



CAREGIVER ENGAGEMENT UNIT PILOT REPORT



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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CONTENTS

Background 1

 Why Create the Caregiver Engagement Unit (CEU)? 1

 CEU Pilot Framework..... 1

 Research Questions..... 2

Pilot Progress 2

 Overview-to-Date (Oct. 1, 2020 – March 31, 2021)..... 2

 Effects of CEU on Home Study Engagement 3

 CEU Contributions to Improve Support to Kin 4

 Effects of the CEU on Home Study Completion Timelines..... 5

 Effects to the Overall Process Changes 6

Summary 6

 Study Limitation 6

Background

Why Create the Caregiver Engagement Unit (CEU)?

The 2018 Federal Case Review indicated that lack of timeliness of home studies was a major contributor to delayed permanency in 32% of cases. Lack of completed home studies was also identified across the Family and Juvenile Court Improvement Plan jurisdictions as a factor delaying permanency.

When children are removed from parents’ care, approximately 45% of them are placed in kinship care. The significant time spent on intake and family engagement tasks significantly contributed to a backlog (1,600 at its height) of pending home studies. During the months of January 2019 through June 2019, the average number of days¹ to complete unlicensed home studies was 174.5. To address the unique barriers presented by working with kinship providers, a specialized unit was created to engage families in completing the entry process before a complete application was assigned to a home study worker. The primary aim of this pilot was to explore the processes and effects of the CEU in order to reduce the timeline of home studies from the date of the application to completion.

January – June 2019 Timeliness					
Region	Average Days Licensed Home Studies	% Licensed Completed < 120 Days	Average Days Unlicensed Home Studies	% Unlicensed Completed < 120 Days	% Total Completed < 120 Days (Licensed & Unlicensed)
1	143	43.2%	149	51.8%	48.4%
2	139	39.0%	126	54.8%	48.2%
3	131	54.4%	149	45.3%	48.5%
4	148	39.4%	221	29.6%	32.9%
5	151	40.0%	161	50.5%	46.5%
6	182	30.5%	227	26.2%	28.4%
Statewide	149.00	39.8%	172.17	42.6%	41.5%

*Data pulled from the 2020 legislative decision package for baseline comparisons during the CEU Pilot²

CEU Pilot Framework

The primary objective was to increase licensed kinship placements and provide support and resources for the agency’s kin caregivers. The CEU was initiated through a phased-in pilot, allowing for a systematic process of identifying and analyzing various timeline data points to understand the origins or barriers contributing to the “lack of timeliness.” The pilot began in October 2020, in Regions 1 and 2. Another goal was to increase the pilot by an additional two regions in year two once the process and systems were finalized. After the second

¹ All calculations of days within this report are calendar days.

² At the time of the decision package, the details of how the CEU would function had not been developed yet, therefore an exact comparison is not possible because “Unlicensed” data include adoption home study updates and adoption only home studies. These types of home studies do not go through the CEU and should be excluded. “Licensed” data include licensed kinship caregivers, which would go through the CEU and should be included. Data within used for the following analysis includes updated tables (includes licensed kin and excludes adoption updates and adoption only) to allow for a more accurate comparison.

CAREGIVER ENGAGEMENT UNIT PILOT REPORT

year, the Washington State Department of Children, Youth, and Families (DCYF) Licensing Division will determine the extent of the need for resources to implement a caregiver engagement unit statewide.

Research Questions

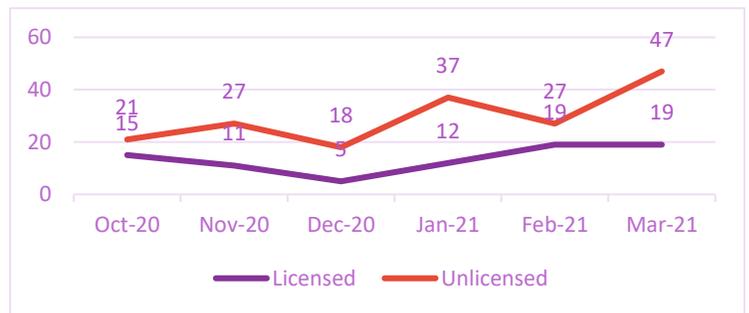
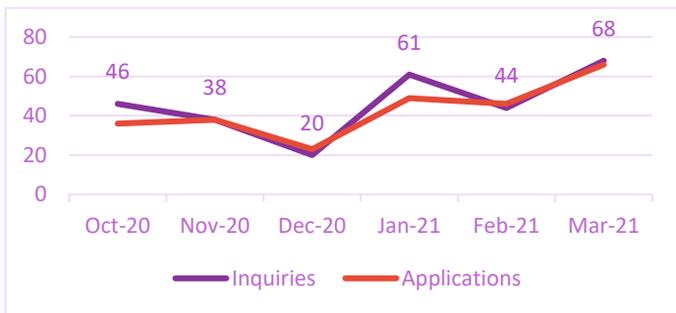
The purpose of this study is to examine the effects of the CEU in relation to three general questions:

- 1) What are the effects of the CEU on home study engagement?
- 2) How does the CEU contribute to improved supports provided to kin?
- 3) What are the effects of referral timelines from Child Welfare to Licensing Division on the timeliness of home study completion?
- 4) What are the effects to the overall process changes specific to the CEU and the kinship home study process in general?

Pilot Progress

Overview-to-Date (Oct. 1, 2020 – March 31, 2021)

CEU Workload (October 2020 – March 2021)						
Region	Inquiries ³	Referrals ⁴	Kinship Applications	Pursuing License	Withdrawn	Report to Court
Region 1	159	145	91	54	38	3
Region 2	119	114	87	27	16	2
Total	278	259	178	81	54	5



General Timelines Within the Pilot (October 2020 – March 2021)				
Timeline	Days child in care from placement to completed referral	Days from inquiry to completed application	Days the application is with the CEU	Days from application to completed home study
Average	87.17	4	47	107
Shortest	0	0	0	41
Longest	889	58	102	125

* Total of 278 inquiries were passed from CW to CEU. Of those, 260 applications were assigned to CEU.

** Of all kinship applications, 83 were assigned as licensed and 177 assigned as unlicensed.

³ Inquiries = Home Study request is received and Family Home Application (10-354) is incomplete and/or Background Authorization (09-653) of ALL household members have not been submitted. CEU works with kinship caregivers and CW FO to obtain complete application packet.

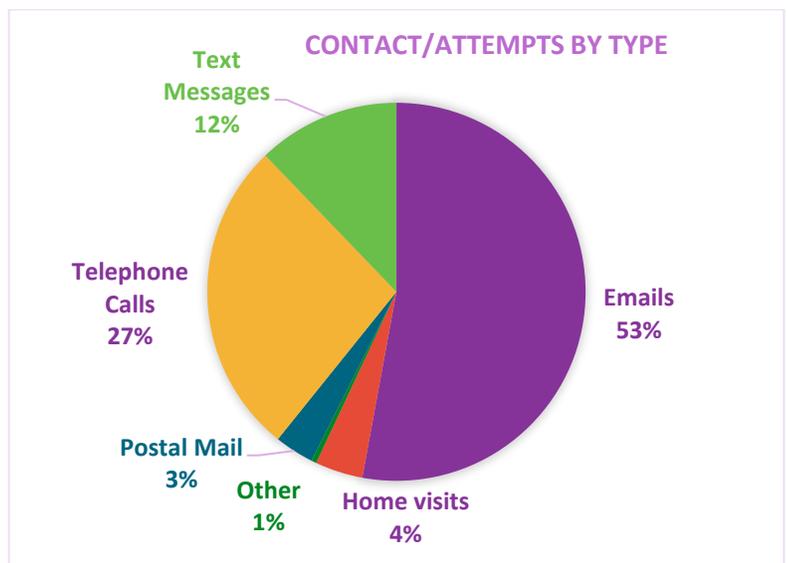
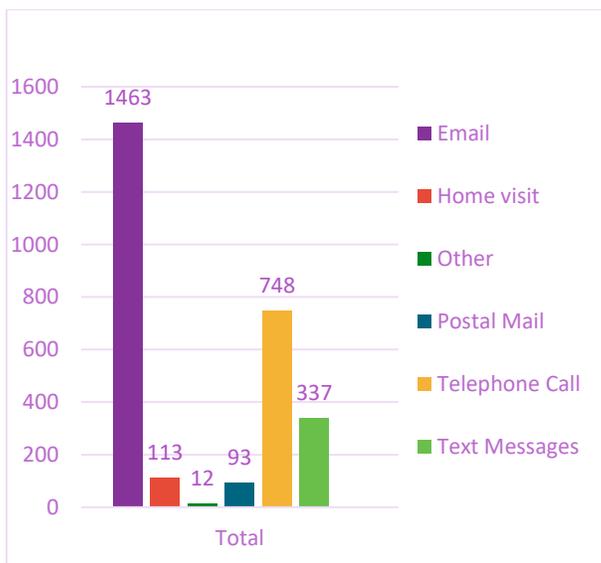
⁴ Referrals = Home study request is received and considered complete when Family Home Application (10-354) and Background Authorizations (09-653) of ALL household members have been submitted.

With the direct connections of the CEU to Child Welfare field staff, it was hoped that families would be referred for a home study faster, ensuring safe kinship placement and improving permanency timelines. For the first six months of this pilot, the average number of days a child was in care to a completed referral to CEU was 87.17 days, which was still below the desired goal of 30 days. The average number of days an application was with the CEU was 47 days. Overall, this met or nearly met the goals outlined in the decision package, which was 60 calendar days or 45 business days. It is projected that as the CEU protocols are refined, Licensing Division adopts kinship-specific requirements, and the foster parent application portal is launched, these timelines will increasingly improve.

Effects of CEU on Home Study Engagement

Engagement within this study is considered as an active and responsive communication inclusive of information sharing between the CEU worker and the provider. This includes phone calls, emails, text messages, postal letters, and, when possible and appropriate, in-person visits. It should be noted, an “attempted engagement” is not engagement. A combination of communication *attempts* by the CEU leading to successful engagement is often required.

Since the start of the CEU in October 2020, the majority of contact⁵ between the CEU and providers has been completed via email. The number of emails during the pilot is just over half (53%) of all engagement and engagement attempts. Email has been used to provide application packets, timeline letters, and other information such as scheduling phone calls, virtual visits, home visits, and so on. The second most used type of contact is with phone calls where only 23.8% of all calls resulted in a message.



In total, the number and types of engagement have shown to be successful for the majority of kin providers as demonstrated by the high rate (98.1%) of transfers from the CEU to Assessment and the low rate (1.9%) of Report to Court submissions.

In the five cases where the CEU created a Report to Court due to a total lack or refusal of engagement, there was a total of 44 engagement attempts, or an average of 8.8 per provider. It was recommended to consider the number and type of attempts that would be needed to reduce the volume of Report to Courts being

⁵ The number of engagement attempts and contacts were recorded by individual CEU workers during the first six months of the pilot. Because of the variations in reporting structure and verbiage, these data are not validated and used as approximations for the use of procedure creation.

submitted. Based on these data, in conjunction with the success rate of engagement with kin providers (as demonstrated by the 98.1% transfer rate), the CEU developed protocols to employ consistent combinations of engagement types for those hard-to-engage providers. As more data comes available, we should be able to determine if the protocol is successful by a reduction in the volume of Report to Courts being submitted by the CEU. Additionally, in order to understand if a Report to Court is due to lack of engagement, individual case studies will be conducted of those instances from this point in the pilot to assess further needed adjustments.

CEU Contributions to Improve Support to Kin

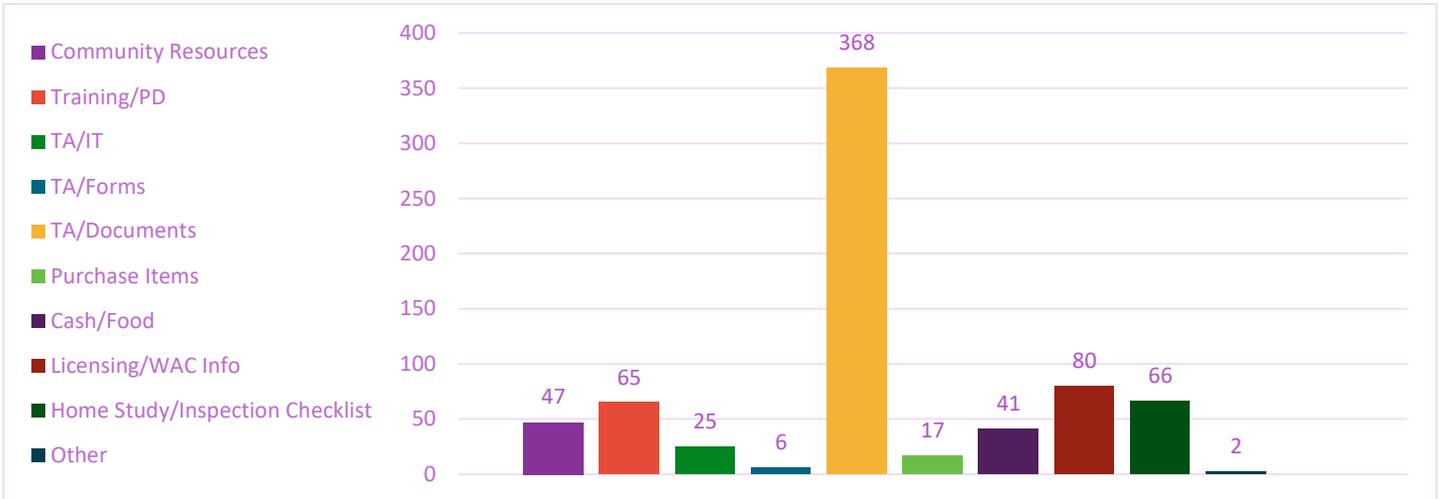
In order to continue to understand how the CEU contributes to improved supports provided to kin, it will be assumed success will be measured by not only improved timely and complete applications (reported in the following section) but also an increase in kinship providers becoming licensed. Substantial findings in this section will continue to be assessed and reported.

Overall, the percentage of kinship caregivers getting licensed in the CEU regions in the first six months was 31.25%. This is an increase of ~10% compared to data collected in 2019 of the same two regions. In comparison, in Regions 5 and 6 where there is not a CEU, kinship licenses only increased by ~2%. Additionally, as seen in the table below, the timeline for getting kinship providers licensed also improved significantly in the pilot regions; this is discussed in the next section.

Licensed Kinship Caregivers						
Region	Licensed Kin	Total Kin	% January 2019 – June 2019	Licensed Kin	Total Kin	% Oct 2020-March 2021
1	31	131	23.7%	7	24	29.2%
2	14	74	18.9%	2	6	33.3%
5	36	136	26.5%	71	206	34.5%
6	56	148	37.8%	47	138	34.1%
*Regions 1 and 2 October 2020 – March 2021: includes only providers who went through CEU						

Additionally, the CEU staff were asked to track the types and frequency of resources they were providing. This was done to help the CEU and management teams understand the areas with the highest need and prioritize systems to assist the unit for the delivery of these resources. Ten general categories of support and services provided by the CEU have been identified. They include: 1) identifying and connecting families with community recourses; 2) identifying and connecting families to required trainings, professional development, and coaching services; 3) providing technical assistance with computers, electronic signatures, and video platforms; 4) providing technical assistance with completing forms; 5) providing technical assistance through informational documents and pamphlets; 6) setting up consent for, and the purchase of, needed items for the home; 7) connecting providers to TANF, food, and other financial assistance services; 8) providing licensing information; 9) providing information to assist with home study completion; and 10) providing other assistance – in this case, a Family Time Decision Making (FTDM) meeting – through the intake process.

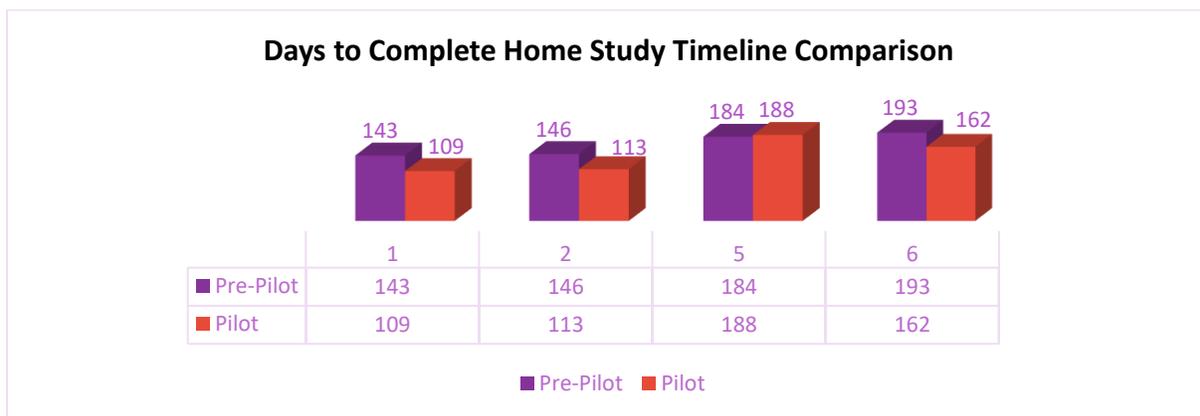
CAREGIVER ENGAGEMENT UNIT PILOT REPORT



Most of the support provided to kin providers is delivered in the form of informational documentation. These documents are meant to help providers through building an understanding of the home study process and the process of becoming a foster parent. This includes documents that will assist providers completing the home study application. This confirms the majority of the duties of the CEU are and should remain focused on administrative engagement of providers. The second highest resources provided to kin includes information about the licensing process.

Effects of the CEU on Home Study Completion Timelines

The timelines of home study completion in Regions 1 and 2 have improved timeliness by 23% within the first six months of the pilot compared to the 2019 report (January-June). This includes 23.7% in Region 1 and 22.6% in Region 2. Likewise, timeliness in Regions 5 and 6 has also improved. Combined, the two regions improved timeliness by 7.2% compared to the 2019 data report timeline. This improvement was exclusively due to increased timeliness in Region 6 for reasons that are unknown at this time.



Licensed Kinship Caregivers		
Region	Average Days January 2019 – June 2019 to License	Average Days October 2020 – March 2021 to License
1	143	109
2	146	113
5	184	188
6	193	162

It is anticipated that as the pilot continues to work through implementation processes, timeliness will continue to show improvement in the pilot regions demonstrating the effectiveness of the CEU pilot.

Effects to the Overall Process Changes

As the processes have yet to change (to be implemented concurrently with the foster parent application portal), this section will be evaluated in phase 2 of this pilot.

Summary

Kin caregivers need additional support navigating through different systems when kin children are placed with them through formal care. When children are placed with kin caregivers, there are requirements that must be met; these requirements can be overwhelming. With early support and engagement, kin caregivers are able to access resources to support their growing family. The pilot data shows an increase in licensing kinship caregivers and an increase in timeliness for home study completion which would yield to timely permanency for children. Early engagement with caregivers can also identify barriers for mitigation. Although the CEU has only been piloted for six months, in comparison to the pre-pilot and the control regions, data shows overall improvements.

Study Limitation

It should be noted that this pilot started and continues to operate during the COVID-19 pandemic, which resulted in approximately 19% fewer home study applications being received by the Licensing Division statewide in 2019. The extent of the pandemic on this study is generally unknown. We should acknowledge that the timeliness numbers in the other regions are a bit skewed because there is a large backlog and as workers are cleaning up old work, preparing for the foster parent application portal, and following new practices (withdrawals and partially complete), many home studies that have been pending for a long time are finally getting completed, increasing the average timeliness temporarily. However, Regions 1 and 2 began without a backlog to bring into the average calculations.