

## DCYF Integrated Strategic & Racial Equity Plan: Safely Reduce Children in Out-of-Home Care Webinar Q&A

**Q: Can you please explain why a faster licensing process and more licensed relatives will reduce the length of stay? The reason the state went to Unified Home Studies a few years ago was to make sure we identified families who couldn't be a permanent resource for a child, before the child had been there for years and needed permanency. Now you're reversing this decision with a shorter home study for some relatives. Can you explain why and how this won't recreate the prior problem?**

A: Families can still do a Unified Home Study, we just want to give families an option to not have to do a complete Unified Home Study. Even in our placement tier we will be asking some permanency questions as well, including reunification. We want to avoid our children and kinship caregivers being in care for weeks/months without a home study, so we can work on permanency from the beginning.

**Q: How does relationship-building between caregivers and families fall into this work of reducing the length of stay? We know that when parents have community support they do better. There seem to be ways to leverage caregivers to build community for family.**

A: We agree that families do better when they have the support that is needed and are trying to build up this area. We held town halls to hear from the community, and we have some exciting things moving forward in that realm. More information to come on where to watch for this information.

**Q: Can you please talk about staff retention and efforts being made to recruit staff of color as well as retain them? There is a direct correlation to permanency and staff retention.**

A: In child welfare, our Racial Equity and Social Justice (RESJ) team is looking into equity around promotions. We just received the data from Human Resources (HR). We are looking into where we need to target our recruitment and promotion efforts. That work is in its infancy and is a work in progress. Our goal is to address staff retention because we know that leads to better outcomes. We are attempting to empower our staff and ensure that their voices are being heard. We believe that our retention rates have gone up significantly, and we are waiting on data from HR.

**Q: How will you operationalize the idea of "nothing about us, without us, is for us?" How will you engage communities?**

A: We are working with our alumni of care and shifting power to those most impacted by the work we do. The Strengthening Families Locally project is working on how to better engage with families and community partners at the local level through parent stipends, hosting parent



and provider cafes, and collecting stories from families via a tool called Sensemaker. It's a pilot project, so we're working on building a foundation of community participation in the four pilot communities right now. You can learn more here: [www.dcyf.wa.gov/services/child-development-supports/sfwa/sf-locally](http://www.dcyf.wa.gov/services/child-development-supports/sfwa/sf-locally)

**Q: Will there be any effort to support more in-home dependencies from the start?**

A: The goal is to keep kids out of the legal system altogether. We want to avoid families even entering the courts.

**Q: What ways are you helping families connect to community resources?**

A: As a state, we need to identify what services are available. We need to match the services to the needs of the families and minimize safety issues or risks. As part of the work of our approved Family First Prevention Services Act (**FFPSA**) **Title IV-E Prevention Plan**, DCYF's Office of Innovation, Alignment, and Accountability (OIAA) is working to complete a statewide Population-Level Service Needs Assessment to be published early in 2021. This assessment will serve as one important resource to guide the agency in addressing service gaps statewide.

**Q: Several relatives have a hard time accessing/navigating technology. There are even barriers to accessing the Alliance for training. I like the support you mentioned in Region 1 and 2 for relative caregivers. Will this be open statewide? I'm excited about the portal, but I think some caregivers will need more support.**

A: The Caregiver Engagement Union is planning to expand to two more regions next year and then statewide the following year. We need more resources and are working on the pilot to make sure we are in a good place to expand statewide. About 10% of folks will not go through the portal. They will still apply via paper and be assigned a licenser, so they will not have to go through the portal themselves.

**Q: Many Evidence-Based Practices (EBP) have been studied in a pre-COVID, exclusively in-person context, but many have now been delivered in a remote or hybrid way for the last 9+ months. That sounds like a giant naturally-occurring test group to me. Is there an effort within DCYF or elsewhere to study the impact on efficacy had by remote or telehealth delivery?**

A: DCYF is also looking into this. We hope to take a lot of lessons from this time to think about how we will continue to support the field. A number of efforts and funding sources require that DCYF evaluate our contracted EBPs for effectiveness (e.g., FFPSA, Performance-Based Contracting initiative, MIECHV); thus, DCYF's OIAA expects to incorporate learning from the COVID-related move to virtual services into ongoing effectiveness evaluation of these programs. We are hopeful that this type of evaluation can help inform future service delivery, for example, for rural areas where service providers may be scarce. In addition, there is interest among some of our external research partners to learn from this experience. For example, the University of Washington is proposing a study to the National Institute of Health (NIH) to look at the effectiveness of a home visiting program via telehealth within child welfare. They hope to

get funding for the study and will still test telehealth even though we won't necessarily be in the pandemic shut down.

**Q: How does DCYF increase capacity to serve non-English speaking families? Especially families that speak languages that are not commonly accessible.**

A: We are working on centering families that face barriers. We are trying to look at what organizations in different communities have the trust and capacity, and cultural knowledge to provide information in the families' home languages. We want to partner with those agencies and organizations.

**Q: I saw DCYF planned on partnering with the Attorney General's (AG) office to achieve these goals, but I didn't see inclusion of parent's attorneys. Is there a reason for not including parent's attorneys?**

A: Everyone working with the family is included. It is not spelled out, but it applies to whoever is working with the family and available to provide support.

**Q: I'm really concerned about the durability of the provider network. Who is studying that, and what effort is being made to improve it? Do we have a generational bubble? What is being done to mitigate it?**

A: This is an issue in the Family Time realm, particularly. There is a lot of stress on that system right now. The past few years, we have put forward decision packages requesting more funding. We are bringing a group together that meets weekly to do some problem-solving. We are going to think about how we sustain that group going forward. I don't have a solid answer right now for how we shore up family time because I do think it takes us coming together to talk about it more, and it is definitely under-resourced. We are continuing to look at how services are offered around the state (rural vs. urban) and hoping to continue working with providers to develop solutions.

**Q: Will there be some exploration around what EBPs are best with minorities and show long term results? I know currently the only EBP for Native American/American Native is Family Spirit, but it is a longer program outside the typical DCYF-funded programs.**

A: We recognize that EBPs are not the answer to all the needs of the children and families we serve. For this reason, DCYF's various service arrays contain a number of "promising practices" that don't meet federal or state EBP criteria, and we expect this will continue. In addition, DCYF has a number of initiatives in place now to explore and expand evidence-based and promising practices that are embraced by and effective with the communities experiencing the greatest disproportionalities in our child welfare system – American Indian/Alaska Native (AI/AN) and Black/African American communities. I'll list two examples here:

- When DCYF started planning for our Federal FFPSA Title IV-E Prevention Plan, we began working with tribes (through our Office of Tribal Affairs and Tribal Policy

Advisory Committee[TPAC]) to identify prevention practices embraced by AI/AN communities in Washington and that they thought we should consider for inclusion in our federal plan. Through discussions at TPAC and a survey of tribal human services, we identified four practices that had some published evidence on effectiveness (Family Spirit, Journey of the Canoe, Positive Indian Parenting, and Healing/Talking Circle). As recommended by TPAC, we contracted with a Native researcher to conduct an evidentiary review of these four practices to assess their suitability for the FFPSA Prevention Plan. That review was delivered to DCYF in July 2020 and is posted on our website [here](#). Family Spirit was the only one of the four that meets FFPSA criteria, so it will be included in our first plan amendment in 2021. In the meantime, our Home Visiting service array supports Family Spirit implementation, and the agency is attempting to support the other three identified priority practices where there is opportunity. We are also working with TPAC to establish statewide support to build tribal capacity to conduct the required program evaluations of FFPSA-funded services, so that we can follow through on our commitment to contract with Native and Tribal entities for evaluating programs implemented in AI/AN communities.

- In fall 2020, DCYF began a pilot program to develop community referral pathways for screened out child welfare intakes involving substance-using pregnant persons. Over the past years, DCYF has seen a large increase in the number of infants coming into foster care placement due to substance exposure and maternal substance use. Our goal with this pilot is to try to intervene earlier to offer supportive voluntary services during pregnancy, to hopefully avoid the need for infant placement. The pilot is taking place in Spokane and Pierce Counties. In Pierce County, we are partnering with the Tacoma-Pierce County Health Department's [Black Infant Health Program](#) to identify trusted community providers in the Black/African American community who can be a part of these community pathways. We expect that assessment to be completed by mid-2021.

Finally, DCYF's three EBP service arrays are currently together conducting an Equity Assessment in order to critically examine the gap between those who need services and those who receive services, and identify ways to intentionally and strategically fill those gaps with a continuum of services from evidence- and research-based practices to community-grounded services. The results of this assessment and planning process are expected to be available by mid-2021.

**Q: Will this webinar be posted online?**

A: Yes, all recordings will be posted on the [Strategic & Racial Equity Plan](#) page on the DCYF website.

**Q: Is there a place to find easy-to-interpret DCYF racial disparity statistics? Sometimes DCYF stats don't provide explanations or context, so it's hard to interpret the data practically.**

A: For many years, the former Children’s Administration published an annual report detailing disparities in child welfare. Under DCYF, we have continued this report, and the 2019 report can be found [here](#) (the 2020 report is forthcoming). This report details the extent to which racial disparity exists in our child welfare system, with a focus on key decision points in child welfare – intake, screen-in, placement, and permanency. In addition, in 2020, DCYF’s OIAA developed the agency’s first cross-division equity report that establishes standards for data collection and reporting of race/ethnicity, disproportionality, and disparities across the agency. That report is undergoing final review and formatting now, and is expected to be available on the DCYF/OIAA Reports Page ([here](#)) in January 2021. If you have specific questions about how to interpret or apply the data in these reports, please contact OIAA or the RESJ team.

**Q: Has there been an increase in funding and staff in voluntary services in an effort to prevent kids from entering out-of-home care?**

A: Families receiving Family Voluntary Services (FVS) are eligible for voluntary prevention services under Washington’s FFPSA Prevention IV-E Plan. This plan was recently approved in October 2020 and can be viewed on our website. Changes to the FVS program will be required in order to implement FFPSA requirements for prevention cases. We are working with the field on these changes. So while no new funding or staffing has been allocated for FVS, once the FFPSA prevention changes are implemented, the agency will be able to access IV-E dollars for services and case management.

## Discussion Questions

**1. How do you envision DCYF partnering across programs and with the community to achieve these goals?**

- a. Being responsive. The questions have been asked, the need has been identified, and it is time to respond to whatever BIPOC communities have identified.
- b. I appreciate the efforts to bring these important questions to the community. I envision partnering happening in settings that are most comfortable to those you are seeking to hear from (parents and youth). So meeting people within their communities. It's also much easier to engage in these bigger questions/ideas in smaller groups. I'd recommend break-out groups to facilitate discussion that involves note-takers who can bring back topics to the whole group. This worked really well in the townhalls that occurred that Steven mentioned.

**2. How should community-driven approaches that center Black, Indigenous, People of Color experiences look?**

- a. One major entry point into the system is at removal (i.e., shelter care hearings). I suggest getting more diversity of providers and faces involved right away at shelter care.

### 3. What else do you want us to know?

- a. This may sound harsh, but over the years in my observations, no matter the safety framework of the moment/decade or current leadership, the biggest determinant of when children return home is the social worker (SW) and that person's supervisor. Is there a way to address SW/SW supervisors that don't use the safety framework and seem to go by their gut's "concerns" or are swayed by placement and cause delays in return home to parents? (i.e., some SW tend to return home and others it takes more work on the parents part to get a return home, this adversely affects families of color). That's my two cents for what else do you want us to know.
  - o We are working to empower our teams to make the decision to safely return children home. That is why we need to look at the tools and the implementation of them, not just the social worker's opinion. We agree that supervisors are key to supporting good decision-making and case progress – you'll see that supporting supervisors so that they can support the decision-making of our workers is included as an intentional area of focus in the draft Integrated Strategic and Racial Equity Plan.

### Comments

- Family Treatment Court grant that AOC received would be a great place to partner on gathering information. We have a focus on rural communities.
- I appreciate the efforts to bring these important questions to the community. I envision partnering happening in settings that are most comfortable to those you are seeking to hear from (parents and youth). So meeting people within their communities. It's also much easier to engage in these bigger questions/ideas in smaller groups. I'd recommend break-out groups to facilitate discussion that involves note-takers who can bring back topics to the whole group. This worked really well in the townhalls that occurred that Steven mentioned.
  - o Yes to break-out groups to increase participation.
- I'm also concerned about the non-Unified Home Study for relatives as mentioned above. Often relatives process permanency in stages and do not plan to commit permanently initially as they are supporting the parent. I worry relatives will opt to not complete a Unified Home Study and/or license, which could delay a case moving forward with permanency if/when that time comes.

- Reduced length of stay makes me concerned that an emphasis on permanency speeds up adoption and not reunification. I get that the Adoption and Safe Families Act (ASFA) is a driver. Just curious if that is a consideration for DCYF.
  - We know that in developing metrics to monitor progress on our priorities, we need to address "balancing" metrics, like safety measures for this priority. We certainly don't want to reduce the likelihood of reunification, so I appreciate your caution. I will add reunification percentage as an additional "balancing" metric for this priority. Thanks!
- I have seen a few great webinars recently on how relationships between caregivers and bio parents can speed up permanency because both parties feel like they are on the child's team instead of against each other, and it can lead to the child having more long-term relationships with caring adults.
  - We've seen the research in this area as well and agree this is a promising approach the agency is interested in pursuing.
- In looking again at reducing length of stay, are we addressing the court system delays? This has been a significant barrier as well to achieve permanency. What barriers are there to gaining permanency?