

**Washington State
Child and Family Services Plan
2015 – 2019 Report**

**Children's Administration
Department of Social and Health Services
June 30, 2014**

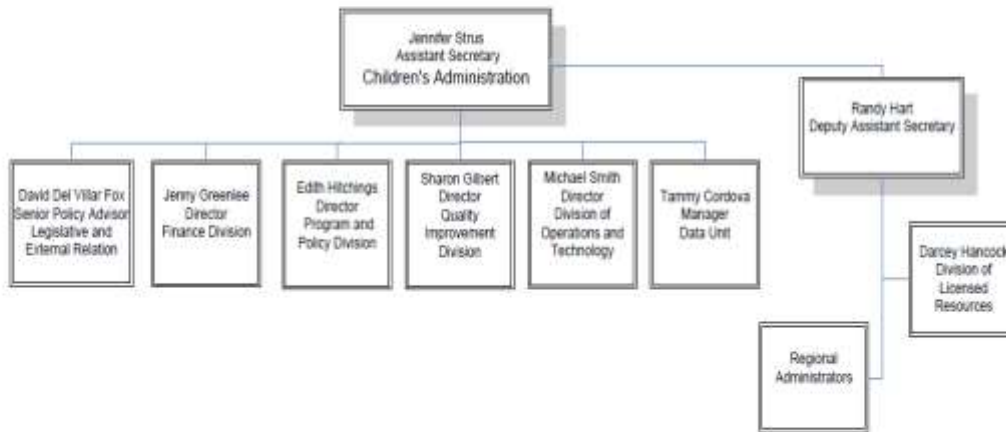
Table of Contents

Section I – General Information	3
Section II – Assessment of Performance	9
Part 1: Child and Family Outcomes	10
Safety Outcomes	10
Permanency Outcomes	17
Well-Being Outcomes	29
Part 2: Systemic Factors	38
Information System	38
Case Review System	42
Quality Assurance System	46
Staff Training	50
Service Array	56
Agency Responsiveness to Community	59
Foster and Adoptive Parent Licensing, Recruitment, and Retention	63
Section III – Plan for Improvement	66
Section IV – Services	87
Section V – Consultation and Coordination Between States and Tribes	102
Section VI – Chafee Foster Care Independence Program	107
Independent Living Program	108
Education and Training Voucher Program (ETV)	119
Section VII – Monthly Caseworker Visits	122
Section VIII – Adoption Incentive Payments	124
Section IX – Child Welfare Waiver Demonstration Activities	126
Section X – Payment Limitations	128
Section XI – Targeted Plans within the CFSP	134
Appendix 1: Foster and Adoptive Parent Diligent Recruitment Plan	
Appendix 2: Health Care Oversight and Coordination Plan	
Appendix 3: Disaster Plan	
(A) Emergency Management Plan	
(B) Continuity of Operation Plan	
Appendix 4: Training Plan	

Section I – General Information

State Agency Administering the Programs

In Washington state, the IV-B programs under the Child and Family Services Plan are administered by DSHS Children's Administration (CA). The two divisions within CA that have primary responsibility for the CFSP are the Quality Improvement Division and the Program and Policy Division.



CA provides services to vulnerable children and youth up to age 18 and their families in three geographic regions with 46 field offices throughout Washington state. Legislation authorizes CA to provide extended foster care services to youth age 18 up to 21 to support transition to adulthood.

Services provided by CA are designed to reduce the risk of abuse, find safe alternatives to out-of-home placement, assure safety and permanency for children in care, and support transition to adulthood. When an identified service is not directly available from a CA worker, CA uses community-based, contracted service providers throughout the state in an effort to provide the greatest array of services. These contractors are mainly obtained through the solicitation process, and services are designed to reduce the risk of abuse, prevent out-of-home placement, and assure safety and permanency for children in care. Approximately 4 percent of the Washington state population utilizes these services annually.

Services to support families in crisis and who are at risk of disruption and services to care for children in placement are provided primarily by community agencies, foster parents, and relatives. Over 60 percent of the CA budget is used to fund services provided by non-employees, with over 50 percent of the total budget used for contracted client and professional services and 14 percent of the total budget for cost reimbursement to foster parents. In addition, private child placing agencies provide adoption services and foster care to some youth in the custody of CA.

CA's core services focus on the following:

- Child Protective Services (CPS) – Persons who suspect that a child is being abused or neglected contact CPS with their concerns. During state Fiscal Year 2013, 39,928 intakes were investigated. In most of these cases, a CA worker was required to conduct an initial face-to-face meeting with the child victim within 24 or 72 hours of receiving the intake. Most CPS investigations must be completed within 90 days (policy permits some exceptions).

- Family Assessment Response (FAR) – In January 2014, CA began providing a differential CPS response to referrals alleging low and moderate child abuse or neglect. This differential response, called FAR, is a voluntary option for families who qualify. In FAR, there is no investigation and no finding of whether the alleged abuse or neglect occurred. CA workers work with the family, building on their strengths to establish the community supports the family needs to be successful in the long-term. Assuming adequate state funding, CA plans to implement FAR statewide by 2016.
- Family Voluntary Services (FVS) - supports families on a voluntary basis following a CPS investigation. Services with families are designed to help prevent chronic or serious problems which interfere with their ability to protect or parent their children. This program serves families where the children can safely remain home while the family engages in services through a Voluntary Service Agreement or for children who are temporarily placed in an out-of-home setting through a Voluntary Placement Agreement.
- Child and Family Welfare Services (CFWS) – When children have been placed into the custody of CA through a court order, CFWS workers work with the families and children to reunify the children or to find other permanent families for them. As of April 2014, there were 8,736 children in out-of-home care. Of that group of children, 3,623 (41.5 percent) were in the care of relatives.
- Family Reconciliation Services (FRS) - supports families on a voluntary basis to address issues of family conflict. Time-limited services are provided to families with adolescents where there are no allegations of abuse or neglect.
- Division of Licensed Resources (DLR) - licenses foster homes and investigates alleged violations of licensing standards by licensed providers as well as allegations of abuse or neglect by licensed providers. There are currently 5,122 licensed homes. DLR staff also conducts home studies for licensed, non-licensed, and adoptive homes.

Vision Statement

CA works diligently to provide exemplary services to vulnerable children and families, to continually assess performance outcomes and to practice good stewardship of state resources. While the first commitment is to the vulnerable children of Washington and their families, CA strives to work with its public and private partners on an ongoing basis to improve its practice.

CA emphasizes child safety at every stage of its involvement with children and their families. Safety is the paramount concern as CA works to:

- Maintain children in their own homes and prevent out-of-home placement
- Serve and support children during the time they are in out-of-home care
- Return children home safely as quickly as possible
- Support children in homes of fit and willing relatives
- Secure permanent families for children who cannot safely return home
- Decrease the over-representation of children of color in the child welfare system

CA recognizes that racial disproportionality and racial disparity exists within the child welfare system and is committed to safely eliminating them while promoting racial equity in the following ways:

- Race will not be a predictor of how children will fare in the child welfare system;
- Race will not be a factor when the child welfare system makes decisions about a child; and
- All children and families will have equitable access to culturally appropriate services and supports delivered by culturally competent and sensitive staff as well as contracted providers

CA strives to transform lives by acting to protect children and promote healthier families through strong partnerships with communities, tribes, and community-based services.

Collaboration

CA collaborates with tribes, stakeholders, courts, and a variety of invested local organizations and governmental entities to determine unmet client needs and plan for efficient service delivery. CA also works with the regional service networks administering mental health services, community-based service providers, and community networks to provide quality services to meet the unique needs of families.

CA continues to increase its efforts to involve stakeholders and community partners to ensure those impacted by child welfare work are included in the substantive discussions about that work.

The following committees or advisory groups are among those that provide regular and ongoing collaboration and consultation to CA:

- Children, Youth and Family Services Advisory Committee
- Supreme Court Commission on Children in Foster Care
- Foster Parent 1624 Consultation Team
- Foster Parent Hubs and Regional Foster Parent Meetings
- Indian Policy Advisory Committee
- Partners for Our Children
- Foster Parents Association of Washington
- Court Improvement Advisory Committee
- Veteran Birth Parents Advocacy Committees
- Birth to Six Interagency Coordinating Council
- Washington State Racial Disproportionality Advisory Committee
- Superior Court Judges Association sub-committee for children and families
- The Casey Family Program
- National Resource Centers of the Children's Bureau
- Catalyst for Kids
- Passion to Action Youth Advisory Committee
- Alliance for Child Welfare Excellence
- Provider groups
- Private Agencies

The 2010 CFSR Statewide Assessment reflected CA's strength in engaging tribes and stakeholders, and use of tribal and stakeholder feedback to inform policy and practice. As Washington state moved forward with the development of a Program Improvement Plan (PIP) following the CFSR, input and guidance was sought from representatives from Catalyst for Kids, the Administrative Office of the Courts, the Children, Youth and Family Services Advisory Committee and the Washington State Racial Disproportionality Advisory Committee. A broad group of staff and stakeholders was also included in the development of the approach outlined in the plan.

CA worked closely with representatives from the Administrative Office of the Courts (AOC) and the Court Improvement Training Academy (CITA) to develop the action plan and evaluate progress for timeliness of filing petitions for termination of parental rights under the PIP. The action steps identified to improve practice included data review and analysis, meetings with representatives from individual court systems, and development of training for judicial officers and court clerks.

CA engages with multiple stakeholder groups on an ongoing basis and the work of stakeholders has been incorporated to inform and develop the 2014-2019 Child and Family Services Plan. In addition, the Indian Policy Advisory Committee reviewed the [Consultation and Coordination between States and Tribes](#) section of the CFSP and was invited to provide input. Members of the Children, Youth and Family Services Advisory Committee, representing a variety of stakeholder groups, participated in reviewing data specific to performance and identifying areas and possible goals and action items for improvement.

Over the next 5 years, the role of stakeholders and partners will increase as CA continues to strengthen its CQI processes, including the development of statewide and local teams to strengthen child welfare practice. Existing committees and advisory groups will review data and provide input and feedback

regarding performance and progress. Individual representatives of tribes, stakeholder groups, and community partners will be provided opportunities to participate on time-limited work groups focused on system, practice, and service improvements.

Section II – Assessment of Performance

Part 1: Child and Family Outcomes

[Safety Outcomes](#)

[Permanency Outcomes](#)

[Well-being Outcomes](#)

Part 2: Systemic Factors

[Information System](#)

[Case Review System](#)

[Quality Assurance System](#)

[Staff Training](#)

[Service Array](#)

[Agency Responsiveness to Community](#)

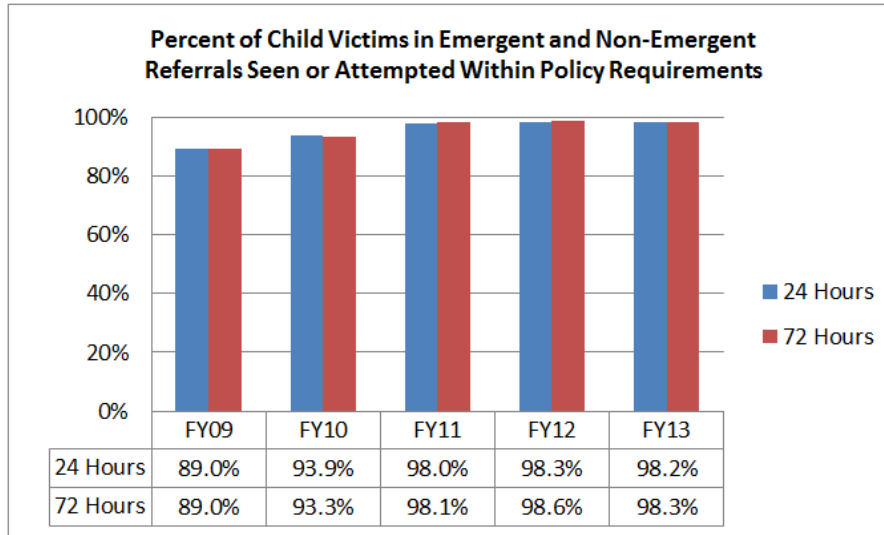
[Foster and Adoptive Parent Licensing,
Recruitment, and Retention](#)

Part 1: Child and Family Outcomes

Safety Outcomes

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

Item 1: Timeliness of initiating investigations of reports of maltreatment



Data source: FamLink run data 3/25/14

Initial face-to-face visits with alleged victims of child abuse and neglect continue to be an area of strength for Washington state. Since SFY 2011, CA has maintained annual average performance at or above 98% for both emergent and non-emergent referrals. Data regarding performance is reported at both summary and detail levels and is available to staff at all levels of the organization. It is used to identify alleged victims that have been seen as well as those that still need to be seen.

Item 2: Repeat Maltreatment

Absence of Maltreatment Recurrence

FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
93.7%	93.7%	94.2%	92.5%	92.1%

Data Source: FFY2013 Data Profile

Note: Federal standard is 94.6%.

Absence of Maltreatment in Foster Care

FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
99.82%	99.80%	99.81%	99.67%	99.68%

Data Source: FFY2013 Data Profile

Note: Federal standard is 99.68%

CA's performance for absence of maltreatment recurrence has declined slightly since FFY 2011. However, CA has continued its strong performance in very low rates of child abuse and/or neglect in foster care over the past four years with the rate for FFY 2013 at 99.68 percent. This data continues to be monitored as they represent key indicators of child safety.

In addition to federal reporting, recurrence of maltreatment has been added as a measure under Governor Jay Inslee's "Results Washington" initiative and continues as a measure in CA's Strategic Plan. In March 2014, to better understand recurrence of maltreatment, CA held a problem-solving event utilizing the Lean A-3 tool. Participants in the process included staff from across the state and all levels of CA as well as representation from the Children and Family Ombuds Office. As a result of the A3 Lean process, the participants determined that the following factors impact recurrence of abuse: an increase in accepted intakes for investigation or assessment over the past two years and staff turnover. In addition, CA implemented a safety framework tool in early FFY 2012 which may be impacting recurrence as staff continues to learn to apply the framework tool to make safe decisions for children.

One of the key recommendations from this group was to complete a qualitative review of a sample of victims who experienced recurrence in order to better understand the reasons for recurrence in Washington state. This review is scheduled to be complete by late June 2014. A preliminary look at the data shows that of the 250 victims reviewed, 65% of the documented recurrence occurred within 30 days of the initial intake. The short interval of time between recurrences may indicate CA investigated multiple intakes reporting duplicate or very similar allegations of child neglect or abuse of the same alleged victim. The qualitative review will include a look at practice related to documenting new and additional information for existing intakes in addition to other information such as race and ethnicity, age of the victim, and the clinical case decisions.

CA anticipates that several initiatives will result in a decrease in maltreatment recurrence data. Those initiatives are as follows: the continued implementation of Family Assessment Response (FAR), Washington state's differential response; continued work to enhance the implementation and training to understand the safety framework tool; and, possible SACWIS system changes to how intake information is documented.

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

The items under Safety Outcome 2 were included in the Washington state PIP following round 2. The primary strategy to improve performance under this outcome was the implementation of the Child Safety Framework (CSF). The primary sources of data for Safety Outcome 2 are two different types of case reviews that provide a statewide look at practice related to safety:

- The Central Case Reviews – reviews are conducted at individual offices and cover key areas of practice in safety, permanency, and well-being
- The CSF targeted case reviews - reviews look at a statewide sample of cases in Child Protective Services, Family Voluntary Services, and Child and Family Welfare Services focusing specifically on practice related to elements of the CSF.

Information from reviews is used to inform decisions made by leadership and the statewide and regional CQI teams to support ongoing practice improvements.

The questions from the Central Case Review were updated for calendar year 2012 to distinguish between in-home and out-of-home placements and outcomes, providing a better assessment and understanding of the practice related to specific areas of safety.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

CY 2010 / 2011 Central Case Review Questions

Q: <i>Were actions taken to provide or arrange appropriate services to the family targeted at the safety threats to the child?</i>	2010* Statewide Results	2011 Statewide Results
	65% 34 cases	86% 97 cases

Q: <i>If a child(ren) returned home, or remained in the home, were services offered or provided?</i>	2010* Statewide Results	2011 Statewide Results
	90% 20 cases	93% 41 cases

Data Source: Children's Administration's Central Case Review

*During 2010, CA redesigned the Case Review Tool; therefore, only 3rd and 4th quarters were reviewed.

For CY 2012, the questions above were redesigned

Q: <i>If a child(ren) returned home, or remained in the home, were services offered or provided?</i>	2010* Statewide Results	CY 2011 Statewide Results
	90% 20 cases	93% 41 cases

Q: <i>If the child was removed from the home without providing services, the removal was necessary to ensure the child's safety.</i>	CY 2012 Statewide Results	CY 2013 Statewide Results
	100% 65 cases	100% 80 cases

Q: <i>Appropriate services were offered or provided to the family targeted at safety threats to protect the child and safely prevent removal or re-entry.</i> In-Home Cases were 75% (106 of 141 cases) Out-of-Home cases were 82% (92 of 112 cases)	CY 2012 Statewide Results	CY 2013 Statewide Results
	78% 235 cases	78% 253 cases

Data Source: Children's Administration's Central Case Review

The Central Case review found that in all cases reviewed, the removal was necessary to ensure the child's safety. Additionally, the 2013 CSF targeted review showed that 86% of the time there was an accurate analysis to determine whether an in-home or out-of-home safety plan was needed, which represents an improvement from 25% in the 2012 CSF targeted review. While the qualitative CSF targeted case review did not specifically address provision of services, it did address the gathering of information necessary to accurately assess child safety, including child and caregiver functioning and management of safety threats across all programs. The accurate assessment of safety is a critical element of practice and is necessary for accurate identification services for families.

Central Case Review results show a slight decrease from 2012 to 2013 in performance in the area of providing appropriate services to target safety threats. Among the areas noted for practice

improvement were: identifying services to address specific safety threats; providing services to both parents in the home; and providing services in a timely fashion. In addition to summary level data, additional work needs to be done to be able to better understand the specific areas of challenge in accurately assessing child safety and identifying and providing services that target safety threats. Plans for future detailed data analysis to better inform practice improvements includes: family constellation; age of victim(s); race and ethnicity; and service availability as related to specific needs. The assessment for and development of services in local communities as FAR is implemented will support practice improvements in this area.

Washington state adopted a Structured Decision Making (SDM)[®] Risk Assessment tool in 2007. In the summer of 2013, CA held a Lean-like streamlining event focusing on the SDM[®] Risk Assessment. Staff from all levels of the agency participated in the event with primary focus on CPS workers and supervisors. As a result of the work done by the group, changes were made to the SACWIS system to pre-populate the SDM[®] Risk Assessment tool with information captured elsewhere as a workload reduction. Updated training on the SDM was developed for staff new to the agency and an updated on-line training was made available to all staff. CA has asked Partners for Our Children (POC) to complete a review of the SDM Risk Assessment implementation and its use in guiding field decision-making. An analysis of the impact will also be completed to determine whether the SDM tool implemented in Washington is predictive of repeat maltreatment. This review is currently scheduled to be completed during FFY 2015.

Item 4: Risk Assessment and Safety Management

2010/2011 Revised Central Case Review Questions

Q: <i>During the time the case was open in CPS, were safety threats adequately addressed?</i>	2010 Statewide Results	2011 Statewide Results
	79% 85 cases	87% 213 cases
Q: <i>During the time the case was open in FVS, were safety threats adequately addressed?</i>	2010 Statewide Results	2011 Statewide Results
	74% 35 cases	89% 65 cases
Q: <i>During the time the case was open in CFWS, were safety threats adequately addressed?</i>	2010 Statewide Results	2011 Statewide Results
	88% 65 cases	91% 166 cases
Q: <i>Were safety threats regarding the child's out-of-home caregiver adequately addressed?</i>	2010 Statewide Results	2011 Statewide Results
	88% 16 cases	82% 33 cases

CY 2012 Central Case Review Questions

Q: <i>Safety threats were adequately identified, assessed and controlled</i> In-Home Cases were 65% (98 of 150 cases) Out-of-Home cases were 88% (265 of 300 cases)	CY 2012 Statewide Results	CY 2013 Statewide Results
	80% 383 cases	81% 450 cases
Q: <i>Safety threats regarding the child's out-of-home caregiver were adequately identified, assessed and controlled</i>	CY 2012 Statewide Results	CY 2013 Statewide Results
	93% 255 cases	97% 299 cases

Safety item 4 was also included in the Program Improvement Plan. As with Item 3, under the PIP the strategy for improvement was the implementation of the CSF. The updated questions in the Central Case Review allow for a better understanding of practice for in-home and out-of-home cases and revealed the need for increased safety focus for children who remain home and are returned home.

The May 2013 CSF targeted case review showed overall improvement compared to the original review in November 2012. The November 2012 review consisted of 45 cases while the May 2013 review looked at 129 cases across all programs.

The CSF targeted review found a large increase across all programs in achieving an accurate analysis to determine whether an in-home or out-of-home safety plan was needed.

- CPS: 25% in November 2012 to 86% in May 2013
- FVS: 15% in November 2012 to 52% of the cases in May 2013
- CFWS: 17% in November 2012 to 52% in May 2013

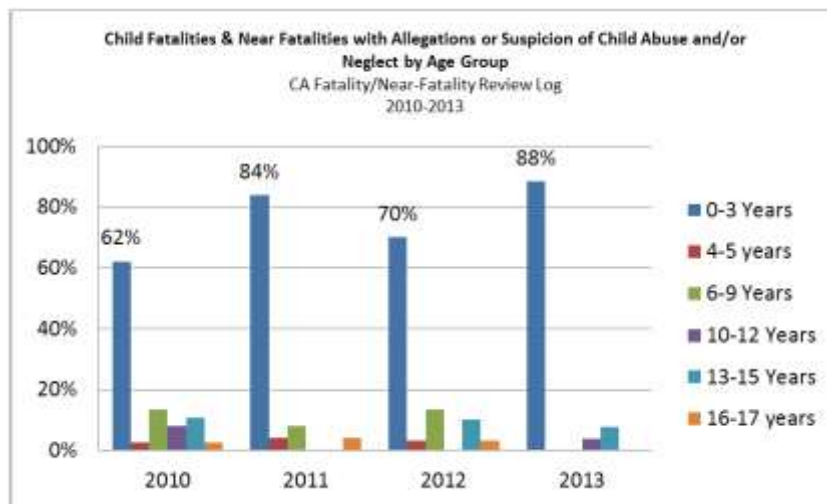
There was also an increase in in all program areas in safety plans that controlled safety threats.

The CSF reviews revealed challenges in gathering adequate information to make fully informed assessments, expanding analysis beyond an incident focused investigation, application of the safety threats, and development of effective safety plans. In October 2013, specific questions were added into the practice tools to help gather information throughout the life of a case to support integration of the CSF and principles throughout all programs in CA. These gathering questions include the following:

1. What is the nature and extent of the maltreatment?
2. What surrounding circumstances accompany the maltreatment?
3. How does the child or children function on a daily basis?
4. How does the parent(s)/caregiver discipline the child?
5. What are the overall parenting/child care practices used by the caregiver?
6. How does the parent(s)/caregiver manage his/her own life on a daily basis (this focuses on how the parent functions in an adult role outside of his/her parenting role).

Additional targeted reviews or other assessments will be conducted to determine the impact of these changes on practice related to child safety.

Child Fatalities and Near Fatalities



The Critical Incident Case Review unit reviews child fatalities and near-fatalities attributed to child abuse or neglect across Washington state for incidents involving victims that had received services from CA within the previous 12 months. Fatality and near-fatality review committees are comprised of community professionals who are experts from fields such as: law enforcement; pediatrics; child advocacy; parent education; mental health; chemical dependency; domestic violence; and drowning prevention. Children under age three continue to be the most vulnerable to serious injury or death from abuse. In FY 2013, 88% of children who died or suffered near fatal injuries from abuse or neglect were five years old and younger. Sixty two percent of child fatalities and near fatalities occurred while the child's case was open. Blunt force trauma was the most common cause of death for infants and toddlers age birth to three and was the most common cause of death resulting from child maltreatment. CA's efforts to reduce child fatalities include the following:

- The curriculum used to train CA workers about lessons learned from cases involving child fatalities was updated to include a focus on assessing safety of young children aged 0-3.
- An in-depth analysis of child-fatality and near-fatality data collected by CA is currently underway by Partners for Our Children. The results of the analysis will be used to assess and inform CA's practices and services.
- A workgroup consisting of CA staff and community partners was formed to improve CA's delivery of service to children aged 0-3.

Assessment of Safety Outcomes

Strengths

- Timely face-to-face visits with alleged victims of child abuse and neglect for both emergent and non-emergent intakes.
- Absence of maltreatment in foster care
- CA met the PIP performance targets for safety items 3 and 4

Concerns

- CA has not met the federal standard for absence of maltreatment recurrence

- Provision of services to target safety threats is stronger for children placed out-of-home cases than for in-home cases
- Inconsistent utilization of the Structured Decision Making (SDM)[®] Risk Assessment tool which guides decision making
- Challenges in gathering adequate information to make fully informed assessments, expanding analysis beyond an incident focused investigation, application of the safety threats, and development of effective safety plans across the life of a case

Areas of focus for 2015-2019

- Qualitative analysis of maltreatment recurrence to develop effective strategies including:
 - Focus on recurrence that occurred within 30 days of the initial referral to assess processes for documenting new information and determine if the documented information is actually recurrence
 - Clinical decision making
 - Demographic information – age, race/ethnicity, geographic area
- Implementation of Family Assessment Response (FAR)
- Strengthen understanding and utilization of the Structured Decision Making (SDM)[®] Risk Assessment tool
- Child Safety Framework (CSF) targeted case reviews or other assessments to identify areas of strength, improvement and determine the impact of CSF changes and updates
- Strengthen CA workers skill in assessing for and addressing safety threats and risks across the life of the case
- Strengthen resources and skills to address safety threats and risks for children ages birth to three
- Improve data reports to provide summary and detail level data that will include age, race/ethnicity, geographic location, and other critical information.
- Improve use of tools and clinical assessment to determine appropriate services for children and families.

Permanency Outcomes

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

Item #5: Foster Care re-entries:

FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
14.3%	15.5%	13.8%	10.1%	11.1%

Data Source: FFY2013 Data Profile

CA has improved its overall performance for this measure since FFY2009. The issues that bring children into care continue to be complex, including children with high needs and significant behavioral issues as well as substance abuse and mental health issues for parents. Family Team Decision Meetings (FTDMs) and shared planning meetings to support comprehensive planning at the time of reunification will positively impact this outcome. CA is currently working on updating the data reports for meetings which will improve access to data regarding meeting participation and decisions. CA also continues to focus on the integration of the CSF across all programs. The continued integration and understanding of the CSF will support appropriate identification of safety threats and steps needed to mitigate the threats which will continue to improve placement stability following reunification.

In October 2013, the Comprehensive Family Evaluation (CFE) was integrated into FamLink. The consistency and use of the tool will improve the worker’s ability to apply the CSF and assist in gathering critical information to direct critical case analysis, guide decision making, build stronger concurrent plans and improve timely permanency.

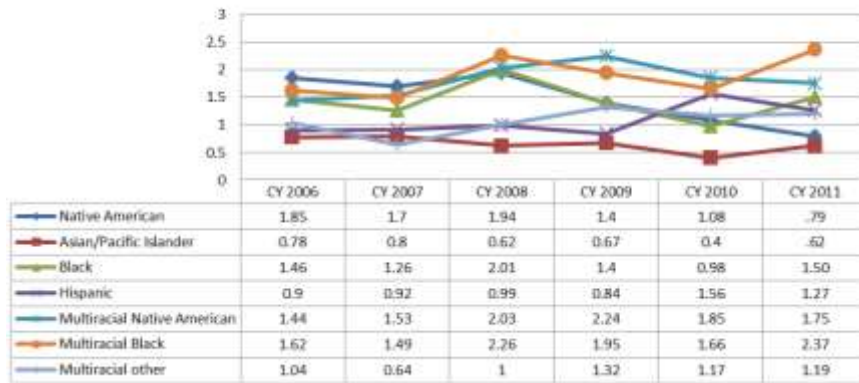
Item #6: Stability of foster care placement

Placement Stability: Percent of Children with 2 or fewer placement settings						
Time in Care	Federal Standard	Washington's Performance				
		FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Less than 12 Months	86.0%	85.3%	85.5%	83.2%	84.8%	82.4%
12 to 24 Months	65.4%	65.3%	67.4%	67.5%	67.7%	68.0%
24 Months - or more	41.8%	41.2%	39.3%	37.4%	39.8%	41.1%

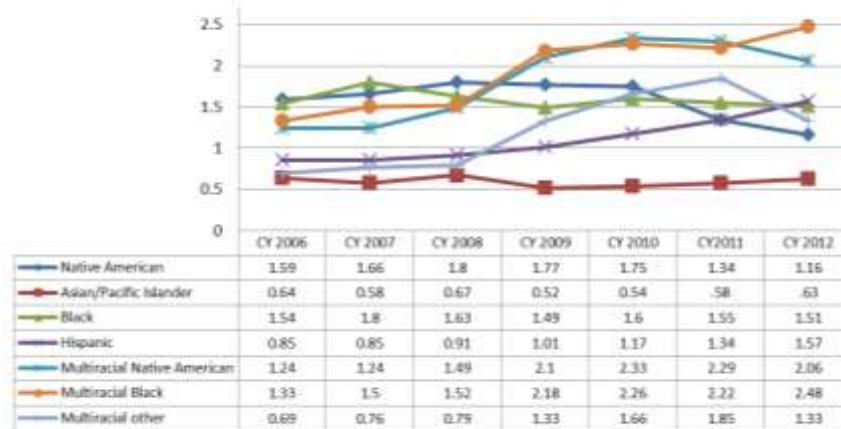
Data Source: FFY2013 Data Profile

Washington state has continued to exceed the federal standard for placement stability for children in out-of-home care for 12 to 24 months. Stability for children in care for 24 months or more has remained consistent since FFY 2009 and is less than one percent below the federal standard. However, in FFY 2013 CA saw a decrease in placement stability and the state’s lowest performance for children in care less than 12 months. Limited placement resources for initial or emergent placements and moves to place children with relatives or with siblings impact placement stability outcomes.

DIAI: State Trends, Children Moved twice or more during first 12 months of Placement



DIAI: Ongoing (in)stability; Children in long-term care who moved within last 12 months



Source: FamLink Data Warehouse

While CA has improved overall in placement stability, children of color experience greater placement instability than white children. CA is continuing to expand its data reporting capabilities at both the summary and detail levels to more consistently include race and ethnicity. This expansion will allow for improvement strategies that can be tailored to the population of families served by a local area. Including data that reflects the experience of overrepresented populations in the development and assessment of strategies to improve practice is essential to improving outcomes for children and families.

CA continues to involve foster parents and relative caregivers in FTDMs to strengthen consistency and participation in the placement decisions of children in care. Practice improvement for FTDMs has included a focus on their use to stabilize current placements rather than solely for placement moves. This continued proactive approach will help to improve placement stability.

Since the beginning of 2012, CA has increased focus on timely provision of child information to caregivers to support their ability to meet the needs of children placed in their homes as measured by a targeted case review. The measure for compliance has been a signed and uploaded Child Information Placement Referral form provided to licensed and unlicensed caregivers at initial placement and placement changes. Under the targeted review compliance for providing the information within the timeframe has increased from 14% for January-June 2012 to 60% for the period July-December 2013.

Quality assurance efforts related to this area of practice include monthly reviews for provision of the Child Information Placement Referral form for both new placements and placement changes. In February 2014, 423 placements were reviewed and of those, 89% of the placements showed that caregivers were provided the Child Information Placement Referral form within the required timeframes.

Item #7: Establishment of an appropriate permanency goal for the child in a timely manner

CA has measured its performance related to Permanency item #7 through the Central Case Review. The questions included in the review were expanded starting in CY 2012 to incorporate the performance measures identified in Washington state’s PIP.

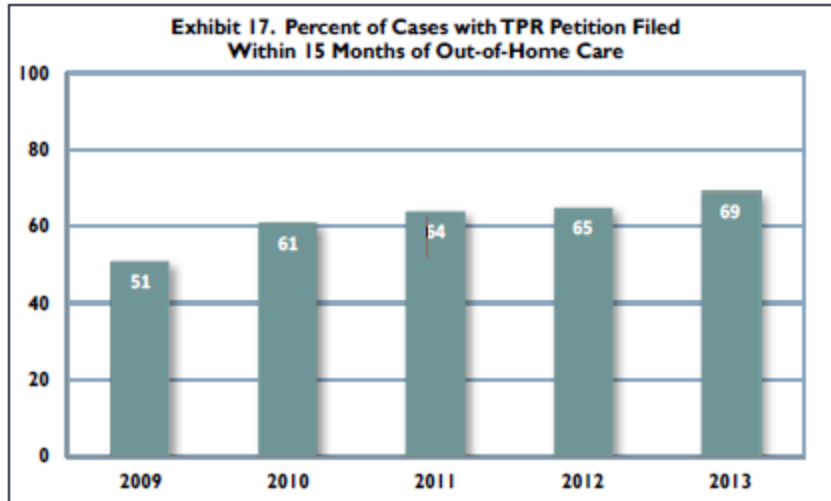
Central Case Review Questions

Q1: <i>Were all permanency goals appropriate to the child’s Individualized needs, and were they established in a timely manner?</i>	CY 2011 Not measured	CY 2012 Statewide Results	CY 2013 Statewide Results
	N/A	95% 253 cases	90% 299 cases

Q2: <i>Was a petition to terminate parental rights filed if the child was in out-of-home placement for 15 of the most recent 22 months, or compelling reasons documented in the current ISSP?</i>	CY 2010 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
	84% 50 cases	81% 73 cases	78% 120 cases	69% 124 cases

CA has seen a decline in the timely filing of termination petitions as reported through the Central Case Review. This particular measure is a complex one involving CA staff and other partners in the legal system. Identified areas of challenge include the following: workload for the state Assistant Attorneys General in some areas which delays filing of the documents; some judicial officers are hesitant to change a permanent plan to adoption when a child is not placed in a pre-adopt home; and CA workers understanding of concurrent planning.

Under the PIP, CA efforts to improve timely permanency focused on restructuring case planning meetings to support focused practice and providing information to the court partners to improve their understanding of the role they can play in supporting timely permanence. Results from CA’s case reviews conducted in 2013 are consistent with the data available from the Administrative Office of the Courts (AOC) which also showed that only 69% of termination petitions that should have been filed were timely filed. When case review data is reviewed, the statistic represents a decrease the past four years. In contrast, the data available from AOC shows a consistent increase in timely termination petition filings from 2009-2013:



Data Source: *Dependent Children in Washington: Case Timeliness and Outcomes 2013 Annual Report*

The discrepancy may be related to the difference in samples. The AOC data includes all documented filed termination petitions statewide while the Case Review includes data from a sample of cases from a limited number of offices.

The PIP activities related to the court system focused on timely filing and accurate documentation of termination petition filing or identification of compelling reasons why a petition should not be filed. AOC in conjunction with the Court Improvement Training Academy (CITA) analyzed timely filings of termination petitions to verify the accuracy of timeliness including compelling reasons. Information was then gathered regarding accurate coding and successful practices to support timely filing. An online dependency training was developed by CITA and provided to judicial officers and court clerks. In six counties where timely filings were below average meetings were held to identify strategies to improve timeliness.

As a result of this focused work, four of the six counties showed significant improvement in timely filing of termination petitions.

County	% Compliant filing for CY 2012	% Compliant filing for CY 2013
King	37%	49%
Grant	51%	38%
Kitsap	59%	87%
Grays Harbor	45%	72%
Benton	40%	31%
Clark	42%	61%

Data Source: *WA PIP and Dependent Children in Washington: Case Timeliness and Outcomes 2013 Annual Report*

Item #8: Reunification, guardianship, or permanent placement with relatives

Measure	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Percentage of exits to reunification in less than 12 months (federal standard: 75.2%)	72.3%	70.4%	64.0%	64.4%

Measure	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Median length of stay (federal standard: 5.4 months; lower score is preferable)	2.4 Months	5.1 Months	8.3 Months	7.8 Months
Percentage of all children entering foster care for the first time and reunified in less than 12 months (federal standard: 48.4%)	30.6%	31.7%	21.2%	23.8%

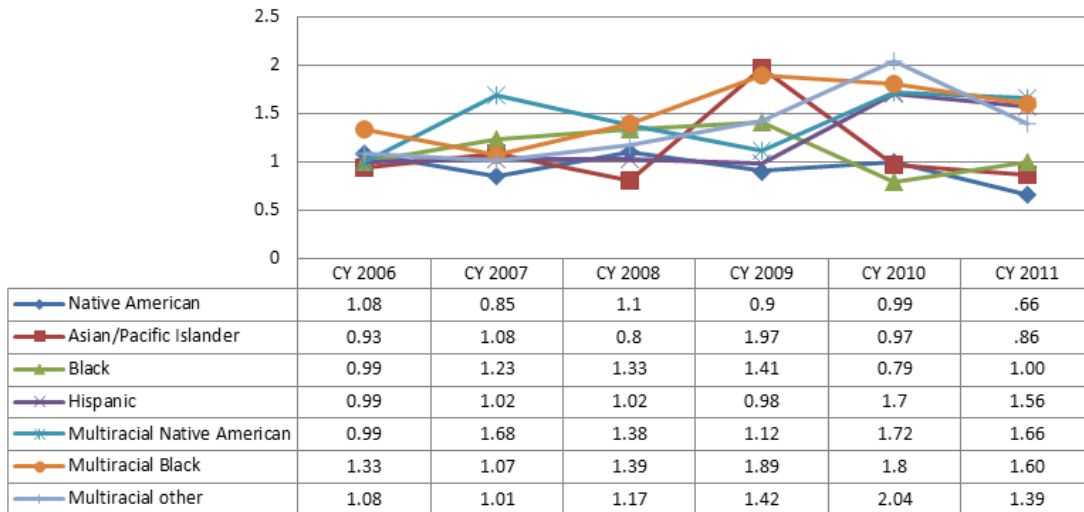
Data Source: FFY2013 Data Profile

Central Case Review Questions

The Case Review Tool measures data for Item #8 by asking the following two questions.

	CY 2010 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Q: <i>If the primary permanency goal was reunification, were actions taken to achieve the goal in a timely manner?</i>	74% 42 cases	87% 71 cases	83% 143 cases	87% 151 cases
Q: <i>If the primary permanency goal was third party custody or guardianship, were actions taken to achieve the goal in a timely manner?</i>	20% 5 cases	29% 17 cases	35% 23 cases	73% 33 cases

DIAI: Children Reunified within 12 Months of Placement



*For this indicator only, values above 1 are positive, indicating that children are more likely to be reunified within 12 months

Data Source: FamLink Data Warehouse

Washington has continued to show improvements to achieve timely permanency outcomes of reunification, guardianship, and third party custody as measured by the Central Case Review. The outcome data for reunification from the case review differs from the Data Profile in that the timeliness measure under the case review takes into account case specific circumstances and does not limit the time frame to 12 months. The data from the Case Review represents a subset of all youth who are reunited. Exits to reunification for children in out-of-home care less than 12 months have remained below the federal standard over the past four years with a decline over the past two years. Among the children who were reunited in CY 2011, children of color, with the exception of Native American and

Asian/Pacific Islander were more likely to be reunified within 12 months. Timely exits to reunification are an area for improvement in the coming years.

There are a number of practice and policy factors that impact performance on timely reunification. CA's policy related to voluntary placement agreements was changed in December 2010, substantially decreasing the length of time a child could be placed in care on a voluntary basis from 90 days to 7 days. As a result, youth that previously had been voluntarily placed for up to 90 days instead entered placement pursuant to a dependency petition which impacted lengths of stay. In March 2013, the policy regarding VPAs was changed to allow children to be in care voluntarily up to 90 days. CA's reports of longer exits to reunification also reflect the challenging families that CA is serving. CA continues to focus on family engagement to improve timely exits to reunification through Family Team Decision Making meetings (FTDMs), Solution Based Casework (SBC) and the development of individualized case plans with the family. The use of Permanency Round Tables earlier in a placement episode will continue to support shortened lengths of stay for youth.

It is unknown at this time what impact the implementation of FAR will have on lengths of stay and timely reunifications. As fewer children enter care and those that do enter represent children and families with more complex issues, it is possible that the median length of stay or time to reunification could increase. This will be an area that will need to be watched closely as FAR implementation continues through 2016.

Timeliness for achieving permanent outcomes other than reunification or adoption improved substantially from 2012-2013. Since the subsidized relative guardianships (R-GAP) program was implemented, 114 have been finalized. Increased understanding of these permanency options and the process to finalize them as well as clarifications regarding the standardization of the home study process will support improved timely permanency outcomes through guardianship.

Washington state does not discharge youth from foster care to relatives without the legal structure of adoption or guardianship.

Item #9: Adoption

- **Component A:** Timeliness of Adoptions of Children Discharged from Foster Care

Measure	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Percentage of exits to adoption in less than 24 months (federal standard: 36.6%)	24.2%	29.3%	38.2%	30.7%
Median length of stay (federal standard: 27.3 months; lower score is preferable)	32.6 Months	31.5 Months	27.5 Months	28.7 Months

Data Source: FFY2013 Data Profile

- **Component B:** Progress Toward Adoption for Children in Foster Care for 17 Months or Longer;

Measure	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Percentage of children in care 17 months or more, that are adopted at the end of the year (federal standard: 22.7%)	27.9%	31.4%	26.7%	28.3%
Percentage of children in care 17 months or more achieving legal freedom within 6 months (federal standard: 10.9%)	14.5%	14.6%	14.9%	15.9%

Data Source: FFY2013 Data Profile

- **Component C: Progress Toward Adoption of Children Who are Legally Free for Adoption:**

Measure	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Of all children who became legally free for adoption in the 12 month period prior to the year shown, what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? (federal standard: 53.7%)	60.2%	64.7%	78.7%	66.8%

Data Source: FFY2013 Data Profile

Central Case Review

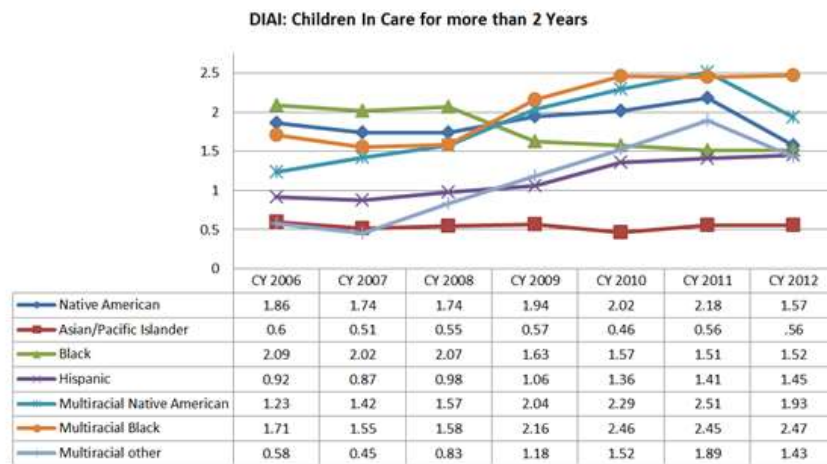
Q: *If the primary goal was adoption, were actions taken to achieve the goal in a timely manner?*

Adoptions Within 24 Months	CY 2009 Statewide Results	2010* Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Actions taken to achieve permanency goals of adoption timely	61.0%	59%	68%	70%	71%

Data source: Children's Administration's Central Case Review

*The 2010 case review data for item #9 - based on 41 cases completed in the 1st 3rd and 4th quarters 2010.

For FFY 2013 CA's performance in all adoption measures exceeded federal standards except for the standard requiring the finalization of adoptions within 24 months and median length of stay. Overall length of stay has decreased since FFY2010. Statewide adoption training was conducted in FY 2014 to standardize the adoption process, identify barriers to adoption and facilitate solutions. A statewide permanency push in FY 2014 provided assistance with adoption home study completion and additional adoption staff which resulted in an increase in finalized adoptions. In spite of the delays in timely filing of termination petitions, once petitions are filed, the process to move forward with the legal action and subsequently finalize adoptions is effective in achieving permanency. It is anticipated that these measures will continue to improve as CA improves performance with timely filing of petitions to terminate parental rights and identification of concurrent permanent plans.



Data Source: FamLink Data Warehouse

Timely permanency for children remains a priority for CA. Children of color are more likely than white children to remain in care more than two years. This disparity is an area of focus for CA within its strategic plan and addressing disproportionate representation of children of color within the child welfare system will continue to be an area of focus across all areas of practice.

Performance related to length of stay and adoptions was impacted by the implementation of the Unified Home Study, which occurred statewide in September 2012. While the Unified Home Study standardizes expectations for all caregivers and streamlines the home study process, unexpected challenges with the transition including a large backlog of home studies to be completed at the time of transition impacted timely permanency. CA continues to analyze if the implementation of the CSF in 2011 impacted permanency outcomes. Over the past few years there has been a strong focus on implementation of the framework within CPS investigations. CA has identified the need for ongoing training and is developing strategies to strengthen the integration of the CSF with permanency work and to focus on timely permanency.

Permanency Round Tables have been utilized to identify permanent connections and homes for older children, children with the longest lengths of stay, children with primary plans of long term foster care, and sibling groups.

Item #10: Other Planned Permanent Living Arrangement

- **Component A:** Achieving Permanency for Children in Foster Care for Long Periods of Time

Measure	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Percentage of children in care for 24 months or more exiting to permanency prior to their 18 th birthday (federal standard: 29.1%)	35.7%	40.5%	35.4%	39.1%
Percentage of children with parental rights terminated exiting to permanency (federal standard: 98.0%)	97.0%	95.7%	96.6%	97.2%

Data Source: FFY2013 Data Profile

- **Component B:** Growing up in Foster Care

Measure	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Percentage of children who age out of care without a permanent plan (federal standard: 37.5%; lower score is preferable)	52.7%	54.1%	51.6%	52.2%

Data Source: FFY2013 Data Profile

Central Case Review Question

Q: Were timely efforts made to achieve the permanency goal, or a concurrent goal of long-term foster care, or a plan for independent living for youth 14 years and older?

Other planned living arrangements	CY 2009 Statewide Results	2010* Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	50.0%	60%	100%	89%	93%

Data source: Children’s Administration Central Case Review

**The 2010 case review data for Item #10 - based on a sample size of 10 cases completed during 1st quarter 2010*

Focused strategies for improvement in this area have included:

- Statewide implementation of Permanency Round Tables in 2011 with an initial focus on youth in care five or more years
- Subsequent Permanency Round Tables included a focus on youth with a primary plan of long term foster care
- Focused Quality Assurance reviews of cases for youth with a permanent plan of Long Term Foster Care including participation in Independent Living skills

These activities have supported the ongoing practice expectation for permanency and long term connections for youth.

Decreasing the percentage of children in care for more than 5 years is a goal under both the Governor’s “Results Washington” and the CA Strategic Plan. Strategies to improve this measure identified focus on helping youth achieve permanence through active relative searches, continuing a focus on permanency planning, conducting Permanency Round Tables and ongoing education to the youth and families around the value and importance of permanency for youth in care. Future focus will be on youth in care two or more years to improve timely permanency and prevent youth from being in care five years or more.

There are currently over 300 youth participating in the Extended Foster Care Program for youth who are still in foster care when they turn 18. Extended foster care supports transitional living, supervised independent living, and ongoing foster care placements. The intent of Extended Foster Care is to continue to support permanency and successfully transition youth to adulthood.

Q: <i>Were services offered to successfully transition the youth from out-of-home care to adulthood in a developmentally appropriate way for youth 15 years and older?</i>	CY 2010 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
	100% 5 cases	72% 25 cases	65% 26 cases	84% 27 cases

Independent Living (IL) providers are able to enter information into FamLink regarding activities and youth participation. The statewide IL program manager has been working with providers to support timely, complete documentation of activities. An area for improvement is provision of skills and services to youth who decline to participate in structured IL services or for whom services are not available in their area. CA will be conducting targeted case reviews and after reviewing the findings will develop strategies to address the issues.

Data reported from Independent Living Providers

<i>Youth Services by *Contracted Year</i>				
	2010 Statewide	2011 Statewide	2012 Statewide	2013 Statewide
Number Children That Received Independent Living Services	1,076	970	1,198	1,334
Number Children That Received Transitional Living Services	1,441	1,333	1,464	1,368

Youth Services by *Contracted Year				
	2010 Statewide	2011 Statewide	2012 Statewide	2013 Statewide
Total number of youth	2,517	2,303	2,662	2,702

Data Source: Data from Independent Living Providers for the *contracted year (September 1st – August 31st)

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

Proximity of foster care

Percentage of children experiencing a change in schools at the time of initial out-of-home placement	2010 (SY2008/09)	2011 (SY2009/10)	2012 (SY2010/11)	2013 (SY2011/12)
OSPI and FamLink Information	17.3%	15.1%	11.7%	9.6%

Data Source: OSPI & FamLink

Washington state has continued its commitment to maintaining school stability when youth first enter care and throughout the school year while in out-of-home care. Performance has increased due to ongoing training and quality assurance. Efforts have been made to increase the awareness of the importance of maintaining school placements through training for CA workers and collaborative work with OSPI, individual school districts and the judicial system.

Placement with siblings

Sibling Placements	FY 2010 Statewide	FY 2011 Statewide	FY 2012 Statewide	FY 2013 Statewide
Percent of Siblings Placed With All Other Siblings	64.5%	62.3%	72.2%	86.1%

Data source: FY 2009 – FY 2011 Children’s Administration Administrative Data; FY 2012 – FY2013 *Braam Revised Settlement and Exit Report Targeted Case Review Results*

Washington state has continued its commitment to place siblings together in out-of-home care and has increased its performance 25.2% over four years. This increase in performance was due to ongoing training and quality assurance. Caregivers and CA workers partnered to increase the awareness of the importance of maintaining sibling relationships. Targeted case review data measures whether children in out-of-home care are placed with their siblings who are also in out-of-home care whenever possible at their initial placement. Ongoing efforts in recruitment, retention and placement services coordination have helped maintain sibling connections while in out-of-home care.

Visiting with siblings in foster care

	FY 2010 Statewide	FY 2011 Statewide	FY 2012 Statewide	FY 2013 Statewide
Percent of Siblings placed apart who had 2 or more monthly visits/contacts	52%	50%	32%	79%

Data source: FY 2010 – FY 2011 Children’s Administration Administrative Data; FY 2012 – FY2013 *Braam Revised Settlement and Exit Report Targeted Case Review Results*

The number of siblings placed apart having twice monthly visits or contact continues to be an area of focus for CA. Performance is measured through a targeted case review which reflects a strong

improvement from FY 2012 to FY 2013. This increase is a result of efforts which include; training CA workers in the importance of sibling connections, the creation of a sibling visit documentation template to be used in FamLink and ongoing monthly quality assurance case reviews.

Preserving Connections

Central Case Review Questions

Q: Was inquiry made with both sides of the family to discover if the child had American Indian/Alaska Native/Canadian Indian status?	CY 2010 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
	84% 129 cases	85% 319 cases	72% 493 cases	77% 587 cases
Q: If the parent or relative indicated American Indian/Alaska Native/Canadian Indian status, was the Tribe(s) or the Bureau of Indian Affairs (BIA) contacted to determine the child's Indian status?	CY 2010 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
	71% 49 cases	73% 97 cases	75% 133 cases	73% 183 cases
Q: If the Tribe determined the child to be American Indian/Alaska Native/Canadian Indian, were there ongoing active efforts to include the Tribe(s) in case planning?	CY 2010 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
	85% 20 cases	82% 28 cases	84% 44 cases	77% 60 cases
Q: If this was a Limited English Proficiency (LEP) or American Sign Language (ASL) family, were translation and/or interpreter services provided?	CY 2010 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
	73% 11 cases	55% 20 cases	29% 42 cases	55% 40 cases

Data source: Children's Administration Central Case Review

Relative Placements

Q: Were actions taken to identify and assess relatives as a placement resource?

Relative Placement	2010 Statewide	2011 Statewide	2012 Statewide	2013 Statewide
FamLink (State Fiscal Year) July 31 st of the year	37.2%	38.1%	39.5%	40.4%

Data source: Children's Administration FamLink, point in time data

Washington continues to emphasize, support and identify relatives and address barriers to relative placement. The relative placement rate has improved over the past 4 years. The statewide staff that have been identified to search for relatives and conduct research into Native American status for children and families have been centralized to support more thorough, effective and consistent search processes.

Assessment of Permanency Outcomes

Strengths

- Re-entries into care have decreased since FY 2009. Supports are in place to continue supporting improvements in this area.
- Stability for children in care 12-24 months exceeds the federal standard.
- Caregivers are provided information regarding children in their care.
- Timeliness of adoptions and achieving legal freedom within 6 months for children in care 17 months or more, as well as finalization in less than 12 months from becoming legally free are all strengths.
- Siblings placed together and siblings having 2 or more monthly visits/contacts continue to improve.
- Over 40% of children in out-of-home care are placed with relatives.

Concerns

- Timely filing of termination petitions and identification of appropriate compelling reasons to not file continues to be an area of challenge.
- Reunifications within 12 months have decreased.
- Children of color continue to be more likely than white children to remain in care more than two years.

Areas of focus for 2015-2019

- Increase timely filing of termination petitions/identification of compelling reasons.
- Improve data reports to provide summary and detail level data that will include age, race/ethnicity, geographic location, and other critical information.
- Strengthen integration of CSF throughout the life of a case.
- Improve use of tools and clinical assessment to determine appropriate services for children and families to support timely permanency.
- Strengthen statewide permanency infrastructure to include development of Permanency CQI team and statewide leads group.
- Improve CA worker understanding and implementation of concurrent planning for all children in out-of-home care.

Well-Being Outcomes

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

Item 17: Needs and services of child, parents and foster parents

Central Case Review Questions

Q: Were efforts made to assess the father and the mother’s needs?

Q: Were appropriate services offered or provided to address the identified needs?

<i>Were actions taken to assess the mother’s needs and offer or provide appropriate services to address her needs?</i>	2010 Statewide** Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
<i>Were actions taken to assess the father’s needs and offer or provide appropriate services to address his needs?</i>	Overall average: 74% Mothers: 82% Fathers: 64%	Overall average: 79% Mothers: 86% Fathers: 71%	Overall average: 68% Mothers: 75% Fathers: 60%	Overall average: 68% Mothers: 74% Fathers: 59%

Data source: Children’s Administration Central Case Review

***The 2010 case review data for these questions are based on 152 cases.*

CA continues to stress the importance of assessing needs and offering services to both the mother and the father. This item as measured in the case review includes sufficient efforts to locate parents. The lack of efforts to locate parents accounts for the cases that were not compliant in 2012 and 2013; when the parents were located the needs were assessed and appropriate services were offered. The distinction between efforts to locate and assessment of needs is not clear from prior annual reports. Locating and engaging a parent is critical for assessing their needs. As with other measures, this data has been available in summary form. Additional analysis to assess for differences in location of parents and assessment of needs based upon race and ethnicity will need to be incorporated into future planning and strategy development.

Foster Parent Survey

The annual [Foster Parent Survey](#) conducted in 2010 and 2011 measured whether licensed and unlicensed caregivers felt they received adequate support from the department for their role as foster parents. Over time, adjustments have been made to the survey questions and targeted respondents. For example, with the renegotiation of the [Braam Settlement and Exit Agreement](#), the 2012 Foster Parent Survey was modified. The survey is now conducted by the DSHS Research and Data Analysis Unit and is directed only to licensed foster parents. CA has implemented numerous efforts to improve support for foster parents and continues to show improvement. As noted in the table below, CA continues to improve on this measure.

Foster Parent Survey	FY 2010 Statewide Results	FY 2011 Statewide Results	*FY 2012 Statewide Results	*FY 2013 Statewide Results
Percent of caregivers (licensed and unlicensed) reporting adequate information about foster children	81.4%	82.7%	N/A	N/A
Percent of caregivers (licensed and unlicensed) reporting adequate support for their role	75.7%	77.3%	79.0%	80.0%
Percent of licensed foster parents reporting adequate information about the needs of the child placed with them	N/A	N/A	N/A	71%

**In FY2012 and FY2013, the survey no longer asks the question of whether caregivers feel they receive adequate information about the children in their care. The FY 2012 and FY2013 survey only report responses from licensed foster parents.*

Licensed and unlicensed caregivers receive information about children in their care in a number of ways including: the Child Placement Information and Referral form which is provided at or around the time of placement; participation in staffings; and monthly caseworker visits with children and caregivers. This information is critical to supporting foster parents and determining the services needed to support the child in placement and the caregivers' ability to meet the needs of that child.

Provision of information to caregivers has been measured for the Braam Settlement and Exit Agreement. In 2011, the measurement shifted from a survey to the provision of the Child Placement Information and Referral form as measured through a targeted case review. Since the first review in 2012, performance has continued to improve, reflecting increased understanding of the need to provide the form in a timely way and accurately document that it was provided.



Data source: July-December 2013 Semi-Annual Performance Report, Caregiver Information

Item 18: Child and family involvement in case planning

Central Case Review Questions

Q#1: Were efforts made to involve the mother in the case planning process on an ongoing basis?

Q#2: Were efforts made to involve the father in the case planning process on an ongoing basis?

Q#3: Were efforts made to involve the child in the case planning process on an ongoing basis?

Q: Were efforts made to involve the mother in the case planning process on an ongoing basis?	2010 Statewide** Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Q: Were efforts made to involve the father in the case planning process on an ongoing basis?	Overall average: 72%	Overall average: 76%	Overall average: 67%	Overall average: 68%
*Q: Were efforts made to involve the child in the case planning process on an ongoing basis?	Mothers: 82% Fathers: 59%	Mothers: 83% Fathers: 66%	Mothers: 75% Fathers: 49% Child: 74%	Mothers: 73% Fathers: 55% Child: 76%

Data Source: Children's Administration Central Case Review

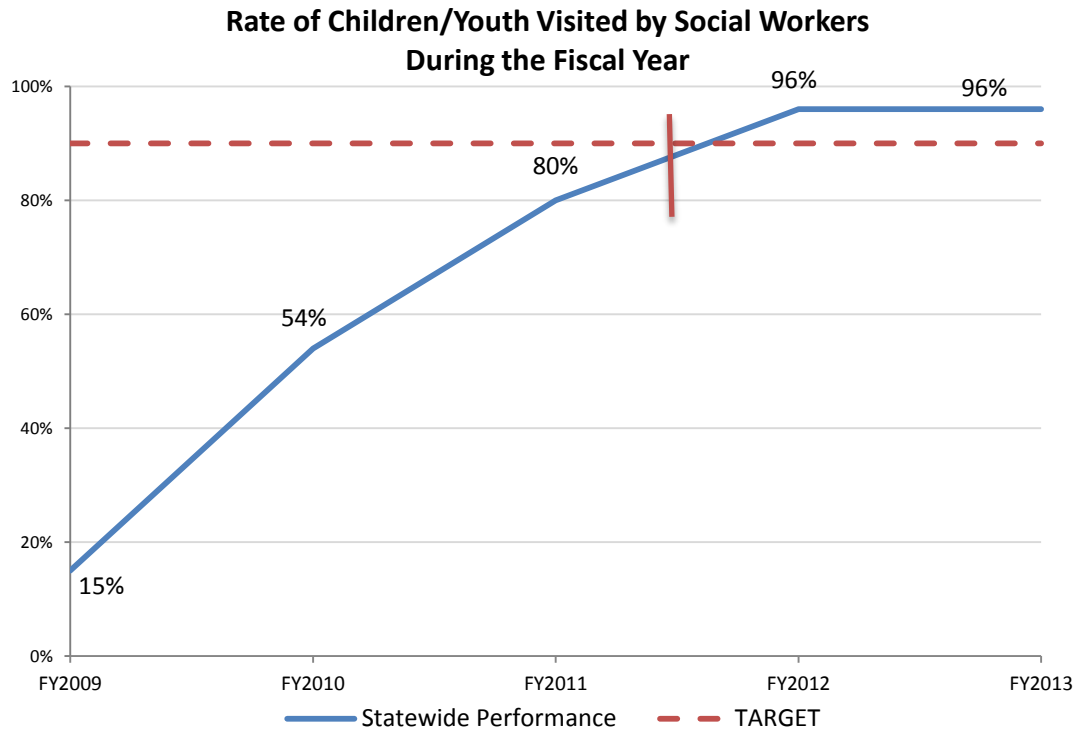
**The 2010 case review data for ongoing efforts to engage the mother, father(s) in case planning - based on 150 cases

Engaging parents in the development of the family's case plan supports improved child safety and achievement of timely permanency. As with other measures, identification and location of parents is a critical first step. CA continues to be more involved with mothers than with fathers. Identification, location, and engagement of parents continues to be an area of focus for CA.

To support improved engagement, CA has created a desk guide called, "Requirements for Monthly Social Worker Visits with Parents" for the social worker to use during the case planning process with parents. In October 2013, the Comprehensive Family Evaluation was implemented. This evaluation emphasizes and supports the importance of including parents and children in the case planning process.

CA continues to explore additional strategies to improve father engagement while continuing its "Fathers Matter" outreach program to help engage fathers in the lives of their children involved with the child welfare system. In October 2013, additional Fathers Matters material was provided in Spanish, that included "Social Worker Actions that Support Father Engagement" and "Father Engagement throughout the Life of a Case." While the case review captures the qualitative nature of involvement in case planning, there are efforts to develop FamLink reports that reflect visits with parents and participation in shared planning. These reports will help provide additional focus for areas of improvement. Review of the central case review data shows that performance for this item is impacted by a lack of ongoing efforts to locate a parent.

Item 19: Social Worker visits with child



Data Source: FamLink run date 2/19/14

*FY2009 – 2011 measured the percentage of children who received a visit from an acceptable worker in every prior full calendar month they were in care. This measure requires a visit in each month of the 12 month reporting period.

Starting in FFY2012, the federal measure was revised and now requires CA to track the percent of visits completed monthly by a worker out of the number of visits necessary to visit each child in out-of-home care monthly.

Central Case Review Questions

Q: Was there a monthly in-person visit between the social worker and the child?

Q: Was the quality of the visits sufficient for ongoing assessment of the safety, permanency, and well-being of the child?

Social Worker Visits with Child	2010* Statewide Results	CY 2011 Statewide Results
Central Case Review	80%	93%

*The 2010 case review data for Item #19 - based on 186 cases

For CY 2013, Case Review measured the two questions individually.

Social worker visits with Child	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	82% (368 cases)	83% (428 cases)
Quality of Visits with Child	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	71% (359 cases)	76% (410 cases)

Beginning in FFY 2012, the outcome measured through case review is different from the performance measured under the revised federal measure. The case review identifies a case as noncompliant if there are any visits missed within a 6 month period. As a result, some cases that would be considered compliant under the federal measure are considered non-compliant under the case review. Monthly CA worker visits with children are recognized as critical for assessing child safety and well-being and supporting permanency. Monthly reports have been enhanced allowing a real time look at monthly visit status to support completion of the visits in a timely way. These reports are available at summary and detail levels. In addition, the supervisory review tool allows a supervisor to see when the last monthly visit occurred and includes hyperlinks to the actual case note to allow for a review of content.

Item 20: Social worker visits with parents

Central Case Review Question

Q: Was there a monthly in-person visit between the social worker and the mother and the father?

Q: Was the quality of the visits sufficient to address issues pertaining to the safety, permanency, and well-being of the child?

Social worker visits with the mother/father	CY 2010* Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	21%	Not measured	31%	34%

**The 2010 case review data for Item #20 - based on 85 cases completed during 1st quarter 2010.*

For CY 2013, case review separated the data for the monthly visits with the mother and the father

Social worker visits with Mother	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	38% 335 cases	44% 368 cases
Social worker visits with Father	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	22% 257 cases	27% 285 cases
Quality of visits with Mother	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	81% 297 cases	84% 319 cases
Quality of visits with Father	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	77% 185 cases	82% 198 cases

This measure, for purposes of case reviews, required monthly visits every month with each parent as required by CA policy. If one month during the six month period was missed, the case was considered non-compliant. When monthly visits with parents were documented, the quality of those visits was strong. Engagement with both parents continues to be a critical area for focus and improvement for CA. Data for monthly visits with parents can be extracted from FamLink, but the report requires ongoing validation. In addition, the process for documenting visits to ensure accurate reporting is a cumbersome one so it is not used consistently by field staff. CA continues to work on improving the reporting process for this measure.

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

Item 21: Educational needs of the child

Central Case Review Question

Q: Were actions taken to assess the child’s educational needs and offer appropriate services when needs were identified?

Educational needs of child	CY 2009 Statewide Results	2010* Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	86.0%	89%	91%	91%	95%

**The 2010 case review data for Item #21 - based on 128 cases completed*

Under the Braam Exit and Settlement Agreement, the status of educational planning is also measured. For this measurement, a targeted case review of 100 cases is completed every six months. The identified goal of the review is as follows: *Caseworkers will take the required steps to meet the educational needs of children in out-of-home care.* Performance has remained strong under both measures.



Data source: July-December 2013 Semi-Annual Performance Report, Educational Needs of Children

Child Health & Education Tracking (CHET) - Education Domain

Number of children whose educational needs were assessed and documented within 30 days of entering care

FY 2010	FY 2011	FY 2012	FY 2013
86.0%	93.0%	96%	93%

Data source: CHET Statewide database

Item 22: Physical health of the child

Central Case Review Question

Q: Were actions taken to assess the child's physical health needs and offer appropriate services?

Physical health of child	CY 2009 Statewide Results	2010* Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	76.0%	82%	88%	72%	76%

Data Source: Children's Administration Central Case Review

*The 2010 case review data for Item #22 - based on 166 cases

EPSDT within 30-days

Child Health & Education Tracking (CHET) - Physical Health Domain

The data below represents the number of children whose physical health needs were assessed and documented within 30 days of entering care.

FY 2010	FY 2011	FY 2012	FY 2013
82.0%	93.0%	96%	95%

Data source: CHET Statewide database

Annual EPSDT

Children's Administration FamLink and Health Care Authority (HCA) Data

Physical health of child	CY 2009 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Percent of children with annual EPSDT Screening**	57.5%	65.5%	66%	67.5%

Data source: **EPSDT claims and encounter records from Research and Data Analysis Unit (RDA) based on HCA records and billing

CY2012 Data Source: Review of 100 cases from FamLink and Medicaid billing data

CA has strong processes in place to support meeting the education and physical health needs of children in care. Ongoing collaboration with medical providers and local school districts to meet the needs of individual children helps to achieve these outcomes. The education plan is created from information entered in FamLink by the CA worker and submitted as an attachment to the court report every six months and requires current information to be documented in FamLink. Continued efforts are needed to support accurate documentation of ongoing medical care. For the majority of cases that were determined non-compliant in the case reviews conducted in 2013, the annual well-child or dental check was not documented in FamLink. Most often, caregivers follow up with medical needs, including routine

check-ups for children. Obtaining the information from caregivers and documenting it in FamLink will support improved outcomes in this area.

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

Item 23: Mental/behavioral health of the child

Central Case Review Question

Q: Were actions taken to assess the child’s mental/behavioral health needs and offer appropriate services?

Mental Health of child	CY 2009 Statewide Results	2010* Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
Central Case Review	84.0%	83%	80%	81%	92%

**Data Source: Children’s Administration Central Case Review data for Item #23 - based on 108 cases*

Child Health & Education Tracking (CHET) – Emotional/Behavioral Domain

The data below represents the number of children whose emotional/behavioral needs were assessed and documented within 30 days of entering care.

FY 2010	FY 2011	FY 2012	FY 2013
93.0%	97.0%	98%	96%

CA continues to focus on the assessment and provision of services to meet the mental and behavioral health needs of children in care. CA collaborates with the Behavioral Health and Service Integration Administration and Juvenile Justice and Rehabilitation Administration (JJRA) to help to ensure that those youth with high levels of need receive the necessary services.

Assessment of Well-Being Outcomes

Strengths

- CA provides information to caregivers regarding children in their care.
- Monthly health and safety visits with children in out-of-home care remains strong.
- Quality of contacts with parents is good.
- CA has strong processes in place to support meeting the education and physical health needs of children in out-of-home care.
- Interagency collaboration supports meeting the mental and behavioral health needs of children in out-of-home care.

Concerns

- Locating and engaging parents continue to be areas of improvement for CA. These activities are key components for accurately assessing needs and providing services.
- Engaging parents and children in the development of the case plan and shared planning processes continues to be an area of improvement.
- Engagement with fathers continues to be an area of focus.

Areas of focus for 2015-2019

- Increase identification of and engagement with mothers and fathers
- Streamline the shared planning meeting continuum to improve shared planning processes and opportunities for engagement with children and families
- Improve data reports to provide summary and detail level data that will include age, race/ethnicity, geographic location, meeting participants, and other critical information.
- Strengthen engagement with fathers

Part 2: Systemic Factors

Systemic Factor: Information System

FamLink is Washington's Statewide Automated Child Welfare System (SACWIS). FamLink replaced the state's previous legacy system, CAMIS, in 2009.

FamLink provides information on location, goals, legal status, and demographics for each child in foster care. This application supports consistent social work and business practices statewide to assure that children and their families will receive the same level of quality services in every community in Washington.

FamLink Assessments

Within the last 18 months, Washington has participated in two comprehensive assessments of its SACWIS system that have helped Washington identify opportunities and potential for improvement from a technical, data, and human capital perspective. Both assessments were conducted on-site in Washington and included a full review of the online functionality, overall system, and "end-user" field and headquarters interviews.

KPMG

KPMG was contracted by the state of Washington to conduct an assessment of the FamLink system to determine overall system health. The assessment took place during the month of December 2012 with the final assessment report delivery on January 31, 2013. The KPMG assessment involved an overall review of the FamLink functionality and system documentation and included interviews of CA staff from all divisions (e.g. technical staff, field staff from each region, headquarters staff, and federal funding/fiscal staff). The assessment identifies several improvement recommendations that could be implemented in a short timeframe, as well as more extensive projects that could be spread out over the next several years, allowing CA to continually build capacity and movement toward system maturity. The potential roadmap timing in the assessment involved a 24 month timeline, recognizing that the implementation of recommendations would be dependent upon the availability of CA resources and funding.

At the time of the KPMG assessment, CA was in the process of partnering with the Aging and Long Term Services Administration (AL TSA) in a shared use of the FamLink system. As observed by the analysts, there had not been a detailed analysis of alignment of processes, practices, capabilities, and shared services prior to the decision to partner the two agencies in a common use of a single system.

After the KPMG assessment was complete, a leadership decision was made to "diverge" FamLink from a shared system and return it to its originally intended focus of a Child Welfare system. Work has been underway to assist ADSA in setting up a separate system, while maintaining interfaces with FamLink to ensure continued communication and continuity between the two agencies when serving mutual clients. Work will continue to remove ADSA data and code from the FamLink system.

SACWIS Assessment Review

The Children's Bureau conducted an onsite SACWIS Assessment Review in May 2013. The final report with comments/responses became available in December 2013. This comprehensive review included evaluating FamLink based on SACWIS requirements used to measure system conformity.

This review also assessed the ability to collect and report on a number of initiatives required in federal reporting including the following: federal Child Welfare related initiatives; the Adoption and Safe

Families Act; the Adoption Incentive Program; the Annual Report on State Performance; Child Welfare Demonstration Projects; the Child and Family Services Reviews; the Title IV-E Eligibility Reviews; the Foster Care Independence Act of 1999 – Chaffee Foster Care Independence Program (CFCIP); the Safe and Timely Interstate Placement of Foster Children Act of 2006; the Adam Walsh Child Protection and Safety Act of 2006; the Child and Family Service Improvement Act of 2006; Private Providers and the Deficit Reduction Act (DRA) of 2005.

The SACWIS Assessment Review assessed the system’s ability to meet the required and selected requirements and the ability to collect and report data as well as the ability to support system users. The state provided a written self-assessment prior to the onsite review. During the onsite review, a comprehensive demonstration of system functionality was presented prior to interviews of quality assurance staff, CA headquarters program managers for policy and practice, and end-users in the field.

External Partners/Stakeholders

CA recently implemented the Comprehensive Family Evaluation tool in the FamLink system. This tool supports and results in the development of the family case plan. The Court Report is an output of this evaluation when children and families are involved in the court system. CA worked with our court partners/stakeholders (e.g. Attorneys, Court Appointed Special Advocates, and the Court Improvement Project) to design a new Court Report. This new Court Report is in the process of statewide implementation. CA continues to elicit feedback from our court partners, allowing us the opportunity to make continuous improvements.

FamLink is not only used by CA staff, it is also used by contracted providers responsible for IL Services to adolescents for direct input in to the system. There are currently 124 contracted IL Provider workers that have direct access and input capability in FamLink. These providers, as with other users of the FamLink system, are supported through the CA Technology Services Helpdesk. Training and support is also provided to them through the statewide Independent Living Program Manager.

CA has MOU’s with a number of tribal partners, who also have direct access to view information in the FamLink system and ensure that tribal membership is correctly identified and documented by CA. Continued work is needed to ensure FamLink technology is updated and compatible with External User systems. All external users access FamLink through a state regulated portal, Secured Access Washington (SAW) to ensure system security. Access to specific information contained in the system is controlled through security settings for individual users.

Summary of Strengths and Challenges

Observations and recommendations from the assessments, along with other reviews and feedback (e.g., AFCARS, IV-E, CFSR, end-user, and stakeholder feedback) will provide guidance to CA for continued system improvements.

As stated earlier and affirmed through system assessments, FamLink provides information on location, goals, legal status, and demographics for each child in foster care; and the application supports consistent social work and business practices statewide.

Continued focus areas include:

- Knowledge Management and Training of “end-users”
- Prioritization of changes needed to support field staff (change control)
- The need for the system to support efficiency in workflow
- Data and reporting

- Improvements in development processes that will result in more rigorous system testing
- Completion of the AFCARS Improvement Plan
- Completion of the SACWIS Review Corrective Action Plan

Both the KPMG and SACWIS Assessment identified end-user training as a key area. Improvements are needed in the creation and delivery of training materials to support statewide consistency. Knowledge Management continues to be an area of concern and will be a focus area for improvement. During the assessment, the CA FamLink Helpdesk reported spending a significant amount of time researching potential incidents that were actually training issues. This was also identified as a significant issue during end-user interviews.

CA is working with the Alliance for Child Welfare Excellence (Alliance) to deliver training to CA staff around areas of practice and policy. The Alliance has created positions to focus on training and coaching CA field staff on the use of FamLink. CA Technology Services Division is also working on a project to update and improved existing “Online Help” in FamLink that has not been maintained due to staffing/resource limitations.

A Change Control Board (CCB) has been established under the CA Management Team. In addition to the CCB, change control advisory work is done by the existing Implementation Leadership Team (ILT). While the CCB is relatively new, work will continue to improve the CCB process, providing governance toward system enhancements while maintaining a stable system.

The SACWIS review also identified modifications that would support field staff in their workflow and accuracy of data entered in to the system. During the field visits, the reviewers noted a number of areas where system improvements should be made regarding the user interface. Screen sizing and text fields do not support the user in working directly in the system. One example of this issue is that workers reported the practice of doing various pieces of work that have large narrative areas, outside of the system and then copying the text into the system.

There are a number of opportunities to improve the system and how it supports the worker functions. The assessment recommends improvements to system functionality (e.g. searches) as well as workflow adjustments necessary to meet the tasks workers must complete. Workers reported spending 50 – 75% of their time in front of a computer working with FamLink, rather than working and meeting with families and children. In an effort to improve service and support to the “end user”, an area of focus for information system improvement over the next five years will be a focus on identifying business and system requirements that will allow CA to begin developing and implementing mobile technology solutions for field users.

CA has recently made organizational changes in our Data and Reporting areas. A new data and reporting unit has been created, separate from the technology division; the newly formed data unit will continue to be an area supported by the CA Technology Services division as FamLink is the key source for data. The assessment identified concerns with the data warehouse. Ongoing efforts to assess and improve the data warehouse will continue.

The CA Technology Services has used a Waterfall methodology in software development to date. Waterfall means that each phase of work is done prior to the handoff to the next phase (e.g. design is completed, documented, reviewed, and approved prior to handing off to development; then development is completed on the entire design, prior to hand off to Testing, etc.). This approach often makes it difficult to make timely changes in the system. In order to better address the needs of system users and keep up with legislative, policy, and practice driven changes needed in a timelier manner, the system development lifecycle (SDLC), (how we design, develop, test, and implement changes), is being

modified to use Lean practices and move in to an Agile Methodology for future development (Agile software development uses an iterative and incremental development approach. It encourages rapid and flexible response to change.)

CA is working with its hosting provider, Consolidated Technology Services (CTS) in planning the upgrade and refresh of the infrastructure platform that supports FamLink. These upgrades will modernize the environment to a virtualized platform and upgrade all server operating systems and database servers (DBMS).

CA is also continuing work on corrections identified as part of the AFCARS Improvement Plan. While a number of the identified corrections have been made, there continue to be areas where we have not yet been able to implement the needed changes and will need some technical assistance, (e.g., corrections to Race and Ethnicity and mapping of AFCARS elements).

CA is currently in the process of developing a SACWIS Corrective Action Plan that will address the areas determined to be non-conforming or conditionally conforming. That Corrective Action Plan will be part of the work planned over this coming five year period in order for FamLink to be a SACWIS conforming system as defined by the Children's Bureau.

Washington has had ongoing legislation around implementation of Performance Based Contracting in the state. The timeframes mandated in the legislation have been amended through further legislation. Currently, legislation has been passed requiring the implementation of Performance Based Contracting Demonstration Sites in 2016. System modifications will be required to support the work to create the demonstration sites and continue accurate federal reporting. Modifications will also be required to implement new reporting requirements to measure performance.

Washington is one of the IV-E waiver states. A differential response system was implemented in Washington in three offices in January 2014 with statewide implementation planned over the next two years. Modifications in the FamLink system were made to support this pathway. Additional system modifications needed within the SACWIS system have been identified through the work of the three sites currently using the model.

Other information system work is anticipated during this timeframe due to policy/practice changes, state and federal legislative changes, and the need for ongoing system upgrades.

Systemic Factor: Case Review System

Written case plan

Case plans are required to be completed within 60 days of a child's removal and are updated at a minimum every 6 months. In October 2013, CA implemented the Comprehensive Family Evaluation (CFE) within FamLink. Key individual and family information is captured in different modules in the evaluation and used to prepopulate the court report. This process assures that the required information is captured and available for assessment and planning. Included in the evaluation are individual and family level objectives for all participants.

Case plans are updated with the child and the child's family through individual meetings with participants and the following shared planning meeting processes:

- Family Team Decision Making Meetings
- Dependency case conferences
- Permanency Planning staffings

At this point in time CA does not have data regarding the percentage of cases with a case plan developed or updated within required timeframes.

Data regarding the percentage of cases that have review hearings or permanency planning hearings within timeframes is available from the Administrative Office of the Courts (AOC). These hearings require a case plan.

The process to ensure written case plans are developed for children and families is comprehensive, using shared planning meetings and actively involving key participants including parents' attorneys, child attorneys, guardians ad litem, Court Appointed Special Advocates (CASA), and court oversight.

Policy and state law requires staff to engage families in the development of their plans. The new court report generated from the CFE requires CA workers to document the parent's status, participation and progress, and involvement in developing the case plan. Current available processes do not exist to consistently track parent involvement in development of the plan outside of narrative documentation. Enhancements to the meetings report in FamLink which would allow identification of participants in key shared planning meetings are being explored.

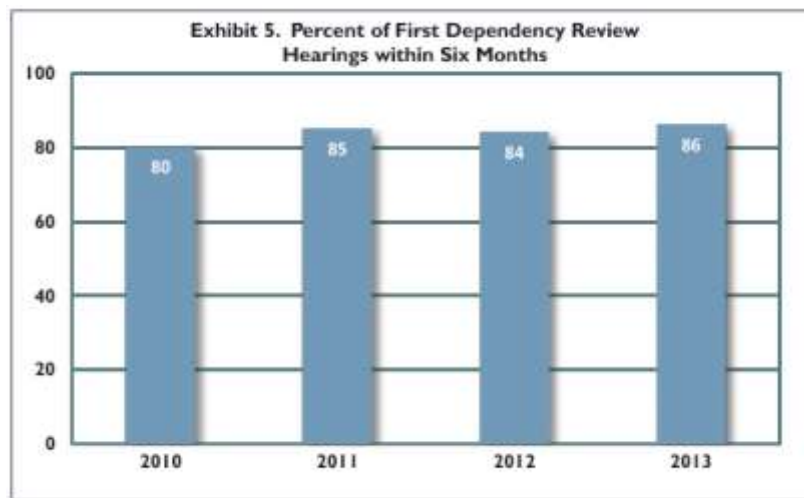
Parent interviews are conducted as part of the Central Case Review. Summary results for these interviews in 2013 were:



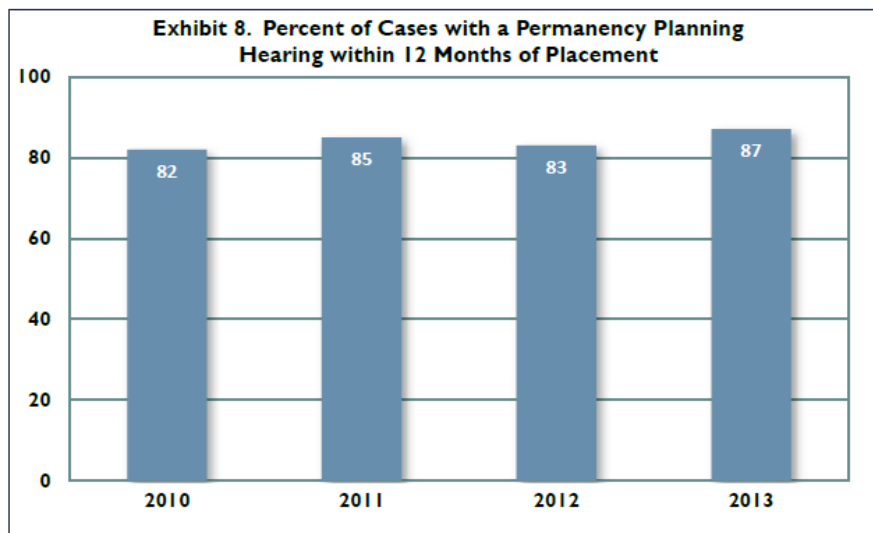
Periodic reviews and Permanency Planning hearings

State law requires that the case of every dependent child be reviewed by the juvenile court at least every six months and that permanency planning hearings occur by the 12th month of placement for all children in out-of-home care and then annually. Additionally permanency planning hearings must occur following 90 days of service delivery after disposition if parents have failed to make progress or engage in services to resolve the issues that brought the child into care

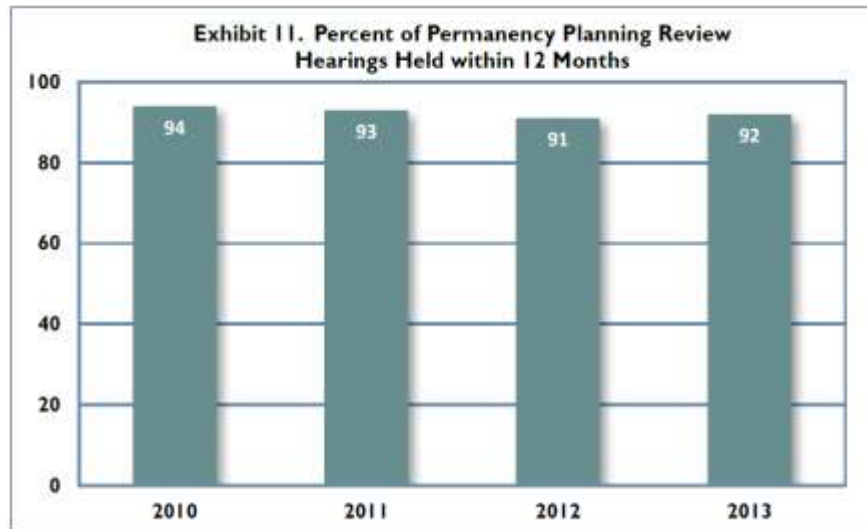
CA policy and procedures exist to assist CA workers in meeting the requirement to review the status of children in care every six months. AOC compiles data and reports on the timeliness standards as shown above. This data is shared with court partners at the individual jurisdiction level to inform local court practices and improvements. There is ongoing work between AOC and CA to ensure accuracy of data. CY 2013 shows improvement in statewide performance for both review hearing within the first 6 months and permanency planning hearings within 12 months of placement.



Data source: *Dependent Children in Washington: Case Timeliness and Outcomes 2013 Annual Report*



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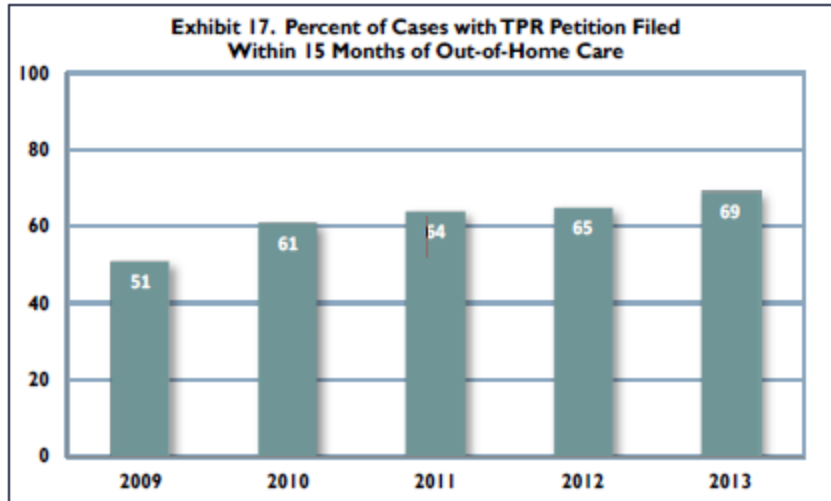
Data source: Dependent Children in Washington: Case Timeliness and Outcomes 2013 Annual Report

The Court Improvement Training Academy (CITA), sited at the University Of Washington School Of Law, provides training for the courts and child welfare community. CITA has supported Tables of Ten (multidisciplinary groups of 10 individuals from a given county interested in improving the local child welfare system) in several counties. These bring together child welfare professionals and key stakeholders to reach solutions that improve outcomes for families. Many of the Tables of Ten have used the program to improve case resolution time frames and develop local initiatives to improve the local child welfare legal systems.

Additional analysis and collaboration with court partners in local jurisdictions is needed to understand the reasons for hearings not held within required time frames and to develop strategies to improve performance.

Termination of parental rights

CA policy requires a referral for termination of parental rights to be made if a child has been in out-of-home care for 12 of the last 19 months. This process supports the required filings under the Adoption and Safe Families Act(which is to file a TPR if the child has been in care during 15 of the last 22 months). CA continues to struggle with timely filing of termination petitions as reflected in the data from AOC and the CA case review:



Data source: *Dependent Children in Washington: Case Timeliness and Outcomes 2013 Annual Report*

Q2: Was a petition to terminate parental rights filed if the child was in out-of-home placement for 15 of the most recent 22 months, or compelling reasons documented in the current ISSP?	CY 2010 Statewide Results	CY 2011 Statewide Results	CY 2012 Statewide Results	CY 2013 Statewide Results
		84% 50 cases	81% 73 cases	78% 120 cases

Data Source: *Children’s Administration 2013 Annual Case Review Report*

CA continues to communicate case filing requirements to CA workers. In addition, local offices are focusing on collaborating with court partners including the Assistant Attorneys General, parents’ attorneys, and judicial officers to improve the filing and documentation processes. Included in the measure of timely filing of termination petitions is understanding and clearly documenting compelling reasons not to file when they exist.

Notice of hearings and reviews to caregivers

CA continues to work toward automating the notification of hearing and reviews to caregivers. As was noted in the PIP, challenges to accurately tracking this activity included the ability to provide written notification to caregivers outside of FamLink. As a result, data does not accurately reflect performance. The following improvements in this area have been made:

- Address errors related to court addresses have been corrected in FamLink; and
- Information regarding the next court date is included on the Child Information Placement Referral form.

Additional activities that are in process include:

- Presentation of the QA plan for caregiver notification to leadership – August 2014
- Meet with CQI team to review data, plan and regional and statewide strategies – September 2014
- Validation of the Caregiver Notification report – September 2014
- Development of messaging and tools to support the field in use of the electronic system – October 2014

Systemic Factor: Quality Assurance System

In 2014, CA conducted a self-assessment of the organization's Quality Assurance (QA) and Continuous Quality Improvement (CQI) system. Since submitting the self-assessment in the 2013-2014 APSR, CA has addressed a number of the identified QA/CQI needs while building on the identified strengths. This update describes the organization's enhancements, current strengths and areas of improvement for each of the five QA/CQI components:

Foundational Administrative Structure

2014 Assessment results: Moderate improvement work

CA's leadership promotes and values an active QA/CQI system. Implementation and integration of a CQI system accessible to all levels of the organization is advancing within CA. Internal and external CQI advisory groups are active. Staff positions for QA/CQI responsibilities continue at both the regional and statewide level while opportunities are expanding for staff from all levels of the organization to participate in a variety of CQI activities. As an example, CA leadership actively engages staff to participate in practice improvement workgroups. Recent workgroups have focused on safety of young children, reoccurrence of maltreatment, emergency response to Child Protective Services intakes, communicating practice tips, completing background checks, and addressing racial disparity. Increasingly, these workgroups use problem-solving techniques and tools adapted from Lean practices. CA is also engaging in efforts to re-establish local CQI teams consisting of internal and external stakeholders. Support to the local teams includes technical assistance from regional and statewide managers, an updated QA/CQI policy, standardized forms for tracking and reporting CQI activities, an updated QA/CQI section on CA's internal website, and training on topics related to QA/CQI activities. Currently, CQI practice guides for both internal and stakeholders are being developed.

The following actions were implemented to address the CQI training needs identified in the APSR assessment:

- Established training competencies for supervisors to promote supervisory proficiency and knowledge of QA/CQI principals.
- Provided training sessions on QA/CQI concepts, including the use of qualitative and quantitative data to identify areas in need of improvement, to CA's supervisors, administrators, and managers. External community stakeholders were invited to participate in the trainings.
- Developed QA/CQI training curriculum for newly hired or promoted supervisors.
- Trained regional QA/CQI managers and members of CA's statewide CQI advisory committee on Lean practices. Additional training on using a specific Lean problem-solving method called the A3 was provided to regional QA/CQI managers. This training will also be offered to local CQI team leads and external stakeholders in the coming months.
- Enrolled six regional and statewide managers in the CQI training academy offered by JBS International.

CA recently submitted a request for Technical Assistance to address two areas of concern: sustaining local CQI teams and engaging external stakeholders

Quality Data Collection

2014 Assessment results: Moderate improvement work

In late 2013, CA created a new work unit of data specialists. The unit director consults frequently with internal and external stakeholders to obtain feedback on data system improvements. One identified priority of the unit is establishing a standardized approach for the development and validation of data reports. The data unit develops and coordinates CA's data-related partnerships with other organizations.

Efforts to address data quality continue with on-going data validation, implementing data system enhancements, and continued staff training. The following are three recent examples of approaches used by CA to improve data collection:

- CA workers helped to identify redundant data entry of case related information. The information was used to make changes to CA's SACWIS system and update training materials.
- CA is currently testing an automated message that will remind CA workers to document their responses to Child Protective Services intakes in a timely and accurate manner.
- CA maintains a database separate from its SACWIS system to record administrative and critical incidents. Entries in the database are often incomplete; as a result, a QA/CQI plan was recently developed to improve the quality of data entry.

The Alliance for Child Welfare Excellence, established three full time SACWIS trainers. These trainers work directly with CA staff to provide training on accurate data entry of case documentation. The trainers are equipped with portable computer labs to provide CA workers with "hands-on" training. One of the trainers recently joined CA's CQI advisory board and will serve as an important link between CA and the Alliance.

CA launched new SACWIS functionality to improve client services data collection. The new functionality allows CA workers to link services to identified case goals, automates the process of authorizing a paid service and creates a service referral form that can be sent to service providers. Following full implementation of the new functionality, CA will have greater capability to collect and analyze data on service selection for specific identified client needs. Additional data on services provided to clients served by CA's emerging differential response system will be available in the future from a contracted evaluator.

A consistent approach to collecting data about staff training is not fully integrated in CA's QA/CQI system and remains an area in need of improvement.

CA continues to improve the integration of quantitative and qualitative data. Recent attempts include increasing the use of qualitative data from sources such as critical incidents, annual reports, constituent complaints, surveys and case reviews. In several recent workgroups, qualitative data was used to better understand the root causes of practice concerns.

The Children's Bureau's (CB) CQI status letter dated January 7, 2014 encouraged CA to resolve the NYTD data quality issues identified in 2012. After seeking further clarification from the CB about which issues remain unresolved, a decision was reached to schedule a conference call for program managers from both CA and CB to further discuss NYTD improvements.

Case Record Review Data and Process

2014 Assessment results: On Track/Potential minor improvement work

CA's central case review continues to be an area of strength for CA's CQI system. In 2013, 597 cases from 23 offices were reviewed by a team of five review specialists. In addition to reviewing case documents and electronic records, 142 interviews were conducted with parents associated with the cases included in review. The team of case review specialists also continues to support targeted case reviews in specific practice areas such as Intake and Indian Child Welfare. The standardized case review

tool used by the review specialists was expanded in 2014 to include an evaluation of social work practices related to differential response cases and infant safe sleep.

To increase understanding about central case reviews, training was provided to CA workers, supervisors and field office administrators beginning in the fall of 2013. Another recent enhancement is CA's standardized approach in each field office to address areas of improvement identified by the central case review team.

In an effort to learn more about the recommended enhancements to the case review process, CA will be participating in a facilitated conference call with case review specialists and supervisors from several other states. The call, tentatively scheduled for the summer of 2014, will include a discussion on how to integrate CA worker and parent interviews in case review results, training of case review specialists and how to maintain inter-rater reliability.

Analysis and Dissemination of Quality Data

2014 Assessment results: Moderate improvement work

CA continues to address areas of concerns identified in both the 2014 self-assessment and the CB's status letter. Some of the concerns around data coordination will be addressed by the formation of the centralized data unit. The data unit works closely with the statewide and regional QA/CQI managers to improve access to data by all users and to support requests for data not readily available from preexisting SACWIS data reports. Dashboards and other methods to improve data accessibility are being considered by the data unit. The data unit is publishing a monthly data report indicating key practice and business measures and plans to increase the number of reports to support CA's data needs. The unit is also improving access to reports indicating trends and cross- analyses of program and workload data.

CA recently sought assistance from a community expert to analyze data related to child fatalities and near-fatalities resulting from child abuse or neglect. This is an example of the external expertise CA will continue to seek to help improve practice.

CA, along with its training provider and data experts from Casey Family Services, is developing data analysis training for staff. Two primary topics of the training will be data analysis and using SACWIS reports on practice measures. The training will be available by the end of CY 2014.

Feedback to Stakeholders and Decision Makers and Adjustment of Programs and Process

2014 Assessment: Significant improvement work

CA is building practices to fully engage internal and external stakeholders to help inform practice improvements and policy changes. The data unit is working to expand statewide performance reporting processes and accessibility so more data is readily available to staff in an easy to understand format. CA is also identifying new ways to increase access to qualitative data. Recommendations from child fatality and near-fatality reviews are now organized into quarterly reports and provided to statewide and regional managers. Case review results are posted to CA's website. The action plans developed by local offices to address improvement needs identified in the case review results are shared with all QA/CQI managers in CA and with practice coaches from the Alliance for Child Welfare Excellence. Practice improvements are tracked by regional QA/CQI managers and shared with local and statewide leadership.

CA continues to expand the use of feedback from stakeholders to improve CA's practice delivery. In addition to standing advisory groups, external stakeholders recently participated in the following:

- A series of workgroups to improve CA's delivery of service to children aged 0-3;
- CFSP planning;

- Policy and training development for infant safe sleep;
- Identifying programs to better assess parental bonding;
- Differential response;
- CQI planning for the areas identified as needing improvement in a targeted review of cases involving Indian children and their families;
- Improving CA's practice model;
- The statewide CQI advisory board; and
- Child fatality and near-fatality reviews.

CA recently requested technical assistance to obtain more information on how to engage stakeholders in local CQI teams.

Systemic Factor: Staff Training

The Alliance for Child Welfare Excellence, established in January 2012, is CA's comprehensive statewide training partnership dedicated to developing professional expertise for CA workers and enhancing the skills of foster parents and caregivers working with vulnerable children and families. The Alliance combines the resources of the University of Washington (UW) School of Social Work, UW Tacoma's Social Work Program and Eastern Washington University's School of Social Work with the expertise of the CA and Partners for Our Children, which is charged with rigorously evaluating training effectiveness over time. By sharing curriculum, delivery methods and evaluation tools, this public-private partnership will strengthen the professional expertise of CA workers, tribal child welfare workers and community providers, enhance the care-giving skills of foster, adoptive and relative caregivers, and create better futures for children and families.

Training information is available to CA staff through the CA intranet. Additional information about the Alliance for Child Welfare Excellence is available at the website: [About | Alliance for Child Welfare Excellence](#).

Overview of the Alliance FY 2014 Accomplishments

- **Competencies.** In 2013, the Standing Committee on Competencies and Curriculum (CCC) developed three sets of competencies for caregivers, for CA workers, and for supervisors and area administrators. In 2014, the competencies were refined and a formal process for revising and maintaining them was approved and implemented. The CCC organized a Caregivers Work Team and a Supervisors Work Team to oversee the use of the competencies in developing new curriculum for new caregivers and new supervisors. The CCC also developed a curriculum guide which provides an agreed upon structure for all curricula including the format and components, as well as a set of questions to be used for developing and reviewing curriculum.
- **Evaluation Plan.** The Evaluation Plan uses a "Chain of Evidence" approach to evaluating training. The focus in FY 14 was on refining and collecting data on the first two measures: demographics and satisfaction.

The Evaluation Chain of Evidence includes the following measures.

- **Level 1: Demographic:** tracks participants who attend training. The information collected includes: level of education, years of experience, race/ethnicity, gender, primary language, program area, job classification, and county of employment, all of which provides a snapshot of the demographics of trainees. Demographic information can be used in later analyses to determine if the training is working equally well for all participants or is biased towards a particular sub-group of trainees.
- **Level 2: Satisfaction:** measures a trainee's self-perceived change in attitude or values, increase in competence, and enhanced level of comfort with the content of a specific training. This data helps to evaluate the training environment, planned application of the knowledge, values, and skills, and the overall participant satisfaction and reaction to the training itself. Results are used to identify areas where the curriculum appears to be successful and those portions of the training that may need changing.
- **Level 3: Pre and Post Knowledge and Skills:** captures changes in the knowledge, skills or values of the participant as a result of the training. Data is used to measure the effectiveness of the training, assess if the competencies and learning objectives were met, and provide guidance as to where changes to the curriculum should occur.

- **Level 4: Transfer of Learning:** focuses on a trainee’s ability to transfer the knowledge, skills, and values discussed in training and apply them in the workplace. Evaluation at this level attempts to assess the relevancy of training and measure the effect training had on a trainee’s ability to utilize the information. To measure transfer of learning, surveys are conducted asking trainees to describe how they have utilized the knowledge, skills, and values presented at the training. More rigorous evaluation would include a follow-up skill evaluation or review of case files. Trainee self-report and follow-up surveys will be used.
- **Level 5: Outcomes:** looks at the impact of training on client outcomes. Typically follow-up surveys are used which ask participants to provide examples of how the training impacted positive outcomes for any of their cases. More rigorous measures would include case studies or review of cases pre- and post-training.
- **Regional Core Training (RCT).** This training for new CA workers was fully implemented during FY 14. The goal is for every newly hired social worker or social service specialist to be “field ready” at the end of the RCT. RCT is a structured learning program that addresses the knowledge and skills identified as foundation level competencies. It is the initial, intensive, task-oriented training that prepares newly hired CA workers to assume job responsibilities.
RCT starts on the first day of employment and lasts for the first 90 calendar days of employment. Competencies are used to assess learning needs and to identify a development plan for the new workers. Each module contains an on-the-job application wherein the new employee is learning and applying the knowledge and skills before completing the module. Close observation and supervision occurs throughout the first two months, provided by a coach from the Alliance. The Coach and the new employee’s supervisor stay in contact throughout the program with regular progress reports and meetings.
- **Supervisor Core Training (SCT).** Using the competencies developed for new supervisors, the CCC Supervisors Work Team developed a training program for new supervisors. The Butler Institute’s curriculum was chosen and they assisted us in adapting the training and sent a trainer to Washington to train on the adapted version. Approximately 61 new supervisors received this training during FY 14.
SCT starts on the first day of employment and lasts for 90 calendar days, consisting of 7 days of classroom training. Individual coaching over a three month period has been developed but not yet implemented. The curriculum contains information that is critical for new supervisors so they are learning and applying the knowledge and skills before completing the module. The four supervisory areas covered are Administration, Supportive, Educational, and Clinical.
- **Caregiver Core Training (CCT).** CCT was developed through the CCC - Caregiver Work Team, comprised of foster parents, representatives from the Division of Licensed Resources, and Alliance trainers. The work team compared the competencies for caregivers to the current curriculum, and determined best methods of delivering training to caregivers statewide.
The Caregiver Work Team reviewed literature from across the country, including PRIDE and MAPP and found at least 14 states have recently created or adapted curriculum for pre-service training. The CCC Caregiver Work Team recommended that a new pre-service training be developed for caregivers.
CCT is a total of 24 hours and addresses 80 competencies in two learning modules and one field experience. Each module incorporates a variety of methods for delivering training, and activities in all adult learning modalities. From July 2013 – March 2014, there were 91 CCT classes

completed with 2,004 foster parents or prospective foster parents attending and 1626 prospective foster parents completing.

- *In-Service Courses.* A training needs assessment was completed in FY 14 that focused on the In-Service training needs for CA workers. In-Service is the training geared toward workers who have been in their positions two years or less. It is a level of training that is program and topic specific to their job responsibilities and contains many of the same topics that are in RCT, however in more depth or at a higher level of knowledge and skills. The following In-Service courses were developed and implemented in FY 14.
 - Mental Health for Child Welfare
 - Family Assessment Response
 - Casey Family Programs Early Childhood Development in Child Welfare
 - Child Welfare Trauma Training Toolkit,
 - Youth Suicide Prevention

Updates and Progress (Activities: FY 2014)

These activities are in addition to ongoing training listed in Appendix 4- Training Plan

FY 2014 Activity	Status
1. Alliance Statewide Standing Committees and members meet quarterly on specific work and goals to provide input on education and training system.	On-going to remain current on worker and caregiver practice and education.
2. Assess training contracts using performance based contracting measures and new competency-based training system.	On-going as new training contracts are developed
3. New pre-service orientation and training academy based on new competencies was expanded and delivered statewide to Region 2 and Region 3 in January 2014. (Data included in the Training Matrix)	Completed
4. Developed new Supervisor Core Training to provide more on-going training to Supervisors and Area Administrators.	Completed
5. Caregiver Work Team developed a new curriculum which was delivered statewide April 2014. This training is available to all licensed, unlicensed relative/kinship care providers and adoptive parents. Alliance Trainers attended and were trained on the new Caregiver Core Training. <ul style="list-style-type: none"> • In Fiscal Year 2013, 7,670 people participated in Caregiver Classroom training and 4,673 completed First Aid/CPR/BBP training. • From July 2013, March 2014 (3 quarters of FY14) 4,577 people participated in Caregiver Classroom training and 3,315 completed First Aid/CPR/BBP training. DSHS 2013 Foster Parent Survey : <ul style="list-style-type: none"> • 89% (1,230 of the 1,384 who responded) responded positively to <i>“Overall, thinking about all the training you have had in the last three years, how adequately has it prepared you to care for the basic needs of the foster children placed in your home.”</i> • 78% made positive comments about the overall helpfulness of their training. 	Completed

FY 2014 Activity	Status
<ul style="list-style-type: none"> 82% made positive comments about training provided by specific agencies or programs. Challenges include more convenient training locations and schedules, more choices on trainings, non-traditional training options, child care while attending training 	
6. Provided Training in Domestic Violence to direct line staff and supervisors. Provided on-going training to direct line staff including Education, Trauma Informed care and Brain Development. (Data included in the Training Matrix)	Completed
7. Implement competencies and professional development process for the Alliance trainers and coaches.	Completed
8. Provide Family Assessment Response training to the 2-3 selected offices. (Data included in the Training Matrix).	Completed and On-going
9. Assist with training staff and supervisors on new assessment tools in FamLink	Completed and On-going
10. Committee on Competencies and Curriculum (CCC) will adopt a Curriculum Guide, which will provide a standard for all curriculums.	Completed
11. Develop alternative methods for delivering curriculum to the workforce.	Completed and On-going

Planned Goals for FY2015 - 2019

Data and information on training

- Located in the attached Matrix regarding trainings provided to staff and caregivers.

Strengths and on-going Challenges

- The Alliance combines the resources of the University of Washington (UW) School of Social Work, UW Tacoma’s Social Work Program and Eastern Washington University’s School of Social Work with the expertise of CA and Partners for Our Children, which is charged with rigorously evaluating training effectiveness over time.
- Partnership with CA that addresses the child welfare policies and practice.
- Competency Based Trainings delivered to supervisors, CA workers and caregivers that addresses skills and knowledge needed by staff and caregivers to carry out their duties.
- Partnership with Tribal members, Foster Parents, Child Placing Agencies, Regional and Statewide Advisory Groups in reviewing competencies and curriculum.
- Development of cultural competencies and curriculum for supervisors, CA workers and caregivers.
- A Learning Management System that tracks the training of staff.
- Development and Implementation of a Regional Core Training and Supervisor Core Training.
- Development and Implementation of a Caregiver Core Training.
- Experienced foster parents co-train with Child Welfare Trainers for Caregiver Training.
- A second sequence of learning establishes In Service trainings and coaching sessions that occur after within the first two years of employment.

Supports Needed to Implement Goals / Activities

- Regional training rooms dedicated to trainings
- Video conference equipment
- Equipment and software to develop and provide additional E-Learnings for staff and caregivers
- Method and funding to reimburse licensed caregivers for child care expenses while attending mandatory trainings

FY 2015 – 2019 Activity	Target Date
1. Newly hired Social Service Specialists will be prepared to assume casework job responsibilities after completing the Regional Core Training (RCT).	July 2014 - June 2015
2. Newly hired social work Supervisors will be prepared to assume their leadership position after completing the Supervisory Core Training (SCT).	July 2014 - June 2015
3. Caregiver Core Training (CCT) will be provided to new and prospective caregivers, preparing them for providing services to children in care.	July 2014 - June 2015
4. Workforce is prepared to meet documentation requirements in FamLink.	July 2014 - June 2015
5. CA workers will be prepared to assume program-specific duties in RCT, and will gain deeper knowledge and skills in their assigned program area in Program-Specific In-Service trainings.	July 2014 – June
6. CA workers will enhance their preparation for completing their job responsibilities by attending Specialized In-Service trainings and coaching sessions that directly affect their child welfare practice.	December 2014
7. On-going training on Domestic Violence and Child Welfare is provided to direct line workers, supervisors and area administrators.	July 2014 - June 2015
8. An increase of at least 25 additional CA staff will be certified in NCAST assessments, and the current certified NCAST assessors will maintain their certification.	July 2014 - June 2015
9. CA staff will have learning opportunities and resources to address the safety of infants and young children aged 0-3.	July 2014 - June 2015
10. As Supervisors transition into their role of supervisor and lead for their unit of workers, they will have Supervisory In-Service learning opportunities specific to the program and practice during their first year as a supervisor.	July 2014 - June 2015
11. Caregivers will enhance their preparation to care for children and youth placed in their homes by attending Specialized Caregiver In-Service trainings.	July 2014 - June 2015
12. Area Administrators and Supervisors will learn related knowledge and skills to effectively perform their responsibilities	July 2014 - June 2015
13. Regional Advisory Groups (RAG) provides an on-going “voice” for local professional development and training needs.	July 2014 - June 2015
14. Statewide Committee on Competencies and Curriculum (CCC) provide continuous oversight of the competencies and curriculum for direct line workers, supervisors and area administrators, and caregivers.	July 2014 - June 2015
15. Evaluation efforts will capture a “chain of evidence” to provide immediate short term and longer term feedback on effectiveness of training and coaching.	July 2014 - June 2015
16. Coaches and trainers will follow their own set of competencies and complete a Coach and Trainer Development Program to continue improving their services	July 2014 - June 2015

FY 2015 – 2019 Activity	Target Date
and work.	
17. Course administration regarding all course offerings, registration, and completions, is streamlined and improved for easy access to information for caregivers and workforce.	July 2014 - June 2015
18. Child care reimbursement is considered and provided, if feasible, to foster parents attending required In Service trainings.	July 2014 - June 2015
19. Caregiver Connection will be available monthly for all caregivers on CA List Serve	July 2014 - June 2015

Systemic Factor: Service Array

Washington's services are categorized into four service areas:

- Out-of-Home Services
- Other Foster Care Services
- Family Support Services
- Evidence Based Practices

See [Child and Family Services Continuum](#) for detailed services.

CA continues to work to expand the identification and availability of needed services.

Assessment of Strengths and Challenges

In May 2012, CA surveyed veteran parents, staff, tribes, stakeholders, and youth in foster care to prepare for performance-based contracting. The survey was conducted to determine what services and supports CA could offer to help keep families safely together, reunite families, or to achieve other permanent plans for children in care. The respondents were asked to provide information about the services and resources that families need, including concrete resources that would make the most difference in their lives, regardless of whether the services were currently available. In addition to informing the performance-based contracting process, this information has been used in the development of services for Family Assessment Response. As services are established in areas where FAR is being implemented, these services are available to all families being served by CA.

CA provided the following definitions for the survey:

- Concrete resources are items that can be purchased, and include a variety of things such as, clothing, appliances, furniture, other household items, car repairs, utility payments, and rent.
- Services generally refer to involvement with professionals in therapeutic interventions and classes and/or with paraprofessionals for basic supports, which require scheduling and planning to access and a commitment of time to utilize. Services may include things such as counseling, drug and alcohol treatment, and parenting classes.

People could respond to the survey online or attend one of 19 in-person meetings to provide input. CA staff also had the opportunity to attend focus groups in 33 offices. The survey asked three questions:

1. When families first need help, what services or concrete resources do you find are most likely to reduce the likelihood of abuse or neglect? Please be specific and then tell us if you think this service or resource is available in your community.
2. Are there other services or concrete resources that families need to keep their children safely at home and prevent placement? You don't need to list things you already listed in #1.
3. Are there other services or concrete resources that you did not list in #1 and #2 that families need to achieve permanency more quickly, including facilitating and maintaining safe reunification?

Through the formal consultation with these groups and partner outreach, CA met with or heard from over 600 individuals who provided information about the services and concrete resources families need. They provided 2,300 comments describing the needs of families engaged in the child welfare system in Washington state. Input from the consultation was mapped with the 17 safety threats in the CSF and with individual and family-level objectives in the SBC practice model to develop a [service array](#).

Concrete Resources:

- Affordable, safe housing
- Food
- Clothing resources for families
- Help paying utility bills
- Furniture/ appliances(includes repair services)
- Help paying medical bills
- Items to improve home safety (baby proofing, window and door alarms)
- Transportation assistance for families (bus passes, car repair, gas vouchers)
- Household repair/ trash removal assistance to make family homes safe

Services:

- Child care and respite for parents
- Life skills training
- Chemical dependency assessment and treatment
- Mental health assessment and treatment
- Domestic violence treatment
- Behavior management treatment
- Crisis intervention
- Family preservation services
- Evidence Based Programs (e.g. HomeBuilders or Triple P)
- Legal aid for parents to develop protective parenting plans with abusive partners
- Positive community programs to engage families and youth
- Veteran parent mentors
- Parent education developed to address the needs of families involved in the child welfare system
- In-home nurse consultations for new parents and families with children with high medical needs

Through this engagement with families, caseworkers, community partners, and tribes, CA was able to identify needs and gaps within the services provided. Some of the identified gaps are as follows;

- Culturally responsive service providers are key to engaging the diverse families served by CA. Work continues to support our contractors to approach families with cultural humility. A new effort is beginning in the summer of 2014 to develop new resources for contractors. CA is leading an effort with contractors and stakeholders to develop a guide to support a culturally sensitive approach to working with diverse families.
- Supporting families to access related services that indirectly support child safety and well-being services (e.g. parental mental health treatment or domestic violence treatment) that are offered by other governmental and non-governmental agencies. When families are receiving Family Support Services or out-of-home services from CA, other child or family needs may be identified. Many times the services to address those needs are offered by agencies other than CA. CA is beginning to enhance the efforts of Family Support Service contractors to connect families with services that are offered outside of CA.
- Timely services for the children and families with identified needs. One effect of the recession has been a reduction in the total funding available for services. While CA is still able to offer services to families based on their needs, the reduction of funding has resulted in some families having to wait for the availability of services. CA is developing additional strategies to be able to offer services at the time the need for services is identified.

Families, caseworkers, community partners, and tribes in every community identified similar needs. CA used this information to develop a vision of a comprehensive service array that would be available

statewide with the intent that these services would be provided through Performance Based Contracting (PBC). While the implementation and scope of PBC was modified in recent legislation, strategies to improve services and service availability will continue.

Systemic Factor: Agency Responsiveness to the Community

CA continually works to increase involvement of stakeholders and community partners in child welfare work to ensure those impacted by child welfare work are included in the substantive discussions about that work.

The following committees, advisory groups, agencies and organizations are among those that provide regular and ongoing collaboration and consultation to CA:

- Alliance for Child Welfare Excellence
- Birth to Six Interagency Coordinating Council
- Casey Family Programs Catalyst for Kids
- Child Fatality Review Committees
- Children’s Justice Task Force
- Children Youth and Family Services Advisory Committee
- Court Improvement Advisory Committee
- Family Policy Council Interagency Coordinating Committee
- Foster Parent 1624 Collaboration Committee (Quarterly Statewide and Regional meetings)
- Foster Parent Hubs and Regional Foster Parent Meetings
- Foster Parent Association of Washington State
- Indian Policy Advisory Committee
- National Resource Centers of the Children’s Bureau
- Other State Agencies (e.g. AL TSA, ESA, JJRA, Department of Early Learning, Department of Corrections)
- Partners for Our Children (POC)
- Passion to Action Youth Advisory Committee
- Private Agencies
- Provider organizations
- Superior Court Judges Association Subcommittee for Children and Families
- Supreme Court Commission on Children in Foster Care
- University of Washington School of Social Work
- Eastern Washington School of Social Work
- Veteran Birth Parents Advocacy Committees
- Washington Families United
- Washington State Coalition Against Domestic Violence
- Washington State Court Appointed Special Advocates
- Washington State Parent Advocacy Committee
- Washington State Racial Disproportionality Advisory Committee
- Office of the Family and Children’s Ombuds
- Office of Public Defense
- Kinship Care Oversight Committee

Stakeholder Input

CA regularly requests input from many committees and stakeholders. Below are some highlights:

Indian Policy Advisory Committee (IPAC) members are delegates appointed through resolution by the 29 federally recognized tribes and by letter for the five Recognized American Indian Organizations. IPAC meets quarterly and has representatives on CA workgroups, advisory committees, and ad hoc committees to represent tribal input and concerns. IPAC children’s sub-committee meets monthly and works closely with CA on issues and policies that affect Indian Child Welfare and programs impacting Indian children and their families. See [Section V: Consultation and Coordination between tribes and states](#).

Children, Youth, and Family Services Advisory Committee provides input, advice, and assistance to CA regarding child safety and welfare. During 2010–2014, the Committee reviewed data and provided input on policies related to racial disproportionality and disparity of services in the child welfare system, discussed with CA the FAR development and implementation plans, provided input on potential policy and procedures and gave input on the possible effects of potential new legislation, implementation plans for new legislation and other matters that the Assistant Secretary brought to the committee for input and advice.

Washington State Racial Disproportionality Advisory Committee (WSRDAC) works with CA to integrate awareness of disproportionality in child welfare practices and policies. WSRDAC is regularly updated with data and information and provides advice and consultation. Specific initiatives include input into CA’s practice model training, implementation of the Mandated Reporter Video Brochure focusing on racial disproportionality, enactment of a Washington state Indian Child Welfare Act (ICWA), implementation of anti-racism training (Undoing Institutional Racism) & Diversity Prejudice Reduction Model Training, (formerly Building Bridges), and evaluation of SDM Tool. Ongoing initiatives include: recommendations for the use and implementation of a Racial Equity Analysis Tool for CA policy and practices, implementation of Evidence Based Practices, and Family Support Services.

Foster Youth Advisory Board “Passion to Action” consists of 20 current and former youth recipients of CA services supported by an oversight committee, CA representatives, Casey Family Programs, and the College Success Foundation. These youth provide valuable on-going input to improve CA’s ability to effectively meet the needs of children and adolescents. They are members of various committees within CA and other governmental agencies to give input on new practices and policies.

Foster Parent 1624 Collaboration Committee (Quarterly Statewide and Regional meetings) was established by legislation in 2007. Foster parents provide input on recruiting foster homes, reducing foster parent turnover rates, providing effective training for foster parents, and strengthening services for the protection of children as well as other issues. The committee works cooperatively to address issues including those raised in the foster parent survey conducted each year.

The Annual Foster Parent Survey gathers foster parent input on what is needed to properly care for the foster children in their home. The DSHS Research and Data Analysis (RDA) Unit conducts this phone survey with foster parents quarterly so information is gathered more closely to the time children were in the caregiver’s home. Results are shared with CA throughout the year, so more timely responses can be made to the concerns or questions raised by the survey responses. The current survey questions focus on:

- Do you get adequate support for your roles and responsibilities as a foster parent?
- Over the last three years, how adequately has the training prepared you to care for the basic needs of the foster children placed in your home?

Casey Family Programs – CA and Casey continued their long time collaboration during 2010 – 2014 Casey staff provided technical assistance and funding in many areas of CA’s work. Highlights include efforts to reduce racial disproportionality through training and hosting WSRDAC events, permanency related efforts particularly focused on finding permanent placements for long-term foster children by hosting Permanency Round Tables, planning for technical assistance to increase kinship care and subsidized guardianship, improving service support for foster children in education and early childhood development, tribal/state best practices and support, and support for FAR training.

Partners for Our Children (POC) is a cooperative effort between the University of Washington School of Social Work and CA focusing on areas including social work training, workforce development in child welfare, and the use of data to impact policies and services. Highlights include:

- Evaluating the practice model implementation in Washington (FY2010)
- Evaluating the link between involvement in the dependency court process and timing of permanency outcomes in Washington. POC, with the Court Improvement Training Academy, developed and implemented four-hour SBC training for judicial staff (2011)
- Developing a new training and professional development curriculum for CA as part of the Alliance for Child Welfare Excellence (2011-2012)
- Completing the development and implementation of a web based Washington state child welfare public reporting tool in conjunction with CA (2012-2013)

Parents Advisory Committee (Catalyst for Kids) CA continues to meet regularly with this Veteran Parents group, comprised of parents who have successfully reunified with their children. This parent group has reviewed CA policies and practices and provided advice and insight into CA practices. In addition, veteran parents have met with CA executive leadership about their experiences in the child welfare system and provided feedback about the challenges faced by parents who are served by CA.

Collaboration

CA also engages in broader collaboration efforts:

- Community Child Protection Teams and Child Fatality Review Teams that review high-risk cases and provide a foundation for a community response to meet client needs and improve local systems supporting families and protecting children
- Ongoing and expanding consideration when developing policy and program changes as to who is impacted and how those who are impacted can effectively have a voice in the process
- Increase the use and support of Evidence Based Practices
- Implement recommendations to address findings in the Office of Family and Children's Ombuds (OFCO) Annual Reports through workgroups with community partners and stakeholders
- Implementation of Family Assessment Response
- Continued implementation of the expansion of Extended Foster Care
- Partnership with the Alliance to strengthen consistency of practice by enhancing the delivery of education, training, and professional development opportunities
- Collaboration between child welfare, Office of the Superintendent of Public Instruction and the Courts to strengthen educational success of children and youth in foster care.
- Address the findings from the Indian Child Welfare FY 2013 case review
- Continue to Implement and expand the Fostering Well-Being Program

Ongoing coordination of services and benefits with other DSHS administrations and state partners continues to be an area of focus, including:

- Partnering with the Juvenile Justice and Rehabilitation Administration (JJRA) and Models for Change to focus on specific areas of improvement including:
 - Using Integrated Case Management teams to create shared service plans to help stabilize youth placements and behavior to:
 - Remove barriers that inhibit services to youth and families

- Maximize funding through shared resources
 - Streamline services to create efficiencies that reduce duplication of work and services
 - Provide seamless case management
- Coordinating with the Behavioral Health and Service Integration Administration to implement WISe (wraparound with intensive services) through mental health – scheduled for July 2014.
 - Reducing racial and ethnic disparities
 - Improving the way the system identifies and responds to youth with mental health needs
- Memorandum of Understanding between CA and JJRA was revised and approved in November 2012. The MOU is designed to enhance discharge planning for youth. The MOU provides clarification of roles and responsibilities, including:
 - Clearly identify who has lead responsibility
 - Begin discharge planning at entry to JJRA facilities and county detentions
 - Create opportunities for joint involvement in shared planning meetings
- Ongoing joint DSHS meetings between Economic Services Administration (ESA), JJRA, CA, and Aging and Long-Term Support Administration (AL TSA) to more fully collaborate across administrations, work on systemic level issues such as policy and practice that cross administrations and impact one another. For example:
 - Joint staffings across administrations to ensure cross system linkages.
 - Work with Health Care Authority on the Fostering Well-Being Program to build medical provider capacity to provide EPSDT exams for foster children, and coordinate services for children who are medically fragile or have special needs.
 - The Fostering Well-Being Program transferred to the AL TSA where they implemented many activities around EPSDT/well-child exams for foster children. Current activities include a focus on Medically Fragile children who come into care and their care coordination needs.

Agency Responsiveness Strengths and Challenges

Ongoing meaningful collaboration with stakeholders, community partners, and tribes is essential for strengthening Washington’s child welfare system. Use of existing committees and stakeholder groups as well as representatives of groups and organizations on specific statewide and local region/office CQI groups will continue and expand over the coming years. CA is expanding and strengthening the use of CQI groups at the statewide and local levels. These groups, by design, include participation by community partners and stakeholders. CA has an active training and technical assistance request regarding the inclusion of community partners in local CQI processes.

CA’s active engagement with a variety of stakeholder groups is seen as an area of strength. Challenges to collaboration include differing approaches across DSHS administrations, sharing information efficiently, and engaging and collaborating in a meaningful and productive way while still meeting tight timeframes for decisions and outcomes and working within budget restrictions.

Systemic Factor: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Standards for Licensing

The Division of Licensed Resources (DLR) completes home studies for licensed and unlicensed caregivers for children in out-of-home care. In 2011, all home studies were centralized under DLR. This centralization allows for the completion of the unified home study process and ensures consistent application of standards for assessment and placement related Washington Administrative Codes (WACs). Including unlicensed caregivers in the home study process allows for rapid placement of a child with a person known to them, (relative or suitable other person), while supporting consistent standards for child safety and well-being.

CA has established a standard process for all families being licensed by the state and those being certified by a private agency. There is a single licensing process that includes interviews, written narrative, and reference checks. In addition, prospective foster parents must complete required training prior to license finalization.

General licensing requirements include:

- Applicant 21 or over
- TB testing
- Background clearance
- CPR training
- First Aid training
- HIV/AIDS training
- Approved home study/facility check
- Health and safety certificate of compliance from the Department of Health and fire marshal for group care facilities and staffed residential homes licensed for 6
- Completion of caregiver core training

Once licensed, caregivers are required to be relicensed every three years. The process to be relicensed includes a home visit, renewal assessment, updated background checks, and verification of training. In addition, DLR completes health and safety visits with 10% of state licensed homes annually as required by Washington state law.

In addition to the completion of caregiver core training, licensed caregivers are required to complete 36 hours of in-service training during the first three-year licensing period, 30 hours during the second three-year licensing period, and 24 hours in all subsequent three-year licensing periods. Beginning in January 2015, caregivers will be required to choose one cultural course from a list of competencies to be completed during their first two licensing periods.

Criminal Background Checks

Background checks are required for all caregivers and household members over the age of 16. FBI fingerprints are required for those over 18. Between July 1, 2013 and May 1, 2014, DLR conducted 11,231 background checks. CA staff is able to access the NCIC data base in emergent situations where there is not time to complete the national fingerprint check prior to placement with relatives or suitable others. Caregivers are required to complete the FBI fingerprinting process. Background checks completed for unlicensed caregivers can be used by DLR in the licensing process if the child remains in the home and the caregiver chooses to become licensed within a year.

DLR has a standardized process for reviewing and tracking administrative approvals and waivers. Non-safety waivers for licensing requirements such as income, space and placement of sibling-related issues, can be approved. In addition, reviews for character and suitability may include criminal history, child abuse and neglect history from Washington and other states, and negative administrative actions. Information regarding reviews and decisions are documented in FamLink.

Diligent Recruitment of Foster and Adoptive Homes

Since 2012, CA has contracted with Olive Crest, a private provider, for statewide recruitment and retention of licensed caregivers. Details regarding these activities are included in the CA Foster and Adoptive Parent Diligent Recruitment Plan included as a separate submission with the 2015-2019 CFSP.

Use of Cross-Jurisdictional Resources for Permanent Placements

CA follows the Interstate Compact for Placement of Children when placing children into another state or receiving children from another state. Home studies for relatives or suitable others residing in Washington state that need to be assessed for an out-of-state child have been centralized under DLR, further supporting consistency for the assessment process.

Continued focus on identification of relative resources, including out of state relatives, supports and requires the use of cross jurisdictional resources. In addition, CA utilizes a number of programs and agencies to facilitate adoptions and permanent homes for children including:

- Northwest Resource Associates
- Families Like Ours
- Adopt U.S. Kids
- Washington Adoption Resource Exchange
- Specialized Adoption Recruitment

Stakeholder Engagement

DLR engages a number of community partners to solicit input and feedback to support practice changes. As revisions were made to the WACs, DLR staff met with tribes in Washington state to obtain input. DLR also met with representatives from group care facilities and Child Placing Agencies. DLR participates in the quarterly statewide foster parent consultation (1624) meetings and meetings with tribes. Each region also holds regular Private Agency Licensing (PAL) meetings with a standardized statewide agenda. In addition to obtaining input, the meetings provide an opportunity for DLR to inform stakeholders of changes and updates.

As a part of the process for updating the licensing WACs, DLR conducted usability testing with 25 foster parents and licensors and supervisors from CA and private child placing agencies. A series of questions and scenarios were provided to participants who used one of two versions of the WACs (existing WAC or proposed WAC) to find the answer. To control for individual differences, the questions were divided; half of each group's session used the old WAC to answer questions in series A, and the new WAC with questions in series B. The other half of the group used the new WAC for series A, and the old WAC for series B. In addition to timing how long it took people to answer the questions, responses were scored for accuracy, using a scale of not correct, partially correct or correct to see if the WACs were more easily understood, therefore more accurate. Debriefs were also completed with the participants to hear their overall impression of the WACs.

Foster parents took 46% longer to find answers in the old WACs. The difference would have been larger, but the process was stopped at 50 minutes because it was taking some participants so long to use the

old WACs. Staff took 38% longer in the old WACs. Foster parents' answers were 9.1% more accurate and staff were 5.3% more accurate when using the new WACs. Both groups felt very positive overall, and appreciated the usability tests. The foster parents were particularly effusive about the new WACs.

Strengths and Areas of Challenge

Foster and Adoptive Parent Licensing, Recruitment and Retention is a strength for Washington state.

Among specific areas of strength are:

- Consistent licensing standards
- Centralized process for home studies and approvals
- DLR licensing allows waivers and administrative approvals to support placement
- Non-safety waivers with relatives are available to support placement of relative children including placement of sibling groups
- CA passed the IV-E eligibility review in 2014 which included background checks
- CA is updating the WACs to include the development of training plans for all licensed families at the time of license renewal

Areas of challenge:

- Maintaining consistent assessments statewide
- Licensing barriers that cannot be resolved after a child is placed for emergent circumstances or by court order
- Different home study standards in different states

Section III – Plan for Improvement

Plan for Improvement

Overview

The goals and action steps for 2015-2019 will result in improved outcomes for children and families served by CA. Over the course of the past year, CA has made a number of changes that will support these ongoing improvements. Included among these:

- Integration of the safety gathering questions into the main assessments used by all programs
- Development of a headquarters unit focused on collecting data and providing reports
- Implementation and resource development for Family Assessment Response
- Continued development of strengthened statewide and local CQI processes
- Statewide implementation of Regional Core Training for CA workers and Supervisor Core Training for CA supervisors

CA developed a draft Racial Disproportionality Strategic Plan to target disproportionality in the Washington state child welfare system. The four objectives in this plan that support the reduction of disproportionality are:

- Use disproportionality data to guide and strategically plan the work to be done to reduce racial disproportionality
- Recognize the points in the child welfare system where overrepresentation of children of color occurs by racial group and location and decision point
- Promote racially equitable practices through leadership support, development, and accountability
- Engage, educate and collaborate with tribes and community around efforts to eliminate disproportionality

These objectives inform the ongoing identification, development, and implementation of system and practice improvements.

At the center of CA practice and practice improvements are child safety and engagement with families. This engagement principal is supported by Solution Based Casework, the Child Safety Framework, and FAR. Strengthening partnerships with parents, children and youth, families, caregivers, tribes, courts, and providers is critical to developing a more effective child welfare system. Although the goals and action steps are separated into categories of safety, permanency, and well-being, the impact on families and children will be more integrated. For example, strengthening engagement with parents will support improved safety, increased ability to identify appropriate resources, and as a result, timely permanency. Improved ability to accurately assess safety will result in better plans to address family needs, fewer children entering out-of-home care, children exiting care more quickly, and ultimately fewer families entering the system.

Areas of focus over the next five years include:

- Strengthening practice related to safety across all programs
- Improving timely permanency and decreasing length of stay through all permanent plans for children in out-of-home care
- Implementation of Family Assessment Response

- Increasing activities to improve engagement with and between CA staff, families, caregivers, providers, tribes and communities
- Actively address racial disproportionality and racial disparities in the child welfare system

Building on the improvements that have already occurred, in the first year, CA will primarily focus on the following goals:

- Successfully implementing FAR
- Improving Safety practice across all programs
- Improving permanency outcomes for the children in the system

To accomplish the above goals, CA will use the following action items:

- Strengthening training resources
- Developing data reports and resources to support accurate assessment of performance, practice and areas of improvement
- Strengthening integration of racial disproportionality work
- Continued implementation of existing activities including CQI teams at the headquarters and local levels
- Assessing processes to assure that they support and accurately reflect practice expectations

It is anticipated that improvements in these areas will result in improved outcomes for children and families. As these action items are completed, additional goals and activities more narrowly focused on specific areas of practice will be developed and processes for ongoing assessment of performance and improvements will be included.

Safety Action Planning



Continuous Quality Improvement (CQI) Action Plan
 Plan Purpose: **Improve child safety throughout the life of a case**
 Date: 2015-2019

Specific, Measurable, Attainable, Relevant and Time Framed = SMART

WHAT PROMPTED THIS ACTION PLAN?						
The review of data reflects a need to better integrate safety assessment and processes across the life of a case/throughout all programs within CA.						
WORK GROUP LEAD / AREA ADMINISTRATOR'S NAME			WORKGROUP / OFFICE			
Safety lead/with HQ and regional support			Individual work groups will vary with inclusion of external partners and subject matter experts to support the specific goals and action items.			
Use tab key in the last column to create additional rows within a goal.						
Goal: Develop and implement tools and resources to support staff assessment of child safety						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Create a practice guide for CPS investigators and FAR workers that includes practice competencies, critical thinking processes, policies and laws related to child safety.			9/30/14	Guide is available and disseminated to staff		
In conjunction with the Alliance for Child Welfare Excellence, develop and implement additional safety training modules focused on CFWS and Adoptions			5/31/2015	Training modules completed. Expectations regarding training completion issued.		
Review the permanency training curriculum for integration of safety assessment principles			8/31/14	Training reviewed. Safety Assessment principles integrated		
Update CA intranet program sites to include tools and resources for safety assessment			12/31/2014	Tools and resources will be available on program sites.		

Develop and provide Child Safety Framework training specifically for FTDM facilitators with emphasis on safety plan analysis, threshold and threats, safety planning vs. service planning, and conditions for return home.			6/30/15	100% of FTDM facilitators and FTDM supervisors complete the training		
Create and disseminate FTDM specific CSF tip sheets for meeting facilitators			4/30/15	Sheets will be available electronically and disseminated to FTDM facilitators		
Create and disseminate permanency planning CSF tip sheets for permanency planning staffing facilitators.			4/30/15	Sheets will be available electronically and distributed to staffing facilitators		
Identify, develop, and train region and office level CSF experts for field technical assistance and support. Establish plan for ensuring ongoing availability of field subject matter experts.		1/2015	9/2015	Field level CSF experts will be trained. Plan will be developed		
Alliance coaches will participate in the training for development of CSF experts			9/2015	100% of Alliance Coaches will participate in CSF training		
Complete Child Safety Framework targeted case review annually to assess safety practice across all programs			Fall 2014; then annually	CSF case reviews completed, results and recommendations completed and disseminated to leadership for review and action		

Review and update Child Safety Framework CQI plan based on results of CSF targeted case review			1/2015 and annually thereafter	Plan updated to reflect outcomes, new/updated action items		
Expand external stakeholder/subject matter expert and CA participation from all programs on the CSF CQI team			1/2015	CQI team member list reflects expanded membership		
Goal: Increase workers ability to identify and facilitate family engagement with services to address safety threats						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Provide updated SDM Risk Assessment training to new staff through Regional Core Training and existing staff through e-learning.			10/31/14	95% of required staff will complete the e-learning		
Implement training for staff re: linking services to safety assessment/safety threats and risks,			6/30/2015	95% of required staff will complete the training		
Validate the SDM risk assessment tool			6/2016	Validation complete. Recommendations available		
Make adjustments to SDM risk assessment tool implementation/training, etc. based on the outcome of the validation		6/30/2016	6/2017	Action plans to address recommendations developed and implemented		

Goal: Identify practices and procedures impacting reported recurrence of abuse						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Complete a qualitative review of a sample of cases with recurrence of abuse		06/2014	7/31/2014	Review completed, outcome data available to develop action plan		

Permanency Action Planning



Plan Purpose: **Increase the completion of timely permanent plans for children and youth**

Date: 2015-19

Specific, Measurable, Attainable, Relevant and Time Framed = SMART

WHAT PROMPTED THIS ACTION PLAN? The review of available data shows a decrease in timely reunifications. In addition, the median length of stay, while decreased from 2010, remains above the federal standard of 28.7 months. Racial disparities for the group of youth in care over 2 years continue.						
WORK GROUP LEAD / AREA ADMINISTRATOR'S NAME Permanency lead with HQ and regional support			WORKGROUP / OFFICE Individual work groups will vary with inclusion of external partners and subject matter experts to support the specific goals and action items			
Use tab key in the last column to create additional rows within a goal.						
Goal: Strengthen statewide infrastructure to support permanency						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Develop a team with statewide representation that will meet to focus on permanency issues		7/1/14	Meetings start by 9/30/14	Meetings will be scheduled and occur monthly – primarily in person		
Statewide permanency CQI team formed including external stakeholders. Develops and finalizes permanency CQI plan		9/30/14	12/31/14	CQI plan completed implementation in process		
Develop/identify key permanency data measures for ongoing progress and performance review. Include ability to breakdown by race/ethnicity in all measures.		9/30/14	10/31/14	List of measures, reports and reporting frequency will be available and provided		
Permanency training curriculum developed in partnership with the Alliance for Child Welfare Excellence and available for implementation			9/30/14	Completed curriculum		

Review and revise Permanency CQI Plan			6/30/15 and every 6 months thereafter	Progress evaluated and updated plans are completed and available for review.		
Publish bi-annual permanency outcomes report including key elements such as: completed permanent plans, compliance with key time frames. Have data presented by Region with office level available.			12/31/14 and every 6 months thereafter	Data will be available and disseminated as scheduled		
Goal: Termination petitions will be filed/compelling reasons documented timely 90% of the time by 6/30/2017						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Provide standard report reflecting performance with data available at the region/office level using case review data, data from the Administrative Office of the Courts and FamLink.		9/1/2014	10/31/14	Standardized report reflecting status will be available. Baseline data will be established		
Finalize ad hoc permanency monitoring report including validation.			11/30/14	Accurate report available to the field		
Review Permanency curriculum for inclusion of timeframes, definitions of compelling reasons, and documentation process			8/31/14	Training will accurately reflect requirements and expectations		
Regional representatives on the permanency team will identify regional and local office practice and jurisdictional barriers to timely filing using a standardized process		10/1/2014	11/30/2014	Report clarifying issues to be addressed on a statewide basis vs. local jurisdiction		

Convene statewide workgroup including external partners to identify practice improvements to support timely filing/compelling circumstances		1/2015	3/2015	Workgroup participants identified and participate in time-limited work group		
Memo issued from Deputy Assistant Secretary reiterating practice requirements and resources			12/2014	Memo and attachments issued		
Establish interim targets for performance improvement.				Targets identified and communicated		
Goal: Strengthen concurrent planning practice						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Conduct statewide permanency targeted case review			September 2015; annually thereafter	Completion of review. Practice strengths and challenges are identified		
Submit training and technical assistance request to NRC for Permanency and Family Connections – including concurrent planning and other items based on case review results and current data			June 2015			
Concurrent planning/lessons learned training presented at Children’s Justice Conference			May 2016			

Goal: Continue to integrate Permanency Round Tables (PRTs) to support problem solving permanency barriers						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Complete wrap up of data from 2013 PRT's. Identify learning from all prior sessions to inform planning for 2014 session			July 2014	Data report will be available		
Statewide PRTs to be conducted annually in the fall. Expand criteria to allow CA workers to identify cases for staffing			Fall 2014 and annually thereafter	PRT's occur. Criteria documented and communicated		
Complete wrap up of data from 2014 PRTs. Identify learning from all prior sessions to inform planning for 2015 session			July 2014 and annually thereafter	Data report will be available		

[Well-Being Action Planning](#)



Continuous Quality Improvement (CQI) Action Plan

Plan Purpose: **Increase engagement with children, parents and caregivers**

Date: [REDACTED]

Specific, Measurable, Attainable, Relevant and Time Framed = SMART

WHAT PROMPTED THIS ACTION PLAN? State and federal data related to child welfare outcomes was reviewed. Areas for focused improvement included: safety for children throughout the life of the case, ongoing accurate assessment of safety for children, and timely permanency (including reunification). Quality engagement with children, parents and caregivers will improve outcomes for children in the areas of safety, permanency and well-being.						
WORK GROUP LEAD / AREA ADMINISTRATOR'S NAME Engagement lead with HQ and regional support			WORKGROUP/OFFICE Individual work groups will vary with inclusion of external partners and subject matter experts to support the specific goals and action items.			
Use tab key in the last column to create additional rows within a goal.						
Goal: Increase the percentage of CFWS cases with two parents identified in FamLink by 50%						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Establish data baseline for CFWS cases with identified parents.	[REDACTED]	[REDACTED]	9/30/2014	Accurate data baseline will be established with information at the state, region, office, and unit levels.	Will require validating report.	
Identify resources available statewide to staff for parent search.			8/31/14	Parent search resources will be identified		
Establish and document clear processes for accessing parent search resources			9/30/2014	Written procedures developed		

Review and update protocol for locating absent parents			10/31/14	Written draft guidance will be completed and submitted to Deputy Assistant Secretary for review		
Disseminate updated guidance and expectations to staff regarding identification, location, and documentation of efforts regarding absent parents.			12/31/2014	Guidance distributed		
Update data report and disseminate to staff. Provide report with drill down capacity to regions semi annually.			12/31/14	Data report updated and provided semi annually		
Goal: Streamline shared planning meeting continuum						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Complete Value Stream Mapping (VSM) for shared planning continuum to identify opportunities for creating a more efficient process			3/31/2015	VSM completed.		
Develop shared planning meeting improvement plan for implementation and integration into CA 5 year plan based on VSM outcomes.			6/30/2015	Improvement and implementation plan developed.		
Goal: Automated reports will accurately reflect contact with and participation by parents in meetings and case planning						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED

Review meetings report change request; ensure it accurately captures and reflects data needed for practice improvements			9/30/2014	Change request is updated to accurately reflect data needed to support practice		
Validate CA worker-parent visit report			12/31/2014	Report will accurately reflect properly documented CA worker-parent visits		
Goal: Increase the frequency and improve the quality of FTDM's						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Add Education and child development information to the FTDM agenda			11/30/2014	Agenda and introduction revised; documentation of information confirmed in review of FTDM data review		
Incorporate standard use of <u>skype</u>/phone conferencing for distant parents. Explore mobile computing options.			12/31/2014	Standard guidance regarding options and how/when to use will be developed and disseminated		
Create and submit FamLink change request to enhance data collection including: <ul style="list-style-type: none"> • Youth participation • Both parent participation • Primary and alternate plans 			10/31/2014	Change request submitted		

Utilize data to develop a quarterly report reflecting contact with/participation by parents in shared planning meetings and monthly CA worker-parent visits			4/30/2015			
Goal: Improve engagement with fathers						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Review Permanency Planning training module for fatherhood information			8/31/2014	Curriculum reviewed.		
Update the Father's Matter intranet site to include fatherhood activities statewide and contact information			9/30/2014 and ongoing	Website will be updated		
Maintain a centralized list accessible to office and region staff reflecting current activities			9/30/2014 and ongoing			
Review and update guidance regarding paternity testing. Collaborate with community partners to streamline the process.			6/30/2015			
Review regional core and in-service training curriculum for engagement information regarding fathers. Explore updates to curriculum with the Alliance for Child Welfare Excellence if needed.			12/31/2014			



Continuous Quality Improvement (CQI) Action Plan

Plan Purpose: **Increase compliance with ICWA and assure the safety and well-being needs of Native American children are met**

Date: **2015-2019**

Specific, Measurable, Attainable, Relevant and Time Framed = SMART

WHAT PROMPTED THIS ACTION PLAN? Federal CFSP review for ongoing coordination and collaboration with Tribes						
WORK GROUP LEAD / AREA ADMINISTRATOR'S NAME HQ ICW Program with			WORKGROUP / OFFICE CA/Headquarters with CA field, stakeholder and community partners			
Use tab key in the last column to create additional rows within a goal.						
Goal: Increase identification of native children						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Centralization of inquiry letters		01/2014	07/31/2014	Decrease in the number of pending errors and an increase in the completion of the inquiry process		
Communication to staff and provide E-Learning regarding new process to complete inquiry.		07/31/2014	ongoing	Data from the centralized inquiry unit will show staff use and understand the inquiry process.		
Data cleanup on pending report (approximately 44,000 open case pending count as of 3/28/2014 and 24,000 closed cases)		8/1/2014	12/31/2014	Monthly status reports will show a decrease in the number of errors.		
ICW Case Reviews			Bi-annual	Measure compliance with ICWA (asking about ancestry, completing inquiry and improving intake notification).		

LICWAC/ICW Conference with workshops that focus on ICW issues to help improve practice; and coordination and collaboration with Tribes			Annually in October	Conference is held, and evaluation by participants identifies strengths and if the conference workshops met expectations and intent to help improve practice.		
Goal: Increase notification of intakes to Tribes						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Add WA State Tribes to the intake reference table in FamLink.		1/2015	6/31/2015	Change Request submitted and completed by CATS.		
Ensure staff notifies Tribes of intakes using the preferred method identified by the Tribe.		7/2015	monthly	Monthly reports will track timeliness of notifications		
Goal: Active Efforts to engage with Native American Children and Families						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Full implementation of in-service training for social workers, AA's, supervisors of the revised UW Alliance ICW training.			01/2015	Staff will receive training on how to engage with Native American children and families through the life of a case including intake, Native American Inquiry,		

				family ancestry chart and engagement processes.		
Training evaluations by staff will be completed.			Ongoing at the end of training.	Evaluations will demonstrate staff understand and know how and when to apply ICWA, and the importance for making active efforts.		
Case reviews to assess practice			Bi-annually	Case reviews will show an increase in performance related to ICW cases.		
Increased coordination with Administrative Office of the Courts to implement training for the judiciary to ensure best-practices related to ICWA compliance.		3/2014	Ongoing	The proposed Washington Tribal-State Judicial Consortium is established and curriculum development is completed.		
Annual regional plans updated in accordance with Administrative policy 7.01 between CA regions and Tribes to record the work of the region & identify specific activities CA and the Tribe will work on over a 12 month period.			Reviewed quarterly	The 7.01 plans are submitted annually to the Assistant Secretary and a statewide roll-up report is submitted to the Office of Indian Policy.		

<p>ICW manual will be revised to accurately reflect law, policy and practice requirements and expectations</p>			<p>September 2015</p>	<p>Manual will be updated and available for use.</p>		
<p>FTDM facilitator training will be offered and provided to tribes</p>			<p>ongoing</p>	<p>Training will be provided as requested</p>		

Disproportionality Action Planning



Continuous Quality Improvement (CQI) Action Plan

Plan Purpose: **Decrease racial disproportionality and racial disparities in the child welfare system**

Date:

Specific, Measurable, Attainable, Relevant and Time Framed = SMART

WHAT PROMPTED THIS ACTION PLAN? There is an overrepresentation of children of color within the Washington state child welfare system						
WORK GROUP LEAD / AREA ADMINISTRATOR'S NAME Disproportionality program manager			WORKGROUP / OFFICE individual work groups will include headquarters and field staff as well as key stakeholders and representatives of groups that are overrepresented within the child welfare system			
Use tab key in the last column to create additional rows within a goal.						
Goal: Improve the quality, availability and use of data regarding racial disproportionality and racial disparities						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Data reports for key measures and indicators will include race/ethnicity detail at the state, region, and local office levels		9/1/2014	12/1/2014	Reports will be produced, disseminated quarterly, and accessible to staff at all levels of the organization		
Objectives, goals and action planning to achieve key outcomes will include race and ethnicity data.		9/1/2014	9/1/2015 (on-going)	Plans for improvement and outcome reports will incorporate and reference data regarding race/ethnicity		
Data reports will be available and used for presentations and dialogues with community partners, interest groups and policy makers		12/1/2014	12/1/2015 (on-going)	Presentations and handouts will include data and information regarding racial disproportionality and racial disparities		

Goal: Decrease length of stay fo Hispanic, Native American and African American children by 2016						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Obtain and disseminate baseline data at the state, region and office level for key decision points (intake, removals, out-of-home placement, length of stay and permanency outcomes) to support action planning.		12/1/2014	12/1/2015 (on-going)	Data will be available and disseminated to state, regional and office leadership and program leads.		
Goal: CA will establish leadership and accountability for racially equitable practices						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
CA leadership and staff will participate in prejudice reduction training.		8/1/2014	8/1/2016 (on-going)	100% of existing staff will complete training. A process to ensure new staff receive training will be established		
Goal: CA will engage, educate and collaborate with tribes and community around efforts to eliminate disproportionality						
ACTION ITEM HOW CAN THIS GOAL BE ACCOMPLISHED?	PERSON(S) RESPONSIBLE TO COMPLETE ACTION ITEM	BEGIN DATE	TARGET DUE DATE	INTENDED OUTCOME HOW DO WE KNOW GOAL IS MET?	STATUS / REMARKS	DATE ACTION COMPLETED
Local offices will develop a community collaboration project in a targeted area to address overrepresentation of children of color		1/1/2015	1/1/2017	Projects will be developed.		
CA will implement the Racial Equity tool to be used in the development, analysis and implementation of policies, practices and programs.		1/1/2015	1/1/2016	Training will be developed and provided and an implementation schedule for the tool will be established		

Section IV – Services

Child and Family Services Continuum

CA provides direct services to children and families statewide through services provided by state employees and by contracted service providers. CA is focused on matching the needs of families to ensure the right service is provided at the right time and that services address child safety, permanency and well-being.

CA's efforts to use a performance-based contract that offers an array of services with performance driven outcomes continues. In 2009, the Washington State legislature passed a bill, 2SHB 2106 that essentially mandated three major changes for the Children's Administration. Over the past five years, in part due to a successful injunction filed by the WA Federation of State Employees, subsequent state legislation, (SSB 6832 6832 in 2010; E2SHB 2264 in 2012; and ESHB 1774 in 2013) have modified the implementation timelines, temporarily suspended the Child Welfare Transformation Design Committee, and modified the scope related to implementation. However, the following three mandates from 2009, contained in 2SHB 2106 have remained in current statute:

1. By July 2015, CA is to reduce the total number of contracts and convert current contracts to performance based contracts.
2. By December 2016, establish two demonstration sites where private agencies would perform the case management for child welfare services in order to compare their performance to state employees.
3. Establish the Child Welfare Transformation Design Committee (currently suspended) to help support and provide guidance to the CA in order to implement performance based contracts and the demonstration sites.

The most recent WA State legislative mandate related to Performance Based Contracts (ESHB 1774 in 2013) required the CA to release a Request For Proposal (RFP) or a Request For Information (RFI) for a private agency to manage PBC contracts for the provision of family support and related services. CA released an RFI in January 2014 for the Spokane area and neighboring counties. CA received one response to this RFI and are currently working with the agency that submitted the response to the RFI in order to determine if the CA should release an RFP, or potentially contract directly with this agency. The implementation of the case management by private agencies on December 31, 2016 will require significant new funding and FamLink system modifications. A significant cost for FamLink modifications will be related to new reporting requirements related to performance measures and to ensure continued accurate federal reporting requirements.

CA continues to work with current contractors to increase service effectiveness. In 2013, the Child & Adolescent Needs and Strengths (CANS) was adopted within multiple contracts. The CANS was selected as it was seen as able to support contractors' delivery, engagement and targeting of services to children and families when safety concerns are identified in the home. Additionally, the CANS is being piloted by Family Assessment Response (FAR) workers to support identifying service needs of the family.

CA is working to have in-home contracted services that are reliably successful at sustainably increasing safety in the family home. To achieve this goal we need services for families that:

- Address core child safety issues and parenting needs of the family that impact child safety and permanency
- Use researched and proven strategies in addressing the diverse needs of the family, and
- Are culturally relevant to the families we serve

Many families served by CA are affected or impacted by broad needs associated with issues such as life skills (e.g. basic house management, budgeting), coping and managing stressors, and accessing local resources. The current option to address these family's needs that are outside or exceed what EBPs offer are limited to non-EBP parent education classes or Family Preservation Services (FPS).

To address this gap, CA plans to work with veteran families, CA staff, contractors, stakeholders, and researchers to create a new service intervention that focuses on using:

- The safety goals identified by CA social worker and the outcome of the CANS-F to develop intervention goals that directly link to child safety and permanency
- Targeted and specific short term strategies designed to address ecological sources of family stress and coping in order to reduce risk and bolster self-sustaining family functioning
- An approved list of service options or service strategies that have evidence or are research driven in addressing the diverse needs identified in the CANS-F that are outside of teaching parents parenting skill (e.g. EBPs)

Array of Services

Washington's services are categorized into four service arrays:

- Out-of-Home Services
- Other Foster Care Services
- Family Support Services
- Evidence Based Practices

Out-of-Home Services

Adoption Program

CA's adoption program focuses exclusively on providing adoption services to children placed in state foster care and to families interested in adopting a child from foster care. CA focuses on placing children with approved adoptive families. These children are often considered special needs and are often harder to place because they have been victims of physical, emotional, or sexual abuse or neglect, or are part of a sibling group. Adoption Services include adoptive family recruitment, adoptive home studies to determine the fitness and suitability of a family for adoption, training and pre-placement and post-placement services to the child and family. CA matches children with approved adoptive families that are best able to meet the needs of the child. In the fall of 2012, CA completed statewide implementation of a Unified Home Study for all licensed and unlicensed caregivers, including adoptive families.

Adoption Support Program

Funding resources are available through the Adoption Support Program to assist families adopting children with special needs. Adoption Support is designed to help families offset the additional expenses involved in caring for a child with special needs. Pre-authorized counseling, medical and dental services, non-recurring adoption costs, and a negotiated monthly cash payment are some of the services that may be subsidized through Adoption Support.

Adoption Medical

Adoption Medical provides medical services to eligible adopted children through the state Medicaid program.

Behavior Rehabilitation Services (BRS)

CA contracts with community agencies to provide a temporary intensive wraparound support and treatment program for youth with extreme, high-level service needs. These services are used to safely stabilize youth and assist in achieving a permanent plan or a less intensive service. These services can be provided in an array of settings and are intended to:

- Safely keep youth in their own homes with wraparound supports to the family
- Safely reunify or achieve an alternate permanent plan more quickly
- Safely increase family-based care by using a wraparound approach
- Safely reduce length of service by transitioning to a permanent resource or less intensive service

Crisis Residential Centers (CRC)

CRCs provide temporary shelter for youth ages 12 through 17 who run away from home, are in severe conflict with their parents, or foster youth in need of a crisis placement. CRCs are available twenty-four hours a day, seven days a week. Placement is limited to a maximum of fifteen days, and services are focused on assessment of needs and family reunification.

Secure Crisis Residential Centers (S-CRC)

S-CRCs provide twenty-four hour availability for short-term placements for runaways placed by law enforcement. The S-CRCs are either facility secure or staff secure, but otherwise operate as other CRCs, with an emphasis on assessment of needs and family reunification. Staff secure CRCs have placement for youth for up to fifteen days. Detention CRCs can provide placement for up to five days. These facilities were mandated by the "Becca Bill" legislation passed in 1995.

Children's Hospital Alternative Program (CHAP)

CHAP is a collaborative effort between CA, County Mental Health/Regional Support Networks (RSN) and private local providers. CA and the RSN blend funding to provide intensive supports to youth with severe mental health disorders and their families in an attempt to prevent inpatient hospitalization, stabilize the youth, build family skills and gradually move from formal to informal supports within their own community. These intensive services are provided by a private agency either within the youth's home or in a treatment foster home.

Child Placing Agency (CPA)

CPAs provide licensed foster homes and other contracted services such as Parent/Child/Sibling Visitation Services, Follow-up Care Services, Borrowed Home Services, Respite Care Services, Case Aide Services, and can help manage some case responsibilities.

Education and Training Voucher Program

The federal CHAFEE Independence Act was amended in 2001 and authorizes funding to the states to provide financial assistance to youth who have aged out of foster care and are attending post-secondary institutions. Youth who are eligible for this program may receive assistance with their cost of education up to \$3,000 per year, increasing to \$4,000 in FY 2014. Youth enrolled in this program before age 21 years may continue to receive this service until age 23 provided they are making satisfactory progress towards the completion of their program.

Extended Foster Care Program

In 2011, the Washington state legislature passed a law allowing Washington to extend foster care services to youth between the ages of 18 and 21. This legislation takes advantage of the Federal Fostering Connections for Success and Increasing Adoptions Act of 2008. Youth participating in this program remain dependents of the state of Washington while they complete secondary or post-secondary education programs, including vocational or technical training, and participating in programs or activities designed to promote or remove barriers to employment. On March 1, 2015, CA will expand this program to include youth working 80 hours or more a month.

Family Foster Home Care Services

Foster homes provide 24 hour care for children to age 18 who need temporary or extended out-of-home placement due to child abuse, neglect or family conflict. Foster care is provided by licensed foster parents, unlicensed relative caretakers or other approved suitable persons and is viewed as a short-term solution to an emergent situation. The goal of foster care services is to return each child home safely or to find another safe permanent home as quickly as possible. Foster families are assessed for their potential as a permanent resource through the Unified Home Study.

HOPE Centers

The Washington state Homeless, Youth Prevention/Protection and Engagement Act (HOPE) passed by the legislature in 1999 created HOPE Centers and Responsible Skills Living Programs. HOPE Centers are temporary residential placements for street youth. Youth can remain in a HOPE Center for up to 60 days while they receive assessment services and a permanent placement is identified. HOPE Centers are intended to stabilize an adolescent, perform comprehensive assessments of the youth's physical and mental health, identify substance abuse problems and educational status, and develop a long-term permanent plan.

Responsible Living Skills Program (RLSP)

The Washington state Homeless, Youth Prevention/Protection and Engagement Act (HOPE) passed by the legislature in 1999 created HOPE Centers and RLSPs. RLSPs offer permanent placement settings and independent living skills to youth who are considered "street youth" and who agree to participate fully in the program. Eligible youth are between the ages of 14 and 18; however, priority is given to youth between the ages of 16 and 18. This program provides long-term housing, assessment, and life skills training to youth to help transition into adulthood. This program currently has 32 beds statewide. The RLSP may serve as a permanent placement for dependent youth who will exit from foster care into independent living at age 18. Youth must not have a permanent plan of return home.

Independent Living Services (ILS)

The federal CHAFEE Foster Care Independence Act (1999) requires states to identify youth who are likely to remain in foster care until age 18 and to provide those youth with a variety of ILS. Services include education, training, and support in the areas of educational stability and achievement, vocational training, career exploration, mentoring, employment placement and retention, daily living skills and avoidance of high risk behavior. Washington state administers these services to youth in state care through community-based and tribal contractors. ILS is funded primarily through federal grant monies.

Transitional Living Services (TLS)

The federal CHAFEE Independence Act was amended in 2001 and directs states to deliver transitional living services to former foster care recipients between the ages of 18 and 20. TLS include assistance in accessing safe and stable housing, employment training, placement and retention services, and support

toward the attainment of either a high school diploma or General Education Development (GED) certificate. This service is provided through our IL Program.

Street Youth Services

Street Youth Services consist of community-based outreach and case management targeting youth engaged in life styles characterized as homeless. These youth, referred to as street youth, are living away from their homes and may be chemically dependent, actively involved in prostitution, or involved in delinquent behaviors. Services are aimed at engaging and assisting youth in reducing risky behaviors and ending their homelessness.

Social Security Program for Children in Foster Care

CA has a specialized program that identifies children in foster care with disabilities and applies for Supplemental Security Income (SSI) on their behalf. These applications and appeals result in monthly SSI benefits that are placed into accounts for the child's personal benefit and assistance with reimbursement of the child's foster and group care expenses. These benefits follow children when they leave care and are frequently part of the reunification plan. In March 2013, there were about 980 children in foster care who qualified for SSI benefits and over 500 children who qualified for Social Security benefits based on the retirement, death or disability of a parent.

Other Foster Care Services

Interim and Receiving Care Services

Intensive emergency placement resources with contracted agencies are available for children and youth pending family reunification, less restrictive placement, or other long term permanent resource. Family receiving homes provide emergency placement services for children and youth removed from their homes because of abuse, neglect or family conflict.

Foster Care Assessment Program (FCAP)

FCAP is a statewide contracted program to assess children who have been in out-of-home placement for more than 90 days and are in need of intensive planning to help achieve permanency. The program targets children who have complex health and behavioral problems which may pose barriers to the achievement of stable permanent placements.

Pediatric Interim Care (PIC)

PIC provides support services to the families of drug/alcohol-affected children under the age of three years. Support services to the families may include specialized group care, foster care, family support, foster family training and support, aftercare services, wraparound services and/or other services. There are currently three Pediatric Interim Care programs available in Washington state. One is a facility-based program that provides care and medical support to drug-affected infants for up to 45 days. Another provides care and intensive services to drug-affected infants and children, age birth to three years, through trained foster homes. The third program provides support services, but no placements for drug affected children aged birth to three. Services are provided directly to the child through the foster parents, relative caregivers, and/or the birth parents to promote the child's well-being and provide training to the families on the particular needs of drug-affected children.

Transportation and Supervised Visitation

Parent/child/sibling visit contracts provide transportation and supervision for visits between children in out-of-home care and their siblings and families; essential services that support family reunification.

Family Support Services

Public Health Nurses Early Intervention Program (EIP)

EIP is a home visiting nurse program that addresses health conditions, physical growth, child development, social-emotional health, parenting skills, and home safety issues for children served by CA. Trained public health nurses provide voluntary in-home services, which can prevent the need for more intrusive interventions for at-risk families with young children.

Comprehensive Assessment Program

CA contracts with Harborview Center for Sexual Assault and Traumatic Stress to provide the Comprehensive Assessment Program in four sub-regions of Washington state. The program offers a comprehensive assessment for higher risk families that will identify the strengths and clinical needs of parents and children to help improve the safety of children by guiding decision making and service planning.

Child Care

Child care programs are available for families and children with an open case and a case plan that includes child care. Parents, unlicensed relative placements, and licensed foster parents are eligible for child care when the case plan includes child care as a service needed for the best interest of the child. CA implemented a child care payment structure for child care provided during “non-standard” hours. The payment rates under this policy cover child care provided overnight, and on weekends and holidays.

Crisis Family Intervention (CFI)

CFI is available to families with youth ages 12 to 18 who are in conflict or who are experiencing problems with an at-risk youth. Families may request CFI services from CA. CFI is a brief, voluntary service directed to preserve, strengthen, and reconcile families or caregivers in conflict. The focus of CFI includes working with families to resolve the immediate crisis, identify community resources to support family functioning, and develop protective supports. Services include a post-service assessment using the Child & Adolescent Needs & Strengths (CANS) to identify families’ progress.

Family Support Services (FSS)

FSS is available to families to provide brief family and community focused services directed to stabilize families and increase safety for children. This service is used to prevent placement outside the family home or assist with reunifying a child with their family from out-of-home care. FSS is available to families within 48 hours of referral and is offered for a maximum of 30 days by a contracted service provider. Services include a post-service assessment using the Child & Adolescent Needs & Strengths (CANS) to identify families’ progress.

Family Preservation Services (FPS)

FPS is available primarily to families whose children face “substantial likelihood” of being placed outside of the home or to assist with reunifying a child with their family from out-of-home care. Interventions focus on resolving the immediate crisis and strengthening a family’s relationships through a variety of community resources. FPS is available to families within 48 hours of referral and is offered for a maximum of six months by a contracted service provider. Services include a pre- and post-service assessment using the Child & Adolescent Needs & Strengths (CANS).

Intensive Family Preservation Services (IFPS)

IFPS is available to families whose children are at “imminent risk” of foster care placement or to reunify a child with his/her family from out-of-home care. Contracted community agencies provide intensive in-home therapeutic services (six to 10 hours of therapy per week) for up to 40 days, and two brief booster sessions at the request of the family’s CA worker to reinforce gains and support the family using the evidence-based HOMEBUILDERS® model of service. Services are available seven days a week, 24 hours a day. IFPS focuses on improving the family's ability to overcome a crisis situation and to remain together safely.

Home-Based Services (HBS)

CA workers can purchase supplemental services for families who are at risk of having their child placed in out-of-home-care or support for families with children returning to their families following placement in foster care. Home Based Services are individualized to meet each family’s need within available resources. Services may include parent aides and counseling, as well as supports for basic needs such as clothing, shelter, employment or transportation.

Evidence-Based Programs

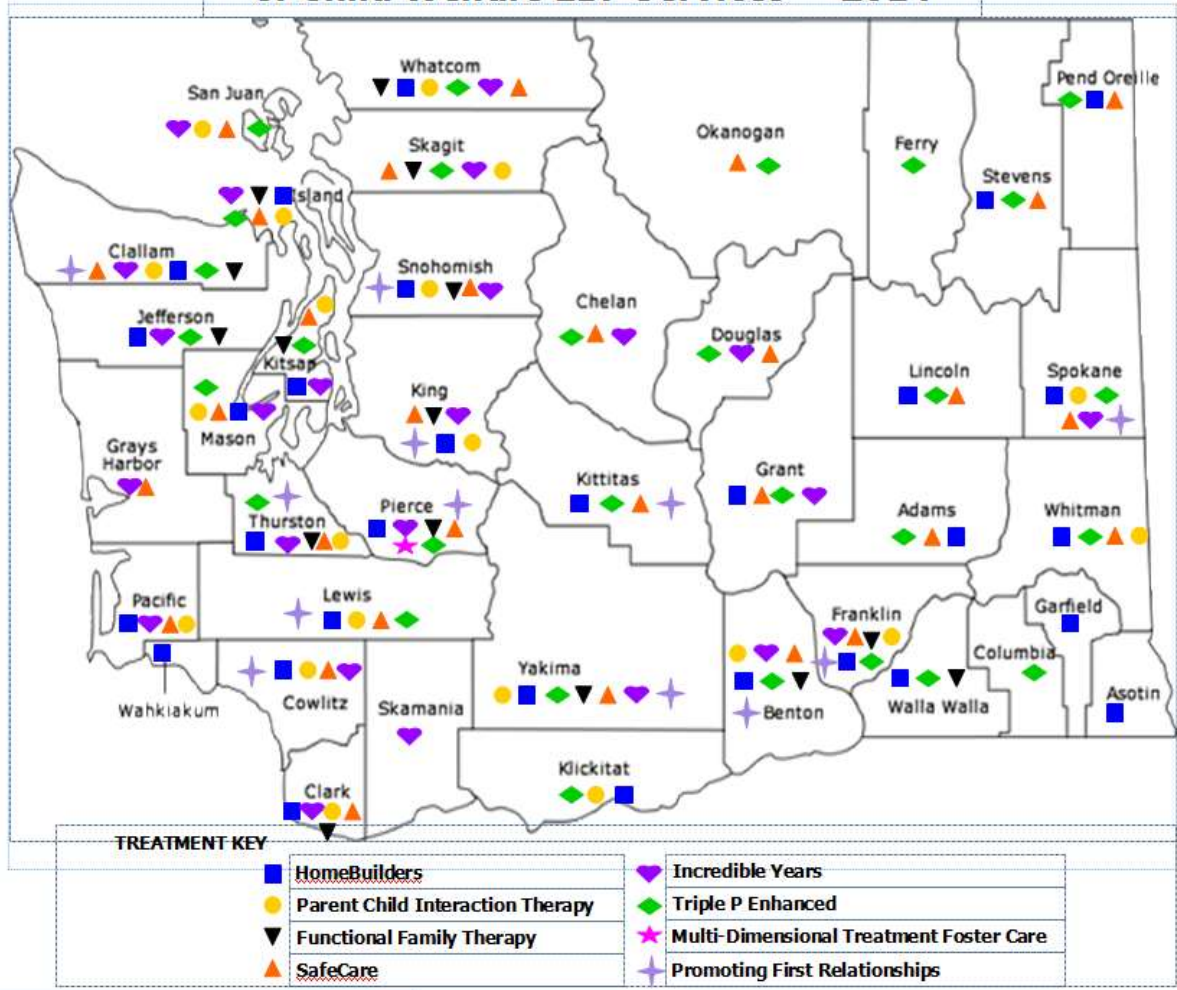
CA continues to explore additional evidenced based and promising practices to determine priorities of program delivery and examine and fill service gaps around the state. CA develops yearly plans to train more providers while supporting existing providers with consultation and additional training within our reduced budget. CA has incorporated the following evidence-based practices into our service array, including:

Solution-Based Casework (SBC)

CA includes evidenced-based practices in the work of the agency as well as in contracted services for children and families. As part of this effort, CA adopted Solution-Based Casework (SBC) as the practice model that provides an overarching framework for child welfare practice in Washington state.

SBC was selected as the clinical model for child welfare practice in Washington state because it is a family centered practice that builds on a family’s strengths. CA workers are taught engagement skills, interviewing techniques, family life cycle development frameworks and relapse prevention techniques. These give CA workers the skills and support they need to do their jobs well. Training and coaching is ongoing, and CA and the Alliance adjust training based on critical feedback from CA supervisors and workers.

Washington State Availability Map of Child Welfare EBP Services – 2014



Other evidence-based programs:

<i>Evidence Based Program Description</i>
<p><i>Functional Family Therapy (FFT)</i></p> <p>FFT is a family therapy used for youth ages 12 to 17 and their families. The service is focused on families in which the youth is experiencing difficulties with symptoms of conduct disorder, substance abuse, violent acting out, or families with intense family conflict. The intervention lasts between 10 to 14 sessions and focuses on developing the skills necessary for success.</p>
<p><i>Homebuilders</i></p> <p>Homebuilders is an IFPS program designed to prevent out-of-home placement of children. The program is short in duration, usually four to six weeks. Homebuilders’ therapists respond to families 24 hours a day, seven days a week. The program focuses on teaching parents to care effectively for their children by increasing their ability to manage child behavior, utilize appropriate discipline, and provide a safe and nurturing home environment. Therapists have a low caseload (two cases at a time) allowing them to spend a greater amount of time with the family. Therapists assist parents in enrolling in other longer term services that will help the parent maintain changes. Research has shown the program to be cost effective in reducing out-of-home placement of children.</p>
<p><i>Incredible Years Program</i></p> <p>Incredible years is a comprehensive, developmentally-based intervention with components for parents, teachers and children (age two to seven years). It is designed to prevent and treat emotional/behavioral problems in young children by promoting children’s social, emotional and academic competence and strengthening parental competence and family relationships. Interventions use a group format and deliver content through multiple methods including video, discussion, activities, role playing, and home assignments.</p>
<p><i>Nurse Family Partnerships (one contract in Tacoma)</i></p> <p>Prenatal and early childhood home visitation program designed to improve maternal and child health and well-being. Home visits are conducted by experienced, well-trained and supervised nurses who work intensively with first-time, low-income mothers and their families over a period of two years. Goals include: improving maternal and fetal health by helping pregnant women improve their health-related behaviors; improving infant and child health and development by enhancing parental caregiving skills; and improving the families’ economic self-sufficiency. Studies have shown reductions in child abuse and neglect, juvenile and adult crime, and increased employment by the participating mother.</p>
<p><i>Parent Child Interaction Therapy (PCIT)</i></p> <p>PCIT is a parent training program that is used for children two to seven years old. PCIT employs direct coaching of the parent to positively influence the parent’s interactions with his or her child and as a result, positively influence the child’s behaviors. The program is conducted in two stages. The first stage focuses on establishing a warmer, more loving relationship between the parent and child. During the second stage, parents are taught skills in how to direct their children, and are coached in how to provide safe and effective discipline in response to non-compliance. PCIT provides weekly contact in the client’s home and in the community.</p>

Evidence Based Program Description

Safecare

This is a parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. Trained professionals work with at-risk families in their home environments to improve parents' skills in several domains. This intervention lasts between 18-22 weeks. The domains are:

- Parent-child or parent-infant interaction
- Child Health
- Home Safety and cleanliness

Promoting First Relationships

This is an intervention that strengthens parent-child relationship and develops parental understanding of the child's emotional, developmental, and behavioral needs. The intervention is focused on children ages birth to three years and their caregiver. The service is delivered in the family home and lasts between 10-16 weeks.

Triple P (Positive Parenting Program)

This intervention draws on social learning, cognitive-behavioral and developmental theory, and research into risk and protective factors associated with the development of social and behavioral problems in children.

This five level program addresses family conflict, parenting styles and managing child behaviors. Levels four and five are used to provide intensive therapy for individual families that include relationship conflict, parental depression, and stress. Services are provided to families with children 0-18 years and depending on the needs of the family, the intervention is between 10 to 20 weeks.

Skills training includes:

- modeling
- rehearsal
- self-evaluation
- homework tasks

Service Coordination

The coordination of services begins with regional program leads participating in a process, led by headquarters, of reviewing services outputs, any documentation or reports of effectiveness and any outcome data. This work is typically done at least quarterly and sometimes monthly. This work typically happens by program and involves the contracted providers delivering the service and community resource partners including other state agencies providing services. This service coordination work is organized and directed at HQ across all programs and agencies to ensure that improvement efforts contribute to the integration efforts described below. The development of the service array included families, internal, and external stakeholders and this engagement has continued as FAR resources are developed in local communities.

CA staff use a structured information gathering process throughout the life of the case. The information gathered is used to develop, with the family, a Comprehensive Family Evaluation (CFE) and a case plan that identifies individual and family objectives directed at addressing safety, permanency, and well-being needs. Through the CFE, the CA worker, child, and family identify the needed services to support the child and family objectives. The CA worker is responsible for authorizing the service, informing the service provider of the intervention goals, and monitoring progress of the service. If more than one service is needed, the CA worker supports the service integration and ensures services are supportive of

the overall family goals. This is accomplished through efforts such as information sharing with service providers, individual meetings with parents and children, case staffings and shared planning meetings.

The CFE identifies services directly purchased by CA and services funded by other organizations (governmental and non-governmental). The CA worker works with the child and family to access all services needed and identified in the CFE. CA works to develop partnerships with organizations at a community and state level to support fluid access and coordination of support services.

Across CA's service array, there are many actively engaged stakeholders and partners. CA seeks to develop stakeholders at the and statewide levels. Community based stakeholder input and support of families is accomplished through efforts of the local offices to bring a shared vision of supporting children and families.

A recent example of developing community based connections is the effort connected to the Family Assessment Response (FAR). Through FAR, CA local offices develop community based services and enlist the active partnership of local service agencies and organizations that provide services linked to child welfare outcomes.

At a state level, CA continues to seek to develop Memorandums of Agreement with key partners to clearly identify how collaboration and service coordination will best serve families. Some examples of recent Memorandums include:

- The Cross Systems Children's Behavioral Health, which is an agreement involving the child welfare, mental health, and juvenile justice organization on the coordination and delivery of behavioral and mental health services to the children that are involved across the three systems.
- Birth to Five, which is an agreement being developed with the Department of Early Learning, Department of Health, and the Department of Social and Health Services to identify the key services and the coordination of services to families with children ages birth to five years old.

CA will continue to look for opportunities to develop agreements at the local and state level that support integration and coordination of efforts to service children and families.

Service Description

Family Preservation, Family Support, Time-limited Family Reunification, and Adoption Promotion Supports and Services are available across the state and for any family who meets the service criteria.

Family Preservation

- PCIT is offered in the family home or outpatient setting and consists of live coaching in which parents are coached by the therapist through an earpiece while the therapist observes their interactions.
- FPS is offered in the family home and is designed to reinforce the strengths of the family to safely maintain children in their own homes and prevent the out-of-home placement of a child.

Time Limited Family Reunification/Family Support

- Counseling Services provides counseling, therapy or treatment services, using Evidence-Based, Promising Practice, or recognized therapeutic techniques, to assist in amelioration or adjustment of mental, emotional or behavior problems.
- Family Preservation Services is offered in the family home and is designed to reinforce the strengths of the family to safely maintain children in their own homes and prevent the out-of-home placement of a child.

Adoption Promotion Supports and Services

- Medical and dental coverage is provided to every adopted child in Washington.
- Non recurring costs up to \$1500 are available to families to offset adoption related expenses.
- Pre authorized counseling services are available and follow the counseling structures identified above.
- A monthly cash payment may be provided for those who qualify.
- Post adoption families have equal access to services provided by CA.

Strengths and Gaps

See [Service Array Systemic Factor](#) for additional information

Service Decision-Making Process for Family Support Services

CA has an on-going recruitment effort to enter into contract with agencies and organization when it is identified that a community has limited or no access to culturally relevant service and who:

- Meet the minimum qualification
- Demonstrate that they deliver high quality and effective services
- Are able to support families in accessing community based supports
- Demonstrate connection to communities they offer to serve

It is the CA worker who selects the agency or organization from the list of contracted agencies and organization to deliver the service.

Population at Greatest Risk of Maltreatment

CA has identified children aged 0-3 as being at greatest risk of maltreatment as reflected in the data provided in the Safety section. A birth to three workgroup focusing on this age group met during 2013 – early 2014 and identified specific activities and strategies to increase safety for these very vulnerable children. The workgroup identified the following goal:

- Improve child safety outcomes for children under three years old through examination of our intake, CPS Response (Investigation and Family Assessment Response), safety assessment and safety planning to develop and implement meaningful intervention changes that will lessen the likelihood of serious injury and/or death for this vulnerable group of children.

Children birth to three are also included in the Birth to 5 program, an agreement being developed with the Department of Early Learning, Department of Health, and DSHS to identify key services and service coordination to families with children birth to five. Children involved with CA have priority access to early learning services such as the Early Achiever and Head Start Programs.

Evidenced based programs including Homebuilders, Incredible Years (ages 2-7), Nurse Family Partnerships, PCIT (ages 2-7), SafeCare, Promoting First Relationships, and Triple P (ages 2-16) are interventions for families with children within the 0-3 age range.

Additional strategies and services will continue to be developed following further analysis.

Services for Children Under the Age of Five

FamLink data shows that of the youth in care on 4/30/14, 46.2% were five and under, similar to 47.2% from 4/30/2013. NCANDS data shows that 48.1% of the children in care were five and under for both 2013 and 2012. Slightly over one-third of all youth in care were between the ages of birth to three, the

age group identified as most at risk. These youth have been included in the permanency activities that have been implemented over the last five years.

CA workers are required to assess and identify a child's overall well-being and distinct individual developmental needs while placed in out-of-home care. On-going assessment is used to match children to a permanent family that has the skills and abilities to meet their short and long-term needs.

CA uses the Child Health and Education Tracking (CHET) Program to assess all children including those from *birth to five* years old to identify short and long-term well-being needs of the child when initially entering out-of-home care. If developmental or mental health concerns are identified, a direct referral is made to local service providers. In addition, information is shared with caregivers and CA workers and is used by CA workers to develop an effective case plan and help identify an appropriate placement for the child.

CA workers use the following services to identify and address the well-being needs of children birth to five that can support the child's plan for permanency:

- Early Support for Infants and Toddlers – Washington state's IDEA Part C Program that serves children birth to three
- ChildFind – Referrals are made for children age three to five when developmental concerns are identified. 34 CFR 300.111 (a)(1)
- Head Start/Early Head Start – Federally funded program available to children age three to five that addresses children's social-emotional and developmental needs
- Early Childhood Education Assistance Programs – State funded program for services for children birth to three. Provides a comprehensive assessment for children when developmental concerns are identified, and provides support and interventions as needed
- Medicaid Treatment Child Care (Title XIX) – Provides assessment and therapeutic interventions for developmental and mental health needs in a daycare environment
- Fostering Well-Being Care Coordination Program – Provides care coordination services to children with complex health, mental health, and developmental needs
- Foster Care Assessment Program – Provides a comprehensive assessment for children experiencing challenges to permanency
- The child's assigned worker convenes a Shared Permanency Planning Meeting at least every six months to discuss various aspects of the child's case and provides oversight for the child's well-being and developmental needs as they relate to achieving permanency.
- The child's assigned worker uses an Individual Service and Safety/Court Plan to update the court on the child's well-being, development, and progress towards permanency
- Evidence Based Programs that support permanency and reunification of the family
 - Parent Child Interactive Therapy
 - Incredible Years
 - Nurse Family Partnerships
 - Promoting First Relationships
 - Triple P (Positive Parenting Program)
 - Homebuilders
 - SafeCare

Services for children Adopted from Other Countries

CA provides services and supports to families of children adopted from other countries that meet the eligibility requirements for CA programs. As with families that adopt children from the child welfare system, they have equal access to services provided by CA.

Section V – Consultation and Coordination Between States and Tribes

Tribal Consultation and Coordination Plan

Consultation Process

The 2015-19 state plan was shared with tribes during the May, 2014 CA - IPAC subcommittee meeting. This sub-committee is made up of representatives from the 29 federally recognized tribes in Washington state. The plan was sent to tribes by email prior to the meeting and tribal representatives were asked to provide edits and input on the proposed activities. The suggestions received have been incorporated into this final plan document.

Ongoing Coordination Plan Description

CA has ongoing consultation with the 29 federally recognized tribes in Washington at both the statewide and local level.

These tribes are:

- Colville Confederated Tribes
- Cowlitz Indian Tribe
- Jamestown S'Klallam Tribe
- Lower Elwha Klallam Tribe
- Makah Nation
- Nisqually Tribe
- Port Gamble S'Klallam Tribe
- Quileute Nation
- Samish Nation
- Shoalwater Bay Tribe
- Snoqualmie Tribe
- Squaxin Island Tribe
- Suquamish Tribe
- Tulalip Tribe
- Yakama Nation
- Chehalis Confederated Tribes
- Hoh Tribe
- Kalispel Tribe
- Lummi Nation
- Muckleshoot Tribe
- Nooksack Tribe
- Puyallup Tribe
- Quinault Nation
- Sauk-Suiattle Tribe
- Skokomish Tribe
- Spokane Tribe
- Stillaguamish Tribe
- Swinomish Tribe
- Upper Skagit Tribe

In addition to federally recognized tribes/nations, CA also recognizes, through policy, American Indian Organizations, and American Indian participants. The primary goal is to recognize a Government to Government relationship between the state and Indian tribes/nations through the maintenance and support of the:

- Washington State Indian Child Welfare Act
- Federal Indian Child Welfare Act
- Washington State Centennial Accord
- Washington State Basic Tribal State Agreement
- Washington State Localized Tribal State Memorandums of Understanding
- DSHS Administrative policy 7.01

The CA Assistant Secretary works closely with the Office of Indian Policy (OIP) to meet with Washington state tribes in their communities. In addition, efforts by CA to comply with federal ICWA include participation by the state and tribes at the:

- Department of Social and Health Services: Indian Policy Advisory Committee
- CA: Indian Policy Advisory Committee Sub-committee; and
- 7.01 Roundtables and consultation

The DSHS- IPAC meets on a quarterly basis and is coordinated by the OIP. This venue provides the Assistant Secretary an avenue to give updates, discuss concerns tribes may have and work closely with staff to ensure a timely and effective response. The CA- IPAC sub-committee is co-chaired by the CA headquarters ICW program supervisor. The sub-committee consists of tribal representatives delegated by their tribal councils. These representatives participate in policy and procedure workgroups, including those mandated by legislation. Minutes from this monthly meeting are regularly provided to all tribes via an email listserv that includes tribal social service directors and staff. Roundtables and consultation occur at the local or statewide level and help ensure that the state is working in partnership with tribes to help Indian families.

Provision of Child Welfare Services and Protections for Tribal Children

The state supports tribes in their delivery of child welfare services through IV-E agreements. Three tribes Quinault, Makah (not active), and Lummi currently have pass through IV-E agreements with CA. Washington state was the first in the nation to have a federally recognized tribe (Port Gamble S’Klallam) apply and receive approval for direct title IV-E funds for foster care, adoption assistance, and guardianship assistance. Other tribes who may soon be implementing a direct federal IV-E agreement are Colville, Lummi, and the South Puget Intertribal Planning Agency (for Nisqually and Squaxin Island Tribes). Muckleshoot Tribe has been a IV-E developmental grantee since October 2012.

Updating the local Memorandums of Understanding (MOU) with the Tribes remains a priority of CA and is part of the CA strategic plan. As of May, 2014 we have [completed and signed 10 MOUs](#) and 19 others are in process. The MOUs use a [standard format](#) but allow for tribes to customize the delivery of child welfare services (provided by the state) that specifically meet the needs of the tribe.

Credit Report Requirement

CA is completing agreements with the three credit bureaus to complete the credit reports electronically for foster children aged 16-18. Concurrently, Children’s Administration Technology Services is working to implement an electronic process “batch” to provide the required information to the credit bureaus.

CA will share the electronic process of obtaining credit reports with tribes when details have been finalized. The tribes will have the option of entering into their own contract with the credit bureaus or providing eligible youth’s information to CA who will complete the credit check process and provide results to the tribes.

CA has had difficulties establishing the agreements with all three credit bureaus. The final credit bureau has contacted CA to establish an agreement. In order to complete the application to receive the credit reports electronically it requires CA’s Assistant Attorney General and the credit bureau’s legal department to negotiate terms of the agreement.

ICWA Compliance

The statewide ICW program supervisor and program manager and regional program consultants coordinate with tribes to assure state and federal ICWA compliance. Headquarters staff oversees contract management and policy collaboration with tribal staff for ICW matters throughout the state. The ICW program supervisor helps to assure communication, consultation and relationships between CA and the tribes/nations are honored. The CA: IPAC sub-committee serves as an on-going venue for Tribal

representatives to voices concerns and issues related to policy and practice and the impact on Native American children and families.

Statewide ICW case reviews area conducted bi-annually. The focus of these reviews is to assess, in detail, compliance with the federal and state Indian Child Welfare Act (ICWA) and CA ICW policy as well as the quality of the ICW practice in cases where it is believed the child is Native American.

Representatives from Health and Human Services observed the 2009 ICW review and indicated the review was a model for other states.

CA will use administrative data from FamLink and outcomes from federal and state case reviews to assess its ongoing compliance with ICWA. Monthly and quarterly meetings with tribes will continue to support communication between CA and the tribes to ensure the needs of Native American children and families are being met.

Planned Activities (FY 2015-2019)

A Continuous Quality Improvement Action Plan has been developed and is included in the [Plan for Improvement](#) section of this report. The action plan provides information regarding the activities CA will continue or implement over the next five years. The intent of the activities is to ensure the well-being needs of Native American children and families are being met.

Specific measures the state will review in the next five years to improve or maintain compliance with each of the five major requirements of the Indian Child Welfare Act include:

- Notification
 - A FamLink system change has been proposed which will allow staff to select Tribes from a dropdown menu and identify that a referral was sent to them.
- Placement preferences
 - Maintain ongoing coordination with tribes/nations and RAIOS to identify appropriate family placements. The contract for foster parent recruitment includes language which requires the contractor to provide Native American community support for foster families, and establish a recruitment and retention presence at Native American cultural events. The contractors' website must also include news and resource information for minority populations including Native Americans.
- Active Efforts to prevent the breakup of the Indian family
 - CA will continue ongoing work with regional staff (LICWAC) and our tribal partners to ensure active efforts for ICW cases. This includes trainings on laws, policies and procedures. CA will request tribes participation on the following:
 - In-service training
 - Training curriculum consultants
 - CA recently centralized the Native American inquiry process in an effort to improve early and accurate identification of a child's Native American status. Statewide training is being completed and includes instruction for CA workers on how to complete an inquiry request. The centralized process is expected to increase the number of timely, accurate, and complete inquires. The performance of the unit will be monitored in monthly reports.
- Tribal right to intervene in state proceedings

- A Washington Tribal-State Judicial Consortium of 11 tribal court judges, 17 state court judges, and nine others gathered in 2013 to discuss the potential for establishing a tribal-state court forum that will facilitate collaboration between tribal and state courts in Washington.
- Efforts are underway by AOC, CA and tribes to revitalize and move forward in developing the consortium. Membership in the consortium will be an equitable balance between tribal and state judges.

Exchange of CFSP requirement

2015-2019 CFSP Tribal Consultation and Coordination Plan was shared with tribes during the May CA - IPAC subcommittee meeting. This sub-committee is made up of representatives from the 29 federally recognized Tribes in Washington state. The plan was sent to tribes by e-mail prior to the meeting and tribal representatives were asked to provide edits and input. The suggestions received have been incorporated into this final report.

The complete CFSP document will be shared with tribes electronically once it is finalized.

Section VI – Chafee Foster Care Independence Program (CFCIP)

Chafee Foster Care Independence Program Education and Training Vouchers

State agency overseeing the CFCIP programs

The Washington state Department of Social and Health Services, Children's Administration, administers, supervises and oversees the Title IV-E program and the Chafee Foster Care Independence Program (CFCIP). The two Chafee funded programs, Independent Living (IL) and Educational and Training Vouchers (ETV) are part of an array of services available to youth transitioning from state foster care.

Washington state is divided into six regions for purposes of the IL Program. Each region has an IL Coordinator that supports and monitors eligibility, financial records and program compliance. Each region is responsible for establishing IL program contracts with local providers and ensuring youth have opportunities to learn necessary skills to support the transition to adulthood. CA currently serves approximately 2,702 youth/young adults (not including Tribal youth) in the contracted IL program. Washington participates in national evaluations on the impacts of the programs in achieving the purposes of CFCIP.

Independent Living Program

IL Eligibility

To be eligible for the IL Program, youth must be at least 15 years old or older (through their 21st birthday) and in foster care in an open dependency action through DSHS or a tribal child welfare agency for at least 30 days after their 15th birthday. Once youth are determined eligible, they remain eligible until age 21 even if they have achieved permanence (such as adoption, kinship guardianship, and return home).

Washington State may provide IL Services to youth who are in the care and custody of another state. If the youth is eligible to receive IL services in his/her home state the youth is eligible for services in Washington. CA contacts the IL lead in the child's home state to determine eligibility status.

IL Service Provision

There are 11 contracted IL providers and 24 Tribal IL providers in programs for all eligible youth across Washington state. Most of the state has contracted IL services although there are a few remote areas where services are limited and the local DSHS CA office provides IL services.

CA workers refer youth at age 15 or older to the IL program, and the IL provider must make at least three attempts to engage the youth in this voluntary program. If efforts to engage the youth fail, the CA worker and caregiver are contacted and a letter is sent to the youth informing them that if they decide to participate in the program later they may contact the program at any time.

CA and IL providers recognize that youth engagement in IL services relies heavily on establishing relationships that can bring about trust. IL providers develop relationships with their youth, meeting with them frequently during the month. Youth prefer to meet one-on-one with the provider.

The IL contract includes services required by the federal Chafee Act, including the National Youth in Transition Database (NYTD) elements. Contracted IL, Tribal IL and Responsible Living Skills (RLSP) providers have access to CA's SACWIS system (FamLink) to input services. This allows CA to collect better data on outcomes for youth in care.

The contracted services of the IL program are voluntary for youth. If a youth declines services the CA worker is responsible for ensuring they receive IL Skills, complete the Casey Life Skills Assessment and develop a Learning Plan. The CA worker and foster parent must provide opportunities for the youth to practice life skills in the home or within the community. The CA worker is responsible for documenting in FamLink services pertaining to the NYTD elements that were provided to the youth by the CA worker and foster parent.

CA staff receives ongoing support in the following areas:

- Casey Life Skills On-Line Training including the Learning Plan
- NYTD elements and documentation in FamLink
- IL Services and the Court Report

CA uses the data collected for NYTD to determine if the right services are being provided and matched to each youth. Outcomes will be compared to the services being provided and reported in our SACWIS system to identify areas of service need.

Independent Living Services

Casey Life Skills Assessment (CLSA)

CA uses the nationally recognized web-based CLSA tool provided by Casey Family Programs. The tool assesses various life domains and calculates a score based on the youth's answer to the assessment questions. CLSA reports are developed from the score, identifying the youth's greatest strengths and challenges. The assessment is administered annually to youth participating in the program and is used to develop a learning plan to address their individual needs.

- Youth ages 15 - 16 receive training on a variety of skills including life skills and educational services.
- Youth ages 16 – 18 receive training on a variety of skills including life skills, educational services and transition planning.
- Young adults ages 18 -20 receive training on a variety of skills including life skills, education supports and services, housing assistance, and employment supports and services.

Transitional Living Services (TLS)

The IL Program delivers Transitional Living Services (TLS) to former foster youth ages 18-21 through contracts with community service providers and tribes.

Funding is available to eligible youth ages 18 to 21 on an individual basis for housing and incidental expenses. "Room and Board" is defined as assistance provided to a former foster care youth from age 18 to 21 in the form of payment for rent, utilities, deposits and housing costs. Room and board or housing costs are budgeted and tracked separately by CA to ensure that no more than 30% of the state's Chafee IL funds are used for this purpose. In FY 2014, CA spent 7.11% of the CFCIP grant on room and board assistance.

TLS case managers help youth locate affordable housing, negotiate leases and make rent and utility payments. Rent subsidies are available for youth who are employed, seeking employment, or enrolled in an educational or vocational program. If a contracted service agency is not readily available, youth may still apply for transition funds for housing through a CA office. Youth who access these funds are not part of the Extended Foster Care program.

Responsible Living Skills Program (RLSP)

The RLSP program provides dependent youth, ages 14 to 18 in the custody of the state or tribe who are not returning to their families, and who have been unsuccessful in traditional foster care with long-term housing, assessment, and life skills training to youth to help transition into adulthood. This program has 32 beds statewide.

Foster Care to 21

Washington state offers foster care and support services to a limited number of youth age 18 to 21 pursuing post-secondary education. This program will be phased out by June 2015 as it has been replaced with the Extended Foster Care program.

Extended Foster Care Program

In 2011, the Washington state legislature created the legal foundation for youth to voluntarily remain in care after their 18th birthday if they qualify for the program and elect to participate. This legislative action supports the federal Fostering Connections Act of 2008 and is designed to expand as Washington's fiscal resources allow. This legislation allows Washington to claim federal Title IV-E funding to support these youth in placement.

To be eligible for the Extended Foster Care program, a youth on his/her 18th birthday must be dependent, in foster care and meet one of the following categories:

- Enrolled in high school or high school equivalency certification program
- Enrolled or intends to enroll in vocational or college program
- Participating in activities designed to remove barriers to employment
- Employed for 80 hours or more per month (effective March 1, 2015)

Youth can transition between categories and placement settings can vary to include supervised independent living settings while remaining eligible for the program. Youth in the Extended Foster Care Program receive the same case management services and supports as youth under the age of 18 in foster care.

Extended Title IV-E Assistance

The Extended Foster Care program was created in Washington to allow the state to claim IV-E reimbursement for this population. Approximately 320 youth are participating in the Extended Foster Care program. CA is in the process of creating an Extended Foster Care eligibility page in FamLink that will be able to provide more detailed demographic information on youth who are participating in the program.

CA supports youth's educational goals by allowing foster parents to maintain a bed for youth residing on a college campus while school is in session so the youth has a place to return to during school breaks. Youth have scholarships and access to IL services to support ongoing educational goals. Youth are able to reside in supervised IL settings to support being closer to educational services.

Human Trafficking

In 2011 legislation was passed allowing CA to include a child who is sexually exploited in the definition of "child in need of services" petition process. A county prosecutor is able to divert cases to CA rather than charge an offender with either prostitution or prostitution loitering if it is the offender's first offense. Youth referred to CA through this statute will be connected with services for youth who have been sexually abused or assaulted. CA works with the Department of Commerce

and the crime victims' assistance program to access necessary services for these youth. CA also requires all licensed secure and semi-secure crisis residential centers and Hope Centers to have a staff person or access to a person who is trained to work with the needs of sexually exploited children.

Seven Purpose Areas

1. Assist youth in transition from dependency to self-sufficiency

Planned Activities	
Activity	Frequency
Convene Foster Youth and Alumni Leadership Summit	Annually in June
Convene Passion to Action Day Retreat	Annually in July
Make it Happen College Experience	Annually
Camp to Belong Washington is a collaborative effort and partnership with Foster Family Connections, CA, and Camp to Belong NW. The event reunites siblings who are placed apart in a week long camp designed to provide siblings valuable time together.	Annually in August
The Foster Club All-Star Program provides youth development opportunities by building leadership skills, providing public speaking experiences, advocacy skills and development of professional proficiencies through intensive training. The sponsored All-Star serves a one year term and will complete a 7 week internship to build leadership skills.	Annual selection in May
Regional Activities – Region 1 North – Annual Real World Conference Region 1 South – Graduation Celebration Region 2 North - Annual Graduation Dinner and Summer Event for Youth Region 2 South- Annual Independent Living Conference	Spring June Summer April

2. Help youth receive the education, training and services necessary to obtain employment

Activity	Status
Employment Services - Contracted IL program staff incorporate employment modules and workshops into their day-to-day work with youth and link youth to existing community resources. IL providers provide employment services all year and specifically coincide with the summer and holiday hiring, school breaks, and near the end of the school year. Youth receive: <ul style="list-style-type: none"> • Coaching on activities related to employment readiness, interviewing, resume writing and appropriate dress • Assistance gaining and retaining employment • Assistance obtaining or securing items needed to gain or maintain employment, such as, a social security card, dress attire, and transportation (if possible) • Assistance using community employment resources to gain employment • Information on how to enroll in available Workforce Investment Act youth programs or to register with the Employment Security One Stop Career Centers (if available) 	Ongoing

3. Help youth prepare for and enter post-secondary training and educational institutions

Planned Activities	
Activity	Frequency
Governors' Scholarship.	Annually
Provide trainings on the revised Casey Life Skills Assessment.	Ongoing
Collaborate with the Passport to College Promise Program.	Ongoing
The CA IL Program Manager will provide assistance and training to CA workers and IL Providers on how to administer and use the online Casey Life Skills Assessment (CLSA) tool.	Ongoing
CA, in partnership with the College Success Foundation and the Washington Student Achievement Council (WSAC) Passport summits in April/May	Ongoing
IL providers continue to prepare and mentor foster youth ages 15 to 18 to complete high school or a GED program, and enter post-secondary education programs.	Ongoing
The Supplemental Educational Transition Planning (SETuP) program provides foster youth age 14-18 with educational planning, information, links to other services/programs and coordination with high school counselors to ensure youth have an educational transition plan.	Ongoing

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults

- Contracted IL providers, SETuP providers, foster parents and community service providers' link youth with dedicated adults as the youth transitions out of care.
- The required 17.5 year old staffing helps youth identify important adults in their life who can support them through their transition from foster care and beyond into adulthood.

Planned Activities	
Activity	Frequency
CA partners with Washington Mentors which matches youth with adult mentors through the Big Brothers and Big Sisters program.	Ongoing
Contracted IL providers use Foster Club's Permanency Pact Tool Kit to assist in identifying significant adults the youth can trust and count on as a lifelong support person.	Ongoing
CA holds a yearly event called "We Are Family" at a Seattle Mariners game to celebrate caregivers who are important to our youth we serve. Members of Passion to Action present on what their connected and caring adult did for them while they were in foster care and beyond.	Yearly
Passion to Action Foster Youth and Alumni Advisory Board provides mentoring and support from adult supporters in the group. While the adult supporters are modeling mentorship the alumni members take the role of mentoring the younger members of the board.	Ongoing

5. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

Planned Activities	
Activity	Target Date
Expand Extended Foster Care program as required by legislation.	Ongoing
Responsible Living Skills Program (RLSP): CA will continue to support Region 1 South in in licensing a new provider to meet capacity of 32 placements.	October 31, 2014

6. Make vouchers for education and training, including post-secondary education and available to youth who have aged out of foster care.

See [ETV Section](#) below.

7. Provide Services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.

Once a youth is determined eligible for IL services, they remain eligible regardless of their permanent plan. The youth is also eligible for TLS between 18-21 years of age.

Coordination of Services with other Federal and State Programs

- Annual Foster Youth and Alumni Leadership Summit
- Annual Make it Happen College Experience
- Camp to Belong Washington is a collaborative effort and partnership with Foster Family Connections, CA, and Camp to Belong NW. The event reunites siblings who are placed in separate foster homes and other out-of-home care and offers fun activities, emotional empowerment and much needed sibling connections.

Regional Activities

- Region 1 – Annual Independent Living “Real World” conference for foster youth age 15-18 to provide them with trainings and information on resources needed to help promote self-sufficiency.
- Region 2N - Annual Summer event for Youth
- Region 2S - Annual Independent Living Conference

Coordination of Services with other Federal and State Programs for youth, including Transitional Living and School-to-Work program offered by high school or local workforce agencies

Community collaboration continues to be a vital part of CA’s efforts to strengthen its delivery of services to foster youth, former foster youth, and with the community as a whole. Some of these efforts include:

Statewide Collaborations

Casey Family Programs - The Washington state IL Program Manager and other CA staff are closely aligned with Casey Family Programs. They are currently working on:

- The annual Foster Youth and Alumni Leadership Summit
- Casey Life Skills Assessment tool
- Permanency Roundtables

- Normalcy Work Group
- Annual Passport Summit

Casey Family Programs provides technical assistance to CA on permanency for foster youth. CA is collaborating and combining efforts with Casey Family Programs to decrease lengths of stay in foster care and increase permanency for adolescents through Permanency Roundtables and Relative Search Finders program.

Ready to Rent is a program of United Way’s “Out of the Rain” Homeless Initiative in partnership with Mutual Interest and the Rental Association of Puget Sound. This program enables former foster youth to obtain housing and avoid homelessness.

DSHS- CA and IL providers are focusing on pregnant and parenting teens in foster care. CA has strengthened its policies, practices and educational materials including a tool kit for youth that CA workers and caregivers can use when working with pregnant or parenting youth. Additional focus on pregnant and parenting youth will provide consistency of practices and promote healthy pregnancies and active parent engagement.

Regional Collaborations

The Family Unification Program (FUP) Voucher – CA and 21 housing entities across the state formed a partnership through a Memorandum of Understanding (MOU) in August 2012 for housing assistance to families and youth involved with CA. The MOU provides housing assistance to 484 families and youth to support reunification efforts, prevent out-of-home placement and assist in youth who are exiting care. The MOU supports CA permanency goals to safely reunify children with their families and partner with the community to achieve these objectives.

The Transition Collaboration in Region 2 South consists of public and private agencies who meet regularly to share resources and identify gaps in service to youth transitioning out of care. This brings local agencies together to look at the issues facing youth in transition to learn and network with each other when working with this vulnerable population.

Living Interdependently for Tomorrow’s Success (LIFTS), a collaboration between ILS and TLS providers in Region 1 South, is funded through donations to Catholic Family and Child Services. Each contribute funds primarily for individual youth assistance, based on the youth’s Ansell Casey Life Skills Assessment learning plan needs.

The Transitions Collaboration Network, chartered in 2005 by CA, Casey Family Program-Yakima, and Catholic Family and Child Services, meets periodically to discuss Federal and CA policies regarding youth who transition to adulthood from care. Inter-agency planning for upcoming activities will target housing, health care, education, and employment needs for these youth. Participants include representatives from Education Service Districts, Economic Services Administration, Division of Vocational Rehabilitation, Developmental Disabilities Administration, and contracted Child Placing Agencies.

YMCA Young Adult Services in Region 2 South operates the young adult community resource center (The Center) which opened in February 2007. The Center is the gateway to YMCA services for foster youth, foster alumni and other transitioning youth ages 15-25. The YMCA provides supportive housing, case management and referral services through its three core programs: IL Program, Transitions, and Young Adults in Transition.

Treehouse is a private non-profit agency serving foster youth in Region 2 South by providing clothing, school supplies, funding for enrichment activities, summer camp and in-school tutoring. It offers an

outreach program to foster youth in middle school and a coaching to college mentoring program to youth who are college bound.

Individual Development Accounts – Treehouse, United Way of King County and the YMCA IL Program collaborate to provide Individual Development Accounts to 83 foster youth and alumni of care in King County.

IL Training

Planned Activities	
Activity	Frequency
Collaborate with the Alliance for Child Welfare Excellence to include adolescent development and brain science in the child development curriculum for all CA workers.	Ongoing
Provide trainings to IL providers and CA workers in the Casey Life Skills Assessment and Learning Plan	Ongoing
Conduct “Specialized” training for CA workers working with adolescents pertaining to policies, adolescent development, behaviors, and community resources	Ongoing
Provide training on the new Transition Plan for Youth Exiting Care to CA workers. The document is prepopulated in FamLink and no longer stand alone word document	Summer 2014
Train IL providers and RLSP providers on how to attach their agency ID number to youth they served.	Summer 2014

Trust Funds

Washington state does not have established trust funds for youth receiving IL or TL services.

Youth Involvement in State Agency Efforts

CA utilizes the statewide youth advisory board “Passion to Action” as the youth’s point of view on all 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 CA. They provide input and recommendations regarding policy and practices. Feedback from the board aids in improving CA ability to effectively meet the needs of children and adolescents.

CA collaborates with The Mockingbird Society, an 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 CA.

The Mockingbird Society hosts an annual foster youth leadership summit. The group identifies topics for change and presents the 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.

Medicaid

January 1, 2014, Washington state expanded foster care medical to age 26. Youth’s eligibility for the program continues as follows:

- Are currently under 21 years of age.
- Were in foster care on or after July 22, 2007, under the legal responsibility of DSHS or a federally recognized tribe located within the state.
- Were in foster care on their 18th birthday, under the legal responsibility of DSHS or a federally recognized tribe located within the state.

Washington state has a designated foster care medical unit focusing on foster youth who are eligible for medical coverage. The Foster Care Medical Team collaborated with CA to create a flyer to explain eligibility requirements for expanded medical benefits to age 26 for current and former foster youth. All eligible youth who turned age 21 in the year of 2013 were able to receive benefits. All youth under age 21 will automatically continue receive medical benefits to age 26. Former foster youth were directed to contact the foster care medical team to confirm eligibility for their medical benefits to begin. Outreach to former foster youth was conducted and community agencies assisted with the process by helping former foster youth connect to the medical unit. CA will continue its outreach efforts to ensure all eligible former foster youth receive foster care medical benefits up to age 26.

The IL program manager coordinated with Passion to Action, Foster Youth and Alumni Advisory Board, and The Mockingbird Society to create youth friendly articles and flyers. The two youth groups had advocated for a more youth friendly process for informing former foster youth about the change in the medical program.

Washington state does not recognize former foster youth who have aged out of another state.

Patient Protection and Affordable Care Act

CA’s youth transition plan incorporated information required by Chafee Foster Care Independence Program (CFCIP) and Fostering Connections changes per Program Instruction dated June 7, 2010. CA implemented the transition plan statewide on October 2010, and continues to remind youth of the importance of the continuity of their own health care and the access to the Medicaid to 26 program for medical coupons to purchase health care services. Other important information includes:

- Designating another individual to make health care treatment decisions on behalf of the youth if the youth does not have, or does not want, a relative who would otherwise be authorized under state law to make such decisions.
- Executing a health care power of attorney, health care proxy, or other similar document recognized under state law.

Tribal Participation

Tribal youth are assured access and availability of IL services across the state. Tribal youth may choose tribal IL contracted services or non-tribal providers, assuming space availability. Once the tribal youth ages out of foster care, the tribal youth is eligible for TLS until age 21.

Agreements with the tribes regarding allocation of the Chafee Foster Care IL Program (CFCIP) funds were reached in the year 2000. A solicitation process occurs annually and all federally recognized tribes in Washington state have an opportunity to apply for CFCIP funding. Each tribe received a letter offering an IL contract for this fiscal year. To date, every tribe that requested Chafee funds for their own IL program received approval for funding. Ten percent of the total IL allocation is designated for tribal contracts. This year CA has contracts with 24 tribes. These tribes are:

Confederated Tribes of Chehalis	Muckleshoot Indian Tribe	Samish Indian Nation
Cowlitz Indian Tribe	Nisqually Indian Tribe	Sauk Suiattle Tribe
Hoh Indian Tribe	Nooksack Indian Tribe	Skokomish Tribe
Kalispel Tribe	Port Gamble	Snoqualmie Indian Tribe
Lower Elwha Klallam Tribe	Puyallup Tribe of Indians	Spokane Tribe of Indians
Lummi Nation	Quileute Tribal Council	Tulalip Tribes
Makah Tribe	Quinault Indian Nation	

Upper Skagit Tribe
Yakima Indian Nation

Colville
Jamestown

Addressing “State Funded” IL programs versus “Direct Federally Funded” IL programming to tribes.

There is currently one tribe in Washington state receiving direct federal funding for their IL program as a result of the Fostering Connections legislation. If the tribe’s direct federal award is less than the state award for IL programming, CA will offer that tribe a contract to make up the difference. This is offered to maintain our agreement of providing tribes with 10% of the total Chafee grant.

National Youth in Transition Database (NYTD)

CA continues to communicate with tribes about the federal NYTD requirement. This includes providing regular updates at the monthly IPAC meetings and incorporating this requirement into contracts.

As part of the NYTD rollout in Washington, all contracted tribal IL providers were given access and input capabilities to the IL page, education page in FamLink. CA continues to offer ongoing training and extensive support to both tribal and non-tribal IL providers when needed or requested.

Each tribe has a designated IL program staff person who identifies youth who are eligible for IL/NYTD services and provides education to the tribe and their youth on the program.

Outreach to Tribes regarding the Independent Living Program

Outreach to tribes regarding CFCIP programs continues on a regular basis. The IL Program Manager and/or Education and Training Voucher (ETV) Program Manager attend the IPAC meetings to provide information on the Chafee programs and various tribal meetings to educate tribes about IL and ETV services. CA also meets with individual tribes upon request to train on IL and ETV related topics.

Several IL Coordinators in each region meet regularly with the tribes to discuss IL issues and collaboration. Each region trains tribal members on the IL and education pages in FamLink.

Ongoing challenges that Washington state faces with NYTD and tribes is the turnover of tribal staff at the service and manager levels. In 2010, all tribes were trained in FamLink and the IL pages, including NYTD documentation. Currently there are over half of the tribes that do not have staff trained in FamLink. The IL Program Manager has provided FamLink training to a number of tribes when it has been requested. CA also discovered that many tribes do not have computer operating systems that are compatible with FamLink. Washington state is not able to support the IT complications that the tribes are experiencing. CA created a hard copy form of the NYTD documentation for tribes to complete manually as an alternative process. The forms can be sent to for input into FamLink.

Implementation of National Youth in Transition Database (NYTD)

In October 2010, Washington state implemented the National Youth in Transition Database (NYTD). CA incorporated all of the NYTD elements (including the survey) into the SACWIS system (FamLink). As part of this process, contracted IL and RLSP providers were given access to FamLink to input IL and education services.

In August 2012 the NYTD Technical Team came to Washington to conduct an informal audit. Overall findings were positive. CA captures a wealth of information provided by IL providers and the information is being inputted and tracked in FamLink. Engagement supports youth completion of the survey.

CA is currently working to address the recommendations provided during the audit. Areas of improvement included mapping issues in the FAMILINK, youth friendly data reports and better understanding of the NYTD elements. The mapping areas were corrected or a work around was created.

As an example, CA workers now update the highest grade completed yearly and every six months NYTD error reports are disseminated for cleanup.

In addition, CA will:

- Develop NYTD and IL Services materials targeted for caregivers. The IL program manager will collaborate with the Alliance to provide training materials for NYTD and ILS to incorporate into the Caregiver Core Training required for new caregivers.
- Utilize Passion to Action to promote the NYTD Survey to youth.
- Continue to contract with Research and Data Analysis (RDA), a division of DSHS, to administer the NYTD Survey to 17, 19 and 21 years olds. The IL program will support RDA in engaging and locating youth who have been identified as needing to complete the survey.
- Focus on providing NYTD supports to the caregiver and CA workers. During the rollout of NYTD, hands-on training for NYTD documentation in FamLink was provided to IL providers and tribal partners. An on-line training was implemented for CA workers. Additional work will be done with CA staff that appears to not fully understand the importance of their role or the caregiver's role in NYTD; instead believing that NYTD was the responsibility of the IL provider.
- Continue to provide support and training to contracted IL tribal and non-tribal partners and to provide FamLink access for inputting data in the IL pages of FamLink to our IL, RLSP and Tribal providers.

CA has had a successful implementation of NYTD and has met the Federal requirements and passing all submissions. CA will continue to maintain successful submissions, analyze the process, make appropriate changes to collect data and provide the services needed to transition youth to adulthood.

Reporting Data

CA has an MOU with the Research and Data Analysis Unit (RDA) to review the data collected from NYTD and identify trends, challenges and strengths of the services we provide for youth and young adults aging out of the foster care system. RDA provides "youth friendly" reports to meet the needs of a broad audience. The reports are published and made available to community stakeholders, youth, legislative partners, tribal partners (through IPAC meeting) and are available on RDA's website and on CA intranet and the foster youth website, www.independence.wa.gov.

CA will continue to reduce data errors to ensure accuracy of the data collection. The IL program will develop a Quality Assurance Plan that will address any concerns from the NYTD submissions reports and the 2012 Federal Site visit Report. The development of the Quality Assurance Plan will increase awareness and priority of NYTD and the work we do for youth transitioning to adulthood from the foster care system.

CA is in the process of adding additional information in FamLink that will help link the data available through FamLink and the NYTD survey to identify what services are available by region. When completed, this information will be used to improve service delivery.

Implementation of Annual Credit Checks

In March 2012, Washington implemented the federal requirement that each youth age 16 and older receive copies of his or her consumer credit reports annually until he or she transition from care into young adulthood. CA staff is assisting youth in obtaining their annual free credit report until the age of 18. If the credit report returns with any discrepancies the department will help facilitate steps in correcting the discrepancies in the report.

CA is working towards an automated process that will “batch” applications electronically. Negotiations for an agreement should start soon. Once all three credit-reporting agencies agreements are approved, CA will develop the electronic batch process using FamLink.

Education and Training Voucher Program (ETV)

The ETV program supports eligible current and former foster youth in pursuing their post-secondary education. ETV provides support and funding to help youth successfully navigate the college system and graduate. Supports may include referrals to designated support staff on college campuses to help youth who are struggling academically or financially.

ETV Eligibility

To be eligible for the ETV program, youth must be enrolled in, or accepted for, a post-secondary degree or certificate program and meet any one of the following criteria:

- Youth is 16 years old or older, currently involved in dependency action in a Washington state or tribal court, in the custody of the Department of Social and Health Services or a tribal child welfare agency, and in foster care.
- Youth is age 18 to 20 and exited state or tribal foster care because youth reached the age of majority at age 18. Youth who exited foster care in a state other than Washington may be eligible for the Washington ETV program.
- Youth is age 16 to 20 and left Washington state or tribal foster care at age 16 or older for an adoptive or relative guardianship placement.
- Youth is age 21 up to age 23 and received ETV funds before their 21st birthday.

Once youth are qualified to receive an ETV award, they may receive funds each year as long as they are enrolled in school at least half time, maintain a 2.0 cumulative grade point average, are eligible for financial aid and are less than 23 years old.

ETV program staff regularly coordinate with college financial aid administrators and staff to ensure awards given to eligible youth do not exceed the total cost of attendance as set by their institution. If a revision is found to be necessary this is communicated to the student and an award adjustment is made. At the time of application youth are also asked if they are receiving other forms of assistance (e.g., participation in extended foster care). This allows ETV staff to avoid duplication of benefits.

To ensure unduplicated awards ETV has an access database within which we track students. This allows staff to separate between academic years and whether a student is a new or renewal student.

Education and Training Voucher (ETV) Service Provision

	Total ETVs Awarded	Number of New ETVs
Final Number: 2011-12 School Year (July 1, 2011 to June 30, 2012)	230	70
Final Number: 2012-13 School Year (July 1, 2012 to June 30, 2013)	232	78
2013-2014 School Year* (July 1, 2013 to June 30, 2014) <i>Data as of 4/10/14</i>	191	64

Primary expense category	2011-2012	2012-2013
Housing/Rent	44%	39%
Books	12%	15%
Groceries (Safeway gift cards)	14%	12%

2011-12 School Year

Thirty percent of the students awarded ETV were new participants (no prior award) and 70% of the students had previously participated in the ETV program. The average award for new and renewal students was \$2,215.

2012-13 School Year

Thirteen percent of the students awarded were new participants (no prior award) and 87% had previously participated in the program. The decrease in students served is intentional in an effort to respond to tuition increases at public and private colleges, which has a direct impact on the funds available to award students. The average award for new and renewal students is \$2,309.

2013-14 School Year

The award amount in the 2013-14 academic year will increase to 5,000 from \$3000 in the 2012-2013 school year. The increase is due to the following, which have impacted ETV expenditures:

- Implementation of the Extended Foster Care (EFC) Program
- Increase to the Passport Scholarship award amount from \$3,000 to \$4,500
- Implementation of the College Bound Scholarship, and
- Washington Student Achievement Council (WSAC) determined that ETV cannot be considered as a form of self-help which means ETV cannot replace loans or be used to meet the self-help component of the State Need Grant (SNG) Program.

ETV Services

Updates and Progress	
Activity	Status
1. Explore Electronic Funds Transfer (EFT) payments to students to reduce state expenses.	Completed: Youth who access their ETV award can now receive reimbursement by check or direct deposit.
2. Re-explore use of technology (Facebook/Twitter/Skype) to communicate with students.	Ongoing
3. Coordinate with Port Gamble S'Klallam Tribe to service youth who are eligible for both the state and tribal ETV program	Ongoing
4. Collaborate with Passion to Action Youth to develop trainings for accessing ETV funds and host on independence.wa.gov.	Ongoing
5. Outreach to Northwest Indian College to increase awareness of ETV as a potential funding source for eligible tribal youth.	Ongoing

Planned Activities (FY 2014)		
Activity	Description/Purpose	Target Date
Practice, Program, and Service Enhancements		
1.	Participate in the College Success Foundation Make It Happen Event	Summer 2014
2.	Re-examine categorization of ETV as a form of non-self-help student aid	Spring 2014

Education and Training Voucher (ETV) Collaboration Efforts

CA continues to coordinate with the College Success Foundation, the Washington state Achievement Council, and other agencies in an effort to maximize former foster care youth access to financial aid assistance (e.g., federal student financial aid programs, grants, scholarships, and ETV services). Staff from these agencies often “triage” student financial aid awards, and on a case-by-case basis have successfully helped students receive a financial aid award to pay their full cost of attendance. They also connect students to staff on campus who can help file a financial aid appeal in the event they are suspended from financial aid participation. Passport Summits were held in Spokane, Pasco, Everett and Tacoma during April and May 2014 with wide participation from educators, post-secondary programs, CA workers, CASA’s, youth and foster parents.

ETV program staff continues to collaborate with community partners statewide to coordinate youth access and promote education success. Activities include participation in regional college consortiums to educate college campus staff about the unique needs of foster care youth pursuing their post-secondary education. This includes information on how to verify if youth are eligible for the different programs and how to engage youth so they focus on their education and reach out for help when they struggle to succeed.

Cooperation in National Evaluations

CA will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Section VII – Monthly Caseworker Visits

Caseworker Visits with Children

CA Policy 4420 (A) in the Practices and Procedures Guide states:

Children in CA custody must receive private, individual face-to-face Health and Safety visits by the assigned CA social worker every calendar month, not to exceed 40 days between visits.

1. The first visit must occur within one week (seven calendar days) of the child's initial placement or any change of placement. (Placing a child is not considered a Health and Safety visit.)
2. For children who are on in-home dependencies and children who are returned home on a trial home visit, all monthly health and Safety visits must occur in the home where the child resides. (This does not preclude additional visits outside the home.)

The content of these visits must include:

At each visit, the worker, at a minimum, completes the following activities:

1. Assess for present danger per Child Safety Section policy
2. Observation of:
 - How the child appears developmentally, physically and emotionally
 - How the parent/caregiver and the child respond to each other
 - The child's attachment to the parent or caregiver
 - The home environment (when the visit occurs in the home where the child lives). If there are changes to a licensed foster home (such as new family members) notify the licensor.
3. Discussion with the verbal child(ren) in private, separate from the parent/caregiver, either in the home or in another location where the child is comfortable.

Discussion will include:

 - Inquiry as to whether the child feels safe in their home or placement
 - Inquiry about the child's needs, wants and progress
 - Visits with siblings and parents
 - Case activities and planning such as visits and permanent plan.
4. Confirmation that each child capable of reading, writing and using the telephone has a card with the social worker's name, office address, and phone number.

The monthly caseworker visit grant is used to improve the quality of monthly caseworker visits with children who are in foster care under the responsibility of the State, with an emphasis on improving caseworker decision making on the safety, permanency, and well-being of foster children and on activities designed to increase retention, recruitment, and training of caseworkers. The Children's Administration anticipates spending these funds on, but not limited to, social worker mobile devices and access, cameras, laptops, and contracted supervised visits to increase case worker retention.

Section VIII – Adoption Incentive Payments

Adoption Incentive Payments

CA anticipates receiving adoption incentive funds for the 2015-2019 time period. CA allocates the adoption incentive funds to state only foster care maintenance payments in accordance with PL 105-989, which addresses that CA may use the funds for allowable activities under Title IV-B and Title IV-E. Ongoing and additional payments will be tracked to ensure timely expenditure of funds.

As authorized under Title IV-B and Title IV-E of the Social Security Act, CA may use the adoption incentive funds for a variety of services that includes, but is not limited to:

- Technical assistance to promote more adoptions out of the foster care system, including activities such as pre and post adoptive services and activities designed to expedite the adoption process and support adoptive families
- Training of staff and adoptive and foster families on adoption issues to support increased and improved adoptions
- Recruitment of foster/adoptive homes
- Services that fall under the CA Child Welfare Plan

Section IX – Child Welfare Waiver Demonstration Activities

Child Welfare Waiver Demonstration Activities

CA will continue to use IV-B funds as in the past. The reinvestment fund will be used to support families in the Family Assessment Response (FAR) pathway with increased services and concrete goods. These services will help more families keep their children safely at home.

Section X-Payment Limitations

Title IV-B Sub-Part 1 and 2

Payment Limitations - Title IV-B Subpart 1

- Washington State expenditures of Title IV-B subpart 1 funds in FFY 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 FFY 2015.
- 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 FY 2005 was \$0 and we will not be expending any of these funds in these areas in FFY 2015.

Non-Supplantation Requirement - Title IV-B Subpart 2

- The 1992 base year amount was \$24.257M.
- The state and local share expenditure amounts for IV-B subpart 2 for FY 2011 was \$30.178M.

Federal Law Changes - Title IV-B, Subpart 2

- 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

Service Category	Family Preservation (30% of grant)	Community-Based Family Support (20% of grant)	Time-Limited Family Reunification (20% of grant)	Adoption Promotion and Support (20% of grant)	Administrative (10% of grant)
A1441 - Family Preservation Services (FPS)	Children's Administration contracts with providers throughout Washington State for FPS. Key service providers include: <ul style="list-style-type: none"> • Community Resource Group • Community Youth Services • Institute for Family Development • Martin Luther King Family Outreach Center • Service Alternatives Inc 	N/A	N/A	N/A	N/A
A1493 – Early Family Support	N/A	Children's Administration contracts with providers for	N/A	N/A	N/A

Service Category	Family Preservation (30% of grant)	Community-Based Family Support (20% of grant)	Time-Limited Family Reunification (20% of grant)	Adoption Promotion and Support (20% of grant)	Administrative (10% of grant)
Services		EDFS throughout Washington State. Key service providers include: <ul style="list-style-type: none"> • Catholic Community Services • Grays Harbor Children's Advocacy • Institute for Family Development 			
A1962 - Evaluations and Treatment	N/A	N/A	These medical services are provided by various medical providers in local communities. Children's Administration contracts with providers to provide evaluations and treatment for its clients throughout Washington State. Key service providers include: <ul style="list-style-type: none"> • Behavior Intervention Program • Martin Luther King Jr. Family Outreach Center • Empowering Inc Svcs 	N/A	N/A

Service Category	Family Preservation (30% of grant)	Community-Based Family Support (20% of grant)	Time-Limited Family Reunification (20% of grant)	Adoption Promotion and Support (20% of grant)	Administrative (10% of grant)
			<ul style="list-style-type: none"> Pioneer Human Services - Seattle Sound Counseling Services Inc 		
A1441 - Family Preservation Services	N/A	N/A	<p>Children's Administration contracts with providers for time limited FPS throughout Washington State. Key service providers include:</p> <ul style="list-style-type: none"> Community Youth Services Institute for Family Development Martin Luther King Family Outreach Center Service Alternatives Inc 	N/A	N/A
A1461 - Intensive Family Preservation Services (IFPS)	N/A	N/A	<p>IFPS is provided on a statewide basis by the following service providers:</p> <ul style="list-style-type: none"> Brigid Collins House Empowering Inc Services Institute for Family Development Ohana Crisis Center Inc YouthNet 	N/A	N/A
A1633 -	N/A	N/A	N/A	Qualified providers	N/A

Service Category	Family Preservation (30% of grant)	Community-Based Family Support (20% of grant)	Time-Limited Family Reunification (20% of grant)	Adoption Promotion and Support (20% of grant)	Administrative (10% of grant)
Adoption Medical				in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the most needy and difficult to adopt.	
A2123 - Social Workers (CWS Local Workers - Adoption Services)	N/A	N/A	N/A	Adoption services are provided by: Adoption Social Workers who facilitate adoptions and perform home studies.	N/A
A2181 - Adoption Program Staff	N/A	N/A	N/A	Adoption services are provided by Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 17,000 children and families.	N/A
Administrative	N/A	N/A	N/A	N/A	Lease costs
Administrative	N/A	N/A	N/A	N/A	Title IVB-2 is allocated its share of indirect administrative costs through base 619, some of these cost include: Finance and Performance Evaluation

Service Category	Family Preservation (30% of grant)	Community-Based Family Support (20% of grant)	Time-Limited Family Reunification (20% of grant)	Adoption Promotion and Support (20% of grant)	Administrative (10% of grant)
					Division (FPED) salaries, benefits, goods, and services.
Administrative	N/A	N/A	N/A	N/A	Assistant Secretary's Office salaries, benefits, goods, and services.
Administrative	N/A	N/A	N/A	N/A	Children's Administration's Technology Services (CATS) (does not include staff working on FamLink) salaries, benefits, goods, and services.

Section XI – Targeted Plans within the CFSP

Appendix 1: Foster and Adoptive Parent
Diligent Recruitment Plan

Appendix 2: Health Care Oversight and
Coordination Plan

Appendix 3: Disaster Plan

(A) Emergency Management Plan

(B) Continuity of Operation Plan

Appendix 4: Training Plan