WASHINGTON STATE
TITLE IV-E DEMONSTRATION PROJECT

SEMI-ANNUAL PROGRESS REPORT: July - December 2017
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Appendix A: TriWest Evaluation Semi-Annual Report (Jan 2018)
I. Overview

Washington State passed legislation in 2012 requiring implementation of differential response in the state's public child welfare administration. On January 1, 2014, Children’s Administration (CA) began providing Child Protective Services (CPS)-Family Assessment Response (FAR), the alternative response to a CPS investigation. Implementation of CPS-FAR statewide was completed on June 1, 2017.

CPS-FAR Intake Data

CA has tracked CPS-FAR intake data since January 2014. Because the intake screening tool was updated and implemented in October 2013 (before CPS-FAR was implemented in every office), this action has allowed for review of intakes that would be screened in to CPS-FAR even though the pathway was not yet available in every office. This data is collected at the point the screening decision is made by the intake worker. Intake supervisors review and make changes in 5 – 10% of all intake worker screening decisions across programs, not only for CPS-FAR. Supervisors change intake screening decisions for a number of reasons, including family history of child abuse and neglect, additional information from collateral contacts, and disagreement with the intake worker's screening decision.

Data shows that cases are transferring from CPS-FAR to investigations 5.3% of the time which is higher than the previous reporting period of 4.9%. In 2017, there was an increase in emergent CPS intakes which may account for increase of cases transferring from FAR to investigation.

Number of CPS Referrals Assigned to Investigation and FAR During Calendar Year 2017

<table>
<thead>
<tr>
<th>2017 Month</th>
<th>CPS-FAR</th>
<th>Total Investigation</th>
<th>Grand Total</th>
<th>% FAR</th>
<th>Due to Safety or Risk Concerns</th>
<th>Family Declined to Participate</th>
<th>Total Transferred to Investigation</th>
<th>% Transferred to Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1,446</td>
<td>1,945</td>
<td>3,391</td>
<td>42.6%</td>
<td>59</td>
<td>21</td>
<td>80</td>
<td>5.5%</td>
</tr>
<tr>
<td>February</td>
<td>1,398</td>
<td>1,776</td>
<td>3,174</td>
<td>44.0%</td>
<td>55</td>
<td>29</td>
<td>84</td>
<td>6.0%</td>
</tr>
<tr>
<td>March</td>
<td>1,927</td>
<td>2,139</td>
<td>4,066</td>
<td>47.4%</td>
<td>91</td>
<td>36</td>
<td>127</td>
<td>6.6%</td>
</tr>
<tr>
<td>April</td>
<td>1,547</td>
<td>1,924</td>
<td>3,471</td>
<td>44.6%</td>
<td>65</td>
<td>24</td>
<td>89</td>
<td>5.8%</td>
</tr>
<tr>
<td>May</td>
<td>1,878</td>
<td>2,232</td>
<td>4,110</td>
<td>45.7%</td>
<td>75</td>
<td>36</td>
<td>111</td>
<td>5.9%</td>
</tr>
<tr>
<td>June</td>
<td>1,707</td>
<td>1,919</td>
<td>3,626</td>
<td>47.1%</td>
<td>63</td>
<td>30</td>
<td>93</td>
<td>5.4%</td>
</tr>
<tr>
<td>July</td>
<td>1,303</td>
<td>1,696</td>
<td>2,999</td>
<td>43.4%</td>
<td>60</td>
<td>30</td>
<td>90</td>
<td>6.9%</td>
</tr>
<tr>
<td>August</td>
<td>1,439</td>
<td>1,949</td>
<td>3,388</td>
<td>42.5%</td>
<td>50</td>
<td>24</td>
<td>74</td>
<td>5.1%</td>
</tr>
<tr>
<td>September</td>
<td>1,755</td>
<td>1,962</td>
<td>3,717</td>
<td>47.2%</td>
<td>67</td>
<td>33</td>
<td>100</td>
<td>5.7%</td>
</tr>
<tr>
<td>October</td>
<td>1,976</td>
<td>2,186</td>
<td>4,162</td>
<td>47.5%</td>
<td>75</td>
<td>14</td>
<td>89</td>
<td>4.5%</td>
</tr>
<tr>
<td>November</td>
<td>1,885</td>
<td>1,916</td>
<td>3,801</td>
<td>49.6%</td>
<td>59</td>
<td>12</td>
<td>71</td>
<td>3.8%</td>
</tr>
<tr>
<td>December</td>
<td>1,661</td>
<td>1,668</td>
<td>3,329</td>
<td>49.9%</td>
<td>35</td>
<td>7</td>
<td>42</td>
<td>2.5%</td>
</tr>
<tr>
<td>Total</td>
<td>19,922</td>
<td>23,312</td>
<td>43,234</td>
<td>46.1%</td>
<td>754</td>
<td>296</td>
<td>1,050</td>
<td>5.3%</td>
</tr>
</tbody>
</table>

Source: FamLink Report; CPS_FAR_INTAKE_FARFA. Data is as of January 22, 2018.

In previous reports, CA provided hand count data on the number of dependency filings. For this and future reports, CA will reference the number of removals as reported in the January 2018 TriWest Semi-Annual Report. Removal means that a child was placed in out-of-home care, regardless of whether or not a
dependency was filed. From January 2014 to October 2017, FAR families have lower removal rates than families who received an investigation. The Washington state legislature, in its passage of differential response, required an evaluation to be completed by Washington State Institute for Public Policy (WSIPP). WSIPP found similar results as reported in the Family Assessment Response in Washington’s Child Protective Services: Effects on Child Safety and Out-of-Home Placement.

II. Demonstration, Activities, and Accomplishments

Training and Coaching
CPS-FAR training is developed and delivered via a partnership between CA and The Alliance for Child Welfare Excellence (Alliance) at the University of Washington, School of Social Work. Caseworkers and supervisors are surveyed after each training and the training is modified based on the feedback received. The Alliance has also implemented a process for observers, who are subject matter experts from CA, to attend the training and provide feedback for initial and ongoing in-service FAR trainings.

Now that the implementation phase is complete, a three-day CPS in-service training will replace the four-day FAR training. This training will cover both CPS pathways (FAR and investigations). Because the curriculum is currently under development, an interim plan was developed, and a modified FAR training is being delivered by regional CA staff. The CPS in-service training is scheduled to begin in March of 2018. Child safety is the primary focus of both the initial and ongoing FAR trainings.

Changes to CPS-FAR Practice and Policy
During the implementation of CPS FAR there have been four policy changes impacting CPS screening decisions. These changes result in a default screening decision to investigation under the allegations listed below. CA, with input from child welfare stakeholders and review by CA leadership, determined that these circumstances are high risk and not appropriate for a FAR intervention.

- June 2015: Physical abuse reports with a child under age four
- July 2016: A child or household with a dependency case (placement of child) dismissed within the prior 12 months
- July 2016: A third accepted CPS-FAR or CPS-investigation intake in a 12-month period
- November 2017: When an allegation is related to child-on-child sexual contact or sexualized behaviors

A data review suggests the changes had a minor impact on the percentage of cases screening to CPS-FAR versus CPS-investigations.

Problematic for a voluntary program, Washington law required families to sign an agreement in order to participate in CPS-FAR. If the family refused to sign the agreement, they were transferred to the investigative pathway. A review of data on the impact of the not signing the agreement showed a disproportionate number of Native American families being transferred from FAR to investigation. Anecdotal reports from caseworkers and families indicated parent concerns that signing the agreement meant they were “admitting” to the alleged abuse or neglect. CA also acknowledged the historical experience of Native families with the United States government as a possible factor in reluctance to sign the agreement. CA requested that the legislature eliminate the requirement for families to sign the agreement. In October 2017, legislation was passed and implemented in October 2017 eliminating the need for families to sign an agreement to participate in CPS-FAR.
A small pilot of an engagement tool began October 1, 2016 in three CPS-FAR offices. The pilot is called “The Difference Game.” This tool was developed by the University of Washington and used by staff in their Parent-Child Assistance Program (PCAP) with mothers whose substance use was negatively impacting the parenting and possibly the safety of their children. The Difference Game is a card-sorting tool which allows the client to identify what would make the most difference in their life. The choices include a broad array of services and concrete supports with one “wild” card. The goal of the pilot was to strengthen engagement between the worker and the client with use of a client-driven tool. While some staff found the tool to be useful in their work with families, many staff found it awkward and/or unnecessary. The pilot ended December 31, 2016.

Provision of Concrete Goods
CA contracted with agencies in each of the three regions to purchase, store, and distribute concrete goods to families and CA offices across the state. This approach has proven to be a successful endeavor. Staff appreciate having necessary items on hand or easily accessible and families are getting items that they need in a timely and efficient manner. Initially only available to CPS-FAR, access to concrete goods has been expanded to include CPS investigations, parent-child visitation, reunification, and kinship care placement and licensing. Caseworkers are able to request items for families, such as diapers, cribs, housekeeping supplies, lice kits, and beds that are needed to address safety or risk concerns, support visitation, ease placement of children into safe kinship care, and assist kinship caregivers in becoming licensed. The contracted providers deliver the items to the local CA offices and directly to a family’s home. Many of the families served in child welfare have unmet basic needs impacting the parent’s ability to safely parent and reduce risk of abuse and neglect to their children. The intent of these contracts is to reduce barriers to obtaining these goods for families and streamline the process for distribution.

Targeted Case Review
The sixth and final targeted case review of CPS-FAR occurred March 1-3, 2017. This review of intakes, from August 1, 2016 to February 17, 2017, was specifically for offices that launched FAR in 2016 and had not previously had a review. Eight reviewers electronically reviewed a total of 91 cases or approximately two cases per worker. The reviewers included area administrators, headquarter CPS-FAR and regional leads, CPS-FAR supervisors, regional safety administrators, quality practice specialists, and a Central Case Review team member. Four reviewers performed second reviews on approximately 40% of the cases, for quality assurance and consistency. The results of the case review were shared with all the offices and regional FAR Leads and Supervisors developed plans at the local office to address non-compliance.

Additional Activities for this Reporting Period
- The CPS-FAR Project Team conducted site visits to observe CPS-FAR operations at the local level, assessing unmet training needs, and providing case consultation, with the goal of supporting caseworkers and striving for fidelity to the CPS-FAR model. Offices visited during this period included Yakima, Omak and Kent.

- Monthly statewide CPS and Intake program manager meetings. The Intake program manager also conducts monthly intake consultation calls with intake supervisors from across the state. The intake consultation calls assist in developing statewide consistency in screening intakes for CPS investigation and the CPS-FAR pathways.

- Monthly meetings with TriWest Group, the contracted evaluator of CPS-FAR. The meetings cover activities and work accomplished over the previous month, allow opportunities for information sharing and more recently the review of preliminary data.

Division of Program and Policy, Children’s Administration |4
III. Addressing Challenges to Implementation

Intake
The data below shows the percentage of intakes screened to both CPS-FAR and CPS-investigations from July through December 2017, along with regional variations. These numbers reflect CPS intake pathway percentages after FAR was implemented statewide. The percentage of CPS-FAR intakes to CPS investigation intakes has decreased from the previous reporting period. Risk-only emergent intakes have increased from CY 2016 to 2017. This is partially explained due to the Comprehensive Addiction and Recovery Act (CARA)¹, adopted by the Administration of Children and Families (ACF), requiring states to screen in reports involving newborns who are substance affected as a result of a mother’s prescribed medications. This change to the screening process began in June 2017.

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Number of CPS Intakes</th>
<th>Percent of CPS-FAR Intakes</th>
<th>Percent of Intakes Investigated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>5,968</td>
<td>44.9%</td>
<td>55.1%</td>
</tr>
<tr>
<td>Region 2</td>
<td>7,789</td>
<td>45.8%</td>
<td>54.2%</td>
</tr>
<tr>
<td>Region 3</td>
<td>7,639</td>
<td>49.4%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Statewide</td>
<td>21,396</td>
<td>46.8%</td>
<td>53.2%</td>
</tr>
</tbody>
</table>

Source: FamLink Report; CPS_FAR_INTAKE_FARFA. Data as of January 22, 2018

Removing risk-only intakes from the total CPS intakes, shows FAR intakes at 54.39% statewide versus investigations at 45.61%. Efforts to achieve consistency in screening and reach consensus in decision-making continue through the monthly intake phone calls and monthly meetings mentioned above. Both of these allow for discussion about the screening tool, screening decisions, policy and practice. Monthly CPS intake reports that include region and office level data are shared and reviewed for trends with regional CPS, Safety, Intake and CQI program managers. A statewide intake review is conducted biannually and includes specific review of CPS pathway decision making. The next intake review is scheduled for June 2018.

Length of Time for CPS-FAR Intervention
CPS-FAR legislation allows a CPS-FAR case to be open 45 days for assessment with an extension up to 90 days for service provision with parental consent. CPS-FAR staff have consistently provided feedback that more time is needed for both assessment and service provision. The CPS-FAR statute also includes language about the use of evidence-based services. By the time most parents engage in services after the assessment period, there is not enough time for parents to complete the service. This is counter-intuitive to the intention of addressing issues in order to reduce risk of abuse or neglect and possibly prevent a family’s return to the agency. CA submitted request legislation for the 2017 session seeking to increase the amount of time a CPS-

¹ ACYF-CB-PI-17-02
FAR case can remain open for services. The legislation did not pass; as a result, CA continues to struggle with decisions about case closure v. letting a family complete a service even though past the statutory timeframe. In January of 2018 members of the House and Senate have proposed legislation to extend the timeframe for CPS-FAR cases from 90 to 120 days, allowing families greater opportunity to request and complete services.

Additional Legislative Request
Washington state statute governing the CPS-FAR pathway currently prohibits allegations of child abuse or neglect that could constitute a criminal offense from being screened into the CPS-FAR pathway even if the potential offense has no bearing on child safety, law enforcement has declined to investigate, or the county prosecutor expresses no intention of prosecuting. The language appears overly broad and at odds with the intent of the CPS-FAR program which is a collaborative family assessment, intervention and services with no finding of abuse or neglect. In discussions with county prosecutors, there was agreement that while many allegations could be construed as a possible crime, it is not necessary or realistic for law enforcement and prosecutors to vet every allegation received by CA. CA continues to forward intake reports containing allegations to local law enforcement jurisdictions. CA requested an amendment to the statute during the 2017 legislative session. The legislation did not pass and, to date, there have been no bills regarding this matter introduced in the 2018 legislative session.

III. Fiscal

<table>
<thead>
<tr>
<th>Family Assessment Response Expenditures</th>
<th>Services, Concrete Goods, Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>January to June 2017</td>
<td>$ 4,182.875</td>
</tr>
<tr>
<td>July to December 2017</td>
<td>$ 4,487,640</td>
</tr>
<tr>
<td></td>
<td>$ 8,670,515</td>
</tr>
</tbody>
</table>

Note: January to June is current. July to December 2017 is estimated and additional adjustments may occur.

IV. Evaluation Status and Findings

TriWest Group has provided updated information on the status of the evaluation as well as findings for this report. This information can be found in Appendix A. As mentioned above, WSIPP has completed their evaluation (a link to the report can also be found on page 3 of this report).

V. Recommendations and Activities Planned for Next Reporting Period

- Continue monitoring FAR performance and practice at monthly statewide CPS/Intake leads meetings.
- Utilizing evaluation and administrative data, monitor for pathway fidelity and need for course corrections.
- Train newly hired or transferring CPS-FAR caseworkers as well as cross-train CPS investigation caseworkers.
• Continue work with the Alliance on development of the CPS in-service training to cover both FAR and investigation pathways.

• Provide consultation as requested by the offices and regions for case specific issues as well as office or regional trends.

• Continue to evaluate the intakes assigned to CPS-FAR and identify any trends for CPS-FAR intakes that transfer to investigations or result in a removal. Assess regional variation in screening rates to CPS-FAR and investigations.

• Statewide intake review.

• Continue to work with TriWest Group to inform their evaluation.

VI. Program Improvement Policies

CA committed to implementing two child welfare program improvement polices as outlined in the terms and conditions of the IV-E waiver.

1. Procedures to Assist Youth in Foster Care to Reconnect with Biological Family Members

CA has included in its Title IV-E plan a description of the State’s procedures for ensuring that foster youth, ages 16, and older are engaged in discussions regarding their desire to reconnect with biological family members, including during the development of transition plans required by the case plan and case review requirements of Section 475(1) (D) and 5(H) of the Social Security Act. Below is a description of that plan:

• Explore whether the youth wishes to reconnect with his or her biological family, including parents, grandparents, and siblings, and if so, what skills and strategies the youth will need to successfully and safely reconnect with those family members;

• Provide appropriate guidance and services to assist youth who affirm a desire to reconnect with biological family members to safely and successfully achieve this goal; and

• When appropriate, make efforts to include biological family members in the reconnection effort.

Caseworkers encounter situations when a youth expresses his or her desire to be with his or her bio-family and there are times that the caseworker will initiate the “re-establishing relationships with biological family members” conversation. The conversations include follow-up discussions on safety, well-being and permanency. The information may be incorporated in the case plan or the work may be embedded in practice.

CA will be implementing a transformative policy that will identify current adolescent policies and practice by age and function This policy will connect existing policies to identify when and how we engage youth in case planning and maintaining or re-establishing family connections such as:

• Monthly Health and Safety Visits with Children Policy. Caseworkers and youth visits occur monthly. During these visits information is gathered on all aspects of the youth’s life. Discussing parental
relations is a very common conversation between the caseworker and youth. The caseworkers support the youth and give tools and ideas on how to move forward on re-establishing relationships needs with their biological families.

• **Family Team Decision Making Meetings Policy.** Prior to “returning home,” the youth’s team conducts a meeting to discuss a transition and support plan for the youth and family. The plan focuses on ensuring the safety of the youth during transition and when living at home. Family and youth relatives and supports are invited and expected to offer ways they can support and help the family and youth if the need arises.

• **Independent Living Program (IL).** Youth who are engaged in an IL Program are connected to an IL worker who will assist the youth in bridging family connections by helping the youth identity potential positive connections and barriers to these connections. The IL worker will also be available to help facilitate interactions with family members. The IL worker is responsible for setting appropriate boundaries that meet the youth’s needs for independence and connection to family.

Youth in the IL Program also learn about “relational permanency” through the Foster Club’s Permanency Pact. Skills are taught on how to identify supports they may want or need to help them transition to adulthood. IL workers assist the youth in developing a list of people who may be willing to help with identified supports. The list may include current relationships or previous relationships such as family members. The IL provider talks to the youth about healthy relationships and establishing boundaries.

• **CA Responsibilities to Dependent Youth 12 and older policy and Youth Petition for Reinstatement of Parental Rights policy.** Many youths have attorneys by the age of 16. Youth are able to meet with their attorneys to discuss case plans. If the youth expresses a desire to reconnect with family, the attorney will represent the child’s position in court.

• **Shared Planning Meetings policy.** Beginning at 14, youth are active participants in their case planning. The youth attends shared planning meetings and court hearings. The youth may also invite two individuals to the meeting. The youth may express his/her ideas and what he/she would like to see happen in his/her life. Safety, permanency, and well-being are carefully considered when discussing a youth’s desire to reconnect with family. In July 2016, the Shared Planning Meetings policy was updated for youth, 16 and above, to incorporate a requirement to discuss the child’s connections with siblings and other relatives. This discussion addresses skills and strategies needed to safely reconnect with any identified family members and guidance and services to assist with reconnecting.

• **Children Missing From Care policy.** Some youth who are “Missing from Care” are connecting with bio-families. Circumstances that led to the youth’s placement in out-of-home care may not be relevant at an older age. The family may have alleviated risks and safety concerns or there may be additional protective factors present. Caseworkers are reassessing safety risks and are using bio-families for placement options for the youth. Support services can be provided to the family.

2. Increased Age Limit for Title IV-E Programs to 21
Washington state’s Extended Foster Care (EFC) Program is a result of the state’s efforts to further implement the Federal Fostering Connections for Success and Increasing Adoptions Act of 2008. It provides an opportunity for youth who are in foster care on their 18th birthday to continue to receive services until they turn 21.

Beginning in 2011, Washington State proposed legislation that defined the program criteria for qualifying youth aging out of the foster care system to participate in the EFC program and receive the benefits and case management assistance the program offers.

In 2013, Washington state legislation, facilitated the delivery of extended foster care services for any youth who is dependent in foster care at the age of 18 years and who, at the time of his or her eighteenth birthday is in school, working full or part-time, or seeking to enter school. The final program eligibility criterion was enacted in March 2015. Under this criterion, which became effective July 1, 2016, youth qualify for the program regardless of their ability to engage in the previously established criteria if the youth has a documented medical condition.

Washington state law establishes EFC throughout the state. Washington state EFC policy stipulates that eligible youth can participate from the day they become 18 upon exiting the foster care system; or voluntarily enter the EFC program prior to becoming 19 years old through a Voluntary Placement Agreement if they exit foster care when they become 18 years old. Washington state legislation passed in the 2017 legislative session allows youth who enter at EFC at 18 but who lose eligibility or choose to leave the program to re-enter up until the age of 21. CA is committed to providing these young adults the resources, case management, and guidance for a successful transition to adulthood.