT TechTrainer/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	24.0	24.0	DCYF IT TechTrainer/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	24.0	24.0	DCYF IT TechTrainer/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 or provider. Tips and troubleshooting is explored. Participants will learn and practice basic intake/screening workflow in the context of answering a call from a community member with a child welfare concern.	Virtual Classroom, E-learning & Immersive Learning	5.0	72.0	360.0	DCYF IT TechTrainer/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.	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer/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.	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer/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.	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer/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	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer/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.	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer/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.	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer/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.	Virtual Classroom	2.5	2.0	5.0	DCYF IT TechTrainer/Coach	State Auditor's Staff	Headquarters	75%	6/30/2022 - FFP changed from 50% to 75% per email from Nadia Nijim
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	72.0	32.4	DCYF IT TechTrainer/Coach	New CA FamLink Users Supervisors	Statewide	75%	

Course	Description	Delivery	Hours1	Hours2	Hours3	Trainer	Audience	Location	%	Notes
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.	Virtual Classroom	16.0	3.0	48.0	DCYF IT TechTrainer/Coach	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	6.0	24.0	DCYF IT TechTrainer/Coach	CHET Screeners	Online	75%	
Clerical	Participants will learn and build skill in basic FamLink navigation, all search functions, launching court reports, accessing and entering legal, fiduciary, Payment Program (SSPS) and entries, and payments. Participants will learn and practice using Modis, accessing and entering case note and updating maintain case page.	E-Learning	3.0	24.0	72.0	DCYF IT TechTrainer/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.	Virtual Classroom, E-Learning & Immersive Learning	2.5	12.0	30.0	DCYF IT TechTrainer/Coach	New CA FamLink Users	Statewide	75%	
Comprehensive Family Assessment and Court Report	Using real life scenarios participants will learn how to enter case notes, the Comprehensive Family Assessments, court reports, Family Team Decision Meetings, Permanency/Concurrent Planning Review meetings, Annual Permanency Reviews and 17 and ½ yrs. staffings, Child Protection Team meetings and Local Indian Child Welfare Advisory Committee meetings. The course will cover how to access and review payments and services. Participants will learn how to do Child in Need of Services filings. Participants will learn safety, risk, family strengths and needs and reunification assessments and documenting in FamLink. The course will teach knowledge and skill building in Youth at Risk and CSEC Assessments.	Virtual Classroom, E-Learning & Immersive Learning	5.0	50.0	250.0	DCYF IT TechTrainer/Coach	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.	Virtual Classroom, E-Learning & Immersive Learning	2.5	50.0	125.0	DCYF IT TechTrainer/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.	Virtual Classroom	2.5	3.0	7.5	DCYF IT TechTrainer/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.	Virtual Classroom, E-Learning & Immersive Learning	5.0	12.0	60.0	DCYF IT TechTrainer/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.	Virtual Classroom, E-Learning & Immersive Learning	2.5	30.0	75.0	DCYF IT TechTrainer/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.	Virtual Classroom, E-Learning & Immersive Learning	5.5	50.0	275.0	DCYF IT TechTrainer/Coach	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	6.0	1.8	DCYF IT TechTrainer/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	1.0	0.3	DCYF IT TechTrainer/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.	Virtual Classroom	27.0	72.0	1944.0	DCYF IT TechTrainer/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.	Virtual Classroom & E-Learning	1.5	12.0	18.0	DCYF IT TechTrainer/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.	Virtual Classroom	16.0	3.0	48.0	DCYF IT TechTrainer/Coach	CATS Coaches & Trainers	CATS Office Spokane	75%	6/30/2022 - FFP changed from 50% to 75% per email from Nadia Nijim
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	0.5	1.0	0.5	DCYF IT TechTrainer/Coach	New CA FamLink Users	Online	75%	

Course	Description	Delivery Method				Trainer	Audience	Location	%	Notes
ICW	Participants will learn and build skill in basis navigation in FamLink and accessing and entering Case notes, updating the maintain person page and documenting ICW active efforts. This course can be tailored to the needs of both SSS and Tribal Social Services as well at their level of access to FamLink.	Virtual Classroom & E-Learning	1.0	72.0	72.0	DCYF IT TechTrainer/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.	Virtual Classroom	2.5	6.0	15.0	DCYF IT TechTrainer/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.	Virtual Classroom, E-Learning & Immersive Learning	8.5	12.0	102.0	DCYF IT TechTrainer/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.	Virtual Classroom & Virtual Classroom	4.0	72.0	288.0	DCYF IT TechTrainer/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.	Virtual Classroom, eLearning & Immersive Learning	5.5	50.0	275.0	DCYF IT TechTrainer/Coach	New CA FamLink Users	Statewide	75%	
Legal	Participants learn and practice creating a legal action and legal results for every dependency and permanency review hearing. Along the Child Welfare continuum of care, They learn and practice generating caregiver report to the court notices, termination referrals, and compelling reasons to file or not file; aggravated circumstances. They will understand that termination applies to the parent and not to the child. They will understand FamLink fields and mapping to important auto population documents for legal.	Classroom, eLearning & Immersive Learning	5.0	72.0	360.0	DCYF IT TechTrainer/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 be	Classroom, eLearning & Immersive Learning	2.5	72.0	180.0	DCYF IT TechTrainer/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.	Virtual Classroom, eLearning & Immersive Learning	5.5	12.0	66.0	DCYF IT TechTrainer/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	Virtual Classroom, eLearning & Immersive Learning	2.0	72.0	144.0	DCYF IT TechTrainer/Coach	All CA Line Staff and Supervisors	Statewide	75%	6/30/2022 - FFP changed from 50% to 75% per email from Nadia Nijim
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.	Virtual Classroom & eLearning	1.0	72.0	72.0	DCYF IT TechTrainer/Coach	Foster Parents & Relative Caregivers	Statewide	75%	6/30/2022 - FFP changed from 50% to 75% per email from Nadia Nijim
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	Virtual Classroom, eLearning & Immersive Learning	5.0	48.0	240.0	DCYF IT TechTrainer/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.	Virtual Classroom & eLearning	12.0	18.0	216.0	DCYF IT TechTrainer/Coach	New FamLink Users	Statewide	75%	
Relative/Fictive Kin Search	Participants will learn in-depth information and skill in searching internal and external sources for relatives and documenting relative information in FamLink. Entering and accessing Case notes is taught and practices.	eLearning	1.0	1.0	1.0	DCYF IT TechTrainer/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.	Virtual Classroom & Immersive Learning	4.0	12.0	48.0	DCYF IT TechTrainer/Coach	Help Desk, Administrators, Trainers & Super Users	Statewide	75%	6/30/2022 - FFP changed from 50% to 75% per email from Nadia Nijim
Service Referral	Participants will understand the parameters of services referrals and setting up authorizations for services for families and children in FamLink. They will learn how to enter and requests and view payments and tracking. Course will teach skills in file uploading and approval.	eLearning	0.5	1.0	0.5	DCYF IT TechTrainer/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 Evidence	Virtual Classroom	1.0	50.0	50.0	DCYF IT TechTrainer/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.	Virtual Classroom, eLearning & Immersive Learning	4.0	6.0	24.0	DCYF IT TechTrainer/Coach	Fiduciaries	Statewide	75%
Title IV-E Tribes	Participants will learn and build skill in basic FamLink navigation and all search functions.	Virtual Classroom	2.5	6.0	15.0	DCYF IT TechTrainer/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	Virtual Classroom, eLearning & Immersive Learning	12	72.0	864.0	DCYF IT TechTrainer/Coach	FamLink Users	Statewide	75%

Conferences & Other Trainings											
				# of Sessions Planned in FY		**Total FY**					
Title	**Course Description**	**Venue**	**Length per Topic Area (Hrs.)**	**Classroom**	**Webinar**	**Training Hours**	**Provider**	**Audience**	**Location**	**IV-E**	**Notes**
ABA National Interdisciplinary Parent Defense Conference ABA National Parent Representation Conference (Alternating years)	In alternating years the ABA provides training for Parent Representation attorneys nationwide. Conferences include presentations on a broad range of topics, e.g. racial disproportionality in the child welfare system; working with clients in crisis; building an effective multi-disciplinary defense team; advocating for parents with disabilities; ethical obligations and mandated reporting, etc.	Conference (in-person)	12.0	1.0	0.0	12.0	National Alliance for Parent Representation and the American Bar Association (ABA) Center on Children & the Law	Family defense providers throughout the U.S., including OPD managing attorneys and contracted attorneys, social workers, and their defense team for parents in dependency / termination cases	National & statewide participation	75%	7/20/2022 - 45 CFR 1356.60 authorizes Title IV-E 75% reimbursement for training for legal representation of parents and children. OPD will provide agendas to document that training topics are consistent with the requirements of 45 CFR 1356.60 and CW Policy Database - Section 8 Policy Questions & Answers (hhs.gov), specifically Question 8.1H(8).
Association of Administrators of the Interstate Compact on Adoption and Medical Assistance (AAICAMA)	The conference will include ICAMA. What's expected and everything you need to know about ICAMA and the vital role it plays in securing and ensuring the receipt of adoption & guardianship benefits. NCAP will provide a broad range of information, resources, consultation and multidisciplinary services on adoption, foster care and child welfare. Federal legislative updates on the effects of the sunset provision and other legislation bearing on both adoption assistance populations and legislative concerns. Medicaid 101 - Training will cover the provision of Medicaid for the Title IV-E Adoption Assistance Programs	Conference	24.0	1.0	0.0	24.0	Various	Social Workers & Supervisors	Location varies annually	75%	6/18/2022 - RMTS Base 590/592/593
Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) Annual Conference	The annual conference will include national ICPC Training, both Beginner's Track, Intermediate/Advanced Track, and NEICE training. Federal and Congressional Updates - States will receive updates regarding Title IV-E and Title IV-B programs related to Fostering Connections. In depth review and discussion of ICPC, child welfare and health and human services policies and programs which impact ICPC, interstate placements and children, youth and families. There will be a session on elevating ICPC to improve performance and outcomes throughout State Government and ICPC roundtables.	Conference	32.0	1.0	0.0	32.0	Various	Social Workers & Supervisors	Location varies annually	75%	6/18/2022 - RMTS Base 590/592/593
National Child Welfare Law NACC Conference	Gathering together professionals from the fields of law, medicine, mental health, immigration, education, and more. Over the course of several days, these leading experts expand attendees' understanding of child welfare law and its intersection with other fields, providing them with practical tools, sample motions, and checklists to help further their practice and achieve the best possible outcomes for children and families. An opportunity to come together with fellow advocates to learn, to network, and be inspired to take advocacy to the next level.	Conference	24.0	1.0	0.0	24.0	National Association of Counsel for Children	Legal and Policy Staff	Location varies annually	75%	7/20/2022 - Direct training costs are allocated through a cost allocation Base, based on the approved Training Plan via DCYF's cost allocation system, which allocates costs to the appropriate fund source based on the employee position type. Those costs allocated to IV-E will be claimed at the approved training FFP rate. Costs incurred for travel, lodging and other non-direct training expenses will be allocated based on the employee's payroll coding and therefore, will allocate the costs based on the approved cost allocation methodology identified in the Public Assistance Cost Allocation Plan.

			Length per Topic	# of Sessions Planned in FY		Total FY					
National Child Welfare Law NACC Conference	Gathering together professionals from the fields of law, medicine, mental health, immigration, education, and more. Over the course of several days, these leading experts expand attendees' understanding of child welfare law and its intersection with other fields, providing them with practical tools, sample motions, and checklists to help further their practice and achieve the best possible outcomes for children and families. An opportunity to come together with fellow advocates to learn, to network, and be inspired to take advocacy to the next level.	Conference	24.0	1.0	0.0	24.0	National Association of Counsel for Children	Legal and Policy Staff	Location varies annually	75%	7/20/2022 - Direct training costs are allocated through a cost allocation Base, based on the approved Training Plan via DCYF's cost allocation system, which allocates costs to the appropriate fund source based on the employee position type. Those costs allocated to IV-E will be claimed at the approved training FFP rate. Costs incurred for travel, lodging and other non-direct training expenses will be allocated based on the employee's payroll coding and therefore, will allocate the costs based on the approved cost allocation methodology identified in the Public Assistance Cost Allocation Plan.
National Conference of State Legislatures – Legislative Summit	The annual NCSL summit is attended by state (and international) legislators, legislative staff, other government officials, state agency legislative staff, business representatives, educators and others interested in public policy. The summit is the largest and most substantive meeting of its kind in the nation. Sessions are non-partisan and range in topics that state legislatures and state agencies are grappling with. The Legislative Summit features more than 100 sessions and nationally renowned experts present on the most critical state issues. This year state issues being presented specific to Education, Early Learning, Human Services, and Juvenile Justice include: The Effects of Benefit Cliffs; Navigating Criminal Justice Reform; Rural Economies; Family First Prevention Services Act; Holistic Approaches to Child Support, Fatherhood and Employment; State Revenue Disrupters; Evidence-based Policymaking; Being School Ready Starts Early.	Conference	32.0	1.0	0.0	32.0	National Conference of State Legislatures	Legislators, legislative staff, and state employees who do legislative work	Location varies annually	50%	7/20/2022 - Direct training costs are allocated through a cost allocation Base, based on the approved Training Plan via DCYF's cost allocation system, which allocates costs to the appropriate fund source based on the employee position type. Those costs allocated to IV-E will be claimed at the approved training FFP rate. Costs incurred for travel, lodging and other non-direct training expenses will be allocated based on the employee's payroll coding and therefore, will allocate the costs based on the approved cost allocation methodology identified in the Public Assistance Cost Allocation Plan.
Passport to College Summit	Washington State's Passport to College Promise Program is designed to strengthen the post-secondary pipeline for current and former foster youth. The annual conference offers the 50 state colleges participating in the program, community-based organizations, government agencies, and policy makers the opportunity to provide cross system training, share best practices and develop strategic relationships aimed at strengthening the post-secondary pipeline.	College or University	8.0	1.0	0.0	8.0	DCYF, WSAC, Treehouse, CSF, Casey Family Partners	Social Workers, School Counselors, Caregivers, Community Partners, CASA, Higher Education Professionals	Location varies annually	75%	6/18/2022 - RMTS Base 590/592/593
Washington State Children of the Incarcerated Conference	OPD, the Washington Defender Association, and the University of Washington host a conference that addresses the unique challenges of representing incarcerated parents involved in dependency and termination cases.	Conference	6.0	1.0	0.0	6.0	University of Washington; Washington Defender Association; Washington State OPD	OPD contracted attorneys and defense social workers for parents involved in dependency / termination cases	Statewide	75%	7/20/2022 - 45 CFR 1356.60 authorizes Title IV-E 75% reimbursement for training for legal representation of parents and children. OPD will provide agendas to document that training topics are consistent with the requirements of 45 CFR 1356.60 and CW Policy Database - Section 8 Policy Questions & Answers (hhs.gov), specifically Question 8.1H(8).

			Length per Topic	# of Sessions Planned in FY		Total FY					
Washington State OPD Parent Representation Program Family Defense Conference	OPD provides multidisciplinary training for its contracted attorneys, social workers, and their defense teams. Presentations include a broad range of topics related to dependency/termination legal practice and representation of parents in these cases. OPD training is approved by the Washington State Bar Association for Continuing Legal Education (CLE) credits, including credits for mandatory legal ethics training.	Conference (in-person)	12.0	1.0	0.0	12.0	Washington OPD	OPD contracted attorneys, social workers, and their defense teams for parents involved in dependency / termination cases	Statewide participation	75%	7/20/2022 - 45 CFR 1356.60 authorizes Title IV-E 75% reimbursement for training for legal representation of parents and children. OPD will provide agendas to document that training topics are consistent with the requirements of 45 CFR 1356.60 and CW Policy Database - Section 8 Policy Questions & Answers (hhs.gov), specifically Question 8.1H(8).
Administrative Professionals Conference	Administrative professionals from Department of Children, Youth, and Families will come together to learn how to strengthen their skills and discuss current practice. Sessions are pertinent to the daily work you do in offices across the organization.	Conference	9.0	1.0	0.0	9.0	Various	Administrative Professionals	Webinar	50%	6/18/2022 - Moved from Workforce Training tab
Agile Project Management Approaches	In traditional project management, we tend to make assumptions: the customer knows precisely what they want, or the team's workflow and tasks will go according to plan and in sequence. Practically speaking, this is rarely the case. Sometimes the customer doesn't know what they need until they see an early iteration of your team's work and can provide feedback. Because of this, work is usually done incrementally. We must build flexibility, even agility, into the model in order to succeed. This course is designed for project managers who want to get better practical results with adaptive approaches to projects. Students in this course will be most successful if they have a foundational understanding of traditional project management tools and processes including project networks, budgets and schedules. • Apply lean principles in the project management arena • Recognize how lean principles complement and "right size" project management concepts • Relate lean to agile concepts • See why scrum and extreme are implementations of lean • Determine how the characteristics of a project dictate the right structure for project planning, management, and control	Online	10.0	1.0	0.0	10.0	eCornell	DCYF Staff	Statewide	50%	6/18/2022 - Moved from Workforce Training tab
Area Administrators Summit	Area Administrators from Department of Children, Youth, and Families will come together for education, professional development and inspiration-level sessions that aim to support the daily work they do as well as their roles as leaders. The theme of the event is "Holding on to Hope," with content focusing on resiliency and retaining hope during challenging times. Topics will include leadership in the context of crisis; the importance of taking care of oneself mentally; and how to continue the important conversations around racism, bias and equality within their work and with their teams. This focus is directly relevant to serving children in care because the AAs are the leaders who set goals and culture within each office. Everything they do has a multiplying effect. Their preparedness, education and ability to support their staff is directly tied to the service level to the community. They need to be mentally supported themselves, and able to lead effectively. These sessions will also offer tactical tools, such as having conversations around bias, which will inform practice down to the front-line workers.	Webinar	4.0	1.0	0.0	4.0	Various	Area Administrators	Webinar	50%	6/18/2022 - Moved from Workforce Training tab
Assessing, Managing, and Mitigating Project Risk	Risk management is a key function in project management. Project managers should be able to apply a variety of risk-management tools in their work, including performing risk identification, quantification, response, monitoring, and control. In this course you will examine the nature and types of project risk and learn to apply specific mitigation strategies. You'll have an opportunity to analyze a past project you've worked on and assess what the risks might have been and why. Then you'll analyze the outcomes: Did the known risks come to fruition? What were the leading indicators? What could they have done for contingency planning at the beginning? By asking these questions, you'll then be able to perform several calculations to compute the probability that a project will finish on time. • Define project risks and the iterative process for the identification of evolving risks • Employ practical tools to assess the likelihood and probable consequences of risks • Evaluate possible responses and mitigations • Apply strategies to mitigate risk	Online	10.0	1.0	0.0	10.0	eCornell	DCYF Staff	Statewide	50%	6/18/2022 - Moved from Workforce Training tab

			Length per Topic	# of Sessions Planned in FY		Total FY						
CASA Conference	Per the federal Fostering Connections legislation of 2008 (P.L. 110-351), training is allowable for the CASA program. Training topics address areas of responsibility of the CASA advocates serving a child in foster care, and includes information and training on the best possible advocacy for the children they serve in and out of dependency court. From report-writing to college readiness for foster youth, and provide the best possible training experience over the two days encompassing the conference.	Conference	16.0	1.0	0.0	16.0	CASA	CASA/GAL	Statewide	75%	5/18/2022 - Conference missing from previous submissions and should be included annually.\n\nThe CASA sends DCYF the conference agenda and session break out materials which are reviewed by DCYF Cost Allocation for Allowability. The CASA only bills for the approved Title IV-E topics.
Child Welfare Training Advancement Program (CWTAP)	CWTAP provides qualified participants with specialized field education focused on casework in select DCYF Child Welfare offices. The field experience centers on topics such as abuse-and-neglect prevention, protective services, permanency planning, solution-based casework, and competency in working with diverse populations.	University Campus	2 years				University Facility	MSW Students	University of WA (Seattle & Tacoma sites), Eastern WA University	75%	6/18/2022 - Moved from Workforce Training tab
Coaching for Motivational Interviewing	These sessions will be focused on enhancing skill development of Motivational Interviewing by coding an interaction using the Motivational Interviewing Competency Assessment (MICA) and providing feedback to the staff.	In Person	1.0	320.0	0.0	320.0	DCYF Fidelity Coders & Alliance Coaches	Social Workers (trained in MI)	Statewide	75%	6/18/2022 - Moved from Workforce Training tab
Coaching for NCAST/Parent-Child Interaction Feeding Scale Assessments	In this coaching session you will get individual support from a coach as you apply what you learned during the NCAST/PCI Feeding Scales Certification training. This application includes observing a feeding interaction and gathering pertinent information about the parent-child dyad; assessment of parent-child interactions; , scoring the Feeding Scale; and intervening with parents and young children. You will get direct feedback as you learn to apply the skills and knowledge to your everyday interactions with children and families inside and outside the scope of the Feeding Scales assessment.	Webinar	0.5	20.0	0.0	10.0	Alissa Copeland, DCYF	Social Workers	Statewide	75%	6/18/2022 - Moved from Workforce Training tab
Coaching for NCAST/Parent-Child Interaction Teaching Scale Assessments	In this coaching session you will get individual support from a coach as you apply what you learned during the NCAST/PCI Teaching Scales Certification training. This application includes observing a teaching interaction and gathering pertinent information about the parent-child dyad; assessment of parent-child interactions; scoring the Teaching Scale; and recommending service interventions for parents and young children. You will get direct feedback as you learn to apply the skills and knowledge to your everyday interactions with children and families inside and outside the scope of the Teaching Scales assessment.	Webinar	0.5	20.0	0.0	10.0	Alissa Copeland, DCYF	Social Workers	Statewide	75%	6/18/2022 - Moved from Workforce Training tab
Indigenous Children, Youth and Families Conference (webinar)	Staff from the Department of Children, Youth, and Families and members of the Tribal and legal community will come together to learn how to strengthen their skills and discuss current practice.	Conference	6.0	1.0	0.0	6.0	Various	Caregivers, Social Workers & Supervisors	Webinar	75%	6/18/2022 - Moved from Workforce Training tab
Infant/Early Childhood Mental Health – Reflective Supervision	Following completion of the IECMH 101 series this session is specifically designed for Supervisors to identify important clinical supervision skills for cases with infants and toddlers. Supervisors will practice components of clinical supervision for cases with young children. This training is delivered in partnership with Parent Child relationship Programs at the University of Washington.	Classroom and Webinar	1.5	6.0	0.0	9.0	DCYF	Supervisors	Statewide	75%	
Infant/Early Childhood Mental Health 101 – Attachment Theory	Attachment theory is an important component of working in a family-centered system. This brief session will cover attachment in the context of keeping families together, reunification, and other forms of permanency caseworkers encounter across the spectrum of child welfare service array. This training is delivered in partnership with Parent Child relationship Programs at the University of Washington.	Classroom and Webinar	1.5	6.0	0.0	9.0	DCYF	Social Workers & Supervisors	Statewide	75%	
Infant/Early Childhood Mental Health 101 – Baby Cues	Understanding infant cues and communication will assist caseworkers in overall assessment of parent/caregiver strengths and needs in terms of facilitating optimal developmental outcomes. Additionally, these skills will assist caseworkers to understand and determine an infant or toddler's specific and unique needs in terms of caregiving and services. Caseworkers can use an understanding of infant cues and communication to support CPS Investigations, FAR Family Assessments, and Case Planning in FVS and CFWS. This training is delivered in partnership with Parent Child relationship Programs at the University of Washington.	Classroom and Webinar	1.5	6.0	0.0	9.0	DCYF	Social Workers & Supervisors	Statewide	75%	
Infant/Early Childhood Mental Health 101 – Parenting Behaviors and Attachment Strategies	The safety of children 0-3 is entirely dependent on their relationship with their primary caregivers. Assessing safety in the context of the parent-child relationship for infants and young children is paramount to identifying the most appropriate services and resources to support families staying together and successfully reunifying following out-of-home placement. Caseworkers will learn skills to identify appropriate strategies and intervention models to best support unique parent-child relationships. This training is delivered in partnership with Parent Child relationship Programs at the University of Washington.	Classroom and Webinar	1.5	6.0	0.0	9.0	DCYF	Social Workers & Supervisors	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY						
National Organization of Social Security Claimants' Representatives (NOSSCR) Annual Conference	NOSSCR hosts an annual social security disability law conference for attorneys and representatives. NOSSCR is a specialized bar association for attorneys and other advocates who represent people with disabilities, has been a pioneer in legal continuing education and public policy advocacy since 1979. Our members represent Social Security Disability and Supplemental Security Insurance claimants through the adjudication process, advocating for the income rights of people with disabilities.	Conference	32.0	1.0	0.0	32.0	NOSSCR	DCYF Social Security Disability and Supplemental Security Insurance staff	Houston, TX	75%	5/18/2022 - Requesting update to FFP rate. Found previous training plan (SFY19 dated 6/19/2018) with this conference approved at 75%. 1/13/2022 - Conference to be held May 11-14, 2022 in Houston, TX. RMTS Base 590/592/593
Organizing the Project and Its Components	On the surface, project management seems straightforward. However, at best, only 80% of projects end up being economically successful. The remaining 20% of projects usually cost more than estimated, run late, or fail to satisfy goals or meet objectives. In this course you will learn understandable, and practical methods for achieving better results. You will practice breaking down a project into pieces that can be scheduled, tracked, and controlled. The course is not specific to any formal project management software (e.g. Microsoft Project), but will require that learners have Microsoft Excel with its free Solver add-on installed. • Examine the project management life cycle and the continuum of project characteristics • Develop a work breakdown structure • Construct a project network including mechanisms to identify task durations • Construct a Gantt chart • Use float information for decision making • Identify the critical path • Recognize shortcomings in computation • Identify sources of uncertainty in task durations • Examine PERT computations	Online	10.0	1.0	0.0	10.0	eCornell	DCYF Staff	Statewide	50%	6/18/2022 - Moved from Workforce Training tab
Parent-Child Interaction (PCI) Feeding Scales Certification	The PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "Parent-Child Interaction Feeding Scales Certification," supports your knowledge-building to pursue certification. You also will gain a host of skills and knowledge to apply to your everyday interactions with children and families both inside and outside the scope of this assessment scale. Developed by Parent-Child Relationship Programs at the University of Washington (www.pcrprograms.org), the PCI Feeding Scales provide valid and reliable assessment of a parent-child dyad using an observable set of behaviors during a teaching interaction. The Feeding Scales are designed for parents/caregivers of children 0-12 months. PCI scales are used consistently with both children in out-of-home care as well as with children/families in CPS/FVS. PCI scales are highly recommended at the time of reunification/trial return home for children younger than 3 and are very beneficial to complete when children are first placed in care to inform services and reunification planning. PCI assessments also can provide indication if children are in need of further assessment to address developmental needs. Certified PCI Assessors are encouraged to complete at least three assessments per calendar year, and participate in re-certification every 12-18 months. Re-certification is one-day for each of the scales (two days total if assessors are certified in both scales).	Classroom and Webinar	25.0	6.0	0.0	150.0	Alissa Copeland, DCYF	Social Workers & Supervisors	Statewide	75%	
Parent-Child Interaction (PCI) Feeding Scales Recertification	The PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "Parent-Child Interaction Feeding Scales Re-Certification," supports your knowledge-building with the opportunity to achieve reliability and to maintain your certification in the use of this tool.	Classroom and Webinar	6.0	6.0	0.0	36.0	Alissa Copeland, DCYF	Social Workers & Supervisors	Statewide	75%	

			Length per Topic	# of Sessions Planned in FY	Total FY						
Parent-Child Interaction (PCI) Teaching Scales Certification	The PCI scales are a prominent tool that child welfare workers use to gather information when assessing parent-child interactions and intervening with parents and young children. Being certified in the use of this tool supports workers' ongoing assessment, case planning and permanency planning efforts with families. There are two scales, Feeding and Teaching, which often are used together. This training, "Parent-Child Interaction Teaching Scales Certification," supports your knowledge-building to pursue certification. You also will gain a host of skills and knowledge to apply to your everyday interactions with children and families both inside and outside the scope of this assessment scale. Developed by Parent-Child Relationship Programs at the University of Washington (www.pcrprograms.org), the PCI Teaching Scales provide valid and reliable assessment of a parent-child dyad using an observable set of behaviors during a teaching interaction. The Teaching Scales are designed for parents/caregivers of children 0-36 months/3 years. PCI scales are used consistently with both children in out-of-home care as well as with children/families in CPS/FVS. PCI scales are highly recommended at the time of reunification/trial return home for children younger than 3 and are very beneficial to complete when children are first placed in care to inform services and reunification planning. PCI assessments also can provide indication if children are in need of further assessment to address developmental needs. Certified PCI Assessors are encouraged to complete at least three assessments per calendar year, and participate in re-certification every 12-18 months. Re-certification is one-day for each of the scales (two days total if assessors are certified in both scales).	Classroom and Webinar	25.0	6.0	0.0	150.0	Alissa Copeland, DCYF	Social Workers & Supervisors	Statewide	75%	

Region 1 Training										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
BRS	Training on BRS referrals, Wise agency and how to fill out the forms.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	75%	
CIPR/15-300 Training	Training on how to write a CIPR correctly.	DCYF	1.0	9.0	9.0	DCYF	DCYF Staff	Region 1	75%	
Completing Quality Health and Safety Visits	Two-hour training about the key elements of a quality health and safety visit.	DCYF	1.0	6.0	6.0	DCYF	DCYF Staff	Region 1	75%	
CPA Homes	Training on CPS homes and referral requirements.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	75%	
CSEC	Policy requirements and practice tips.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Evidence Based Practices	Training on what they provide and how to best match the correct service to the family need.	DCYF	1.0	3.0	3.0	DCYF	DCYF Staff	Region 1	75%	
Extended Foster Care	Training on policy around EFC and resources.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	75%	
Extensions/Exceptions	Policy on initial face to face extensions and exceptions, when to use, common errors etc.	DCYF	1.0	6.0	6.0	DCYF	DCYF Staff	Region 1	75%	
Family Unification Vouchers (FUP)	Requirements and how to refer.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	0%	
Fatherhood Liaison	Training for liaisons for each of the Region 1 offices for engaging fathers in child welfare cases.	DCYF	2.0	1.0	2.0	DCYF	DCYF Staff	Region 1	75%	
Fostering Well-Being Coordination Refresher	Explanation of programs, roles, health screen information, forms, immunizations, ethnic grooming, contacts, and FamLink documentation	DCYF	4.0	1.0	4.0	DCYF	DCYF Staff	Region 1	75%	
FTDM Facilitator Training	FTDM facilitators to help better engage families and include families in the case planning process	DCYF	32.0	1.0	32.0	DCYF	DCYF Staff	Region 1	75%	
Guardianship	Unsubsidized and subsidized Title 13 Guardianships & Relative Guardian Assistance Program (RGAP) requirements	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 1	75%	
Independent Living Skills Program	Services and when and how to access them for youth.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
JR/DDA/HCS	Training on partnership with these agencies and what resources they offer.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	0%	
Legal Process for Serving Parents	Legal process for serving parents	DCYF	1.0	4.0	4.0	DCYF	DCYF Staff	Region 1	75%	
LEP	How to access interpreter services. When & Why	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Mandatory Reporting and CPS Protocols and Disproportionality	Training on reporting abuse when there is reasonable cause to believe a child has been abused or neglected. CPS protocols	DCYF	1.0	8.0	8.0	DCYF	DCYF Staff	Region 1	0%	
Missing From Care	Training on MFC policy and procedures.	DCYF	1.5	2.0	3.0	DCYF	DCYF Staff	Region 1	75%	
New Employee Case Review & Resource Training	Orientation of new employees to key federal review items. Introduction to the regional field guide and office resources.	DCYF	2.0	15.0	30.0	DCYF	DCYF Staff	Region 1	75%	
Oral Swab Training	Training on how to do a oral fluid swab for Drug testing.	DCYF	2.0	5.0	10.0	DCYF	DCYF Staff	Region 1	0%	
Parent Contact	Training on parent engagement and correct use of coding in FAMLINK.	DCYF	1.0	7.0	7.0	DCYF	DCYF Staff	Region 1	75%	
Policy Rollouts	This covers a variety of classes that offer social workers training in DCYF policy changes. Each class pertains to new and existing policy, changes to policy, and resources	DCYF	1.0	4.0	4.0	DCYF	DCYF Staff	Region 1	50%	
QRTP	Requirements and documentation.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Quality Case Review (OSRI) Training	A training about how to meet or exceed federal standards in case work. This training introduces line staff to the OSRI tool and the case review process.	DCYF	1.0	12.0	12.0	DCYF	DCYF Staff	Region 1	75%	
Recruitment and Family Selection Process	Covers guidelines for permission to recruit, NWAE/WARE?AdoptUSKIDs, how to narrow down homestudies and the selection committee process.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Relative Guardian Assistance Program (RGAP) requirements	This training provides workers with a basic understanding of RGAP requirements and process.	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 1	75%	
Reports and Databases training	Training to QA staff on usage of performance reports, building and maintaining databases to monitor performance	DCYF	2.0	6.0	12.0	DCYF	CPS supervisors, AA's and line workers	Region 1	50%	
Responsible Living Skills Program	Services and when and how to access them for youth.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Safety Boot Camp	Training focuses on assessing child safety across program areas, dynamics of child abuse and neglect from both a medical and social services perspective, critical thinking and AAG Lessons Learned	DCYF	10.0	3.0	30.0	DCYF	DCYF Staff	Region 1	75%	
Safety Framework	Training on how to use of the SDM and assessments.	DCYF	1.0	6.0	6.0	DCYF	DCYF Staff	Region 1	75%	

SAY/PAAY	Polciy requirmeents and practice tips.	DCYF	1.0	1.0	1.0	DCYF	DCYF Staff	Region 1	75%	
Shared Planning Meeting 101	This training would cover why to have a shared planning meeting and how to prepare for it. Who should attend and the purpose of the meeting. Adoption/APRS/Reunificaiton	DCYF	1.0	6.0	6.0	DCYF	DCYF Staff	Region 1	75%	
Treehouse: Navigating through School Discipline and Special Services	Special Education process, evaluations, and qualifying categories, Individual Education Plan (IEP), 504 Plans and accommodations, General Education, Special Education Suspensions and expulsions, readmission process.	DCYF	1.0	3.0	3.0	DCYF and Treehouse	DCYF Staff	Region 1	75%	

Region 2 Training

Title	Course Description	Venue
Background Check Training	Training covers the different types of background checks & how to use them, the process for requesting the background checks, with the forms to use. Reviews information on Sirita's Law, the Admin Review Process & decision making after obtaining background checks.	Zoom/In person
Case Planning	Review of needs/risk assessment and discussion about how to select services that meet family needs and how to create a case plan with the family. Review of policy and timeframes	Zoom/In person
Child Information and Placement Referral (CIPR) Form Training	Provides staff and supervisors with both expectations and information on how to write a balanced and appropriate placement referral for children.	Zoom/In person
CHINS Training	Powerpoint presentation via zoom on CHINS policy and RCW	Zoom/In person
Compelling Reasons	Overview of use and documentation of "Compelling Reason" in open DCYF cases	Zoom/In person
Conditions for Return Home	This training focuses on the Child Safety Framework and how it drives Conditions for Return Home. You will learn about the importance of gathering information and how to comprehensively assess parental behavioral changes. We will take a closer look on importance of being transparent and clear with the families served by DCYF.	Zoom/In person
CPA/BRS/EFC/DDA/CASE AIDE Presentation	Basic overview of CPA's, BRS, EFC/DDA/CASE Aide services and process in Region 2.	Zoom/In person
Dependency petition writing & Court preparation	Overview of Shelter Care Dependency Process & Court preparation	Zoom/In person
Domestic Violence Training	The training will cover defining DV, routine, universal & periodic screening, specialized DV assessments & determining if there is a safety threat	Zoom/In person
Engagement	Engagement training with children & parents	Zoom/In person
Family Time Refresher & Tips	Review of policy, practice, and procedures of Family Time - Effective & Efficient Family Time Referrals - Family Impact Network Role and Process - Sprout	Zoom/In person
FTDM training	Walking CPS SWs through the purpose, process and expectations	Zoom/In person

FVS Training	Introduction to Family Voluntary Services (FVS). The goal of this training is for staff to obtain a better understanding of the FVS model, policy and what is best practice. We will have a live discussion of what helps make a FVS case successful along with the importance of engagement and building rapport.	Zoom/In person
Health and Safety Refresher Training	Health and Safety VisitsWhy they are important, policy explanation, and how data helps measure our success!We will be discussing policy, data for our region and tips from the field for making your H/S visits worthwhile.	Zoom/In person
IFF Extensions/Exceptions	Reviewing policy and guidelines around IFF requirements/Reasonable Efforts and when approving an extension/exception is appropriate. Also showing the data and where to go to see any extensions completed were marked as non-compliant and how to see the reason for the non-compliance	Zoom/In person
Managing Excellence Reports Training R2	These training sessions will provide Region 2 staff a walkthrough of Regional reports, Child Welfare Database and examples on how to use the databases to manage their own cases, and performance.	Zoom/In person
Monthly In-Person Contact with Parents	Why it matters, how it's measured, and how to do it successfully!	Zoom/In person
New Employee Binder	Going through the New Employee Binder specific to their program area. This includes forms, laws, policies, and guides related to their work.	Zoom/In person
New Employee Case Review & Resource Training	Orientation of new employees to key federal review items. Introduction to the regional field guide and office resources.	Zoom/In person
New EmployeenCFSR/Data Reports Training	Review CFSR items #1- 18 – Review/Navigate Reports on the Dashboard, discuss ways to use the reports to manage cases and deadlines.	Zoom/In person
Oral Fluid Training	In this tutorial you will learn: Oral Swap Guidelines, how to navigate the Sentry Oral Swab System, the test Process, the answers to Frequently asked questions, helpful tips best practices and who to contact for assistance.	Zoom/In person
Placements: Parental, Informal, Formal	Regional training provided regarding when legal authority needs to be created	Zoom/In person
Program Orientation	Overview of program duties and frequent forms used.	Zoom/In person
Quality Case Review Training	A training about how to meet or exceed federal standards in case work. This training introduces potential reviewers to the case review process.	Zoom/In person

R2 Random Health & Safety New Reviewer Overview	Review of Random H&S reviews. Identify the domains to be reviewed, communications with staff regarding kudos and concerns. Practice reviews	Zoom/In person
Relative Guardian Assistance Program (RGAP) requirements	This training provides workers with a basic understanding of RGAP requirements and process.	Zoom/In person
Reports and Databases training	Training to QA staff on usage of performance reports, building and maintaining databases to monitor performance	Zoom/In person
Safety Assessment (CFWS)	Refresher training about safety assessments in CFWS: Key points to complete a safety assessment, how to fill in the narrative box to answer five threshold questions, and what to do if you write a safety plan.	Zoom/In person
Safety Assessment Training	This course focuses on the importance of remaining curious and gathering information about the behaviors, functioning and conditions of the family.	Zoom/In person
SDM Refresher	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS.	Zoom/In person
Sentinel Injury Training	This training will provide information on what you need to know about sentinel injuries, how to ensure child safety and when to complete a medical consultation.	Zoom/In person
Supervisor Onboarding Training	Review R2 Supervisor Onboarding Leadership Tools binder.Review CFSR items #1- 18 – Review/Navigate Reports on the Dashboard, discuss ways to use the reports to manage cases and deadlines.	DCYF Office - In person
Timely & Accurate Placement Entry	Overview of Type of Removals; Legal & PCA, Removal Reasons; Placement Changes; Temporary Situations; Episode Ending; Ways to Enter Placement	Virtual & In-Person
Using Data to assist in reduction of Intakes over Timeline	Training for Supervisors and Aas on the use of data to prevent intakes from rolling over timelines and focusing on greatest impact	Zoom/In person
Using Data to Improve Outcomes (AKA Onboarding)	How to understand and utilize key data elements in child welfare.	Zoom/In person

Voluntary Placement Agreement (VPA) Setting Families up for Success	This Training will provide guidance on how and when to utilize VPA's. In addition, we will walk you through policy and procedures.	Zoom/In person

Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience
1.5	1.0	1.5	QPS; CFWS Worker; KHQ Background Check Program Manager; M HQ Suitbility Assessment Program Manager	DCYF Staff
1.0	4.0	4.0	Region 2 QPS/SHPC	DCYF Staff
1.0	Upon request		R2 SHPC	DCYF Staff
1.0	1.0	1.0	Regional Programs Supervisor R2	DCYF Staff
1.0	6.0	6.0	DCYF Program Staff - QA/CQI	DCYF Staff
1.5	2.0	3.0	QPS Region 2: Deputy RA Region 2`	DCYF Staff
1.0	1.0	1.0	Regional Program Staff	DCYF Staff
1.5	1.0	1.5	AAG - Attorneys	DCYF Staff
1.5	6.0	9.0	QPS Safety Program Consultant	DCYF Staff
1.0	1.0	1.0	QPS & SHPC	DCYF Staff
1.0	3.0	3.0	SHPC, Technology Training Specialist, FIN Nework Manager	DCYF Staff
1.5	3.0	4.5	Program Consultants - R2 Family to Family Program	DCYF Staff

1.0	Upon request		DCYF	DCYF Staff
1.0	Upon request		QA/CQI - DCYF Staff- DCYF Program Staff	DCYF Staff
2.0	5.0	10.0	R2 QA/CQI/QPS	DCYF Staff
1.0	Upon request		DCYF Program Staff	DCYF Staff
1.0	Upon request		DCYF Program Staff	DCYF Staff
1.0	1.0	1.0	QPS	DCYF Staff
2.0	75.0	150.0	QPS	DCYF Staff
1.0	12.0	12.0	QA/CQI/QPS	DCYF Staff
2.0	2.0	4.0	Regional Programs Supervisor R2	DCYF Staff
1.0	Upon request		DCYF Program Staff	DCYF Staff
1.0	Upon request		DCYF Program Staff	DCYF Staff
2.0	3.0	6.0	QA/CQI	DCYF Staff

1.5	2.0	3.0	QA/CQI	DCYF Staff
1.0	12.0	12.0	DCYF Program Staff	DCYF Staff
2.0	2.0	4.0	QA/CQI	DCYF Staff
1.5	1.0	1.5	DCYF-QPS	DCYF Staff
1.5	4.0	6.0	QPS Region 2	DCYF Staff
2.0	4.0	8.0	DCYF-QPS	DCYF-QPS
2.0	Upon request		Medical Consultant	DCYF Staff
1.0	Upon request		R2 QA/CQI/QPS	DCYF Staff
1.0	Upon request		QA/CQI & Technology Training Specialist	DCYF Staff
2.0	2.0	4.0	QA/CQI	DCYF Staff
2.0	2.0	4.0	QA/CQI	DCYF Staff

1.0	Upon request		DCYF Program Staff	DCYF Staff

Location	IV-E	Notes
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	

Region 2	75%	
Region 2	75%	
Region 2	0%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	75%	
Region 2	0%	
Region 2	75%	
Region 2	0%	
Region 2	75%	

Region 2	50%	
Region 2	75%	
Region 2	50%	
Region 2	75%	
Region 2	75%	
DCYF Staff	75%	
Region 2	0%	
Region 2	50%	
Region 2	50%	
Region 2	50%	
Region 2	75%	

Region 2	75%	

Region 3 Training										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Aspects of Child Abuse and Neglect	Recognizing signs of abuse and neglect; sentinel injuries and abusive head trauma	DCYF	3.0	4.0	12.0	Seattle Children's Hospital	DCYF Staff, Tribes	Region 3	75%	
Case Plannning & Service Referrals	Training on appropriate service referrals and case plans that address the identified safety and risk factors associated with CA/N. Assessing Progress and compliance and deciding when a case can be closed	DCYF	2.0	8.0	16.0	DCYF-QPS	DCYF Staff	Region 3	75%	
CFE Training	This training is designed to provide all of the essential information necessary to produce and full and comprehensive court report aka: CFE that is clear, direct and stands alone.	DCYF	1.5	4.0	6.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Child Information and Placement Referral (ChIPR) Training	Provides staff and supervisors with both expectations and information on how to write a balanced and appropriate placement referral for children.	DCYF	0.5	4.0	2.0	DCYF-Centralized Services AA	DCYF Staff	Region 3	75%	
College Resource Fair	Graduation celebration and training around local colleges/ FAFSA / support services available to FC youth	DCYF	2.0	1.0	2.0	DCYF Community Partners, Foster Care Students, Caregivers, DCYF Staff		Region 3	0%	
Completing Quality Health and Safety Visits & ongoing Assessment of Safety	Training focuses on the key elements of a quality health and safety visit and ongoing assessment of child safety	DCYF	2.0	6.0	12.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Comprehensive CPS Interventions	Training is focused on gathering AND analyzing information to adequately assess and address safety in the home through Child Interviews, Subject/Parent Interviews, and gathering appropriate collateral information	DCYF	3.0	2.0	6.0	DCYF-QPS	DCYF Staff	Region 3	0%	
Diligent Search	This training is done in partnership with the AAG office and will provide helpful information, and support on any particular questions around how to complete a diligent search thoroughly, when to complete one, and why it is so important to timely permanency.	DCYF	2.0	2.0	4.0	DCYF-QPS, AAG	DCYF Staff	Region3	75%	
Disproportionality Awareness and Cultural Competence	True Colors - Native American Relative Search, Cross Cultural Communication Skills and strategies for multicultural organizational change	DCYF	6.0	4.0	24.0	Community Partners	DCYF Staff	Region 3	75%	
DV Assessment & Safety Planning Workshop	This training will provide staff with a refresher on the DCYF DV policy, how to complete an assessment and how to safety plan when safety threat 4 applies. Participants are encouraged to bring their own cases to the workshop to discuss and plan around.	DCYF	2.0	6.0	12.0	DCYF	DCYF Staff	Region 3	75%	
Education Services	Overview of DCYF Educational Policy and Identification of services available through treehouse & ETV	DCYF	1.0	10.0	10.0	DCYF	DCYF	Region 3	75%	
Evidence Based Practices	Training on what they provide and how to best match the correct service to the family need.	DCYF	1.0	4.0	4.0	DCYF	DCYF Staff	Region 3	75%	
FAR and FVS Case planning and Assessment of progress	This training will provide staff information on how to develop Case Plans per policy 1150 that are specific to the identified family need, and directed at eliminating safety threats, preventing placement, reducing risk and increasing the parent's protective capacities. The training will focus on the importance of gathering and documenting information using behaviorally specific descriptions and objective language to ensure the child's safety, well-being, and permanency needs are met.	DCYF	3.0	4.0	12.0	DCYF-QPS	DCYF Staff	Region 3	75%	
FTDM Facilitator Training	FTDM facilitators to help better engage families and include families in the case planning process	DCYF	32.0	2.0	64.0	DCYF-QA	DCYF Staff	Region 3	75%	

Training	Description									
FVS Case Planning from Day 1	Family Voluntary Services (FVS) allows parents to voluntarily engage in services to increase their protective capacities and meet the child's safety, health, and well-being needs. A Case Plan specifies what must change to reduce or eliminate safety threats and increase the parents or caregivers' protective capacities. This training is intended for the new and experienced FVS Social Service Specialist. Direct instruction will provide you a framework on working with families to identify the safety threats/risk, reduce the risk of maltreatment through cooperatively identifying goals that improve family functioning from day 1.	DCYF	4.0	2.0	8.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Gathering Questions	This training will tell you exactly what answers the 6 gathering questions and where the information then goes in the assesment	DCYF	2.0	4.0	8.0	DCYF-QPS	DCYF Staff	Region 3	50%	
Guardianship	This trainng will partner our AAG team with our Program Manager wich will offer the opportunity to receive training from both the legal and policy teams at the same time. This training is designed to support the field in understanding the process and how to work the case plan for timely permanency and also be able to better communicate this information to our caregivers and families.	DCYF	2.0	2.0	4.0	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	
How to write a founded finding	This training will be provided by the Assistant Attorney General's office for DCYF and will cover both legal sufficiency and how to write a founded finding	DCYF	2.0	4.0	8.0	DCYF-QPS, AAG	DCYF Staff	Region 3	50%	
Incredible Years	Training on appropriate referrals to parenting interventions and services	DCYF	8.0	2.0	16.0	DCYF and Community Partners	DCYF staff, Community Partners	Region 3	0%	
Infant Safety Refresher	Staff across program will receive a refresher training on the policy and practice requirements associated with assessing and addressing infant safety. This includes, but is not limited to an overview of the agency's "Infant Safety Education and Intervention" policy, how to develop and document a Plan of Safe Care, observing and documenting a safe sleep environment.	DCYF	4.0	4.0	16.0	DCYF-QPS	DCYF Staff, Tribes	Region 3	75%	
Legal Process for Serving Parents	This training will be provided by the Assistant Attorney General's office for DCYF and will cover the legal process for serving parents	DCYF	1.0	4.0	4.0	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	
LGBTQ Foundation - Level 1	Staff will become familiar with LGBTQ+ terminology, experiences and outcomes of LGBTQ+ children and youth, and how to create welcoming and affirming spaces for all.	DCYF	2.0	2.0	4.0	DCYF-QPS	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	75%	
LGBTQ Foundation – Level 2	Staff will become familiar with LGBTQ+ terminology, experiences and outcomes of LGBTQ+ children and youth, and how to create welcoming and affirming spaces for all.	DCYF	2.0	2.0	4.0	DCYF-QPS	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	75%	
Mandated Reporter Training	This training defines child abuse and neglect and the laws around reporting concerns of abuse and neglect.	DCYF	3.0	12.0	36.0	DCYF-QPS	DCYF Staff, Community Partners, Private Agencies	Region 3	0%	
NCAST - Keys to Caregiving Feeding Scales/Teaching Scales	Strength based NCAST assessment builds on the assets a parent/caregiver already possesses while creating a more enjoyable relationship between parent/caregiver & child. This evidence based tool teaches parents/caregivers to read their infant's behavioral cues in order to foster developmental and social growth.	DCYF	80.0	2.0	160.0	DCYF	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	0%	

New CFWS Worker Training	This one-time mandatory training is designed to provide NEW CFWS workers who have completed Regional Core Training with a detailed overview of safety-focused policies, tools, and best practices needed to thrive while managing a caseload. At the end of the training each worker will be provided with a field binder that includes vital guides, tools, and practice information essential to identifying, assessing, and addressing child safety as well as engaging parents and caregivers while in the field.	DCYF	3.0	12.0	36.0	DCYF-QPS	DCYF Staff	Region 3	75%	
New CPS Worker Training	This training is designed to provide new CPS (Investigations & FAR) workers & Supervisors with a detailed overview of what constitutes a comprehensive CPS intervention beginning with the moment a worker receives an Intake. At the end of the training the worker will be provided with a field binder that includes vital guides, tools, policies, and best practice information essential to completing work in the field.	DCYF	3.0	12.0	36.0	DCYF-QPS	DCYF Staff	Region 3	0%	
New Employee Onboarding	Provides overview of Policy and Federal Measures around Safety, Permanency and Well Being. Provides specific information as to common practices (placement entry, linking intakes, FamLink Support, SPM and driving permanency)	DCYF	2.0	50.0	100.0	DCYF QA	New DCYF Staff	Region 3	50%	
New Employee Orientation	Employee checklist of DCYF policies and procedures.	DCYF	6.0	As needed		DCYF	DCYF Staff	Region 3	50%	
New Supervision Orientation	Provides oversight of navigation of FamLink, closure errors, AFCAR fixes, how to run and interpret reports. Covers proper use of extensions, managing approvals and assigning cases. Provides navigation of data and reports.	DCYF	2.0	16.0	32.0	DCYF - QA	DCYF Supervisors	Region 3	50%	
Organizational Skills	This group training is designed to provide staff with tips, tools, and skills specific to organizing tasks associated with their roles as case carrying Social Service Specialists. This includes, but is not limited to assisting staff with identifying his/her organizational style, effectively utilizing Outlook (task manager, calendar, and email) to manage deadlines, reminders, and tasks; time management, and efficient planning.	DCYF	4.0	As needed		DCYF-QPS	DCYF Staff	Region 3	50%	
Parent Engagement Training	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	DCYF	3.0	As needed		DCYF-QPS	DCYF Staff	Region 3	75%	
Parent-SW Contact Training	Overview of engagement and quality contacts with training on new Codes for SW contact with parent(s).	DCYF	1.0	8.0	8.0	DCYF-QA	DCYF Staff	Region 3	75%	
Policy Rollouts	This covers a variety of classes that offer social workers training in DCYF policy changes. Each class pertains to new and existing policy, changes to policy, and resources	DCYF	4.0	4.0	16.0	DCYF-QA	DCYF Staff, Community Partners, Private Agencies, Tribes	Region 3	50%	
Post Secondary Pathways for Student in Foster Care	Training around postsecondary educational opportunities for FC youth and	DCYF	1.5	2.0	3.0	DCYF commuity provider dcyf staff community partners		Region 3	75%	
Present Vs Impending Danger	This training helps you understand the difference between Present Danger and Inpending Danger and where does risk come in.	DCYF	1.0	4.0	4.0	DCYF	DCYF Staff	Region 3	0%	
Project Safe Care	Training on appropriate referrals to parenting interventions and services. Participants learn about the Project Safe Care program, which is a 16-20 week in home parenting intervention that focuses on child health, home safety, and parent-child interactions. Participants learn how to make the right referral to certain parents. They learn about the weekly parents group, and the type of strategies taught to parents for handling different behaviors with their children.	DCYF	32.0	1.0	32.0	DCYF	DCYF Staff and Community Partners	Region 3	0%	
Project SafeCare	Evidenced Based Practice overview	DCYF	2.0	2.0	4.0	Community Partners		Region 3	75%	

Name	Description	Delivery	Hrs1	Hrs2	Hrs3	Provider	Audience	Region	%	
Promoting First Relationships	This is parenting curriculum that focuses on the social and emotional development/needs of birth to three year olds. Provides consultation strategies for working with parents and other caregivers.	DCYF	8.0	6.0	48.0	DCYF	DCYF Staff, Community Partners	Region 3	0%	
Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety.	DCYF	2.0	4.0	8.0	DCYF-QPS	DCYF Staff	Region 3	50%	
Safety Assessments and Safety Plans	Training reviews office performance and then provides specific areas needing improvement and how to accomplish through assessment and proper documentation which alligns with the Safety Framework and Federal Guidelines on assessing and addressing safety and safety plans.	DCYF	2.0	21.0	42.0	DCYF-QA	DCYF Staff	Region 3	75%	
Safety Boot Camp	This training focuses on: identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	DCYF	10.0	10.0	100.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Safety Focused Documentation	This training focuses on how to effectively document using behaviorally specific descriptions and objective language, to ensure child safety and meet requirements.	DCYF	4.0	2.0	8.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Safety Framework Refresher	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety. CFWS - Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and plan for risk.	DCYF	5.0	6.0	30.0	DCYF-QPS	DCYF Staff	Region 3	75%	
SDM Refresher	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS.	DCYF	2.0	4.0	8.0	DCYF-QPS	DCYF Staff	Region 3	75%	
Timely Placement Entry	Training provides information on what is needed and required in order to get a placement entered within 3 calendar days. Covers date of removal, provider creation, opening PCA and using the Child Location App.	Zoom	1.0	7.0	7.0	QA	DCYF Staff	Region 3	75%	
Tort/Lessons Learned	This training is taught by AAG Allison Croft regarding. The workshop will focus on patterns seen in serious injury and child fatality cases, CAPTA cases and the appeal process, contacts with constituents and the complaint process, and tort cases. Case examples will be used and discussion of the issues will be encouraged.	DCYF	2.0	4.0	8.0	DCYF-QPS, AAG	DCYF Staff	Region 3	50%	
Trial preparation	This training will be provided by the Assistant Attorney General's office for DCYF and will cover trail prepration.	DCYF	2.0	2.0	4.0	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	
Trial Return Home Training	Training focuses on the key activities to be completed prior to, at and after a Trial Return Home.	DCYF	1.0	2.0	2.0	DCYF-QA	DCYF Staff	Region 3	75%	
Understanding the Federal Requirements for Case Review	Training goes through the 18 items of the OSRI and reviews the practice required in order to meet the Federal Standards around safety, permanency and well-being.	DCYF	2.0	2.0	4.0	DCYF-QA	DCYF Staff	Region 3	75%	
Writing Dependency Petitions	What to include in petitions, what not to include and the relevant timelines.	DCYF	4.0	4.0	16.0	DCYF	DCYF Staff	Region 3	75%	
Writing for the court	This training will be provided by the Assistant Attorney General's	DCYF	2.0	2.0	4.0	DCYF-QPS, AAG	DCYF Staff	Region 3	75%	

Region 4 Training

Title	Course Description	Venue	Length per Topic Area (Hrs.)
A Picture is Worth a Thousand Words	During this interactive training, staff will learn the policy requirements for photographing children and their environment, understand how pictures can enhance the quality of documentation in an efficient manner, and how to use the camera on your state issued iPhone.	DCYF	4.0
BRS	This training will address what qualifies a child/youth for this intensive treatment program, steps required to refer a child/youth to BRS, how to complete the referral packet; how a search for treatment providers occurs; staff responsibilities once a child/youth is accepted to a BRS program.	DCYF	2.0
CFE/court report Training	This training is designed to provide all of the essential information necessary to produce and full and comprehensive court report aka: CFE that is clear, direct and stands alone.	DCYF	1.5
Coaching	Safety, Permanency, or Well-being session	DCYF	.5 or more
Concurrent Planning and TPR training (Dependency 101)	This training focuses on the policies around identifying a permanent plan, time-lines and court/federal expectations, as well as the mechanics of developing a Termination Referral	DCYF	2.0
Developmental Milestones	Coaching session-discussion regarding where when and how to access appropriate resources, how to document accurately and potential red flags related to neglect.	DCYF	1.5
Domestic Violence Workshop	Overview of DV policy, how to navigate and conduct DV Universal Screening and Specialized Assessment.	DCYF	2.0

Evidence Based Practice (EBP) training	This training focuses on an introductory level exposure to the various EBP services that are available in the community as well as, how to contact the agencies and refer in FAMLINK.	DCYF	1.0
Family Time	Overview of what is required for family time. What to look at to determine safety and level of supervision.	DCYF	1.0
Findings Training	Documenting evidence/information to support the finding on an investigation. Specific case type information provided. Maureen Bartlett trains as a discussion.	DCYF	1.0
Foster Care Assessment Program	FCAP is a statewide contracted program available to children in all six DSHS regions. The purpose of FCAP is to provide a comprehensive assessment of a child's level of functioning in the home, school and community, and to assist with service planning and implementation. The goals are to improve the child's health and wellbeing, and help DCFS accomplish permanency	DCYF	1.5
Gathering Questions	What should we gather to complete a global vs incident focused assessment. Learning the in and outs of the gathering questions (how and why).	DCYF	2.0
Global Assessments	This training opportunity is designed to help you navigate the different database systems you have access to as a DCYF employee. This is not mandatory, please come if you would like to get extra training on this to help you with conducting	DCYF	1.0
Guardianship	Updates to policy and WAC	DCYF	1.0
ICW	This is a one-time in-service training to teach basic steps in determining Indian status when a case is first assigned to the social worker. This will include a detailed overview of DCYF policy regarding Indian Child Welfare practice, when to staff at the Local Indian Child Welfare Advisory Committee, (LICWAC), and definitions for Active Efforts and Qualified Expert Witness. Workers will be provided with tip sheets, flow charts and forms.	DCYF	1.0
Lessons Learned (CNFR/CFR)	TBD	DCYF	3.0
Lessons Learned (Tort)	Review of TORT case and what we learned from the review. AAG provided	DCYF	3.0
Mental Health, WISe, CLIP	Sandy Tomlin	DCYF	2.0
Minimal Facts	Overview and details on how to conduct minimal facts intereviews when children are set up to have a forensic interview with KC Child Forensic Interviewer	DCYF	2.0

Training	Description		
New CFWS Worker Training	This one-time mandatory training is designed to provide NEW CFWS workers who have completed Regional Core Training with a detailed overview of safety-focused policies, CFSR 18 items reviewed, tools, and best practices needed to thrive while managing a caseload. At the end of the training each worker will be provided with a field binder that includes vital guides, tools, and practice information essential to identifying, assessing, and addressing child safety as well as engaging parents and caregivers while in the field.	DCYF	3.0
New Court Worker Training	This is a 3 hour training, the first 1.5hrs are meant for brand new case carrying workers and goes over the who, what and where of our courthouses, judges, all legal parties associated and what types of hearing we have. We briefly touch on LEP and ICW related cases. After 1.5hrs the training shifts to go over e-filing, working copies and e-service and then the last hour is spent for all case carrying social workers of all experience level. This is a very small learning environment that is meant to support the workers. We will use our safety framework to help guide our testimony prep. Case workers who have an upcoming contentious hearing and/or some questions about court testimony are encouraged to join the call for that last hour from 11-12pm.	DCYF	3.0
New CPS Worker Training	This training is designed to provide new CPS (Investigations & FAR) workers & Supervisors with a detailed overview of what constitutes a comprehensive CPS intervention beginning with the moment a worker receives an Intake. Introduction of CFSR 18 items reviewed. At the end of the training the worker will be provided with a field binder that includes vital guides, tools, policies, and best practice information essential to completing work in the field.	DCYF	3.0
Parent Engagement Training	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	DCYF	3.0
Petition Writing	Creating an outline to guide the process of writing a petition. Gathering information that clearly outlines the safety threat(s) and risk factors to the court when completing a dependency petition.	DCYF	TBD
Quality H&S Visits	Defines what is considered a quality H&S visit. Engage, motivate and provide space to gather important information.	DCYF	1.0

Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety	DCYF	2.0
Safety Assessment	Specific areas such as "threshold questions" "Conditions for return home", "safety assessment in CFWS/return home and or visitation.	DCYF	1.5
Safety Boot Camp	This training focuses on: identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	DCYF	10.0
Safety Focused Documentation	This training focuses on how to effectively document using behaviorally specific descriptions and objective language, to ensure child safety and meet DCYF Child Welfare requirements.	DCYF	1.5
Safety Framework Refresher	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety CFWS- Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and plan for risk.	DCYF	1.5
SAU	Working with LE and Medical – protocol cases	CJCKC	5.0
SDM Workshop	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS. Training developed to introduce or revisit how to accurately complete the SDM in order to accurately determine the need for service provision and identify risk of future CA/N.	DCYF	2.0
Sexually Aggressive Youth (SAY)	This training will provide an overview of the SAY program, address behaviors that may qualify a child/youth for evaluation & treatment services, give direction on how & when to refer a case to the SAY Committee, provide guidance supervision plans, training requirements for caregivers of SAY & resources available for children who have sexual behavior issues that are not severe enough for formal SAY services.	DCYF	1.0

# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
Upon request		QPS	DCYF Staff	Region 4	75%	
2.0	4.0	DCYF - Karen Rall	DCYF Staff	Region 4	75%	
10.0	15.0	QPS	DCYF Staff	Region 4	75%	
Upon request		QPS	DCYF Staff	Region 4	75%	
2.0	4.0	QPS w/AAG	DCYF Staff	Region 4	75%	
1.0	1.5	QPS	DCYF Staff	Region 4	75%	
4.0	8.0	QPS	DCYF Staff	Region 4	75%	

1.0	1.0	DCYF	DCYF Staff	Region 4	75%	
2.0	4.0	QPS	DCYF Staff	Region 4	75%	
2.0	4.0	Maureen Bartlett &/or QPS	DCYF Staff	Region 4	0%	
1.0	4.0	DCYF	DCYF Staff	Region 4	75%	
5.0	4.0	QPS	DCYF Staff	Region 4	50%	
5.0	4.0	QPS	DCYF Staff	Region 4	0%	
2.0	4.0	DCYF:HQ	DCYF Staff	Region 4	75%	
2.0	4.0	DCYF	DCYF Staff	Region 4	75%	
2.0	4.0	Paul (Review Team)	DCYF Staff	Region 4	0%	
Upon request		AAG Office of Tort Claims	DCYF Staff	Region 4	0%	
1.0	4.0	Multiple: Lee Selah &/or King Co DBHR	DCYF Staff	Region 4	75%	
2.0	4.0	King County, CAC: Alyssa Lane	DCYF Staff	Region 4	0%	

12.0	4.0	QPS	DCYF Staff	Region 4	75%	
12.0	4.0	QPS	DCYF Staff	Region 4	75%	
12.0	4.0	QPS	DCYF Staff	Region 4	0%	
2.0	4.0	QPS	DCYF Staff	Region 4	75%	
TBD		QPS	DCYF Staff	Region 4	75%	
4.0	4.0	QPS	DCYF Staff	Region 4	75%	

2.0	4.0	QPS	DCYF Staff	Region 4	50%	
6.0	4.0	QPS	DCYF Staff	Region 4	75%	
4.0	4.0	QPS	DCYF Staff	Region 4	75%	
2.0	4.0	QPS	DCYF Staff	Region 4	75%	
6.0	4.0	QPS	DCYF Staff	Region 4	75%	
2.0	4.0	CJCKC & QPS	DCYF Staff	Region 4	0%	
4.0	4.0	QPS	DCYF Staff	Region 4	75%	
2.0	4.0	DCYF - Karen Rall	DCYF Staff	Region 4	75%	

Region 5 Training										
Title	Course Description	Venue	Length per Topic Area (Hrs.)	# of Sessions	Total FY Training Hours	Provider	Audience	Location	IV-E	Notes
CAC & DCYF Protocol Collaboration	Training focuses on the joint investigations of Serious Child Abuse and Sexual abuse	DCYF	2.0	2.0	4.0	DCYF	DCYF Staff	Region 5	75%	
Diabetes Training	Training focuses on providing social service staff a basic understand of Diabetes.	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 5	0%	
IFF Training for CFWS	Training focuses on providing CFWS Staff skills to complete Initial Face to Face for new CPS intakesl	DCYF	4.0	2.0	8.0	DCYF	DCYF Staff	Region 5	0%	
Lesson's Learned	Training focuses on the "7 C" and lessons learned for the Risk Management Team.	DCYF	1.0	2.0	2.0	DCYF	DCYF Staff	Region 5	50%	
New Employee Orientation (NEO)	Training for new employees with checklist of DCYF policies and procedures	DCYF	3.0	20.0	60.0	HRD	New DCYF Staff	Region 5	0%	100% GFS
New Employee Support (NEST)	One on One support provided to all new employees in Region 3 to provide desk and field support in completing work requirements.	DCYF	6.0	20.0	120.0	DCYF	New DCYF Staff	Region 5	50%	RMTS Base 590/592/593
Race Equity Diversity Inclusion Training	Training for Social Workers to explore complexities of race and identity when working with DCYF families as well as co-workers.	DCYF	3.0	1.0	3.0	DCYF	DCYF Staff	Region 5	75%	
Safety Boot Camp	Training focuses on assessing child safety across program areas, dynamics of child abuse and neglect from both a medical and social services perspective, critical thinking and AAG Lessons Learned	DCYF	10.0	4.0	40.0	DCYF	DCYF Staff	Region 5	75%	RMTS Base 590/592/593

Region 6 Training			
Title	Course Description	Venue	Length per Topic Area (Hrs.)
"There's No Place Like Home"- Everything You Need to Know About Missing From Care	this presentation helps caseworkers understand what to do when a youth goes missing from care.	Zoom	1.5
17.5 Staffings	Provide information to staff around 17.5 staffings practice and procedure.	Zoom	1.0
AFCARS	How to resolve AFCARS errors	Zoom	1.0
Assessing Domestic Violence	Overview of DV policy, how to navigate and conduct DV Universal Screening and Specialized Assessment.	Zoom	1.5
Assessing Other Adults	How to identify other adults in the household and fully assess them. Why this is so important for child safety.	Zoom	1.0
Assessing Risk & Safety in Infant cases	Med con vs RMC, Child Dev on Intranet page, applying gathering questions to infant case	Zoom	1.0
Audio Recording	Learning how and when to audio record children in CPS	Zoom	1.0
Case Organization	How to keep your cases organized with deadlines handy and maintain work flow	Zoom	1.0
Case Planning in CPS and FVS	How to complete case plans in CPS FAR and FVS	Zoom	1.0
CFE for CFWS	How to write strong CFE's	Zoom	1.0
CIPR Presentation	What information needs to be shared in a CIPR, how to adequately convey that information. Everything you need to know about CIPR's	Zoom	1.0
Coaching	Safety, Permanency, or Well-being session. Coaching will be done for all new staff at every level (worker, supervisor, AA) as well as any staff that need extra time.	DCYF	1.5
Confidentiality Presentation	What you can and can't share and who and in what circumstances confidential information can be shared. This presentation focuses on youth confidentiality, client confidentiality and employee related confidentiality.	Zoom	1.0
Court Evidence	How, What, and Why you should provide evidence in court hearings	Zoom	1.0
CPS CAPTA Findings	How to determine findings in CPS	Zoom	1.0

CPS Case Organization	How to stay on top of your CPS intakes and create an organizational system	Zoom	1.5
CPS Findings	How to make a determination for a Founded finding, how to write the finding, and document service	Zoom	1.0
CPS Supervisors FAR Refresh	Refreshment on FAR policy and practice for CPS supervisors	Zoom	1.0
CQI Plans	Review office CQI plans, identify ANI, SMART plan	Zoom	1.0
Dashboard Training	One on one instruction for the Dashboard/infoFamlink	Zoom	45min
Differences in Front End Plans	This workshop explores the differences between protective action plans, case plans, and safety plans for CPS programs	Zoom	1.0
Drug Testing	how and when to appropriately use drug testing in cases	Zoom	2.0
Dynamics of Physical Child Abuse	Dr. Gilbert's presentation on sentinel injuries and all forms of child physical abuse	Zoom	3
Early Learning Navigator refersher	Review community supports available and how to access	Grays Harbor (	0.5
Extended Foster Care	Train DCYF child welfare staff on extended foster care policy and practice.	Zoom	2.0
Extensions and Exceptions	What are appropriate extensions and exceptions?	Zoom	1.5
FAR Refresh		Zoom	1.5
Fentanyl Training	This training from our regional medical consultant is to provide information all about fentanyl use and impact on child welfare.	Zoom	1.5
Findings Training	Documenting evidence/information to support the finding on an investigation. Specific case type information provided.	Zoom	1.0
FVS for Supervisors and Caseworkers	Understanding FVS policy and casework	Zoom	2.0
Guardianship	Policy updates, present benefits of RGAP and talking points for HB1747	Zoom/Thurston County Juvenile Court	1
Guardianship	Review basics of Guardianship policy, revew policy updates and talking points for HB1747	Zoom	1
ICW for CFWS	ICW policies and procedures for CFWS caseworkers	Zoom	2

ICW for CPS	ICW policies and procedures for CPS caseworkers	Zoom	1
Infant Safety and Education	Infant Safety Policy	Zoom	1
Mandatory Reporting Training	Mandatory reporting for DV providers, Q&A	Zoom	2
Monthly Parent Contact	This training is designed to inform/remind new and veteran social workers about the importance of developing good communication skills with parents that are authentic, believable, inclusive and effective in incorporating parents with case plans. This training will also address reducing identified safety risk in the family home that increases the likelihood of reunification.	Zoom	1.0
Petition Writing	Creating an outline to guide the process of writing a petition. Gathering information that clearly outlines the safety threat(s) and risk factors to the court when completing a dependency petition.	Zoom	1.0
Photography in CPS	During this presentation, staff will learn the policy requirements for photographing children and their environment, understand how pictures can enhance the quality of documentation in an efficient manner, and how to use the camera on their state issued iPhone.	Zoom	1.5
Policy Roll Out	Train DCYF child welfare staff to new and updated policies.	Zoom	2.0
Pre-Filing Consultation training	How to have, track, and document pre-filing consultations	Zoom	0.5
Preparation & Organization as a Child Welfare Caseworker	For new employees and other employees who need a refresher: getting email set up, communications, using your calendar, tips for productivity	Zoom	1.0
Regional supports	Review region points of contact and processes for absent parents and relative search; SSPS; PFAR;PET; CHET; Foster care rate assessment;concrete goods	Zoom	1.0
Risk Only Intakes "From IFF to IA Approval"	This training will provide FVS and CFWS staff an overview of the policy expectations for CPS risk only intakes, and the importance of gathering information to complete the IA and assess for child safety	Zoom	2.0
Safety Assessment for Adoptions Unit	Applying the safety framework for Adoptions, what to look out for- informal discussion	Zoom	2.0
Safety Boot Camp	This training focuses on: identifying abusive injuries in children, assessing child safety across programs, the dynamics of abuse and neglect, collaborating and consulting with medical and LE providers, and interviewing for safety (child and adult).	Zoom	6.0

Safety Framework for AAG's	A brief explanation of our safety framework for AAG's	Zoom	2.0
Safety Planning	How to create strong safety plans	Zoom	1.5
Safety Threat Refresher	Brief overview of the safety framework and how to apply it throughout all program areas	Zoom	1.5
Safety Threats for CFWS	How to apply the safety threats appropriately for CFWS cases	Zoom	1.0
Safety Threshold and HB1194	This training walks through answering the Safety Threshold criteria as part of the Safety Framework. The training then educates staff about applying the safety threshold when determining the level of supervision needed for Family Time and how to document that for the court.	Zoom / In person	2.0
Safety Through the Life of a Case	CPS/FVS- focus on understanding each part of the Safety Framework to improve timely identification and subsequent application of the safety framework to ensure child safety CFWS- Identify and discuss key decision points in case planning where utilizing the Safety Framework is required and/or best practice to ensure child safety, drive permanency and plan for risk.	Zoom	4.0
SDM Workshop	The Structured Decision Making Risk Assessment (SDM-RA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. The SDM-RA is utilized in all program areas; including CPS-Investigations, CPS-FAR, FVS, and CFWS. Training developed to introduce or revisit how to accurately complete the SDM in order to accurately determine the need for service provision and identify risk of future CA/N.	Zoom	2.0
Timely Placement Entry	Training and discussion on the importance of timely entry of placement in Famlink	Zoom	1.0
Writing a Strong Dependency Petition	How to write a strong dependency petition	Zoom	1.0

# of Sessions	Training Hours	Provider	Audience	Location	IV-E	Notes
TBD		Regional Staff	DCYF staff	Region 6	75%	
TBD		Regional PM's	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD			Field Staff	Region 6	0%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	Field Staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	0%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS and Placement Desk	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS and Public Disclosure	DCYF staff	Region 6	75%	
TBD		QPS	CPS Units in Vancouver	Region 6	0%	

TBD		QPS	DCYF staff	Region 6	0%	
TBD		QPS	Field Staff	Region 6	0%	
TBD		QPS	CPS Supervisors	Region 6	0%	
TBD		QA/CQI	AA/Supervisors	Region 6	50%	
TBD		QA/CQI	DCYF staff	Region 6	50%	
TBD		QPS	Tumwater CPS units	Region 6	0%	
TBD		Regional Medical Consultant	DCYF staff	Region 6	75%	
TBD		Dr. Gilbert and QPS	All R6 Field Staff	Region 6	75%	
TBD		ELL	Sanchez CPS Unit	Region 6	75%	
TBD		QA	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	FAR SW Caseworkers	Region 6	0%	
TBD		Regional Med Consultant	All field staff	Region 6	50%	
TBD		Maureen Bartlett &/or QPS	DCYF staff	Region 6	0%	
TBD		QPS	DCYF staff	Region 6	75%	
10		Denise McJohnson	Thurston County Dependency Ops/DCYF Staff	Region 6	75%	
TBD		Denise McJohnson	Reg 6 Licensing Division	Region 6	75%	
TBD		Reg 6 ICW PM	Region 6 field ops CFWS	Region 6	75%	

TBD		Reg 6 ICW PM	Region 6 field ops CPS	Region 6	75%	
TBD		QPS	Field Operations	Region 6	75%	
TBD		QPS	SafePlace	Region 6	75%	
TBD		QPS and QA	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	0%	
TBD		QPS	DCYF staff	Region 6	50%	
TBD		QPS	DCYF staff	Region 6	0%	
TBD		Regional QPS	DCYF staff	Region 6	0%	
TBD			Vancouver Cascade CFWS units	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	50%	
TBD		QPS	Vancouver adoptions unit	Region 6	75%	
TBD		QPS/Med Con Dr	DCYF staff	Region 6	75%	

TBD		QPS	AAG's in Clark and Cowlitz Counties	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	Field Staff	Region 6	75%	
TBD		QPS	all field staff who utilize the safety framework/Port Angeles and Forks field offices	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QPS	DCYF staff	Region 6	75%	
TBD		QA/QPS	Region 6 Field staff	Region 6	75%	
TBD		QPS	Field Staff	Region 6	75%	

Washington State Department of Children, Youth, and Families

EMERGENCY OPERATIONS PLAN

Agency-Level Plan

Washington State Department of
CHILDREN, YOUTH & FAMILIES

CONTENTS

PURPOSE, SCOPE, SITUATIONS, ASSUMPTIONS

__Purpose__

The *Emergency Operations Plan* describes immediate actions to take in response to an emergency event generally lasting 24 to 72 hours. *Continuity of Operations Plans* provide additional guidance regarding actions to take when the disruption last more than 72 hours. Another significant difference between *Emergency Operations Plan* and the *Continuity of Operations Plan* is; the *Emergency Operations Plan* combines the response actions of all DCYF occupants at a given location while *Continuity of Operations Plan* are specific to the agency wide event.

The purpose of the *Emergency Operations Plan* is to:

- Provide an overview of the Department's approach to emergency preparedness

- Describe roles and responsibilities

- Identify relevant resources to facilitate staff awareness and preparation for emergency events

- Set forth lines of authority and organizational relationships

- Describe how all actions will be coordinated

The objectives of the DCYF Emergency Operations Plan include:

- Protecting the well-being and safety of DCYF staff

- Recovering from any disruption and returning to routine operations as soon as possible

- Providing staff with tools and information to support preparedness

The Initial DCYF Emergency Operations Plan includes four components:

- The Agency-Level Plan

- Child Care in Disasters and Emergencies Plan

- Children's Executive Team Continuity Plan

- Department of Early Learning Continuity Plan

- Juvenile Rehabilitation Continuity Plan

Scope

The scope of the *Emergency Operations Plan* is to:

- Specifies the emergency response procedures for DCYF Executive Leadership

- Describes how DCYF responds to emergency events

- Provides an overarching guidance for all DCYF divisions, programs and field offices

Assumptions

Assumptions for the Agency include:

- Emergency events are associated with natural and human caused hazards such as facility failures, weather conditions, and external threats

- Agency Executive Leadership will exercise their authority to implement this plan

- The Agency has identified key personnel and alternates required for the implementation of this plan

- DCYF programs are able to respond effectively to emergency events using available resources without support from DCYF Emergency Management Services

- Preparation and response to emergency events begins and ends at the local level most directly affected

CONCEPT OF OPERATIONS

When coordinating the response for emergency events, DCYF will adapt the *right-size* approach of a response sufficient to the size and complexity of a given event.

The primary functions of emergency coordination are:

- **Communication facilitation** – establishing communications among all DCYF Executive team functions, programs and with external partners, as necessary for the response

- **Information collection and evaluation** – collecting, analyzing, and interpreting information from impacted DCYF locations and other sources

- **Coordination** – coordinating the information flow and resources in response to complex emergency event or multiple emergency event occurring simultaneously

- **Priority setting** – ensuring that response systems among all DCYF Executive team functions and locations are interconnected and complementary, making the response more efficient and effective by coordinating all available resources, and making decisions based on established or otherwise agreed policies and procedures

- **Resource coordination** – identifying and acquiring needed resources and allocating existing resources

DECISION GUIDE FOR EMERGENCY RESPONSE COORDINATION

	Level 1 Normal or Limited Operations	Level 2 Reduced Operations
Scope of Damage	Localized emergency event limited to a single building	Multiple buildings on the same campus and/or multiple programs within the same building
	Minor damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures	Significant damage to DCYF building(s), systems or to surrounding roads, bridges, utilities, or other infrastructures
Client/Staff Impact	No medical response is needed	One or more people are injured and medical response is needed
	Staff are able to get to/from work location	Some staff are unable to get to work location or cannot remain at work location
	Staff absence is < 24 hours	Staff absence > 24 hours and < 72 hours
Recovery and response coordination	Single resource local response is sufficient or response coordination is uncomplicated	Multiple DCYF locations are inoperable for > 24 hours and < 72 hours; response coordination involves multiple DCYF programs
	Return to normal operations is likely to be < 24 hours	Return to normal operations is likely to be > 24 hours and < 72 hours.
	DCYF offices and residential programs are able to respond to most localized events without support from the Emergency Management Unit	Emergency Management Unit may coordinate the DCYF response when an emergency event does not directly impact Department operation, and/or DCYF clients are affected
	The response begins and ends locally	Central coordination is needed
		Emergency Management Unit may call on DCYF staff to support emergency operations

The *Continuity of Operations Plan* will be activated when recovery to normal operations exceeds 72 hours and is beyond level 2 of the Decision Guide.

EMERGENCY EVENT COMMUNICATION PROCESS

The Emergency Communication Plan provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

A key component of the Emergency Communications Plans is the requirement for supervisors to secure and maintain staff contact lists. Accurate staff list with staff names, phone numbers and emergency contact information is an essential tool for supervisors in an emergency event.

Emergency Process for all Emergency Building Events

Staff Step 1
- Issue identified
- Contact Supervisor
- Contact Building Manager - Contact informaton is posted on Staff Safety Board

Building Manager Step 2
- Evaluate situation
- Contact Building #1 contact to review situation
- When there are urgent staff safety concerns - evacuate building
- Contact DCYF HQ Business Operations Support Services (Emergency Management and Facilities team)

#1 Building contact Step 3
- Collaboratively review situation with Building Manager and other collocated building leads
- Contact Building leadership - Information posted on Staff Safety Board
- Provide recommendation for next steps to Regional Administrator, Superintendent, Assistant Secretary or Director responsible for the building

Building Leadership Step 4
- Communicate with other collocated Agency leadership for a collaborative recommendation and approach for next steps
- Contact Regional Administrator or Superintendent with identified next steps

Step 5
- Regional Administrator, Superintendent, Assistant Secretary, or Director responsible for the building will:
- Contact Deputy Secretary with decision and next steps
- Contact Emergency Management office with decision and next steps
- Engage local calling tree with building supervisors to communicate decision and next steps

Deputy Secretary Step 6
- Communicates with DCYF leadership and neccesary external partners.

Communications Office
- Posts relevant messages with information on DCYF Intranet and Internet websites.

Emergency Manangement Office
- Post relevant messages with information on DCYF 1-800 number.

NOTIFICATION OF EMERGENCIES OR DISASTERS

All Staff

Emergency Alert Notifications are available through a multitude of resources. Individuals can go on-line to various websites to sign up for the Alert Notifications. All DCYF staff are asked to go to the following websites and sign up for their local emergency alert systems, both for their home resident and for their local office.

Washington State Emergency Management Division website

National Weather Service Alerts website

Executive Leadership

Notification to the Deputy Secretary and Executive Leadership will include, at a minimum, the following:

- Nature of the emergency event

- Impacts likely to ensue over the next 24-72 hours

- Actions underway

- Actions recommended

- Resource projections

- Schedule for conference calls, briefings, etc.

Department of Enterprise Services

The Department of Enterprise Services is responsible for the overall response coordination for emergencies and disasters on Capitol Campus. The DCYF Emergency Management lead notifies the Department of Enterprise Services Duty Officer and any time the DCYF Emergency Management Unit activates a at Level 1 or Level 2.

CONTINUITY OF OPERATIONS

As required by Ch. 38.52 RCW Emergency Management, all state agencies must maintain Continuity of Operations Plans.

DCYF will rely on the continuity plans developed by the DSHS Children's Executive team; the Department of Early Learning and the Child Care Disasters; and the Juvenile Rehabilitation Executive Team. DCYF will develop a continuity plan tailored to the DCYF organization incorporating all of these plans.

Suspension of Operations

A suspension of operations requires authorization from the Deputy Secretary as outlined in *DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations*.

The Deputy Secretary may suspend operations when it is determined that public safety, health, or property is jeopardized due to emergency conditions per WAC 357-31-260.

APPENDIX A – PREPAREDNESS TOOLS

The emergency management resource tools and information listed below help support staff before, during and after an emergency event. They are located at the DCYF intranet, on the Emergency Management webpage.

Emergency Alert System Notifications

The Emergency Alert System (EAS) is the national public warning system that provides the public with critical emergency and disaster alerts. The system is also used by state and local authorities to deliver important information targeted to a specific region.

All DCYF staff are encouraged to visit the Washington State Emergency Management Division website to sign up for local emergency alerts and notifications.

Additionally, DCYF staff can visit the National Weather Service website to sign up for emails and short messaging service (SMS) alerts.

Signing up will only take a few minutes and is an important role in emergency preparedness planning.

Emergency Event Communication Process

The Emergency Event Communication Process provides basic procedures for establishing contact and sharing information among Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff during an emergency event. Additionally, The Emergency Communications Plan describes responsibilities for Executive Leadership, building managers, the Emergency Management Unit, The Office of Communications, and other key staff to support an emergency response.

Each Division and Residential Program is responsible for developing and maintaining detailed emergency communication procedures as part of their respective *Emergency Operations Plans* and *Continuity of Operations Plans*.

Emergency Closure Policy

The DCYF Administrative Policy 7.03 Emergency Closures and Suspension of Operations applies to all DCYF staff and identifies the requirements and general process for:

- Closing a Department of Children, Youth, and Families (DCYF) facility or campus, in whole or in part, due to any natural or human cause emergency or disaster.
- Suspension of operations of any DCYF mission essential function.

Memo on Staff Use of Leave

The Severe Inclement Weather/Natural Disaster Leave Memorandum is a reminder to how DCYF treats absences from work due to inclement weather for all employees. This guidance helps DCYF be both consistent and responsive to employee needs and operational obligations.

When prior to the beginning of the workday, the employer suspends operations for the day, employees are able to use administrative leave for that day regardless of whether or not they were able to report to work. However, employees who had prescheduled approved leave are still charged with leave since they expressed intent in advance not to report to work based on their personal situation.

When the work location remains operational and the employee is unable to report to work because of their own personal situation related to severe inclement weather or natural disaster, the employee's leave will be charged in the following order:

- Any earned compensatory time or previously accumulated exchange time;
- Any accrued vacation leave;
- Any accrued sick leave, up to a maximum of three (3) days in any calendar year;
- Leave without pay

Employees who report to work due to severe inclement weather or natural disaster will be allowed up to one (1) hour of paid administrative time as long as they report to work at some point during their regular shift.

Supervisor Phone List Form

The Supervisor Phone List Form provides contact information for supervisors and staff to stay connected in the event of an emergency. This list includes:
- Supervisor name
- Individual staff names
- Desk phone
- Work cell phone
- Personal cell phone
- Personal other phone

1-800 Staff Cards

All DCYF staff are provided with a Staff Emergency Hotline Card that has instructions on how to stay informed in the event of an emergency. DCYF staff are to follow these simple steps:
1. Contact your supervisor
2. Supervisors contact your staff
3. Regularly check information on the DCYF intranet/internet websites
4. Stay connected with local emergency alert systems- National Weather Services and Washington State Emergency Management Division (www.mil.gov.alerts)
5. Call 1.800.344.8219 for updates

Government Emergency Telecommunications/Wireless Priority Service (GETS/WPS) Cards

GETS/WPS is a service developed by the Department of Homeland Security to address the national security and emergency preparedness community's requirement for priority calling during congestion on landline and wireless networks.
The purpose of GETS/ WPS cards:
- Increases the probability of completing calls when normal methods fail
- Provides voice transmission
- Provides a single, universal telephone number and a Personal Identification Number (PIN) that allows easy access to the service
- Allows calls to all 50 states and any worldwide destination

DCYF Leadership identifies essential staff who are assigned GETS/WPS cards and are required to perform monthly test calls to maintain familiarity with the GETS/WPS process.

Leadership Emergency Management Calling Cards

Designated DCYF Leadership are provided with a Leadership Emergency Management Calling Card that establishes the process to follow in the event of an emergency. DCYF Leadership are to follow these simple steps:

1. Determine the scope of event and next steps
2. Contact the Deputy Secretary
3. Contact the Emergency Manager
4. Contact Building Leadership for plan of action

DCYF Building Contact List

The DCYF Statewide Emergency Event Contact List is utilized when a natural or human-made emergency event arises. This important tool helps support DCYF staff within their designated buildings, in the event of an emergency. The list outlines key DCYF staff that will collaborate collectively on an emergency event.

Emergency Leadership Conference Bridge

The Emergency Leadership Conference Bridge is a multi-point, multi-user, out-of-area tool used during an emergency event. The call-in and PIN number remain constant. Designated DCYF Leadership are assigned Emergency Leadership Conference Bridge Calling Cards with the call in information.

Leadership Expectations

The emergency leadership conference bridge is available for the DCYF Emergency Management Unit to activate following an emergency event. The Emergency Management Unit notifies the Executive Leadership Team via phone or email regarding the conference bridge information. The Executive Leadership Team must be prepared to call in at the soonest scheduled time following the event.
The call in schedule is as follows:

- 6:00 a.m. on the calendar day following the emergency event
- 10:00 a.m. on the same day
- 2:00 p.m. on the same day
- Recurring daily call schedule as indicated until notified to stand down

Emergency Response Coordination Duties

Executive Leadership

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

Emergency Management Administrator

- 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