



2020-2024
CHILD AND FAMILY SERVICES PLAN (CFSP)



WASHINGTON STATE
Department of
Children, Youth, and Families



**WASHINGTON STATE
Department of
Children, Youth, and Families**

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Collaboration and Vision

State Agency Administering the Program

The Department of Children, Youth, and Families (DCYF) is a cabinet-level agency and is the state's newest agency. It oversees several services previously offered through the state Department of Social and Health Services (DSHS) and the Department of Early Learning (DEL). Starting July 1, 2019, DCYF will also administer programs offered by the Juvenile Rehabilitation (JR) division, the Office of Juvenile Justice (OJJ), and Working Connections Child Care (WCCC). These programs include Child Protective Services' investigations and Family Assessment Response, licensed foster care, and adoption support. Also included are all DEL services, such as the Early Childhood Education and Assistance Program for preschoolers, and Home Visiting. JR programs include juvenile rehabilitation institutions, community facilities, and parole services.

DCYF is the lead agency for state-funded services that support children, youth, and families to build resilience and health, and to improve educational outcomes. We accomplish this by partnering with state and local agencies, Tribes, and other organizations in communities across the state of Washington. Our focus is to support children, youth, and families at their most vulnerable points, giving them the tools they need to succeed with a focus on prevention and early intervention.

Brain science tells us that laying a strong foundation early in life, critically impacts healthy development. The science also tells us that addressing trauma, especially at critical transition points in the lives of youth, helps ensure successful transition into adulthood. To truly give all children and youth the great start in school and life they deserve, DCYF was created to be a comprehensive agency exclusively dedicated to the social, emotional, and physical well-being of children, youth, and families — an agency that prioritizes early learning, prevention, and early intervention at critical points along the age continuum from birth through adolescence.

DCYF Mission

Protect children and strengthen families so they flourish.

DCYF Vision

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

DCYF Values

- Inclusion
- Respect
- Integrity
- Compassion
- Transparency

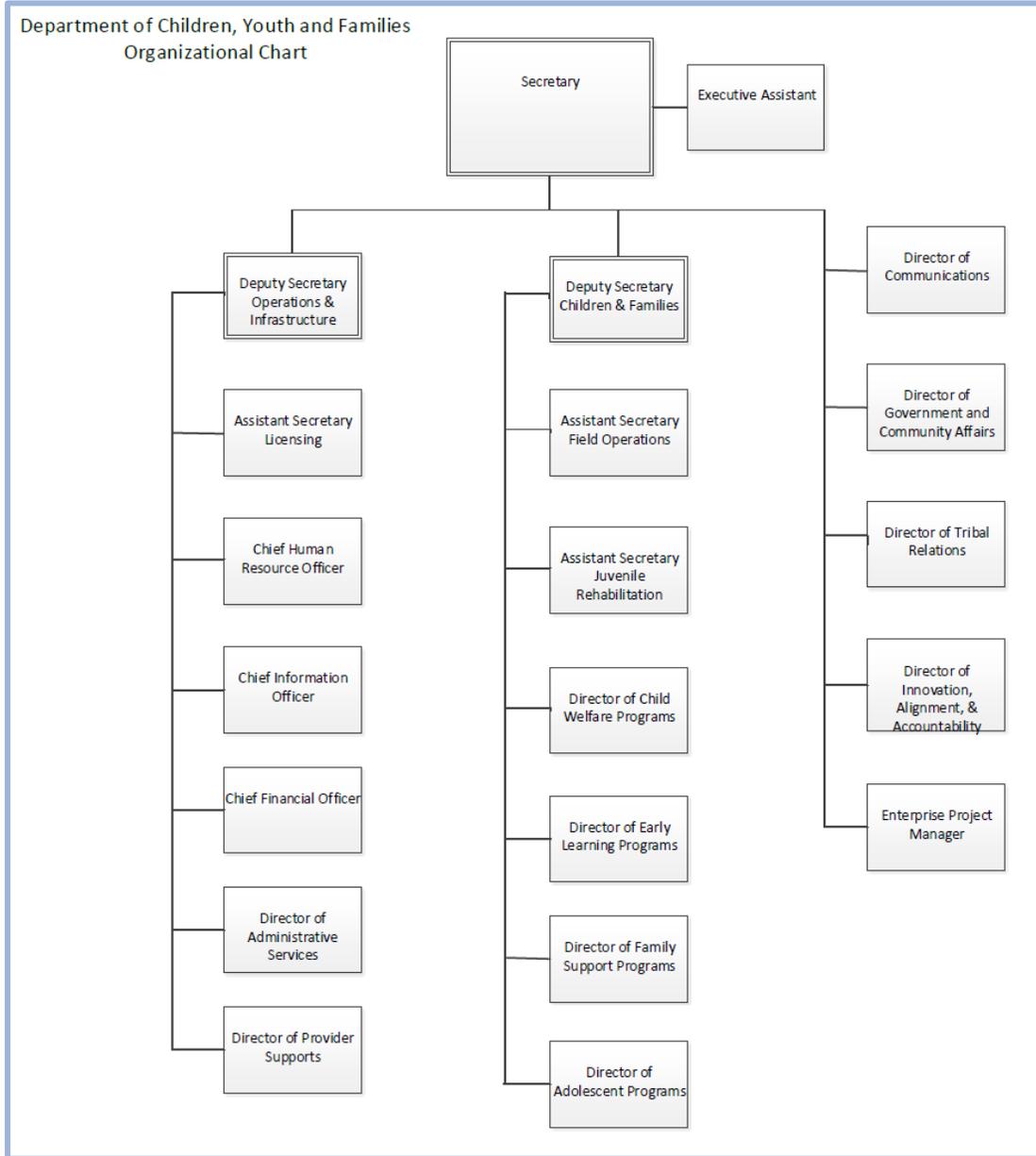
DCYF Guiding Principles

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

DCYF Organizational Chart and Regional Operations

The organization of functions within DCYF includes six divisions that report to Ross Hunter, DCYF Secretary.

Figure 1.



DCYF Field Operations is responsible for providing child welfare services to Washington's 39 counties which are divided into six regions and administers the following activities (see figure 1).

- Investigation of reports of child maltreatment
- Differential response to low risk reports of child maltreatment
- Case management
- In-home services
- Out-of-home services

Collaboration

Washington continues to have a successful structure and culture that supports collaborating, coordinating, and partnering with a wide variety of internal and external stakeholders, Tribes, courts, and community partners. The Department engages stakeholders in a continuous improvement cycle by encouraging and facilitating ongoing, year-round stakeholder engagement to successfully develop and implement provisions of the 2020-2024 CFSP and subsequent APSRs. Through this collaboration, DCYF is able to assess the needs of children and families, use the input to amend strategies, and monitor progress towards achieving identified outcomes and measures.

The Department, at the state and regional level, consult with a large and diverse group of stakeholders through advisory groups, oversight committees, provider meetings, and other work groups to assess the goals, objectives, data, and progress and the day to day work of the Department. Partnership has been key to our success over the past few years and will continue to move the Department towards achieving the safety, permanency, and well-being outcomes. Through ongoing collaboration, we are able to better utilize resources, identify needs and services, and develop new goals and improvement efforts that will have a positive impact on the children and families served. Examples of substantial, ongoing, and meaningful collaboration include:

Court Improvement Programs

Over the next five years, DCYF will continue to work closely with the Washington Court Improvement Program (CIP), administered by the Administrative Office of the Courts (AOC).

In late April 2019, Washington sent seven representatives from DCYF, CIP, a judicial officer, and a parent advocate to the Child Welfare Capacity Building Center for Courts State Team Planning meeting in Washington D.C. At this meeting, work included the development of a joint vision to better serve children and families in Washington. The following child welfare system vision statement was created:

“Collaborative system promoting safe and healthy families and communities”.

The department and courts will continue to work together along with other stakeholders to develop collaborative plans that will support this vision. Other forms of collaboration include:

- Innovative Dependency Court Collaborative – The CIP is in the process of forming the IDCC, a multidisciplinary task force to encourage, generate, and support innovation with interested dependency court stakeholders and communities to empower and achieve justice for families. The Collaborative will work to incorporate the federal Children’s Bureau’s new vision including prevention-focused systems to strengthen families. The Collaborative held their first meeting in March 2019, and will continue to meet quarterly.
- Early Childhood Table of Ten and Early Learning Partnership – The King County Early Childhood Table of Ten is a multidisciplinary court improvement effort focused on addressing the needs of young children who encounter dependency court. The group’s mission is to increase access to services for children birth to three years and their families, with a focus on engaging parents and caregivers to address developmental delays and disabilities. Court partners have worked with King County Developmental Disabilities Division and local providers of Early Support for Infants and Toddlers (ESIT) services to enable both a child’s birth parent and caregiver to participate in therapeutic services. The Table of Ten has trained court and child welfare professionals on early

childhood services available in the community and how everyone can encourage parents and caregivers to participate.

Children's Home Society of Washington, a Table of Ten member, has operated the King County Early Learning Partnership to increase access to existing, high quality, and culturally appropriate early learning and development services for young children involved with child welfare. The partnership conducts monthly case staffing meetings at each DCYF office, where local providers consult and make referrals. To date, the program has made resource referrals for over 2,500 families. Additionally, the partnership developed and maintains a searchable database of early learning programs that is available to social workers, CASAs, and others.

- Parents for Parents Program (P4P) – P4P is a peer outreach and education program provided by parents who have successfully navigated the juvenile dependency court system to parents who have recently become engaged with the dependency system. The program provides early outreach and education about the dependency program through a parent-led Dependency 101 class. The program increases parental court participation and compliance with court orders. P4P programs are currently active in the following counties: Benton-Franklin, Clallam, Clark, Grays Harbor, King, Kitsap, Pierce, Snohomish, Spokane, Thurston/Mason/Lewis, and Whatcom. The Permanency from Day-One grant, along with funding approved in the 2019 legislature, will provide funding for P4P implementation in all but four counties.
- Parent Child Visitation Forums – Parent child visitation forums are held at a local level to provide training on the revised visitation policy, using safety guidelines to address visit supervision, practice decision making skills using scenarios in multidisciplinary groups, and discuss community needs and available resources. The visitation forums were provided in a collaborative effort to implement a new DCYF pilot project to contract with a certain number of visitation providers for supported visits.

A planning group consisting of key staff from DCYF, Office of Public Defense (OPD), Attorney General's Office (AGO), Court Improvement Training Academy (CITA) and the CIP developed curriculum for the all-day forum. The curriculum covers:

- The harm of removal – review of research on the importance of attachment, bonding, and relationships to healthy child development and how separation from parents and family members can negatively impact children.
- The experience of visiting from the perspective of children and parents who were involved in child welfare.
- DCYF visitation data regarding frequency, duration, and levels of supervision for the specific community undergoing training.
- Overview of DCYF visitation policy.
- Child Safety Framework – overview of safety planning components of the American Bar Association (ABA) Child Safety Guide structure for discussing child safety and creating safety plans for visitation.
- Opportunities to apply learning through scenarios and interactive exercises.

In late 2019, the tracking of in-court safety framework discussions in courts that have participated in visitation forums and safety guide trainings will begin. The data will be

collected by OPD supervising attorneys who already routinely observe and code the content of court hearings.

Family First Prevention Services Act (FFPSA)

Casey Family Programs provided technical assistance and guidance regarding implementation of FFPSA, which will require revisions to the agency's policies in order to remain in compliance with new federal mandates. In addition, existing programs will need to be expanded, such as the Early Childhood Education Assistance Program (ECEAP), to meet legislative mandates. The proposed changes in budget are designed to strengthen families and reduce unnecessary family disruption. Some of these changes include:

- Increasing staffing and training to alleviate child welfare caseloads and provide adequate behavior health treatment;
- Increase the availability and quality of Behavioral Rehabilitation Services (BRS) placements;
- Expanding and emphasizing the use of evidence based programs; and
- Increase rates paid to providers.

In 2019, DCYF with assistance from Casey Family Programs, hired a full-time Family First Administrator.

Additional collaboration regarding FFPSA included the CIP who participated in multidisciplinary stakeholder meetings and ongoing communication regarding implementation. In November 2018, the CIP Director included an introduction to FFPSA in the monthly Dependency Practice Tip sent to all superior court judicial officers and administrators; and to court partners including attorneys and CASAs. The Dependency Court Practice for Judicial Officers training held in March 2019, included a session on FFPSA and quality residential treatment placement (QRTP). CIP and DCYF are planning on holding a statewide, multidisciplinary gathering that will include the QRTP training in Fall 2019.

Continuous and Targeted Engagement Initiatives

- Casey Family Programs – DCYF and Casey Family Programs has a long standing relationship of collaboration to improve outcomes for children and families by providing technical assistance and funding in many areas of DCYF's work. Ongoing collaboration includes efforts to reduce racial disproportionality through training and hosting Washington State Racial Disproportionality Advisory Committee events, permanency related efforts particularly focused on finding permanent placements for children in long-term foster care by planning for technical assistance to increase kinship care and subsidized guardianship, improving service support for foster children in education and early childhood development.
- Strengthening Child Welfare Systems: Permanency from Day One Initiative – In 2018, Washington was awarded one of five grants nationally to improve permanency outcomes for children and youth. The selected grant application was developed in partnership with multiple partner agencies and organizations, including the Administrative Office of the Courts, local county juvenile courts, Casey Family Programs, Office of Public Defense, Court-appointed Special Advocates, Northwest Resources Associates/Northwest Adoption Exchange, Children's Home Society of Washington's Parents for Parents program, and Tribal partners. The six intervention counties are King, Pierce, Spokane, Grays Harbor, Chelan, and Mason.

The goals of Washington's 5-year Permanency from Day One Initiative are: enhanced system capacity to support caseworkers in concurrent planning and early family engagement; enable parents to partner effectively and earlier in the process with caseworkers; align concurrent planning efforts with court improvement efforts; and provide for adoption of legally free children and youth.

- Quality Improvement Center for Workforce Development (QIC-WD) Grant – see 2015-2019 APSR Final Report: Collobration for additional details.
- Strengthening Families Washington – Strengthening Families Washington is a program within DCYF whose main focus is helping families become stronger together through a variety of tactics, including: home visiting, community outreach and partnerhsips, and funding opportunities with local orgranizations. In addition, we assist with several public awareness campaigns including, Speak Up When You're Down and Have A Plan: Shaken Baby Syndrome and Safe Sleep.
- Internal and external workgroups and committees – DCYF obtains input from agency staff through many avenues including workgroups and committees. These include, but are not limited to the following: Field Advisory Board (FAB), Permanency Leads, Intake Leads, Contracted Services Leads, and local and statewide CQI committees.

Input and feedback from external stakeholders is gathered throughout the year from the following workgroups and committees: statewide foster parent committees, Children's Advisory Board, Superior Court Judges, and Critical Incident and Fatality Review teams. Each of these teams use data to inform discussions and identify recommendations for practice improvement.

- State and local Tribal Advisory Committees – Over the last year, DCYF has been working with tribes to develop the most appropriate organization to ensure successful connections. The DCYF Government and Tribal Relations section coordinates work across all lines of business with our tribal and Recognized American Indian Organization partners, including field support for tribes interacting with DCYF.

Each of the six regions have a tribal liaison working in and representing each of the regional offices, ensuring that on the ground listening, coordination, and action can be accomplished effectively. DCYF also has a centralized team of four tribal affairs staff, including our director of government and tribal relations. This team, in partnership with regional leadership creates, maintains, and monitors our memorandums of understanding and contracts with each of the tribes, as well as develops statewide policy and programs to support the work unique to each region.

Additional methods of collaboration are include throughout the 2020-2024 CFSP.

Vision Statement

DCYF was created with the vision of establishing a state system that focuses on prevention and provides early intervention to children, youth, and families. The agency restructures how the state serves at-risk children and youth, with the goal of producing better outcomes in all Washington communities.

Over the next five years, DCYF plans to:

1. Strengthen implementation of current or identify a new practice model.
Adoption of a consistent practice model that is trauma-informed, safety-focused, family-centered, culturally-competent, and creates consistency and accountability in child

welfare practice is foundational to our work. Additionally, the Family First Prevention Services Act (FFPSA) of 2018 provides an opportunity to develop clear and consistent practice expectations for keeping children safely with their own families and ensuring needed community-based supports and services to strengthen families. Washington recognizes the importance of an effective practice model that is grounded in the values, principles, relationships, approaches, and techniques that support timely achievement of safety, permanency, and well-being outcomes and provides the foundation to develop a more competent and supported workforce.

2. Reduce the number of children and youth in out-of-home care.

Reduction in the number of children and youth in out-of-home care is a multifaceted challenge requiring children and youth are safely maintained in their own home, decreasing the length of stay, and impacting timely exits to permanency, including reunification, adoption, and guardianship.

3. Strengthen community based, collaborative programs, and quality of care.

In order to provide placement stability for children and youth in out-of-home care, we must ensure there are sufficient and appropriate families to care for them in their own communities and have the skills necessary to meet their needs. Children, youth, and families must receive thorough, accurate, and ongoing assessments that appropriately identify needs and are provided with the necessary services, such as education, physical, mental, and behavioral health.

Assessment of Current Performance in Improving Outcomes

This report provides data from a variety of sources, including other reports published by the Department, Child and Family Services Review (CFSR) Data Profiles, internal data reports, and case reviews. Data may be reported by an abbreviated or full calendar year, state fiscal year or federal fiscal year, depending on availability. Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- CFSR Data Profiles – These data profiles are generated from the state’s AFCARS data files. DCYF produces data profiles semi-annually which are submitted to the U.S. Department of Health and Human Services. The semi-annual submissions are considered the official data for determining conformity with the CFSR Federal Data Indicators on safety and permanency.
- infoFamLink – This is the reporting system for DCYF Child Welfare workforce which is integrated into our information management system, FamLink. The reporting system includes reports regarding safety, permanency, well-being, licensing and caregivers, and administrative that are populated from information data input into FamLink. All DCYF staff including caseworkers, supervisors, regional leadership, and program managers, have access to run reports.
- Monthly Informational Report – The Department uses a monthly informational report to track performance on several key indicators, including but not limited to percentage of intakes requiring a face-to-face, number of children residing in out-of-home care, number of licensed foster homes statewide, and percent of children in out-of-home care placed with a relative or kin. This data is based on activities documented in FamLink on or before the report “as of” date.

- Priority Performance Measures –Each outcome measure in the PPM framework is associated with one or more process or early warning measures. In turn, each process or early warning measure can be associated with one or more outcomes. A “process” measure is a way of tracking changes in how the agency actually functions: case activities over which the agency has some control. In contrast, “early warnings” are ways of tracking changes in case characteristics that affect outcomes but over which the agency has little or no control, such as the number of families experiencing domestic violence. All the PPMs are derived from FamLink administrative data, and we are well aware that such data cannot possibly capture everything meaningful that is going on in a family or a child’s life, or everything beneficial that a caseworker does on a case. The hope is that the measures will capture enough of what’s important so that improvements in outcome measures over time mirror real and lasting improvements in family and child functioning and improvements in agency effectiveness.
- Dependent Children in Washington State: Case Timeliness and Outcomes 2018 Annual Report – This report is published by Administrative Office of the Courts (AOC), Washington State Center for Court Research and reflects all of the juvenile dependency and termination cases that were filed in Washington’s courts from January 2000 through December 2018. Court records from the AOC’s Superior Court Management and Information System (SCOMIS) were matched with information from DCYFs statewide information system, FamLink. Information represents a subset of matched cases that were documented before January 1, 2019. The complete report can be viewed on the Washington Courts [website](#).
- Central Case Review Team (CCRT) – This data is generated by reviewing investigation, in-home, and out-of-home care cases. The case sample for reviews is designed to be large enough to show practice trends within the office, to include at least one case from each case-carrying worker, and to not over-represent a single program or worker. The sample includes randomly selected cases that were open one or more days in the six months prior to the review date. CCRT results provide information about practice strengths and areas needing improvement which helps in the development of statewide and regional strategies for improvement.

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

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

Central Case Review Results

Table 1.

ITEM 1: TIMELINESS OF INITIATING INVESTIGATIONS OF REPORTS OF CHILD MALTREATMENT							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	90%	91%	93%	88%	97%	92%	83%
CY2017	85%	84%	76%	100%	86%	85%	84%
CY2018	85%	86%	78%	86%	83%	92%	83%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
87.7%	90.3%	92.9%	95.5%	98.1%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

Statewide in calendar year 2018, 85% (131 out of 152) of responses to all accepted child maltreatment reports received during the period under review were initiated and face-to-face contact with the child was made, within the 24 or 72 hour timeframes established by agency policies and state statutes. Foster care cases accounted for 59% of the reviewed cases and the remaining 41% were in-home cases. Performance of cases rated a strength by case type:

- Foster care cases – 82% (74 out of 89)
- In-home cases – 86% (31 out of 35)
- In-home FAR cases – 93% (26 out of 28)

For 99% (153 out of 154) of the reports received during the period under review, the investigation or assessment was initiated in accordance with state timeframes and requirements.

In 76% (117 out of 154) of the reports received during the period under review, the face-to-face contact with children and youth who are the identified victims in the report was made in accordance with state timeframes and requirements.

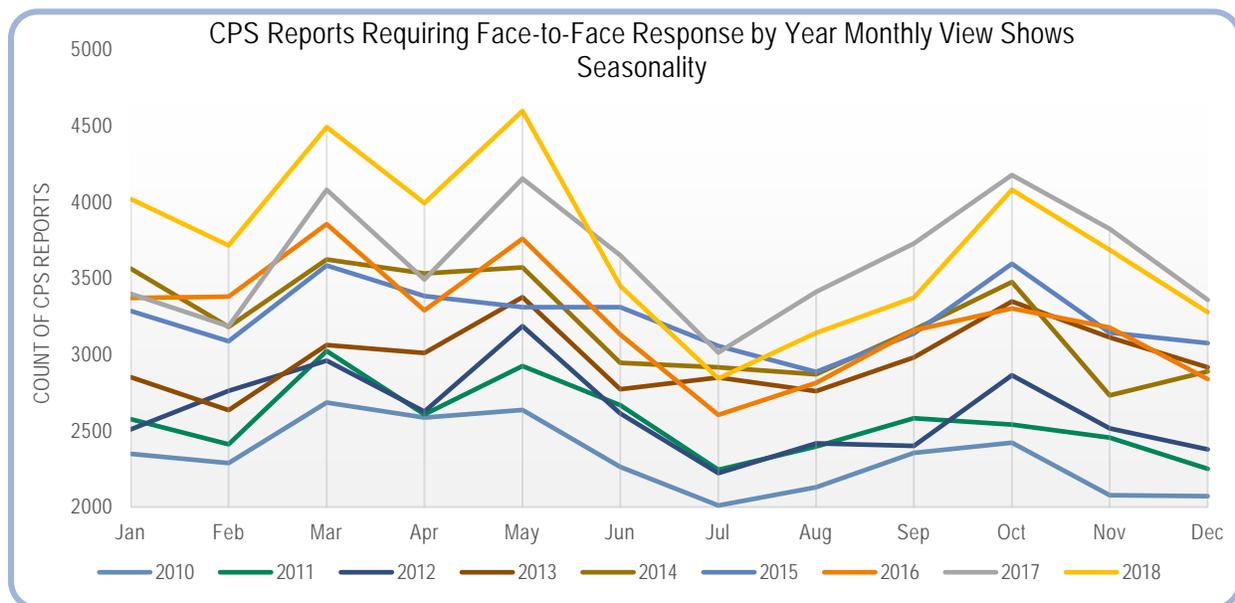
In 37% (14 out of 38) of the reports listed in the two previous statements which were not achieved, there were reasons for the delays due to circumstances beyond the control of the agency.

Intake Rates

Between calendar year 2010 and calendar year 2018, reports of child abuse and neglect increased by 39%, and those requiring a face-to-face response increased even more. In 2018, there were nearly 45,000 CPS reports requiring a face-to-face response; a 60% increase over the nearly 28,000 reports requiring a face-to-face response in 2010. This increase in reports increases the group of children and youth who may be placed and have a subsequent dependency filed.

Figure 2 shows the increase by month for each year of reports requiring a face-to-face response, illustrating the substantial seasonality in reporting, with the highest number generally occurring in March, May, and October of each year and the lowest in July. The first five months of 2018 had the highest total reports ever documented, and the last seven months of 2018 were only slightly lower than 2017. The total reports requiring a face-to-face response in 2018 was three percent higher than 2017.

Figure 4.



Reports of child abuse and neglect requiring a 24 hour response increased from nearly 5,000 in calendar year 2010 to 14,100 in calendar year 2018; an increase of 185%. By contrast, reports requiring a 72 hour response increased by 22% during this same period. The increase in reports requiring a 24 hour response from 2012-2017 was unprecedented based on historical data, and leveled off in 2018 for the first time since 2012.

DCYF completes annual analysis of racial disparity at key decision points within the child welfare system. One of these is the disproportionality index for all intakes, screened-out or screened-in. This measure compares the rate of occurrence to that of the general population in Washington State. Data reflects that American Indian/Alaska Native and Black children are disproportionately identified as victims in intakes (screened in or screened out) made to the child welfare system.¹

In order to better understand racial disparities at the different decision points, DCYF also uses the Disparity Index After Intake (DIAI) as a measure of disparity as it relates to those intakes received by the agency regardless of whether the intake was screened in or screened out. There is only slight disparity evident when examining this measure.

Timely CPS Response

When a child or youth, meets the legal criteria for an emergent response or is determined to be at "imminent risk" of harm, a worker must initiate a Child Protective Services (CPS) investigation and make face-to-face contact with the child within 24 hours of receipt of the report. In calendar

¹ Data Source: Washington State DCYF Racial Disparity Indices Report (2018).

https://www.dcyf.wa.gov/sites/default/files/pdf/reports/Washington_State_DCYF_Racial_Disparity_Indices_Report_2018.pdf

year 2018, 98.1% (18,975 of 19,335) of 24 hour child welfare intakes (excluding LD CPS investigations and LD CPS risk only intakes) were completed and attempted with appropriate documentation within the required timeframe.²

A CPS report meeting the criteria for a non-emergent response requires workers to initiate a CPS investigation or a CPS Family Assessment Response (FAR) and make face-to-face contact with the child within 72 hours of receipt of the report. For calendar year 2018, 98.1% (41,911 of 42,705) of 72 hour Child Welfare intakes (excluding LD CPS investigations and LD CPS Risk only intakes) were completed and attempted with appropriate documentation within the required timeframe.³

DCYF staff (caseworkers, supervisors, regional quality assurance (QA) staff, regional leadership) have the ability to monitor completion of IFF visits utilizing an infoFamLink report which identifies each intake assigned for investigation or assessment.

The use of exceptions and extensions related to IFF visits can also be monitored through an infoFamLink report.⁴ For 24 hour response intakes 22.7% (4,400 out of 19,335) received during calendar year 2018 had a documented exception or extension; 470 intakes had an exception and 3,930 intakes had an extension. For intakes with a 72 hour response time, 18.0% (7,722 out of 42,705) had an exception or extension documented; 1,322 intakes had an exception and 6,400 intakes had an extension.

Assessment of Strengths for Safety Outcome 1

- Caseworkers are consistently meeting 24 and 72 hour response times for IFF visits.

Assessment of Areas of Concern for Safety Outcome 1

- Based on the Central Case Review, when IFF contact is not completed timely, the circumstances leading to the delay were within control of the agency. Examples of circumstances within the agencies control included:
 - Delay in assignment (1)
 - Law enforcement involvement (1)
 - Limited search efforts conducted by caseworker (12)

Activities Targeted at Improving or Maintaining Performance for Safety Outcome 1

- When completion of IFF has not been documented within FamLink, caseworker and supervisor receive an e-mail notification within required timeframes until documentation has been noted.
- Regional Quality Assurance (QA) staff conduct monthly qualitative reviews of IFF contact with victims of alleged child maltreatment and appropriateness of extensions for IFF contacts.

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

Child and Family Services Review Data Profile

Washington reviewed the federal data indicators that have a direct impact on Safety Outcome 2. As of January 2019, based on the risk standardized performance, Washington is not achieving

² Data Source: Initial face-to-face summary report; Calendar Year 2018; infoFamLink; May 15, 2019

³ Data Source: Initial face-to-face summary report; Calendar Year 2018; infoFamLink; May 15, 2019

⁴ Data Source: Initial face-to-face exception and extension summary report; Calendar Year 2018; infoFamLink; May 15, 2019

the national performance for the two federal safety data indicators. Washington’s Priority Performance Measures logic model identifies the following process measures have a direct influence on maltreatment within 12-months of the initial report:

- Percentage of CPS intakes resulting in an out-of-home placement;
- Average days from CPS intake to first provision of in-home services;
- The percentage of victims and identified children that received a face-to-face response of those who required one; and
- The Percentage of cases requiring a CPS investigation completed within the 90-day maximum timeframe for a CPS investigation

Re-entry to Foster Care

When children or youth must be removed from their families, DCYF strives to move them into permanent homes as quickly as is safely possible and to support reunification and other permanency goals so that children or youth do not return to out-of-home care.

Table 2.

CFSR ROUND 3 FEDERAL DATA INDICATOR: RE-ENTRY TO FOSTER CARE						
	Apr 2015- Mar 2016	Oct 2015- Sept 2016	Apr 2016- Mar 2017	Oct 2016- Sept 2017	Apr 2017- Mar 2018	Oct 2017- Sept 2018
National Performance (at or below)	8.1%	8.1%	8.1%	8.1%	8.1%	8.1%
Washington Risk Standardized Performance	8.1%	6.3%	5.8%	7.2%	7.1%	7.0%
Washington Observed Performance	6.7%	5.1%	4.7%	5.9%	5.7%	5.6%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019

National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator

This statewide data indicator enables the Children’s Bureau and the Department to monitor the effectiveness of programs and practice that support reunification and other permanency goals for children or youth who exit out-of-home care by monitoring for children or youth who re-enter out-of-home care within 12-months of discharge. The national standard is 8.1% or less of children or youth who exit care, re-enter care within the following 12-months.

Washington’s risk standardized performance for children or youth who re-enter care within 12-months of discharge October 1, 2017 to September 30, 2018 is 7.0% which is statistically no different than the national performance. Washington’s observed performance for the same time frame is 5.6%.

Recurrence of Maltreatment

A child experiences re-abuse or recurrence when he or she has experienced a founded allegation of abuse or neglect within 12 months of a previous finding of abuse or neglect. An allegation is founded if the worker concluded that the maltreatment likely occurred. For reports with multiple allegations, the report is considered founded if any of the allegations are founded.

Table 3.

CFSR ROUND 3 FEDERAL DATA INDICATOR: RECURRENCE OF MALTREATMENT			
	FY14-15	FY15-16	FY16-17
National Performance (at or below)	9.5%	9.5%	9.5%
Washington Risk Standardized Performance	11.7%	9.1%	10.8%
Washington Observed Performance	9.2%	7.1%	8.4%

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019

National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator

The recurrence of maltreatment federal data indicator provides an assessment of whether the Department was successful in preventing subsequent substantiated reports of maltreatment within 12-months of the initial report. Nationally, 9.5% of children or youth experienced recurrence of maltreatment. Washington’s Risk Standardized Performance for fiscal year 2016-2017 was 10.8%, higher than the national performance and higher than the previous fiscal year.

Maltreatment in Foster Care

DCYF works to ensure the safety of children and youth who are in the placement and care authority of DCYF, including those placed in licensed or unlicensed kinship care and on a trial return home. We measure the number of founded reports of maltreatment for the total number of days children or youth were in DCYF placement and care authority and display this as the rate of maltreatment per 100,000 care days.

Table 4.

CFSR ROUND 3 FEDERAL DATA INDICATOR: MALTREATMENT IN FOSTER CARE (VICTIMIZATIONS/100,000 DAYS IN CARE)			
	FY14-15	FY15-16	FY16-17
National Performance (at or below)	9.67	9.67	9.67
Washington Risk Standardized Performance	12.01	10.00	9.77
Washington Observed Performance	8.99	7.47	7.29

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019

National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator

Maltreatment in out-of-home care identifies the rate of victimization per 100,000 days in care for all children or youth in out-of-home care during a 12-month period. The national performance is fewer than 9.67 victimizations and Washington’s risk standardized performance for federal fiscal year 2016 was 9.77 victimizations, which is statistically no different from the national

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performance standard. Performance has continued to improve (number decreasing) since fiscal year 2014-2015.

Central Case Review Results

Table 5.

ITEM 2: SERVICES TO FAMILY TO PROTECT CHILD(REN) IN THE HOME AND PREVENT REMOVAL OR RE-ENTRY INTO FOSTER CARE							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	96%	93%	100%	100%	96%	92%	95%
CY2017	87%	94%	63%	100%	89%	92%	92%
CY2018	74%	77%	75%	84%	63%	75%	69%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
77.3%	80.2%	83.1%	86.0%	88.9%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

The agency made efforts to refer families to recommended services, engage participants in those services, and overcome barriers to accessing services in order to prevent children or youth's entry into foster care or re-entry after a reunification in 74% (70 out of 94) of the cases reviewed in calendar year 2018. Foster care cases accounted for 56% of the cases with the remaining being in-home cases. Performance of cases rated a strength by case type were foster care cases 77% (55 out of 71), in-home cases 85% (11 out of 13), and in-home FAR were 44% (4 out of 9).

In 59% (34 out of 58) of the cases, the agency made concerted efforts to provide or arrange for appropriate services for the family to protect children or youth and prevent their entry into foster care or re-entry into foster care after reunification. In-home cases were 68% (15 out of 22) and out-of-home care cases were 53% (19 out of 36). In 78% (40 out of 51) of the cases, the child was removed from the home without providing or arranging for services and the action was necessary to ensure the child's safety.

Table 6.

ITEM 3: RISK AND SAFETY ASSESSMENT AND MANAGEMENT							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	76%	75%	79%	84%	72%	81%	71%
CY2017	69%	76%	48%	70%	72%	75%	65%
CY2018	65%	60%	60%	72%	63%	70%	66%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
68.1%	70.7%	73.4%	76.1%	78.8%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

The agency made concerted efforts to assess and address the risk and safety concerns relating to the children or youth in their own homes or while in foster care during calendar year 2018 in 65% (168 out of 257) cases reviewed.

In 70% (73 out of 105) of the cases, if the case was opened during the period under review, the agency conducted an initial assessment which accurately assessed all risk and safety concerns for the identified child in foster care and/or any children or youth remaining in the family home. In-home cases were 71% (42 out of 59) and out-of-home care cases were 67% (31 out of 46).

In 69% (175 out of 254) of the cases, the agency conducted an ongoing assessment which accurately assessed all of the risk and safety concerns for the identified child in foster care and/or any children or youth who remained in the home. For 55% (39 out of 71) of the in-home cases, the safety of the children or youth was adequately assessed and addressed through safety planning, adequate monitoring, active coordination with service providers, regular contact with the family, and reassessing child safety and risk based on new information. In 74% (136 out of 183) of out-of-home care cases, the identified child remained in care when it was unsafe for the child to return home, there was a plan for safe visitation with family members including supervised and monitored visits when necessary, and there were ongoing assessments of child safety in the child's placement home.

In 45% (20 out of 44) of the cases, when safety concerns were present, the agency developed an appropriate safety plan with the family, monitored the plan on an ongoing basis, and updated the safety plan as needed including monitoring the family engagement in any safety-related services. In-home cases were 53% (10 out of 19) and out-of-home care cases were 40% (10 out of 25).

In 19 cases, there were safety concerns pertaining to the identified child in foster care and/or any children or youth in the family remaining in the home that were not adequately or appropriately addressed by the agency. The following practice was identified:

- In five cases, there was at least one founded maltreatment report on a child in the family during the period under review AND there was another founded report within a six-month period before or after that report which involved the same or similar circumstances.
- In six cases, there was at least one maltreatment report involving any child in the family which was handled by CPS-FAR AND there was an additional maltreatment report within a six-month period before or after that report which was handled by CPS-FAR and resulted in a decision to open the case for services to address the same or similar safety concerns.
- In three cases, the case was closed while significant safety concerns, which were not adequately addressed, still existed in the home.
- In five cases, there were other safety-related incidents which were not adequately addressed by the agency.

In five of the cases reviewed in calendar year 2018, there were safety concerns related to visitation during the period under review.

- In two cases there was insufficient monitoring of the visitation by parents/caregivers or other family members.
- In two cases unsupervised visitation was allowed when it was not appropriate.

- In one case there were other safety concerns including visits occurring in the home despite concerns of erratic behavior by the parents and alleged access to a gun in the home.

In five cases, there was a concern for the identified child's safety related to the foster parents, members of the foster parents' family, other children or youth in the foster home or facility, or facility staff members which was not adequately or appropriately addressed by the agency.

In reviewing disproportionality data, statewide the DIAL of children and youth entering placement within 12 months of CPS intake reflects disparity for all racial/ethnic groups except Asian/Pacific Islander. Multiracial American Indian/Alaska Native, Multiracial Black, and Multiracial other are the most likely to enter care. Relative to the degree of disparity evident at other stages of decision making that is measured by the agency, disparity at removal/placement is the most clear.

Intakes Opened for Services

In calendar year 2018, over 21,000 cases were opened for some type of service, with 6,131 entries into out-of-home care to ensure child safety.⁵ Count of services indicates services provided in addition to the CPS response. Children or youth enter out-of-home care when they cannot safely remain in their current home.

According to Washington State Center for Court Research (WSCCR), our states dependency filing rate (per 1,000 children or youth in general population) in 2017 was 3.02 with 4,978 dependency petitions filed.⁶ Between 2013 to 2016, dependency filings decreased, however increased by 3% in 2017.

In calendar year 2018, 10.2% (468 out of 4,599) of newly established dependencies had a previously dismissed dependency case.⁷ Dependency filings with a previously dismissed case decreased from 533 in calendar year 2014 to 468 in calendar year 2018, a decrease of 14%. In reviewing the time between the previously dismissed and newly established dependency case, 50% (233 out of 468) remained home following previous dismissal more than 24 months before re-entry and 29% (134 out of 468) re-entered care within 12-months of previous dismissal.

Assessment of Strengths for Safety Outcome 2

- There has been a significant increase in utilization of concrete goods families receive for CPS investigations, CPS FAR, and FVS. Staff appreciate having necessary items on hand or easily accessible and families are getting items that they need in a timely and efficient manner. 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 or youth into safe kinship care, and assist kinship caregivers in becoming licensed. 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 or youth.

⁵ Data Source: Washington State Center for Court Research, Dependent Children in Washington State: Case Timeliness and Outcomes 2018 Annual Report.

⁶ Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2018; as of December 31, 2018

⁷ Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, January – December 2018; as of December 31, 2018. Report information for King County Superior Court, State, FJCIP and State excluding FJCIP is temporarily incomplete as of November 13, 2018. King County Superior Court has transitioned to a locally implemented and maintained case management system known as KC-JAMS.

- DCYF has a variety of contracted EBPs available to provide support to families which can be tailored to the family's needs and availability. Nine services are included within one contract, all focused to improve family functioning in order to promote the child's or adolescent's health, safety, and welfare, allowing children or youth to remain in or return to the family home. All services are delivered in the family home.

Assessment of Areas of Concern for Safety Outcome 2

- Caseworkers are not consistently addressing all allegations of abuse and neglect identified in the intake prior to case closure to prevent re-referral for the same concern that may escalate in severity.
- Delay of service referrals being processed and sent to identified provider due to established regional process related to approval of referrals.
- Lack of culturally appropriate providers in the area to include a lack of dual-language providers.
- Imminent risk of placement FTDMs are not consistently being held prior to placement at the same rate as after placement. Facilitation of these meetings would increase the likelihood of services being offered and prevent placement.
- Families are not effectively and actively assessed for preventive services that best meet their needs and could maintain the child or youth in the home.
- DCYF contracts with TriWest to research and evaluate implementation and effectiveness of CPS FAR. The Structured Decision Making Risk Assessment (SDMRA) and Safety Framework are being assessed for effectiveness as part of this evaluation. The draft of the final TriWest report says that caseworkers value, in order, the Safety Framework, the FAR Family Assessment (FARFA), and the SDMRA.

Activities Targeted at Improving or Maintaining Performance for Safety Outcome 2

- Consistent training was needed for afterhours staff. A training for afterhours caseworkers and supervisors was developed and implemented in 2018.
- An updated CPS in-service training has been developed and was implemented in 2018 with more emphasis on risk and safety assessments.
- Regional Core Training (RCT), for new workers, was evaluated and in 2018 was updated and expanded from 6 to 8 weeks. More emphasis was added on having difficult conversation with adults around child safety, safety through the life of the case, and documentation.
- The copy over function of the safety assessments has been deleted out of the SACWIS system. This forces workers to reassess safety at every significant decision point and for workers less versed in the safety framework to utilize and practice using the tool.

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

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

Child and Family Services Review Data Profile

Washington reviewed the federal data indicators that impact Permanency Outcome 1. As of January 2019, based on the risk standardized performance, Washington is not achieving the national performance on four of the five federal permanency data indicators. Washington's Priority Performance Measures logic model identifies the following process measures influence the Permanency Outcome 1 federal data indicators.

- CPS intakes resulting in an out-of-home placement;
- Children placed with relatives for at least 75% of time in care;
- Maintaining regular parent-child visits;
- Children in placement the full month who received a health and safety visit;
- Parents who received a monthly visit from their caseworker;
- Dependent children with a termination of parental rights within 15 months of placement entry; and
- Children adopted within six months of becoming legally free.

Placement Stability

It is important that children who are removed from their homes experience stability while they are in out-of-home care. To monitor the stability of children in out-of-home placement, DCYF monitors the number of placement moves per 1,000 days in out-of-home care of children and youth entering care during a 12-month cohort period.

Table 7.

CFSR ROUND 3 FEDERAL DATA INDICATOR: PLACEMENT STABILITY (MOVES/1,000 DAYS IN CARE)						
	Apr 2015- Mar 2016	Oct 2015- Sept 2016	Apr 2016- Mar 2017	Oct 2016- Sept 2017	Apr 2017- Mar 2018	Oct 2017- Sept 2018
National Performance (at or below)	4.44	4.44	4.44	4.44	4.44	4.44
Washington Risk Standardized Performance	6.82	6.87	6.38	6.98	6.95	6.71
Washington Observed Performance	6.19	6.26	5.71	6.30	6.28	6.04

Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019

National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".

Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

Washington is not meeting national performance relating to placement stability for either the federal data indicator or the CFSR item. Results from the 2018 case review found that only 35% of placement changes were planned by the agency in an effort to achieve the child's

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permanency goal or to meet the child’s needs. Information gathered from the case reviews indicated issues regarding the matching of the child to a caregiver able to meet their unique needs. Information provided by caregivers interviewed for the case review process, noted that many times the child’s behaviors were too severe to maintain placement in the home. Appropriate services may have been offered and provided to the caregiver, however the caregiver did not want to maintain the placement any longer.

Permanency in 12-months for Children in Foster Care

DCYF works to achieve permanency for children as quickly and safely as possible. The goal is to reunify children with their families when parents demonstrate that they are able to safely care for their children. When children cannot be safely reunified, DCYF makes efforts to achieve permanency through adoption and guardianship as quickly as possible.

Table 8.

CFSR ROUND 3 FEDERAL DATA INDICATOR: PERMANENCY IN 12-MONTHS FOR CHILDREN ENTERING FOSTER CARE						
	Apr 2013- Mar 2014	Oct 2013- Sept 2014	Apr 2014- Mar 2015	Oct 2014- Sept 2015	Apr 2015- Mar 2016	Oct 2015- Sept 2016
National Performance (at or above)	42.7%	42.7%	42.7%	42.7%	42.7%	42.7%
Washington Risk Standardized Performance	36.8%	36.6%	34.7%	32.6%	33.0%	34.7%
Washington Observed Performance	36.7%	36.5%	34.4%	32.2%	32.6%	34.3%
CFSR ROUND 3 FEDERAL DATA INDICATOR: PERMANENCY IN 12-MONTHS FOR CHILDREN IN FOSTER CARE FOR 12 TO 23-MONTHS						
	Apr 2015- Mar 2016	Oct 2015- Sept 2016	Apr 2016- Mar 2017	Oct 2016- Sept 2017	Apr 2017- Mar 2018	Oct 2017- Sept 2018
National Performance (at or above)	45.9%	45.9%	45.9%	45.9%	45.9%	45.9%
Washington Risk Standardized Performance	40.3%	38.8%	36.8%	36.0%	34.5%	35.0%
Washington Observed Performance	43.3%	41.5%	39.5%	38.6%	36.9%	37.8%
CFSR ROUND 3 FEDERAL DATA INDICATOR: PERMANENCY IN 12-MONTHS FOR CHILDREN IN FOSTER CARE 24-MONTHS OR MORE						
	Apr 2015- Mar 2016	Oct 2015- Sept 2016	Apr 2016- Mar 2017	Oct 2016- Sept 2017	Apr 2017- Mar 2018	Oct 2017- Sept 2018
National Performance (at or above)	31.8%	31.8%	31.8%	31.8%	31.8%	31.8%
Washington Risk Standardized Performance	32.7%	32.0%	31.9%	32.1%	31.0%	30.0%
Washington Observed Performance	41.4%	41.5%	41.1%	42.0%	40.4%	39.2%
<i>Data Source: Child and Family Services Review (CFSR 3) Data Profile, Submissions as of 12-10-18 (AFCARS) and 10-12-18 (NCANDS), January 2019</i>						
<i>National performance (NP) is the observed performance for the nation for an earlier point in time. This refers to what was formerly referred to as the "national standard".</i>						
<i>Risk standardized performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. To see how your state is performing relative to the national performance (NP), compare the RSP interval to the NP for the indicator. See the footnotes for more information on interpreting performance.</i>						
<i>Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator</i>						

Permanency in 12-months for Children Entering Out-of-Home Care measure provides a focus on the department’s responsibility to reunify or place children in safe and permanent homes as quickly as possible after removal. The national standard for this statewide data indicator is at or above 42.7%. Washington’s risk standardized performance for children who were placed into out-of-home care October 1, 2015 to September 30, 2018 was 34.7%.

Permanency in 12-months for Children in Care Between 12 to 23-months provides a focus on the Department’s responsibility to reunify or place children in safe and permanent homes timely, if not achieved in the first 12-months of out-of-home care. The national standard for this statewide data indicator is at or above 45.9%. Washington’s risk adjusted performance for the October 1, 2017 to September 30, 2018 reporting period was 35.0%, a minor increase from the previous reporting period.

For children in out-of-home care 24-months or more between October 1, 2017 to September 30, 2018, permanency in 12-months was achieved in 30.0% cases based on Washington’s risk adjusted performance, which is statistically worse than the national performance and an increase from the previous reporting periods.

Central Case Review Results

Table 9.

ITEM 4: STABILITY OF FOSTER CARE PLACEMENT							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	73%	83%	80%	70%	69%	79%	67%
CY2017	68%	69%	59%	58%	70%	66%	83%
CY2018	66%	65%	67%	67%	67%	73%	62%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
68.3%	71.3%	74.4%	77.4%	80.5%			
<i>Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team</i>							

For cases reviewed in calendar year 2018, 65% (120 out of 184) of the children or youth in foster care were in a stable placement at the time of the review and any changes in placement which occurred during the period under review were in the best interest of the child and consistent with achieving the child’s permanency goal(s).

The average number of placement settings per child was 1.8. Placement settings for all cases ranged from one to ten.

In 35% (27 out of 78) of the cases, placement changes during the period under review were planned by the agency in an effort to achieve the child’s case goal or to meet the needs of the child.

In 91% (167 out of 184) of the cases, the child’s current placement setting (or most recent placement, if the child is no longer in foster care) was stable. When the placement was not stable, the case review team found: the current placement was in a temporary setting, current care provider may not be able to continue to care for the child, problems with the placement threaten the stability, or the youth had run away in the past or was in runaway status.

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Table 10.

ITEM 5: PERMANENCY GOAL FOR CHILD							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	63%	60%	57%	80%	57%	74%	57%
CY2017	68%	75%	80%	89%	44%	66%	62%
CY2018	57%	54%	67%	63%	43%	73%	65%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
59.7%	63.0%	66.2%	69.4%	72.6%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

Appropriate permanency goals were established in a timely manner in 57% (104 out of 184) of cases reviewed. The primary permanency goal identified at the time of the review were:

- Reunification – 99 cases
- Adoption – 90 cases
- Guardianship – 30 cases
- Other Planned Permanency Living Arrangement – 5 cases

In 73% (135 out of 184) of the cases, the permanency plan for the child was established in a timely manner.

In 74% (137 out of 184) of the cases, the permanency goal for the child was appropriate to the child’s needs for permanency and to the circumstances of the case.

In 71% (68 out of 96) of the cases, the child has been in foster care at least 15 of the most recent 22 months or met other Adoption and Safety Families Act (ASFA) criteria for termination of parental rights (TPR) and a TPR petition was filed in a timely manner or a compelling reason not to file TPR existed.

Table 11.

ITEM 6: ACHIEVING REUNIFICATION, GUARDIANSHIP, ADOPTION, OR OTHER PLANNED PERMANENT LIVING ARRANGEMENT							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	48%	49%	50%	58%	31%	37%	53%
CY2017	38%	42%	48%	58%	19%	42%	34%
CY2018	28%	33%	50%	38%	13%	23%	34%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
30.1%	32.5%	34.6%	36.8%	38.9%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

Concerted efforts were made, or were being made, to achieve reunification, guardianship, adoption, or other planned permanent living arrangements in 28% (52 out of 184) cases reviewed.

In 27% (49 out of 180) of the cases, the agency and court made concerted efforts to achieve permanency in a timely manner. The following practice was identified:

- In 34% (34 out of 99) of the cases when the primary plan for the child was reunification, the plan was achieved within 12 months of entering foster care.
- In 21% (19 out of 90) of the cases, when the primary plan for the child was adoption, the plan was achieved within 24 months of entering foster care.
- In 20% (6 out of 30) of the cases, when the primary plan for the child was guardianship, the plan was achieved within 18 months of entering foster care.
- In 60% (3 out of 5) of the cases, when the primary plan for the child was other planned living arrangement, concerted efforts were made to place the child in a living arrangement that can be considered permanent until discharge from foster care.

Length of Stay

DCYF strives to return children and youth home as soon as safely possible, and when this is not possible, to place them in an alternate permanent home. The agency monitors the median length of stay for children or youth in out-of-home care.

As of December 2018, there were 8,294 children and youth in out-of-home care more than 60 days and the median was 558 days.⁸ Regional median length of stay ranged from a low of 508 days in Region 3 to a high of 662 days in Region 4.

Children and youth who have been in out-of-home care for 15 of the last 22-months meet the ASFA threshold for filing a termination of parental rights petition or documentation of an exception. As of March 2019, 4,301 children and youth are within the timeline qualifying them for ASFA, and of those, 22.9%, or 987, are not on a trial return home, do not have a TPR referral submitted to the Office of the Attorney General (ATG), or do not have a compelling reason documented.

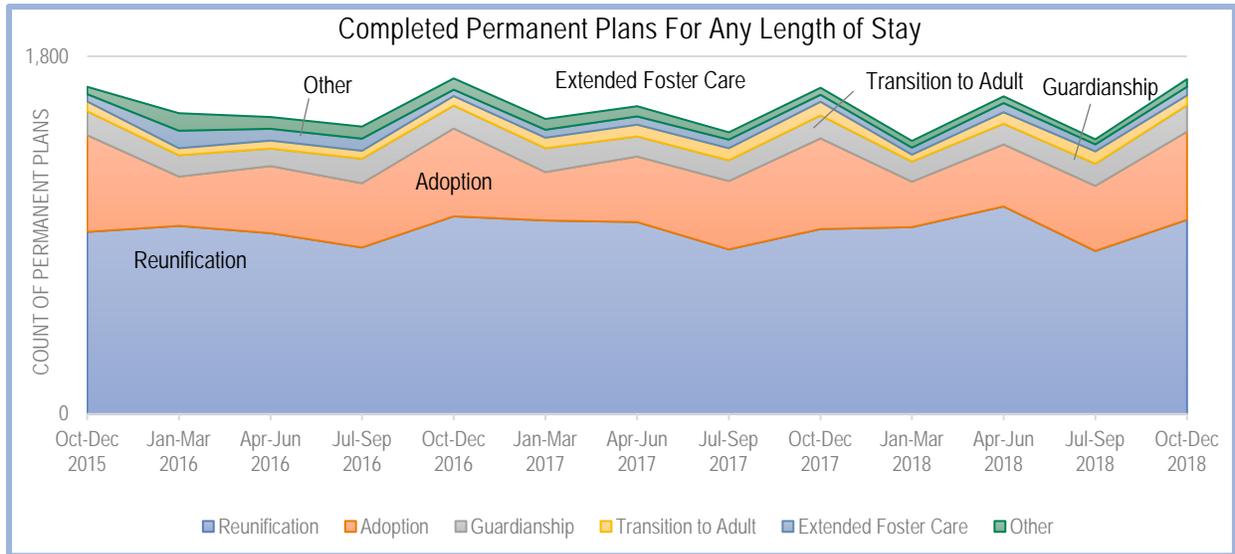
Feedback received through the Foster Parent Consultation (1624) Team Meetings indicates that foster parents are frequently concerned about the length of time it takes for some children to achieve their permanent plan—return home, adoption, guardianship, or non-parental custody.

Identified Permanent Plans

DCYF partners with WSCCR and utilizes their data which is matched from FamLink with court data from SCOMIS. This data provides monthly and/or quarterly data by county on fact-findings, review hearings, permanency hearings, type of permanency achieved, relinquishments, and termination of parental rights. In spite of increased reports at the front end of the system, DCYF has continued to work in collaboration with the Courts toward safe permanency as quickly as possible for children who must be placed away from their families. As seen in Figure 3, reunifications decreased in the third quarter of 2018, but increased by 2.2 percent for the year. Adoptions decreased slightly from 2017 to 2018, as did the total number of children exiting care.

⁸ Data Source: FamLink Monthly Metrics Report for December 2018

Figure 5.



As of December 31, 2018, 1,898 children and youth were legally free statewide. Table 12 identifies number of legally free children by region. 737 of those children have been legally free less than six months. Statewide, 33.8% of children and youth (642 out of 1,898) have been legally free for over a year. For children and youth legally free over a year, 46% were children aged 11-years old and under (298 out of 642) and the remaining 54% (344 out of 642) youth between the ages of 12 to 17-years old.

Table 12.

LEGALLY FREE CHILDREN AND YOUTH BY REGION							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2018	1,898	378	127	302	397	311	383

Exits from Out-of-Home Care

The number of children in out-of-home care continues to increase. Although the number of children entering placement has remained constant for the past few years, exits from care remain slightly lower than entries into care each year, resulting in more children needing care each year.

In reviewing racial disparity, the DIAP metric of children and youth in care for more than two years reveals slight disparity, though at a modest level.⁹

Reunifications

In calendar year 2018, 88% of children in out-of-home care less than 15-months were reunified with their family and returned to the removal home.

⁹ Due to a necessary 24-month follow-up window, the figure is updated with a two-year lag.

Data Source: Washington State DCYF Racial Disparity Indices Report (2018).

https://www.dcyf.wa.gov/sites/default/files/pdf/reports/Washington_State_DCYF_Racial_Disparity_Indices_Report_2018.pdf

Guardianships

Based on Washington Court data, 153 guardianships were established in juvenile court in calendar year 2018.¹⁰

Title 13 guardianships with IV-E subsidy through the Relative Guardianship Assistance Program (RGAP) are limited in Washington State because subsidy is only available to kinship caregivers who meet the definition of relative as defined in RCW 74.15.020(2)(a) or who are defined by tribal code and custom as a relative for Indian children.

Adoptions

Based on FamLink data, the number of finalized adoptions decreased 8% between calendar year 2015 and 2016. In calendar year 2017, 1,384 adoptions were finalized statewide while in calendar year 2018, 1,313 adoptions finalized were finalized in 2018.

Supply of Foster Homes

In fiscal year 2018, 1,156 new foster homes were licensed by DCYFs LD or by a private Child Placing Agency (CPA) in Washington. There has been continued slow growth in licensed foster homes since fiscal year 2015. At the end of fiscal year 2018 there were 5,109 licensed foster homes, an increase of 152 (3.1 percent) over the end of fiscal year 2017. However, there remains unmet need for suitable foster home placements for some subgroups of children or youth.

Children or youth who need more intensive behavioral supports are perhaps the subgroup with the greatest unmet need for appropriate licensed placements. This is starkly illustrated in the crisis the Department is currently experiencing in the use of hotel stays. In fiscal year 2018, the Department recorded 1,357 hotel stays for 255 children or youth under age 18 who were in either shelter care, dependency, or extended foster care status. Of children or youth who experienced a hotel stay in fiscal year 2018:

- 41.2% were youth age 13 to 17-years old;
- 21.2% age 9 to 12-years old;
- 23.5% age 5 to 8-years old;
- 7.5% under 5-years of age; and
- 6.7% were over 17-years of age.

Additionally, at least 94% of hotel stays were attributable to the need for behavioral or mental health supports and the lack of licensed capacity to provide those supports. Many of the adolescents experiencing hotel stays exhibit behaviors that are difficult to manage safely in a typical foster home and thus require therapeutic foster care or congregate care options. In examining the 580 hotel stays experienced by 105 dependent youth ages 13 through 17-years old in FY 2018:

- 31.9% of the stays resulted when youth exited county detention centers or crisis residential centers;
- 18.3% occurred after being on the run;
- 14.7% occurred following a group home stay; and

¹⁰ Data Source: Washington State Center for Court Research, Dependent Children in Washington State: Case Timeliness and Outcomes 2018 Annual Report.

- 12.4% resulted when youth exited hospitals.¹¹

Ratio of Beds to Children

Based on evidence, our state’s child welfare system has identified a goal of 2.0 licensed beds per child or youth in care. Table 13 illustrates the ratio of licensed beds to children and youth in care. Statewide, in October 2018 there were 2.16 licensed beds per child or youth in care. Although the Department has not identified any national or state standards for this ratio, the 2004 Braam Settlement Agreement with the Department of Social and Health Services (DSHS) identified a goal of two licensed beds per child or youth in care.

Table 13.

RATIO OF LICENSED BEDS PER CHILDREN AND YOUTH IN OUT-OF-HOME CARE BY PLACEMENT TYPE AND REGION							
Placement Type	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Foster Home	1.98	1.85	2.06	2.14	2.23	1.94	1.90
Private Agency Foster Home	2.49	2.22	2.44	2.44	2.90	2.38	2.53
Tribal Agency Foster Home	2.67					2.67	
Total as of October 2018	2.16	1.92	2.15	2.24	2.54	2.22	2.03

Assessment of Strengths for Permanency Outcome 1

- In an effort to provide placement stability for youth who run from out-of-home care DCYF developed a Missing from Care (MFC) program in 2012. Statewide, there are eight (8) CFWS caseworkers assigned as MFC locators. The locator’s exclusive role is to search for and locate youth who run from out-of-home care and return them to placement. For youth who frequently run from out-of-home care or are on the run at least 48 hours, a locator is assigned as the secondary caseworker and works closely with the primary caseworker. The MFC locator positions are successful and youth tend to see the locators as an ally and not another caseworker. Since 2013, the total number of run events and the number of youth who run multiple times have decrease.
- The regions have made efforts to increase their Emergency Placement Service (EPS) facilities to increase placement resources so children are not staying in hotels or night-to-night foster care beds (multiple moves) as frequently. This gives staff more time to find kinship placements and foster homes that are better prepared to meet the needs of the child.
- Case review data indicates the child or youth’s permanency goals were specified in the case file and the initial permanency goal was established timely. Feedback from the Foster Parent Annual Surveys, as well as from the Foster Parent Consultation (1624) Team meetings indicate that foster parents appreciate timely notification when possible and according to policy. This allows them to participate in the transition planning for the child and in preparing their own family for the child’s pending move.

Assessment of Areas of Concern for Permanency Outcome 1

- Placement stability is impacted by the adequate number of foster homes for children and youth with high behavioral needs. When placements were unavailable for children and

¹¹ Caseload Forecast and Licensed Foster Home Capacity (HB 2008), December 2018

youth with high behavior needs, short-term placements, including hotel stays may be used. The use of hotels and short-term placements creates instability that can escalate negative behaviors making it more difficult to find a placement able to meet the child's needs.

- Lack of placement resources is a theme across the majority offices statewide. In many areas of Washington, the limited number of available placement options impacts DCYFs ability to ensure the best match for the child. Additional resources are especially needed for:
 - Large sibling groups (3 or more children)
 - Youth over 12-years old
 - Children and youth with developmental delays including children with Autism Spectrum Disorder
 - Children with medically intensive needs
 - Children and youth with high behavior needs
- Multiple barriers have been identified regarding timely identification and appropriateness of the child's permanency goals including caseworkers lack of awareness about when permanency goals can be changed and waiting to update permanency goals until there is a hearing. Likewise, newer caseworkers may not have the same experience to inform their perspective and values around permanency. New caseworkers are not always prepared to articulate reasons why they believe a specific permanent plan is in the child's best interests. These barriers are exacerbated by competing priorities and large caseloads.
- Case review results noted that changes or updates to the child or youth's permanency goal were not appropriate to circumstances of the case or were not made timely. An analysis of 2018 case review results and discussions with members of the case review team identified several contributing factors that negatively impacted appropriateness and timely achievement of the child's permanency goal including:
 - Lack of staff engagement and transparency with parents
 - Lack of assessing and addressing needs of the parent
 - Lack of collaboration, teaming and partnership between the department and the family's team
 - Lack of knowledge around use of concurrent planning
 - Underutilization of shared planning meetings
- Across the state, caseworkers remark on the impact of staff turnover in achieving timely permanency outcomes. Specific concerns noted by caseworkers include newly assigned caseworkers waiting to file for TPR because they want to complete their own assessment of the family and the parents' progress.
- Based on case review data, staff surveys, and meetings with stakeholders, caseworker and the court team may be reluctant to dismiss dependencies for an in-home placement if a parenting plan is applicable and not in place. Caseworkers and the court team may also require that all services be completed by parents prior to recommending reunification, rather than re-assessing and basing the decision on current safety factors and risks.

- Home study referral and completion is another area impacting timely achievement of permanent plans. Some kinship families are not able to pass a home study but the court will not allow the DCYF to move the child to another home. In some instances, the caseworker has not informed the court that a home study has not been completed. Caseworkers and supervisors have noted the influence of socio-economic and other cultural considerations commenting that some of the home study requirements do not take into account the “cultural” needs of families.
- Common barriers to achieving timely permanency throughout the state include; timely filling termination of parental rights petitions, congestion within the court system, and staff turnover and vacancies within the AGO and DCYF. The combination of these factors has significantly impacted timeliness.
- Guardianship cases can experience a delay in permanency because kinship caregivers must be licensed and the child or youth must be placed in the home a minimum of six months after licensure to receive the subsidy. The decision of guardianship as a permanent plan is typically determined twelve months following out-of-home placement. If they have not previously been licensed, the relative is then asked to start the licensing process which can take up to an additional six months. Although Washington State does have a waiver process that can be used for certain non-safety licensing requirements, there are relatives who still struggle to meet foster licensing requirements.
- At this time, DCYF is unable to validate statewide guardianship, non-parental custody agreements and reunification data due to inconsistencies in how case closures are documented in FamLink. Currently, the drop down selections provide more options to caseworkers than needed or appropriate which leads to confusion and documentation errors. The inconsistencies impact data in the following ways:
 - Inaccurate legal results due to caseworker inputting errors.
 - Unreliable numbers for exit from care reasons, which impacts reunification data.
 - Case closure reasons entered differ from actual reasons for case closure.
- Data shows that Indian and Alaskan native youth are specifically not achieving timely permanency more than any other ethnicity. Typically, tribes do not support termination of parental rights based on tribal law, code, and customs. Tribes look at guardianship as the permanent plan for tribal children and youth who are unable to reunify. However, there are only four IV-E eligible Tribes in Washington State that qualify due to the subsidy requirements. Therefore, some tribes have stated that they prefer to leave children and youth in out-of-home care under an open dependency action so subsidy is available for the caregiver.

Activities Targeted at Improving or Maintaining Performance for Permanency Outcome 1

- Each region was also given access to Accurant, a search database . When a child is placed, prior to a relative search or prior to a paternal relative search once paternity is established, the placement supervisor or identified worker, can do a basic relative search and give these results to the caseworker to assist with a more diligent search. This helps increase relative placement which tends to increase stability.
- The regions are focusing on improving use of the safety assessment to discuss reunification and considerations when determining permanency planning goals. There is a specific focus on reunification and safety when children have been in out-of-home care

between six and nine months. The regions have started using data to track when termination petition need to be filed or to ensure that compelling reasons not to file a TPR are being assessed and documented according to policy.

- Regional leadership have strong working relationships with their local court system. (See Item 31)
- DCYF is using the Permanency from Day One grant to develop a stronger shared planning meeting model and reverse matching of permanency homes for youth ages 12 and over.

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

Central Case Review Results

Table 14.

ITEM 7: PLACEMENT WITH SIBLINGS							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	74%	71%	87%	81%	86%	44%	69%
CY2017	83%	74%	89%	100%	86%	71%	89%
CY2018	80%	89%	80%	82%	79%	88%	63%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
83.2%	86.1%	88.9%	91.8%	94.7%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

Concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings in 80% (98 out of 122) of reviewed cases.

In 42% (51 out of 122) of the cases, the identified child was placed with siblings who also were in foster care.

In 66% (47 out of 71) of the cases, there was a valid reason documented for the child’s separation from the siblings.

Table 15.

ITEM 8: VISITING WITH PARENTS AND SIBLINGS IN FOSTER CARE							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	59%	65%	82%	61%	51%	31%	56%
CY2017	63%	64%	62%	76%	58%	56%	74%
CY2018	60%	59%	60%	59%	63%	61%	60%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			

ITEM 8: VISITING WITH PARENTS AND SIBLINGS IN FOSTER CARE

63.4%	66.4%	69.5%	72.6%	75.7%
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Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

During calendar year 2018, 60% (88 out of 146) of cases noted concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members.

Mother:

In 76% (94 out of 124) of the cases, there were concerted efforts to ensure the frequency of visitation (or other forms of contact if visitation was not possible) with the child was sufficient to maintain or promote the continuity of the relationship.

In 91% (103 out of 113) of the cases, the quality of visitation with the child was sufficient to maintain or promote the continuity of the relationship.

Father:

In 69% (49 out of 71) of the cases, there were concerted efforts to ensure the frequency of visitation (or other forms of contact, if visitation was not possible) with the child was sufficient to maintain or promote the continuity of the relationship.

In 90% (57 out of 63) of the cases, the quality of visitation with the child was sufficient to maintain or promote the continuity of the relationship.

Siblings:

In 63% (42 out of 67) of the cases, there were concerted efforts to ensure the frequency of visitation (or other forms of contact if visitation was not possible) between the siblings was sufficient to maintain or promote the continuity of the relationship.

In 90% (56 out of 62) of the cases, the quality of visitation between the siblings was sufficient to maintain or promote the continuity of their relationship.

Table 16.

ITEM 9: PRESERVING CONNECTIONS							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	81%	80%	90%	88%	71%	70%	82%
CY2017	83%	86%	77%	95%	93%	74%	76%
CY2018	77%	65%	80%	92%	84%	77%	73%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
79.3%	81.8%	84.2%	86.7%	89.2%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

Concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends in 77% (139 out of 181) of calendar year 2018 cases.

In 78% (141 out of 181) of the cases, concerted efforts were made to maintain important connections the child had in place prior to his or her placement into foster care. Important connections could include maintaining the child in the same school the child attended prior to placement in foster care, connections with siblings who are not in foster care, connections with extended family members, and maintaining the child’s connection to the neighborhood, community, faith, language, Tribe, and/or friends.

In 85% (11 out of 13) of the cases where the child was a member of or eligible for membership in a federally recognized Indian Tribe, the Tribe was provided with timely notification of its right to intervene in state court proceedings seeking involuntary foster care placement or termination of parental rights.

In 91% (10 out of 11) of the cases, the child was a member of or eligible for membership in a federally recognized Indian Tribe, he or she was placed in foster care in accordance with the placement preferences of the Indian Child Welfare Act or concerted efforts were made to place in accordance with placement preferences.

Relative Search (RS) and Native American Inquiry Referrals (NAIR)

When a relative search is conducted by the Relative Search (RS) unit, each identified family member receives a letter regarding their relative child or youth who is placed in out-of-home care. Each letter that is sent from the RS unit asks if there is any Native American ancestry within their family. This provides an opportunity for DCYF to receive information from extended family members who are not involved in the case but may have a deeper knowledge in the family’s history. (See table 17)

When they were available, mothers and fathers are asked if

Table 17.

RELATIVE SEARCH INQUIRIES		
	CY 2017	CY 2018
Total letters sent to extended family members	119,823	93,309
Case determined to have Native American heritage based on relative response	54	64

Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry 2018 Annual Report.

their child or youth had Indian ancestry. This inquiry included asking relatives or other persons who could reasonably be expected to have information when the parent was unavailable. (See table 18)

When a parent or relative indicated possible Indian ancestry with a federally recognized tribe, there was documentation that inquiry letters were sent to all tribes identified by the parent or relative, or there was other documentation that indicated all tribes were contacted to determine the child or youth’s Indian status. (See table 19)

Central Case Review Results

Table 20.

ITEM 10: RELATIVE PLACEMENT							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	67%	86%	66%	62%	66%	60%	65%
CY2017	70%	76%	70%	78%	57%	71%	72%
CY2018	74%	73%	100%	83%	76%	73%	63%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
76.2%	78.5%	80.9%	73.3%	85.7%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

Concerted efforts were made to place the child or youth with relatives when appropriate in 74% (135 out of 183) reviewed cases.

In 49% (89 out of 183) of the cases, the child’s current or most recent placement was with a relative.

In 89% (79 out of 89) of the cases, the relative placement was stable and appropriate for the child’s needs.

In 59% (58 out of 98) of the cases, there were concerted efforts to identify, locate, inform, and evaluate maternal relatives as potential placements for the child; however, the maternal relatives were ruled out as placement resources.

Table 18.

NATIVE AMERICAN INQUIRIES SUBMITTED TO NAIR		
	CY 2017	CY 2018
Referrals received from the field	5,201	7,854
Incomplete referrals returned to caseworker	734	649
Unable to process because referral received when case is closing or closed	1,228	878

Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry 2018 Annual Report.

Table 19.

NATIVE AMERICAN INQUIRIES COMPLETED BY NAIR		
	CY 2017	CY 2018
Total letters sent to Tribes (1st, 2nd and 3rd letters)	20,126	22,574
Children determined to be members based on Tribal response	188	1,676
Children determined to be eligible for membership based on Tribal response	413	864

Data Source: Division of Eligibility and Provider Supports Relative Search and Native American Inquiry 2018 Annual Report.

In 57% (51 out of 90) of the cases, there were concerted efforts to identify, locate, inform, and evaluate paternal relatives as potential placements for the child; however, the paternal relatives were ruled out as placement resources.

Table 21.

ITEM 11: RELATIONSHIP OF CHILD IN CARE WITH PARENTS							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	40%	30%	52%	34%	27%	24%	54%
CY2017	59%	62%	53%	63%	50%	65%	67%
CY2018	63%	62%	50%	59%	69%	59%	67%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
66.1%	68.8%	71.4%	74.1%	76.7%			
<i>Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team</i>							

Case review found in 63% (85 out of 134) cases, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or the primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

In 66% (82 out of 124) of the cases, there were concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.

In 65% (46 out of 71) of the cases, there were concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

Kinship Placements

DCYF continues to believe that the high rate of kinship placement statewide is due to the emphasis on and recognition of the importance of kinship placements and their overall positive impact on long-term well-being and resiliency. This focus, in addition to prioritizing home studies for relatives, has positively impacted the rate of placement with kin. At the end of fiscal year 2018, 45.2% of all children and youth under 18 years of age in out-of-home care were placed with kin or relatives based on FamLink documentation. Washington has one of the highest kinship care placement rates among all states in the nation.

Assessment of Strengths for Permanency Outcome 2

- DCYF continues to believe that much of the increase in kinship placement statewide is due to the emphasis on identifying and supporting kinship placements. This focus, in addition to prioritizing home studies for relatives, has positively impacted the rate of placement with kin.
- When siblings are not placed together, DCYF has strong policies regarding contact between the siblings and regular decision points where placement of siblings together is looked at.

- DCYF is collaborating with stakeholders and visit providers to develop a new visitation model; “Family Time”. The model provides an opportunity to engage parents earlier for visits that are a positive experience that support bonding and provides an environment where parents feel supported. The goal of Family Time is to increase and enhance the parents engagement and create a positive experience for parents and children. The desired result of developing a new visitation model is increasing the number and timeliness of reunifications.
- DCYF has systemic improvements to the process of identifying if a child is a member of, or eligible for membership, with a federally recognized tribe since centralization of tribal membership inquiries moved to the Native American Inquiry Referral (NAIR) unit. Additionally, centralization of this process helps drive consistent practice statewide. Examples of improved consistency include:
 - Tribal membership inquiries are completed and documented the same way and Ancestry charts include appropriate family history which results in a more accurate search.
 - Results of the search are returned to caseworker timely.
 - Search results are documented in the same manner and the same place for each search completed by the NAIR unit.
 - When a positive response is received from a Tribe, each caseworker and the caseworker’s supervisor are immediately alerted via email.
 - Each positive result is uploaded in FamLink by the NAIR unit in order to the make the documentation accessible to any caseworker assigned throughout the life of the case.

Assessment of Areas of Concern for Permanency Outcome 2

- Identified barriers to placing siblings together includes: lack of placement resources for sibling groups, caseworkers don’t want to disrupt and move child to place siblings together, large sibling groups, and emergent need for placement. Regional efforts are ongoing to recruit families willing to serve as a placement resource and adopt sibling groups, if reunification is not achieved.
- Contracted visitation providers are unable to meet the demand for visitation requests. The reasons can vary by region, however the statewide underlying issues are location, rates, and capacity.
- Licensed foster parents and licensed and unlicensed kinship caregivers may not receive adequate information about their role and responsibilities related to parent, child, sibling, and relative visitations. Foster parents are strong supporters of family visits. Through the Foster Parent Consultation (1624) Team meetings, they have expressed concern that this policy does not require that the caregiver receive a copy of the visit plan. Visit schedules can change or be altered periodically and coordination and communication with the foster parent and all parties is critical to ensure successful visits for the child and family, with minimal disruption to the foster family’s schedule.
- Children in out-of-home care must have reasonable access to uncensored communication with parents, relatives, and other people important to the child. Foster parents appreciate the guidance on allowing communication for the child and on appropriate/safe social media utilization for children placed in their home.

- Frequency of parent and sibling visits can be impacted by the child or youth's placement location. While DCYF makes concerted efforts to place children in close proximity to their parents, the current placement resource shortage has caused a number of children to be placed with caregivers further away from the parents' locations. This, in turn, has created transportation challenges that impact visit frequency. Caseworkers express concern about the impacts on the child when there are multiple long car rides in a week. This is further complicated by the child's age and if they have special physical or behavioral health care needs. Some of the concerns identified include impacts on the child's education through school day disruptions and limiting the child's ability to engage in extracurricular activities.
- The Department is required to complete searches for potential relatives within 30 days of a child's entry into out-of-home care. In an effort to meet the 30 day requirement, the relative search unit has made adjustments to the process; however legal requirements are often unmet due to the volume of work and steps required to complete the process. The relative search unit struggles with technology to effectively and timely complete their required work. The high volume of work related to relative searches is complicated by an inefficient way to enter results into FamLink which could require hundreds of clicks to enter results from one case search into FamLink.
- Challenges related to kinship placement primarily relate to caseworkers lack of follow-up with relatives who have identified interest in providing placement and assessing them as a placement resource (this includes providing respite). In 2018, the statewide relative search unit reviewed cases in which a relative search was completed but children were not placed with relatives. Of the 4,724 cases in which a relative search was completed but the children were not currently placed in a relative placement, there were 3,405 relatives who expressed a desire to provide immediate placement and 2,545 relatives who offered to provide respite or other types of support to the identified children in need. Case reviews revealed that these children not only remain in foster care placement but with little to no documentation indicating that interested relatives were followed up with, offered background checks, or referred for home studies. To this end, caseworker's express confusion about when and where to document contacts with relatives.
- While a relative search is regularly conducted upon a child's entry into out-of-home care, caseworkers are not conducting ongoing searches for relatives throughout the case. The lack of ongoing relative search efforts by caseworkers has much to do with the time it takes caseworkers to contact and assess a relative. Similarly, the practice and process of referrals being submitted to the relative search unit once paternity has been established and/or confirmed is an area needing improvement. While DCYF policy and father engagement efforts support new relative search requests being submitted to the statewide unit once paternity is established, DCYF is not authorized to send letters to relatives of alleged parents. This is a barrier and delays identification of relatives.
- Since August 2017, DCYF has convened a Kinship Care Advisory Committee that meets quarterly to review kinship care practice and make recommendations for practice improvement. Committee members include regional field representatives, kinship caregivers, and youth in kinship care, as well as community partners and stakeholders. The advisory committee identified navigating the complex child welfare system with inadequate information about available resources and difficulty understanding and completing background and home study processes as two areas of challenge that can

impact permanency with kin. The advisory committee has identified the top three challenges or needs related to kinship care as:

- Access to information at the time of placement including: financial supports, other resources, details about foster care licensing.
- Training and coaching for relatives and youth soon after placement; consider requiring Kinship 101.
- Barriers and issues in background check and home study processes. Need to identify and clarify areas for improvement and information sharing about and throughout the process.

Challenges prioritized by Kinship Care Advisory members mirror barriers to kinship care reported by caseworkers across the state, and reflect concerns frequently reported by kinship caregivers within the DCYF.

Activities Targeted at Improving or Maintaining Performance for Permanency Outcome 2

- DCYF continues to work to improve and grow visitation practice and resources to meet family needs and increase reunification. The work to improve the quality of visitation and increase parent engagement is an ongoing vision of DCYF. A new work group has been established and is in the process of working on guidelines desired to develop a new visitation model that will be called Family Time. The group includes stakeholders associated with Office of Public Defense, Office of the Assistant Attorney General, Administrative Office of the Courts, Washington CASA, and former foster youth, parent allies, regional leads, visitation providers, and University of Washington's Partners for Our Children (POC).
- A statewide theme regarding parent-child and sibling visits pertains to the availability and quality of documentation and data. Currently, limited data can be extracted from FamLink related to visit frequency, duration, level of supervision, and provider type. To improve the availability and quality of documentation, DCYF has purchased a web-based data system that will work with FamLink and provide the contracted visitation agency with more detailed data in regards to visitation and other services provided to families. This data system will assist DCYF in identifying improvements in needed areas and provide data that reflects where DCYF is at with its compliance as to policy timelines. Quality of visitation will continue to be evaluated by case reviews. The new data system in conjunction with FamLink will help assess the impact of timely, frequent visitation on permanency.
- Numerous permanency related trainings held in 2018, stress the importance of maintaining the child or youth's ongoing connections and encourage caseworkers to shift perspective from thinking of connections beyond placement resources as they impact on the child or youth's well-being.

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children’s needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

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

Central Case Review Results

Table 21.

ITEM 12: NEEDS AND SERVICES OF CHILD, PARENTS, AND FOSTER PARENTS							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	54%	45%	65%	57%	54%	52%	53%
CY2017	50%	62%	41%	59%	38%	43%	55%
CY2018	52%	54%	50%	47%	49%	35%	63%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
54.4%	57.2%	60.0%	62.8%	65.6%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

The agency made concerted efforts to assess the needs of children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family, and provide the appropriate services in 52% (132 out of 256) cases.

Table 22.

ITEM 12A: NEEDS ASSESSMENT AND SERVICES TO CHILDREN							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	93%	91%	100%	92%	88%	100%	93%
CY2017	85%	88%	72%	96%	83%	88%	85%
CY2018	82%	80%	80%	87%	86%	73%	81%

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

In 89% (228 out of 256) of the cases, a formal or informal initial and/or ongoing comprehensive assessment was conducted which accurately assessed the children’s social/emotional development needs. In-home cases were 82% (59 out of 72) and out-of-home care cases were 92% (169 out of 184).

In 77% (120 out of 156) of the cases, appropriate services were provided to meet the children’s identified social/emotional development needs. In-home cases were 78% (38 out of 49) and out-of-home care cases were 77% (82 out of 107).

Table 23.

ITEM 12B: NEEDS ASSESSMENT AND SERVICES TO PARENTS							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	55%	51%	64%	58%	54%	48%	54%
CY2017	55%	63%	50%	65%	42%	53%	55%
CY2018	56%	58%	60%	47%	53%	50%	66%

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

Mother:

In 73% (162 out of 223) of the cases, a formal or informal initial and/or ongoing comprehensive assessment was conducted which accurately assessed the mother’s needs to provide appropriate care and supervision and to ensure the well-being of her children. In-home cases were 72% (48 out of 67) and out-of-home care cases were 73% (114 out of 156).

In 74% (158 out of 213) of the cases, appropriate services were provided to address the mother’s identified needs. In-home cases were 76% (48 out of 63) and out-of-home care cases were 73% (110 out of 150).

Father:

In 64% (111 of 174) of the cases, a formal or informal initial and/or ongoing comprehensive assessment was conducted which accurately assessed the father’s needs to provide appropriate care and supervision and to ensure the well-being of his children. In-home cases were 75% (38 of 51) and out-of-home care cases were 59% (73 out of 123).

In 72% (102 out of 141) of the cases, appropriate services were provided to address the father’s identified needs. In-home cases were 76% (34 out of 45) and out-of-home care cases were 71% (68 out of 96).

Table 24.

ITEM 12C: NEEDS ASSESSMENT AND SERVICES TO FOSTER PARENTS							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	95%	97%	97%	98%	88%	100%	95%
CY2017	86%	92%	78%	88%	80%	84%	90%
CY2018	77%	91%	80%	83%	59%	68%	81%

Data Source: CY2016, CY2017 & CY2018 OSRI, DCYF Central Case Review Team

In 84% (147 out of 175) of the cases, the needs of the foster or pre-adoptive parents were adequately assessed on an ongoing basis to ensure their capacity to provide appropriate care and supervision to the child in their home.

In 75% (100 out of 134) of the cases, the foster or pre-adoptive parents were provided with appropriate services to address identified needs to provide appropriate care and supervision of the child in their care.

2020-2024 CHILD AND FAMILY SERVICES PLAN (CFSP)

Table 25.

ITEM 13: CHILD AND FAMILY INVOLVEMENT IN CASE PLANNING							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	50%	58%	58%	49%	41%	45%	51%
CY2017	53%	68%	45%	69%	41%	49%	55%
CY2018	61%	59%	70%	68%	56%	67%	60%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
64.0%	66.7%	69.5%	72.3%	75.1%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

Concerted efforts to actively involve the child, mother, and father in the case planning process was noted as a strength in 61% (153 out of 250) of the cases reviewed in calendar year 2018.

In 79% (116 out of 147) of the cases, concerted efforts were made to actively involve the child in the case planning process. There was consultation with the child regarding his or her goals and services, the plan was explained in terms the child could understand, and the child was included in periodic case planning meetings. In-home cases were 65% (34 out of 52) and out-of-home care cases were 86% (82 out of 95).

In 71% (153 out of 216) of the cases, concerted efforts were made to actively involve the mother in the case planning process. The mother was involved in identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan. In-home cases were 75% (50 out of 67) and out-of-home care cases were 69% (103 out of 149).

In 62% (97 out of 156) of the cases, concerted efforts were made to actively involve the father in the case planning process. The father was involved in identifying strengths and needs, identifying services and service providers, establishing goals in case plans, evaluating progress towards goals, and discussing the case plan. In-home cases were 73% (37 out of 51) and out-of-home care cases were 57% (60 out of 105).

Table 26.

ITEM 14: CASEWORKER VISITS WITH CHILD							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	57%	53%	60%	61%	54%	56%	57%
CY2017	63%	68%	43%	70%	64%	61%	65%
CY2018	80%	71%	80%	89%	80%	81%	83%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
82.0%	84.3%	86.5%	88.7%	91.0%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

The frequency and quality of caseworker visits with the child to promote the achievement of case goals and ensure the safety, permanency, and well-being of the children was determined a strength in 80% (205 out of 257) of cases reviewed in calendar year 2018.

In 88% (225 out of 257) of the cases, the frequency of the visits between the caseworker and the children was sufficient to address issues pertaining to the safety, permanency, and well-being of the children and promote the achievement of case goals. In-home cases were 66% (48 out of 73) and out-of-home care cases were 96% (177 out of 184).

In 85% (219 out of 257) of the cases, the quality of the visits between the caseworker and the children was sufficient to address issues pertaining to the safety, permanency, and well-being of the children and promote achievement of case goals. The child was seen alone for at least part of each visit and when the child was verbal, there was an individual, private conversation with the child. In-home cases were 74% (54 out of 73) and out-of-home care cases were 90% (165 out of 184).

Table 27.

ITEM 15: CASEWORKER VISITS WITH PARENTS							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	26%	23%	27%	26%	21%	26%	30%
CY2017	30%	26%	22%	50%	28%	31%	34%
CY2018	51%	53%	78%	53%	46%	48%	50%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
54.3%	57.3%	60.2%	63.2%	66.2%			
<i>Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team</i>							

The frequency and quality of visits between caseworkers and the mothers and fathers of the children and youth are sufficient to ensure the safety, permanency, and well-being of the children and youth to promote achievement of case goals in 51% (117 out of 228) of reviewed cases.

In 67% (145 out of 216) of the cases, the frequency of the in-person visits between the caseworker and the mother was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals. In-home cases were 69% (46 out of 67) and out-of-home care cases were 66% (99 out of 149).

In 77% (161 out of 208) of the cases, the quality of the in-person visits between the caseworker and the mother was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals. In-home cases were 76% (50 out of 66) and out-of-home care cases were 78% (111 out of 142).

In 56% (87 out of 156) of the cases, the frequency of the in-person visits between the caseworker and the father was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals. In-home cases were 67% (34 out of 51) and out-of-home care cases were 50% (53 out of 105).

In 72% (101 out of 141) of the cases, the quality of the in-person visits between the caseworker and the father was sufficient to address issues pertaining to the safety, permanency, and well-

being of the child and promote achievement of case goals. In-home cases were 79% (37 out of 47) and out-of-home care cases were 68% (64 out of 94).

Support Resources for Youth in Foster Care

Youth in out-of-home care and young adults who have experienced foster care often benefit from supports and resources that help them continue their education, start a career and transition to successful adulthood.

Independency Living Program

DCYF makes this voluntary program available to youth ages 15 to 18-years old who are or have been in out-of-home care. It offers information and assistance on managing money, securing employment, building relationships, maintaining safe housing and other life skills.

Table 28.

FOSTER YOUTH SERVED IN INDEPENDENT LIVING PROGRAM	
Total youth served in federal fiscal year 2018	900
Youth who created a plan based on a life-skills assessment	70%
Youth who completed IL Services modules	73%
<i>Data Source: Child welfare education and adolescent services providers, 2018</i>	

Transitional Living Services

The voluntary program for current and former foster youth ages 18 to 21 provides services to help young adults succeed when they are becoming self-sufficient. It includes educational services, financial assistance and one-on-one coaching. DCYF makes this program available to former foster youth who meet certain criteria.

Table 29.

FOSTER YOUTH SERVED IN TRANSITIONAL LIVING SERVICES	
Total youth served in federal fiscal year 2018	1,140
Youth who created a plan based on a life-skills assessment	52%
Youth referred who requested or received services	92%
<i>Data Source: Child welfare education and adolescent services providers, 2018</i>	

Support Resources for Caregivers: Foster Parents and Unlicensed Caregivers

The Department administers numerous support resources for foster parents including those provided directly and those provided through contracted services. In addition, a variety of support resources are available for foster parents through other state agencies, such as the Department of Social and Health Services and Health Care Authority. While many of these resources may not be directly tied to services or needs of individual children, comprehensively they support caregivers in providing care and supervision. A complete list of available supports can be viewed in the [House Bill 2008 Caseload Forecast and Licensed Foster Home Capacity Report](#) (see table 2. Available List of Supports).

Respite Services

Responses from foster parents 2016 and 2017 Survey of Foster Parents,¹² as well as feedback received from Foster Parent Consultation (1624) Teams, indicate that foster parents appreciate assistance in arranging for respite care when requested. An insufficient number of respite foster parents are available to meet the actual need and requests of foster parents and this can lead to frustration for foster parents when their requests for respite care do not receive timely responses.

Shared Planning Meetings

If foster parents are not able to attend, they may provide comments to the meeting facilitator. Foster parents have shared concerns through the Foster Parent Consultation (1624) process that they do not always receive timely notice of these meetings.

Child Care

Child care is an essential service for working foster parents. Foster parents have shared through the Foster Parent Consultation (1624) process that often they are not able to find available child care—especially for infants, young children, and children with challenging behaviors—that will accept the state subsidy rate. Lack of available child care can limit foster parents' ability to accept placements, and continues to be a priority concern of the 1624 consultation group. DCYF, in response, has submitted a [Decision Package](#) to fund a pilot with a focus to increase infant/toddler child care access.

Therapeutic or Treatment Foster Care

Foster parents have indicated that more licensed treatment foster homes would help support children and youth in care who have more intense behavioral or emotional challenges and would support foster parent retention.

Annual Foster Parent Survey

See 2015-2019 CFSP Final Report.

Monthly Health and Safety Visits

Children and Youth

When a child is placed in agency custody, DCYF strives to see the child at least once during each calendar month. Ongoing monitoring and email notifications have been successful in helping to get visits completed in CFWS cases. In calendar year 2018, 97.80% (126,319 out of 129,154) of children in out-of-home care with an open CFWS case were seen at least once a month.

Foster parents have expressed concern that there appears to be no requirement to notify the foster parent if the caseworker is seeing the child for the monthly visit at another location. When the child is seen at another location for the health and safety visit, sometimes caseworkers are not able to personally meet with the foster parent that month.

Mothers and Fathers

Utilizing the infoFamLink Caseworker Parent Visit report, 269,213 visits with parents were required in calendar year 2018. Documentation indicates that 13.3% (35,719 out of 269,213) of the required visits occurred during this time. Of those, 65.5% (16,080) were with mothers and 34.8% (8,603) were with fathers.

¹² 2016 Foster Parent Survey: DSHS Foster Parents Speak; 2017 Foster Parent Survey: DSHS Foster Parents Speak

Assessment of Strengths for Well-Being Outcome 1

- Caseworkers are more consistently involving youth in case planning. Documentation indicates that caseworkers and children are discussing permanency, well-being and safety. Generally, older youth are more involved in case planning than younger children. In some cases, involving young children, the caseworker visited with the child each month, but could improve practice by asking for the child's input into case planning issues. Some caseworkers expressed concern about how to involve younger children in their case planning in a developmentally appropriate way. Additionally, while caseworkers ask children and youth about their education, placement, visitation, and sense of safety, practice could be improved by providing children and youth with education about permanency and supporting them in voicing their preferred permanency plan.
- Monthly visits with children and youth are a priority for CFWS caseworkers and case planning is often completed during these visits.
- In April of 2018, DCYF convened a workshop with Department of Corrections (DOC) to identify barriers between DCYF and DOC staff regarding visitation between incarcerated parents in prison and children in out-of-home care. This workshop was highly successful in identifying barriers and understanding the difference between the DOC and DCYF culture and policies. From this workshop an E-Learning was produced for staff that breaks down the steps to facilitating parent/child visits for incarcerated parents. This is the first step in identifying ways to more effectively work with incarcerated parents in prison, including frequency and quality of visits between the parent and the caseworker.

Assessment of Areas of Concern for Well-Being Outcome 1

- Once service needs are identified, caseworker efforts to address identified needs should include timely referrals. After implementation of services, appropriate follow-up with the service provider and recipient is needed. Documentation is limited to support the caseworker's assessment of needs, provision of services to mothers and fathers, or follow-up information once such services are provided. Caseworker turnover and caseload size are also contributing factors.
- Monthly visits with mothers and fathers continues to be an area needing great improvement, which has a large impact on other items. Areas identified as barriers included:
 - incarcerated parents
 - parents that avoid contact with the department
 - caseworker's belief that parents should contact the department, instead of the caseworker making efforts to engage mothers and fathers
 - parents residing out of the area
 - accurate documentation of visits and efforts to locate parents
 - workload
- Incarcerated parents do not have the same access to reach out to caseworkers and are often not invited or are unable to attend shared planning meetings.
- ICPC cases continue to be a challenge impacting monthly health and safety visits with children. When a child is placed in another state, the receiving state often has

requirements to meet with the child every 90 days which is not consistent with Washington standards to meet with children every 30 days. There is also a delay in receiving documentation regarding the quality and frequency visits.

- Timely shared planning meetings are not consistently occurring across the state. These are one opportunity to include parents in case planning and an area we will be addressing in our PIP and CFSP.

Activities Targeted at Improving or Maintaining Performance for Well-Being Outcome 1

- In fiscal year 2019, the Department is adopting a best practice framework for caregiver supports to better identify and implement strategies aimed at improving the delivery of supports to caregivers and to provide greater transparency around these efforts.

Shortly after the inception of DCYF, the DCYF Office of Innovation, Alignment, and Accountability (OIAA) undertook a review of evidence-based and best practices in caregiver support systems. While the issues related to foster home recruitment and retention are acutely felt in our state, Washington is not alone among states experiencing such challenges. The search for an evidence-based or best practice framework was led by the OIAA in its role to lead and support reform efforts. Although the search revealed little in the way of frameworks or support systems that have been empirically tested, the OIAA did locate a handful of best practice frameworks recommended for use by child welfare agencies in building systems of supportive services for both kinship and foster caregivers.

The Annie E. Casey Foundation (AECF) framework described in the 2016 report “A Movement to Transform Foster Parenting”¹³ contains components that appear to be common among best practice recommendations. This report elevates the critical role that foster parents and kinship caregivers play in the safety and well-being of children/youth in the child welfare system, and finds that a new approach to supporting caregivers is needed in order to provide greater stability for children/youth in out-of-home care.

The AECF framework is structured around three main objectives: ensure quality caregiving for children, forge strong relationships between caseworkers and caregivers, and recruit and retain amazing caregivers. Using this best practice framework, DCYF will work with foster parents, other caregivers, and staff to identify priorities and associated indicators of success around those priorities. The Department will share progress on the indicators of success to promote transparency in monitoring this very important work.

- Quarterly meetings with the regional fatherhood leads began in February of 2019. From these meetings a set of strategies is being developed to regularly draw attention to fathers, reduce bias, and partner with other agencies such as the DOC and Division of Child Support (DCS) to move practice forward. For example, informational fliers about research, data, and resources around fathers has been sent out monthly to the regional leads who have distributed these to all of the offices. In May of 2019, the second meeting was held and DCS completed a presentation about their services. This was much more expansive than was understood. This information will be distributed by the regions. DOC has also agreed to give infant safety educational materials such as Infant Safe Sleep and Period of Purple Crying materials to incarcerated fathers.

¹³ The Annie E. Casey Foundation (2016). [A Movement to Transform Foster Parenting](#).

- In order to meet the practice standards for this item, there must be concerted efforts by the agency to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with their children. Each region now has dedicated staff assigned, who have access to multiple search databases, to locating parents for caseworkers.
- DCYF is making efforts to improve monthly caseworker visits with mothers and fathers. In 2018, the CFWS in-service training was reconstructed to focus on early engagement and case planning with parents from the beginning. An FVS in-service training was also created to focus heavily on parent engagement and case planning. RCT was also expanded from six weeks to eight weeks and simulations were included to assist new caseworkers with assessing and engaging parents through practice scenarios.

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

Case Review Results

Table 30.

ITEM 16: EDUCATIONAL NEEDS OF CHILDREN							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	89%	91%	78%	90%	97%	71%	89%
CY2017	91%	100%	89%	100%	83%	90%	86%
CY2018	93%	98%	83%	95%	95%	91%	86%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
94.3%	95.6%	96.9%	98.2%	99.5%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

During calendar year 2018, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child or on an ongoing basis, and the identified needs were appropriately addressed in case planning and case management activities in 93% (147 out of 158) cases.

In 94% (149 out of 158) of the cases, concerted efforts were made to accurately assess the children’s educational needs. In-home cases were 87% (13 out of 15) and out-of-home care cases were 95% (136 out of 143).

In 89% (70 out of 79) of the cases, concerted efforts were made to address the children’s educational needs through appropriate services. In-home cases were 91% (10 out of 11) and out-of-home care cases were 88% (60 out of 68).

CHET Educational Domain

The CHET screening identifies each child’s long-term needs at initial out-of-home placement by evaluating their well-being and includes the domain of education. The education domain includes children and youth between six and 18-years old. The completion rate for the education domain in calendar year 2018 was 97%.

Graduation Rate for Children and Youth in Foster Care

For the class of 2015, only 41.5% of Washington State youth in foster care and only 38.4% of youth who have experienced homelessness graduated high school on time.¹⁴

Treehouse

Table 31.

YOUTH SERVED BY TREEHOUSE				
Total Unduplicated	Graduation Success	Educational Advocacy	Resource Services	Holiday Magic
7,129	986	1,228	2,720	5,393
youth received the academic and other essential support needed to succeed in school and in life.	youth were provided with the academic planning and coaching support needed to stay on track for graduation.	youth statewide gained access to education support services and received assistance navigating barriers to school success.	youth received essential clothing, school supplies, and financial assistance with extracurricular activities and school events.	youth enjoyed a meaningful gift during the month of December to brighten their holiday.
<i>Data Source: Treehouse</i>				

Assessment of Strengths for Well-Being Outcome 2

- Data share agreement with OSPI provides a user interface which allows education data to populate FamLink, allowing for improved caseworker access to key education information.

Assessment of Areas of Concern for Well-Being Outcome 2

- Improve follow-up on identified education needs for in-home cases.

Activities Targeted at Improving or Maintaining Performance for Well-Being Outcome 2

- Use some of the new capacity in ECEAP funded in Governor Inslee’s budget this year to maintain open full day slots that would be reserved for foster children. Set a goal to make an actual ECEAP slot available to every single three or four-year-old foster child within days of his/her placement in out-of-home care
- Working with the Harvard Government Performance Lab, implemented a pilot in two locations (Aberdeen and Kent) to link children involved in child welfare with early learning opportunities to make sure the right supports are in place for the referrals to occur. Expand and adjust the pilot based on lessons learned.
- Add school stability in the matrix for Family Team Decision Meetings (FTDM).

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

CHET

Physical Health Domain

Every child that enters and remains in out-of-home care for 30 days or more receives a CHET screen.

¹⁴ Data Source: [Achieving Educational Success for Washington’s Children, Youth and Young Adults in Foster Care and/or Experiencing Homelessness.](#)

The physical health domain includes an initial EPSDT exam and results are documented in the completed CHET report. Statewide in calendar year 2018, 96% of children had a completed physical health domain within 30 days of placement into out-of-home care. Completion of the CHET physical health domain is impacted by difficulties in timely completion of the initial EPSDT exam and delays in DCYF receiving requested medical records, children who are on the run, and children returning home prior to the completion of the CHET process.

Emotional and Behavioral Health Domain

The emotional and behavioral health domain includes an assessment of emotional and behavioral health needs using validated tools.¹⁵ Results from the assessment are used to develop an appropriate case plan and assist in placement decisions for the child. The percentage of children whose emotional and behavioral health needs were assessed within 30 days of entering out-of-home care statewide in calendar year 2018 was 97%.

Case Review Results

Table 32.

ITEM 17: PHYSICAL HEALTH OF CHILDREN							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	43%	44%	47%	48%	48%	24%	41%
CY2017	58%	71%	35%	65%	54%	44%	70%
CY2018	64%	65%	78%	57%	53%	73%	70%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
65.5%	67.6%	69.7%	71.8%	73.9%			

Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team

The agency addressed the physical and dental health needs of children statewide in 64% (141 out of 222) of reviewed cases.

In 84% (186 out of 222) of the cases, the physical health care needs of the children were accurately assessed. This assessment included ensuring the child received ongoing periodic preventive physical health screenings. In-home cases were 61% (23 out of 38) and out-of-home care cases were 89% (163 out of 184).

In 72% (131 out of 181) of the cases, the dental health care needs of the children were accurately assessed. In-home cases were 50% (2 out of 4) and out-of-home care cases were 73% (129 out of 177).

In 81% (81 out of 100) of the foster care cases, there was appropriate oversight of prescription medications for the child’s physical health needs.

In 87% (179 out of 206) of the cases, appropriate services were provided to the children to address all identified physical health needs. The physical health needs assessment included

¹⁵ The Child Health and Education Tracking (CHET) program is responsible for identifying each child’s long-term needs at initial out-of-home placement by evaluating his or her well-being. A complete CHET screening includes five domains: Physical Health; Developmental; Education; Emotional/Behavioral; and Connections.

ensuring the child received annual well-child examinations. In-home cases were 72% (18 out of 25) and out-of-home care cases were 89% (161 out of 181).

In 72% (128 out of 179) of the cases, appropriate services were provided to the children to address all identified dental health needs. In-home cases were 33% (1 out of 3) and out-of-home care cases were 72% (127 out of 176).

Table 33.

ITEM 18: MENTAL/BEHAVIORAL HEALTH OF THE CHILD							
On Site Review Instrument							
	State	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
CY2016	68%	68%	76%	57%	67%	69%	70%
CY2017	74%	87%	40%	83%	61%	83%	74%
CY2018	67%	73%	86%	78%	73%	26%	67%
Future Reporting Period Target							
CY2019	CY2020	CY2021	CY2022	CY2023			
69.4%	71.9%	74.4%	76.8%	79.3%			
<i>Data Source: CY2016, CY2017 & CY2018 OSRI, Central Case Review Team</i>							

Statewide, in 67% (99 out of 148) of cases the agency addressed the mental/behavioral health needs of the children.

In 84% (125 out of 148) of the cases, an accurate assessment of the children’s mental/behavioral health needs occurred initially (if the case opened during the period under review) and on an ongoing basis to inform case planning decisions. In-home cases were 75% (33 out of 44) and out-of-home care cases were 88% (92 out of 104).

In 82% (14 out of 17) of the foster care cases, there was appropriate oversight of prescription medications for the child’s mental/behavioral health issues.

In 75% (102 out of 136) of the cases, there were appropriate services provided to address the children’s mental/behavioral health needs. In-home cases were 79% (31 out of 39) and out-of-home care cases were 73% (71 out of 97).

Care Management for Physical and Behavioral Health Concerns

Table 34.

APPLE HEALTH CARE COORDINATION	
Calendar Year 2018	Children & Youth Served
Health Care Coordination	6,530
Care Management	1,310
Health Care Coordination Tasks Completed by CCW Member Services	14,000
FOSTERING WELL-BEING (FWB)	
Calendar Year 2018	Children & Youth Served
Received Care Coordination Services for Physical, Behavioral, and Co-occurring Concerns	275
Care Coordination Tasks Completed	243
Medicaid Fee for Service Prior Authorization Denial Issues Resolved	22
FOSTERING WELL-BEING (FWB) REGIONAL MEDICAL CONSULTANTS	
Calendar Year 2018	Children & Youth Served
"At Risk Statements" - Possible Child Physical and Behavioral Health Risks Prior to Adoption	191
Chart Note Reviews - Medication and Treatment Plans*	65
General Consultations Provided to Caseworkers and Caregivers	184
<i>Data Source: Health Care Authority, Coordinated Care of Washington (CCW), and Fostering Well-Being (FWB)</i>	
<i>*Completed at the request of caseworker</i>	

Oversight of Prescription Medications

Apple Health Core Connections (AHCC) provides oversight of psychotropic medications through Psychotropic Medication Utilization Review (PMUR), a formal review process that assures appropriate prescribing practices that meet HCA established prescribing thresholds. The PMUR process includes pharmacy claims review, medical record review, peer to peer consultation, and education. A peer-to-peer discussion and review occurs when the initial medication review finds that the current medication regimen is outside of the established parameters.¹⁶

Table 35.

PSYCHOTROPIC MEDICATION UTILIZATION REVIEWS (PMUR)	
August - December 2018	Served
AHCC Members Received Full Review of Psychotropic Medication Prescriptions	98
Prescribed Medications Outside the Typical or Recommended Prescribing Parameters	36
Prescribed Medications Outside the Typical or Recommended Prescribing Parameters, but within Parameters for Standards of Care	45
Prescribed Medications Within Outside Standards of Care	17
<i>Data Source: Health Care Authority, Coordinated Care of Washington (CCW), and Fostering Well-Being (FWB) *Completed at the request of caseworker</i>	

¹⁶ In 2018, CCW updated the way their PMUR tracks data related to reviews completed when a psychotropic medication is prescribed. As a result of the system update, CCW was only able to provide data between August 2018 and December 2018.

Wraparound with Intensive Services (WiSe) Utilization

In state fiscal year 2018, 4,010 Medicaid eligible children and youth received WiSe services statewide. 2,276 (57%) of children served in WiSe received services through DCYF at some point in time in the previous year - including services provided through in-home and out-of-home care.

Assessment of Strengths for Well-Being Outcome 3

- DCYF partners with the Washington State HCA and AHCC to provide oversight of prescription medications for children and youth in out-of-home care.

Assessment of Areas of Concern for Well-Being Outcome 3

- Barriers to timely service provision are associated with waitlists for the limited number of providers that can offer critical services such as mental health, substance abuse treatment, and dental care for children. Accessing services to address the physical health, including dental needs, of children is a challenge, particularly for in-home cases.
- The Children's Mental Health Workgroup identified challenges to meeting the behavioral health needs of children and youth in Washington, including children and youth in foster care:
 - System Capacity - shortage of mental health providers at all levels
 - Lack of culturally and linguistically appropriate services and assessments
 - Cross systems collaboration- increase collaboration across health care, mental health, behavioral health, education, and other child serving agencies and systems

Activities Targeted at Improving or Maintaining Performance for Well-Being Outcome 3

- Consultation and discussion with internal and external stakeholders provided consistent statewide feedback regarding the challenges of accessing appropriate behavioral health services. AHCC has provided a statewide, fully-integrated physical and behavioral health care plan since January 2019. Implementation of full-integration included a series of town hall meetings, information dissemination, and trainings provided in collaboration with HCA and DCYF prior to, and following, the program launch on January 1, 2019. Difficulties around access to behavioral health services since the program launch, have been resolved on a case-by-case collaborative basis with HCA, DCYF, and service providers. Each resolved situation provided insight and lessons learned to address systemic issues.
- Washington State Family Youth System Partner Round Tables (FYSPRT) provide a forum for families, youth, state agencies, and communities to strengthen sustainable resources that provide community-based approaches to address the behavioral health needs of children, youth, and families. FYSPRT also inform and provide oversight for high-level policy-making, program planning, and decision making regarding provision of behavioral health services in Washington State. FYSPRT provide additional support for the implementation of Wraparound with Intensive Services (WiSe). DCYF partners with HCA in organizing statewide FYSPRT and participate in reoccurring meetings.

Statewide Information System

Item 19: Statewide Information System

The Department's statewide information system, FamLink, is functioning well to ensure, at a minimum, the state can readily identify the child specific details described in CFSR systemic factor item 19. FamLink is available statewide to all department staff and is fully operational at all times, with the exception of brief maintenance and operations down time, which are scheduled during slow operational hours and coordinated with after hours and centralized intake to ensure backup operations are in place while the system is down. FamLink supports consistent casework and business practices to assure that information is available to all caseworkers statewide and that children and their families will receive the same level of quality services in every community throughout Washington.

FamLink is used currently for all case management services and data, supporting approximately 3,900 DCYF employees. In addition to DCYF staff, over 750 external partners and/or stakeholders have access to FamLink, some with input capability; others with view only access based on identified business needs. These external entities include:

- Tribes
- Independent Living Services Providers
- Office of the Children and Family Services Ombudsman
- Attorney General's Office
- Community Services
- Foster Care Med Team
- Foster Care Trainers and Recruitment
- Department of Social and Health Services

Adoption and Foster Care Analysis Reporting System (AFCARS)

The Department just completed its 2019A AFCARS submission and had no elements with error rates above 10%, which meets the "exceeds standards" threshold. Washington runs regular data checks and quality reports using the AFCARS data elements throughout the year. AFCARS data elements specific to systemic factor item 19 from the most recent AFCARS submission demonstrate Washington's ongoing commitment to accurate data collection.

See 2015-2019 APSR Final Report for complete table of AFCARS data submission elements.

Documentation of Placement Entry, Changes, and Closing

See 2015-2019 APSR Final Report for data on documentation of placement entry, change, and closure.

Assessment of Strengths for Statewide Information System

- DCYF released the child location application on April 20th, 2018. This tool provides caseworkers the ability to enter a child's whereabouts immediately in the office or from the field. The Minimal Viable Product (MVP) allows staff to document new placements when the provider record exists. Initial feedback has been positive and usage continues to increase.
- The Department is in the process of defining a data quality initiative that complies with CCWIS Regulation 1355.52. These regulations require: the title IV-E agency's CCWIS to support the efficient, effective, and economical administration of the programs including:

- Federal reporting
- Data required for title IV-E eligibility determinations, authorizations of services, and expenditures under IV-B and IV-E;
- Data to support federal and state child welfare laws, regulations, and policies; requirements, audits, program evaluations, and reviews;
- Case management data to support federal audits, reviews, and other monitoring activities;
- Data to support specific measures taken to comply with the Indian Child Welfare requirements in section 422(b)(9) of the Act.

Case Review System

Item 20: Written Case Plan

Case Review Data

The DCYF Central Case Review Team (CCRT) found that of the cases reviewed during calendar year 2018, 79% (114 out of 145) had children and youth in case planning. Mothers were involved in case planning in 70% (103 out of 151) of the cases and fathers participated in case planning in 62% (97 out of 156) of the cases.

Assessment of Areas of Concern for Written Case Plan

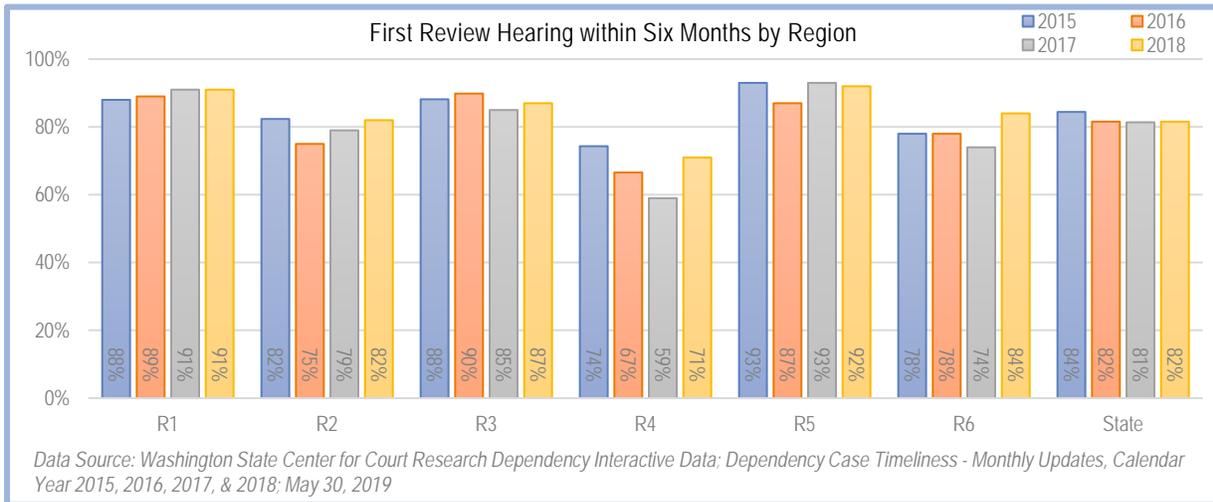
- The state is unable to determine how many case plans are completed timely and with the family's involvement. Although the agency has policies that require case plans to be developed with families at specific junctures, information provided in the CFSS statewide assessment, including case review data, shows that parents are not included in the development of the case plan and are often unaware of plans that have been developed.
- Accurate FamLink data regarding the percentage of cases with a written case plan developed or updated within the required timeframes is not available. FamLink does provide the ability to capture the launch or creation date of a Comprehensive Family Evaluation (CFE), but because the CFE does not require approval to generate the court report, very few CFEs are approved timely in FamLink.
- Currently, other than documentation and information gathered through participant interviews, DCYF does not have a process to consistently track parent involvement in the development of the case plan.

Item 21: Periodic Reviews

Court Data

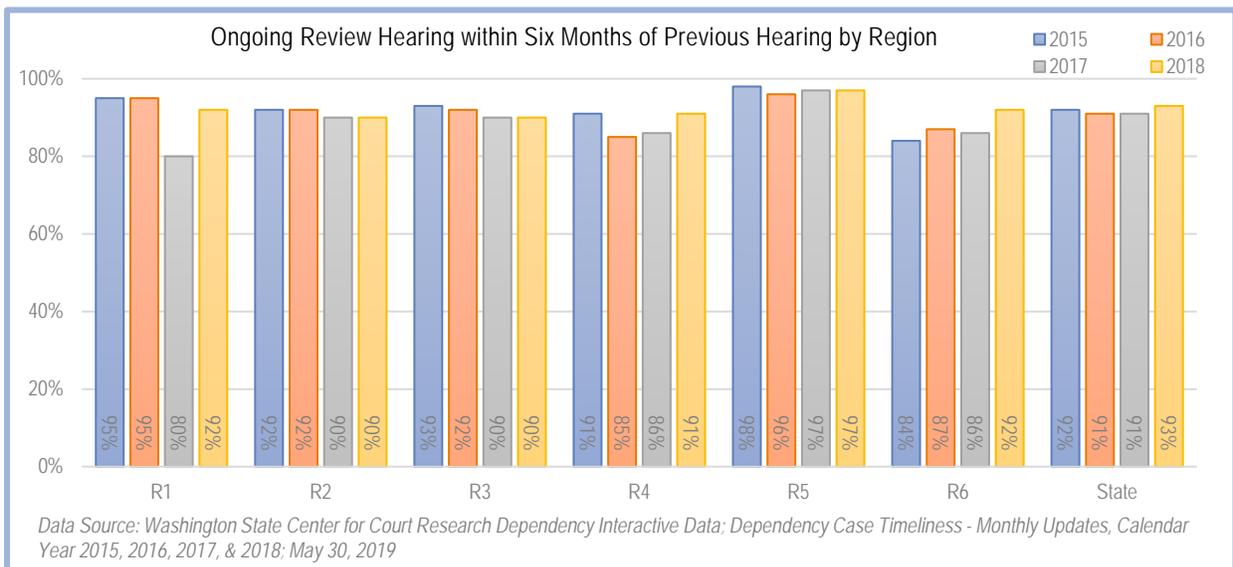
As of October 2018, there were 9,247 children and youth in out-of-home care. Of the children in Washington’s care during this time, 82% had their first dependency review hearing within six months of the child’s original placement date into out-of-home care in calendar year 2018.

Figure 6.



During calendar year 2018, the WSCCR Interactive Dependency Data indicated that statewide, 93% cases had an ongoing dependency review hearing within six months of the previous hearing date while in out-of-home care.

Figure 7.

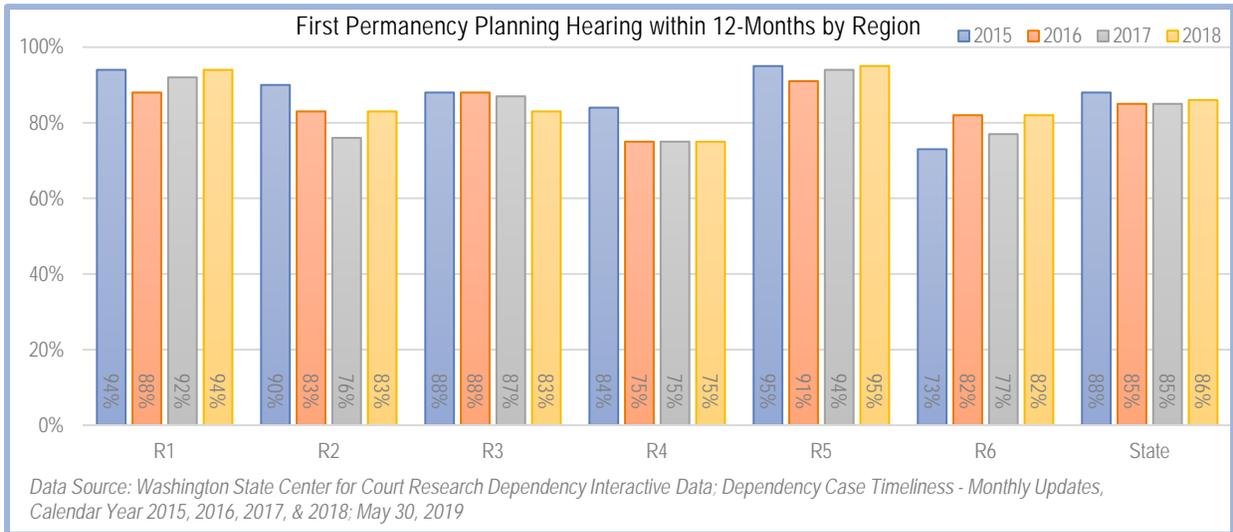


Item 22: Permanency Hearings

Court Data

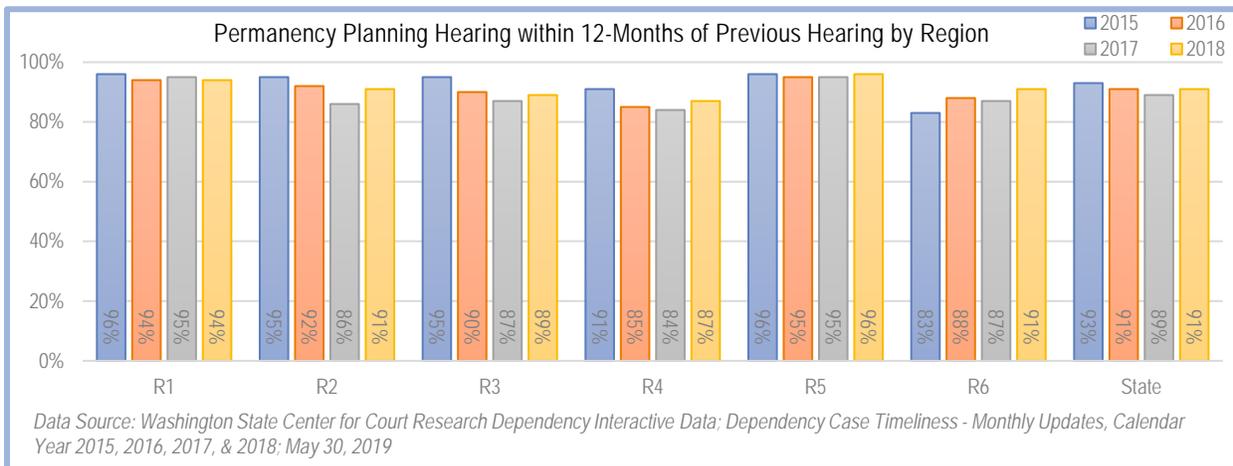
Statewide in 2018, 86% of children in out-of-home care had a timely first permanency planning hearing.¹⁷

Figure 8.



Following the child's first permanency planning hearing within 12-months of entering out-of-home care, a permanency planning hearing must occur every 12-months until the child achieves permanency. Statewide in calendar year 2018, 91% of children had the required permanency planning hearing held in the subsequent 12-months they were in out-of-home care and the median number of days for subsequent permanency planning hearings decreasing to 302 days.¹⁸

Figure 9.



¹⁷ As of November 13, 2018 King County Superior Court case information and activity may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system.

¹⁸ As of November 13, 2018 King County Superior Court case information and activity may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system.

Assessment of Strengths for Periodic Reviews and Permanency Hearings

- Interactive court data available to DCYF and court personnel has helped identify timeliness issues and administrative errors. In addition, stakeholders described several counties’ new approaches for scheduling hearings to ensure hearings are held timely and that additional training and support has been provided to judicial officers.

Assessment of Areas of Concern for Periodic Reviews and Permanency Hearings

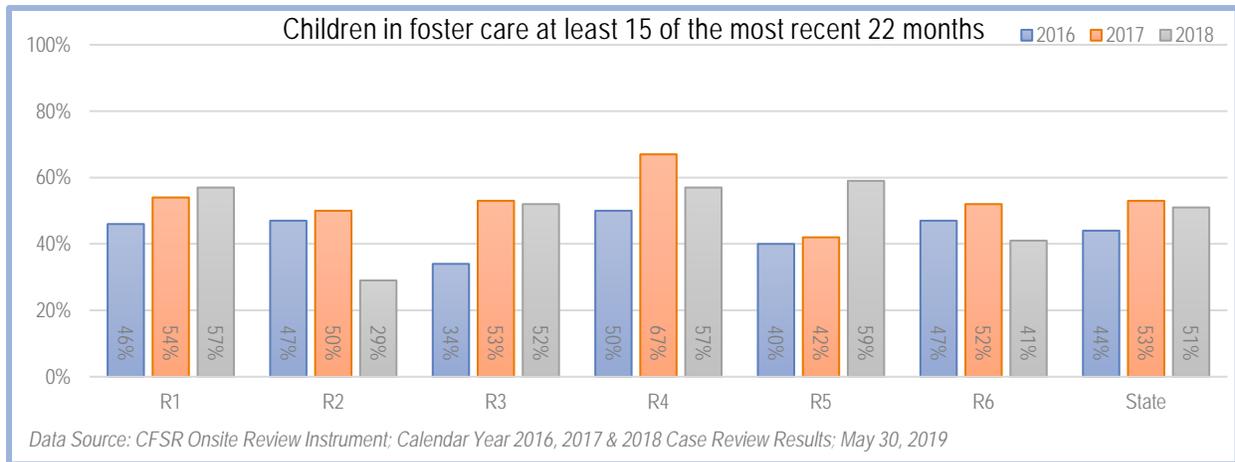
- Data highlights a barrier to timely review hearings and inconsistent statewide performance, particularly with lack of timeliness of the first review hearing. Stakeholders provided data showing that in the states’ largest urban county (King County), continuances result in failing to meet timeframes for periodic reviews. Caseworker turnover impacts the reason for continuances.
- There are parts of the state that experience high rates and barriers to timely permanency hearings. Stakeholders provided supplemental data showing that in the states’ largest urban county (King County), continuances related to caseworker turnover and the agency not providing court reports in advance of the hearing result in a failure to meet timeframes.

Item 23: Termination of Parental Rights (TPR)

Case Review Data

Of the cases reviewed by the CCRT in calendar year 2018, statewide 51% of the children were in foster care for at least 15 of the most recent 22 months.

Figure 10.

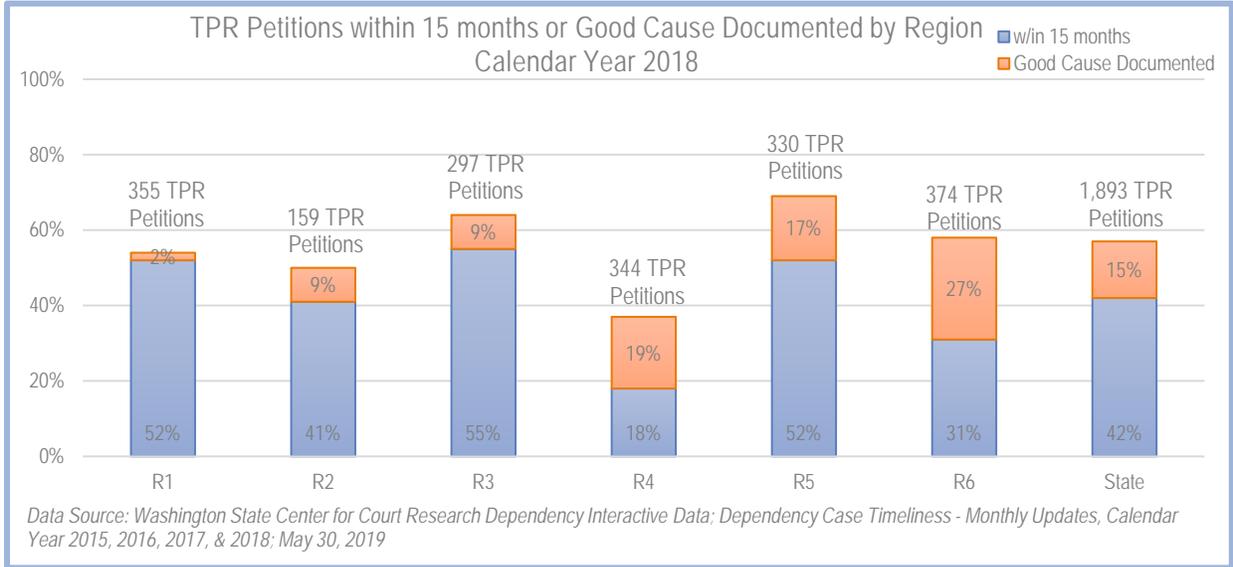


Of the children in foster care at least 15 of the most recent 22 months, or who met other ASFA criteria, CCRT results indicated the agency filed a timely TPR petition during the calendar year 2018 period under review or before the period under review in 25% of the cases reviewed. The CCRT results noted that an exception to the requirement to file or join a TPR petition existed in 63% of the cases reviewed in calendar year 2018.

Court Data

Statewide, 57% of TPR petitions were filed timely for children within 15-months of entering out-of-home care or there was documentation of a good cause to not file; a 3% decrease from the previous reporting periods.¹⁹

Figure 11.



Assessment of Strengths for Termination of Parental Rights

- Each region utilizes various methods to monitor timely filing of TPR petitions and accurate documentation of compelling reasons to not file a TPR petition. The report is distributed monthly to area administrators and deputy regional administrators which includes cases and children with: compelling reasons documented to ensure they remain appropriate, no petition for TPR documented or no compelling reason documented for cases open 10-12 months and over 12-months, and referral for TPR submitted to AAG but no documentation of a petition being filed.

Assessment of Areas of Concern for Termination of Parental Rights

- The filing of a TPR petition is complex and involves multiple parties including DCYF and legal system partners. Timely filing of TPR petitions continues to be an area needing improvement, in part due to the referral method varying for each county and being dependent upon the AAG process.
- The AAG may return the request for termination petition to the assigned caseworker within their 45-day review period. When the referral has been returned, the assigned caseworker must address the identified needs and resubmit the referral for TPR to the AGO; which restarts the 45-day requirement for AAG review. Currently there is no consistent system for collecting data to assess the impact of these processes on delay of filing TPR.

¹⁹ As of November 13, 2018 King County Superior Court case information and activity may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system.

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

FamLink Data

The infoFamLink Caregiver Notification Report²⁰ indicates that for calendar year 2018, approximately 6% of caregivers received adequate and timely notification of hearings as documented in FamLink, which we believe significantly underreports the notification.

Court Data

The following counties have not reported caregiver data to the Administrative Office of the Courts: Adams, Columbia, Garfield, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, and Wahkiakum.

Assessment of Strengths for Caregiver Notification of Hearings and Right to be Heard

- Foster parents reported through the Foster Parent Speaks: DCYF Foster Parent Survey they frequently participate in the permanency planning hearing either in person, or by providing a caregiver’s report to the court. Feedback received through the annual Foster Parent

Table 36.

CAREGIVER NOTIFICATIONS AND CAREGIVER REPORTS			
	Adequate and Timely Notice to Caregiver		Caregiver Report to Court
	Yes	No	Yes
Asotin			1
Benton	385		22
Chelan	411	6	9
Clallam	247	7	22
Clark	5		28
Cowlitz			87
Douglas			13
Ferry	28		
Franklin	344	1	89
Grant			2
Grays Harbor	552	4	145
Island			34
Jefferson	46	1	
King	4013	10	440
Kitsap	397	3	31
Lewis	522	1	2
Mason	480		2
Pacific			8
Pierce	2976	13	197
San Juan	2		1
Skagit	124		30
Skamania	43		11
Snohomish	1580	5	400
Spokane	1869	7	14
Stevens	264		47
Thurston	1003	1	85
Walla Walla	224		3
Whatcom			14
Whitman	1		72
Yakima			30

Data Source: Washington State Center for Court Research Dependency Interactive Data; Dependency Case Timeliness - Monthly Updates, Calendar Year 2018; May 30, 2019
As of November 13, 2018 King County Superior Court case information and activity may be temporarily incomplete. The court has transition to a locally implemented and maintain case management system. For further information please consult their portal: <https://dja-prd-ecexap1.kingcounty.gov/?q=Home>. Historical numbers have been and will continue to be updated as data is received.

²⁰ Data Source: Caregiver Notification Report; infoFamLink; January 8, 2018

Surveys and the Foster Parent Consultation (1624) Team Meetings indicate that foster parents appreciate when the caseworker provides advance notice of these court hearings.

Assessment of Areas of Concern for Caregiver Notification of Hearings and Right to be Heard

- The main challenge to accurately tracking adequate and timely notification of hearings to caregivers is the lack of appropriate documentation in FamLink. While FamLink does allow for tracking of this information, the location of the documentation is not intuitive for caseworkers and the check box is very rarely marked. As a result, DCYF does not have reliable quantitative data that reflects statewide practice.
- As of January 2019, 28 out of 39 Washington counties are collecting and reporting data to AOC regarding adequate and timely notification of hearings to caregivers. The majority of the counties currently not collecting and reporting data are smaller court jurisdictions. AOC gathers updated data each month and continues to request data from the non-reporting counties. Currently there is no time table for these counties to begin reporting data.

Quality Assurance System

Item 25: Quality Assurance System

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

Assessment of Strengths for Quality Assurance System

- Washington's QA and CQI processes are operating across the state in each of the six regions. The HQ QA/CQI section consists of the CCRT (one supervisor and six staff), two QA/CQI managers, and the Statewide QA/CQI Administrator.
- The regional QA/CQI teams, like the HQ QA/CQI section, gather and analyze data from a variety of sources. The regional teams work with their local field offices, analyze qualitative and quantitative data, and develop and carry out improvement strategies identified in their Regional Improvement Plans. This practice is consistent statewide.
- The teams gather continuous feedback and areas for improvement by holding regional semi-annual deep dives with regional QA/CQI teams whom complete a root cause analysis regarding strengths and challenges the local offices and/or region may be experiencing on the 18 CFSR items. The deep dives discuss the previous six months of performance data and local offices where a central case review occurred. Over the last few years, through a continuous improvement process, the deep dives have become a regular part of feedback from the regions. Participants in these meetings include the appropriate HQ program managers via video conference. This engagement allows for conversation between the region and headquarters regarding an identified strength or challenge and possible identification of a strategy for improvement. Information is shared with HQ to identify statewide trends so that adjustments can be made to strategies for improvement or policy.
- In addition to the On Site Review Instrument (OSRI), each region utilizes identified core metrics to assist in the QA process. Each month, regional QA specialists run core metric reports on statewide and regional areas of focus for regional leadership which allows for the identification strengths and challenges at the region and office level. These core metrics include process measures to ensure adherence to policy related to timely face-to-face contacts and health and safety visits with children. The stability and improvement over the past several years in measures such as timely investigations and health and safety visits with children, can be partially attributed to the regular monitoring of the process data at the region and office levels.
- Washington regularly identifies strengths and needs of the service delivery system including the analysis of data, feedback surveys, workgroup meetings, Lean, and other process improvement activities, stakeholder feedback, and contract monitoring. Examples are included in the 2015-2019 Final APSR.
- DCYFs strength related to the provision and use of relevant reports can be directly connected to the OSRI. Use of the OSRI tool, has allowed DCYF to better identify strengths and areas needing improvement in our system. Because the Department is using the seven outcomes to better frame our work, the language is becoming part of DCYF culture and with the shared language, we can better communicate our findings at

both the leadership level and the front line level, allowing more visibility and understanding of our data, as well as, an understanding of our performance and underlying issues. The increased use of reports with the level of detail at the case level allows us to better identify strategies.

- Overall, DCYF has made significant improvement in this area over the last year. Evaluation of program improvement measures is focused on both statewide and regional strategies. The main strength is the development of strategies which focus on a specific item, rather than broad sweeping strategies, and the use of a consistent tool to evaluate progress. Due to this deliberate and focused approach, DCYF has seen an increase in the familiarity with the 18 federal practice items and seven federal outcomes.

Assessment of Areas of Concern for Quality Assurance System

- DCYF continues to struggle with closing the feedback loop. Although deep dives are one way DCYF can capture feedback and present to HQ program managers, DCYF can improve how it handles feedback from parents and families. While DCYF collects feedback from families and parents at FTDM meetings and through a customer feedback survey administered by the DSHS Research Data Administration (RDA), DCYF needs to identify a better system of obtaining feedback from older children and families involved with the Department to make system improvements. Individual program managers are, as a regular part of their work, collecting feedback from clients and stakeholders. Improvement could be made by developing an integrated system approach so that we capture this information in a consistent way that includes feedback to the clients and stakeholders when we make changes. Again, this happens at the individual program level, but making it a complete system approach is desired.
- Because the child welfare system is extremely complex, DCYF cannot focus on just one report. DCYF utilizes data from multiple sources and the more data you offer, the more complicated understanding the data can be. To mitigate this risk, the QA/CQI team is partnering with the DCYF Data Unit, Child Welfare Programs, AOC, and regions to identify standardized data that allows the user to customize the report based on the audience. As part of the Department's CQI process, ongoing evaluation of implemented program improvement measure to improve practice and service delivery for children and families is conducted.
- While DCYF utilizes a consistent tool to evaluate progress of implemented strategies, the results are not always documented on the tool. Because information is collected in various ways for other activities, such as deep dives, results regarding progress are captured in many places, this can lead to duplicate efforts of documentation and work. DCYF is continuing to streamline the documentation process to minimize the duplication of efforts.

Staff and Provider Training

Item 26: Initial Staff Training

Item 27: Ongoing Staff Training

Item 28: Foster and Adoptive Parent Training

Alliance and Partners for Our Children Data

Regional Core Training (RCT)

The evaluation of the six week course during 2018 includes a series of three trainee surveys. The Alliance evaluates the perceived learning of newly hired employees at the end of weeks 2, 3 and 6 in the program. For the 230 trainees who completed the course, response rates to surveys were: survey 1= 63%, survey 2=66%, and survey 3=40%.

Table 37.

REGIONAL CORE TRAINING EVALUATION ²¹	
Survey 1: Week 2	Mean (out of 5)
The primary trainer supported me in developing the knowledge and skills I will need to be successful in the field.	4.7
This training has helped me get oriented to my job.	4.4
The field-based learning activities I completed allowed me to apply my knowledge and skills in the field.	4.3
It helped me to have the three e-learning's be facilitated in the classroom.	4.2
Activities on Assessing Child Safety helped me understand my role in assessing safety.	4.5
The legal training day supported my understanding of federal and state laws governing child welfare and my legal responsibilities as a professional.	4.3
Survey 2: Week 3	Mean (out of 5)
The primary trainer supported me in developing the knowledge and skills I will need to be successful in the field.	4.3
Following the life of a case from beginning to end helped me to understand key decision points and child welfare practices.	4.1
The interviewing simulations supported my ability to engage families and assess safety.	4.0
The court simulation supported my ability to provide appropriate testimony in court.	4.1
I feel confident in my ability to apply my learning to my job	4.0
Survey 3: Week 6	Mean (out of 5)
The primary trainer supported me in developing the knowledge and skills I will need to be successful in the field.	4.7
Field activities I completed allowed me to apply my knowledge and skills in the field.	4.2
Having program-specific coaching sessions (CPS, CFWS, etc.) supported my learning	4.3
I feel confident in my ability to apply my learning to my job	4.2
<i>Data Source: Partners for Our Children (POC) May 2019</i>	

Beginning in January 2019, surveys for the eight-week course were created to allow for pre and post group level comparison of trainee knowledge and skills across 14 competencies targeted in RCT. Prior to week one of the course and again at the end of week eight, trainees complete the

²¹ Respondents rated various aspects of the training using a Likert scale for which 1= strongly disagree and 5= strongly agree.

self-assessment. The tables below include self-assessment data from 112 trainees prior to training and 28 trainees at week 8. Trainees rated their confidence as “high”, “moderate”, “low” or “none”.

Figure 12.

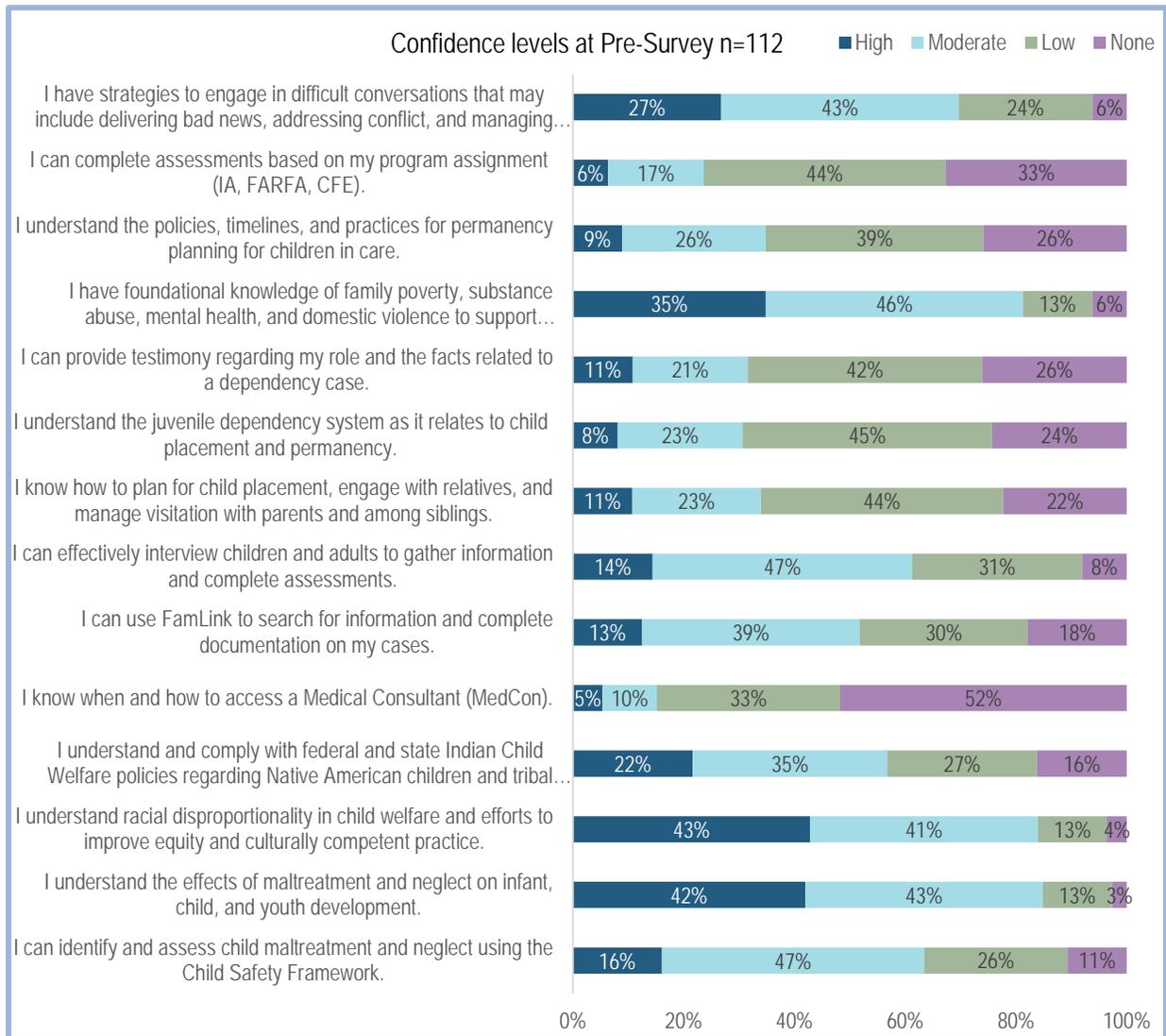
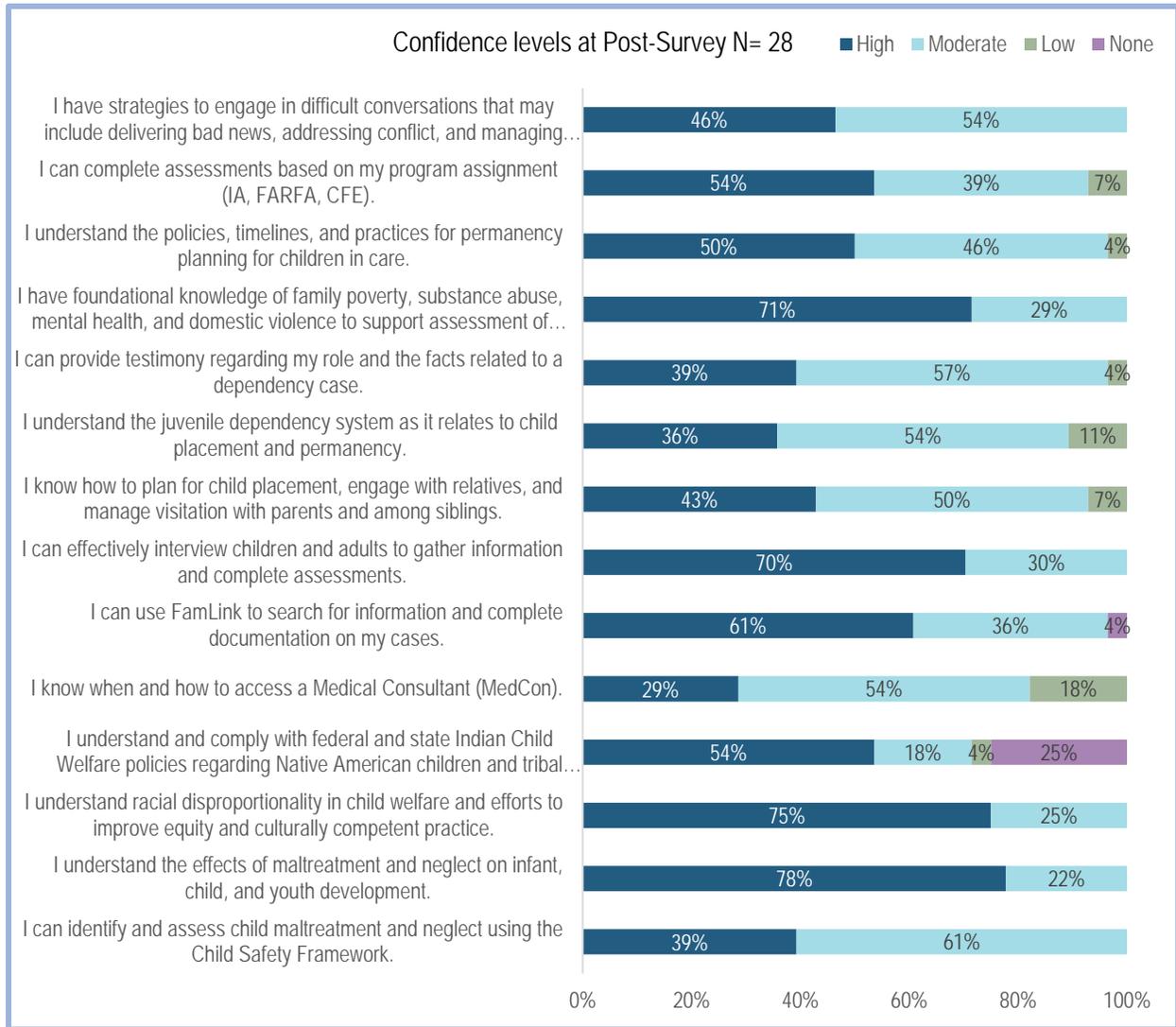


Figure 13.



Ongoing Staff Training

Among the 298 survey respondents attending 16 in-service courses, they indicated a total average rating of 4.9 out of 6.0. Six of the survey items relate to the potential transfer of learning and two relate to satisfaction.

Table 38.

IN-SERVICE TRAINING EVALUATION ²²	
	Mean (out of 6)
As a result of this training, I have a better conceptualization of what I already do on the job.	5.1
I am motivated to put this training into practice on the job.	5.3
I will have sufficient opportunities to practice the new ideas, skills, and techniques on the job.	5.1
The trainer gave examples of when to use ideas, skills, and strategies on the job.	4.8
The trainer helped motivate me to want to try out training ideas on the job.	5.0
The training content is consistent with my agency's mission, policies, and goals.	5.2
I was able to take this course when I needed.	4.2
Overall, how satisfied are you with the training you received?	4.7
Total Average	4.9
<i>Course evaluations for: Assessing the Whole Household for Child Safety, Child and Family Welfare Services In-Service (CFWS), Child Protective Services In-Service, Critical Thinking, Decision to Place, Domestic Violence and Child Welfare, Early Childhood Development in Child Welfare: Supporting Lifelong Healthy Outcomes, Guidelines for Difficult Conversations, Infant Safety and Care, Mental health- In Depth Applications for Child Welfare, NCAST Re-Certification - Feeding Scales, Placement: When to Place, Where to Place, When to Return Home, Pregnant and Parenting Youth, Racial Microaggressions, Secondary trauma, Supervising for Permanency, Worker Safety, and Working with Dependent Adolescents</i>	
<i>Data Source: Partners for Our Children (POC) May 2019; 10% response rate</i>	

Individual Coaching Sessions

Individual coaching sessions provided by the Alliance are skill based and are an effective method in responding to and providing immediate attention to the DCYF workforce. In calendar year 2018, the Alliance provided 766 sessions of coaching. Survey respondents responded to questions related to their experiences with individual coaching.

Supervisor Core Training (SCT)

To evaluate the efficacy of SCT, four surveys are administered during the training. There is a pre-training survey and three of the surveys offered after each month of the training. For the training cohorts fall 2018

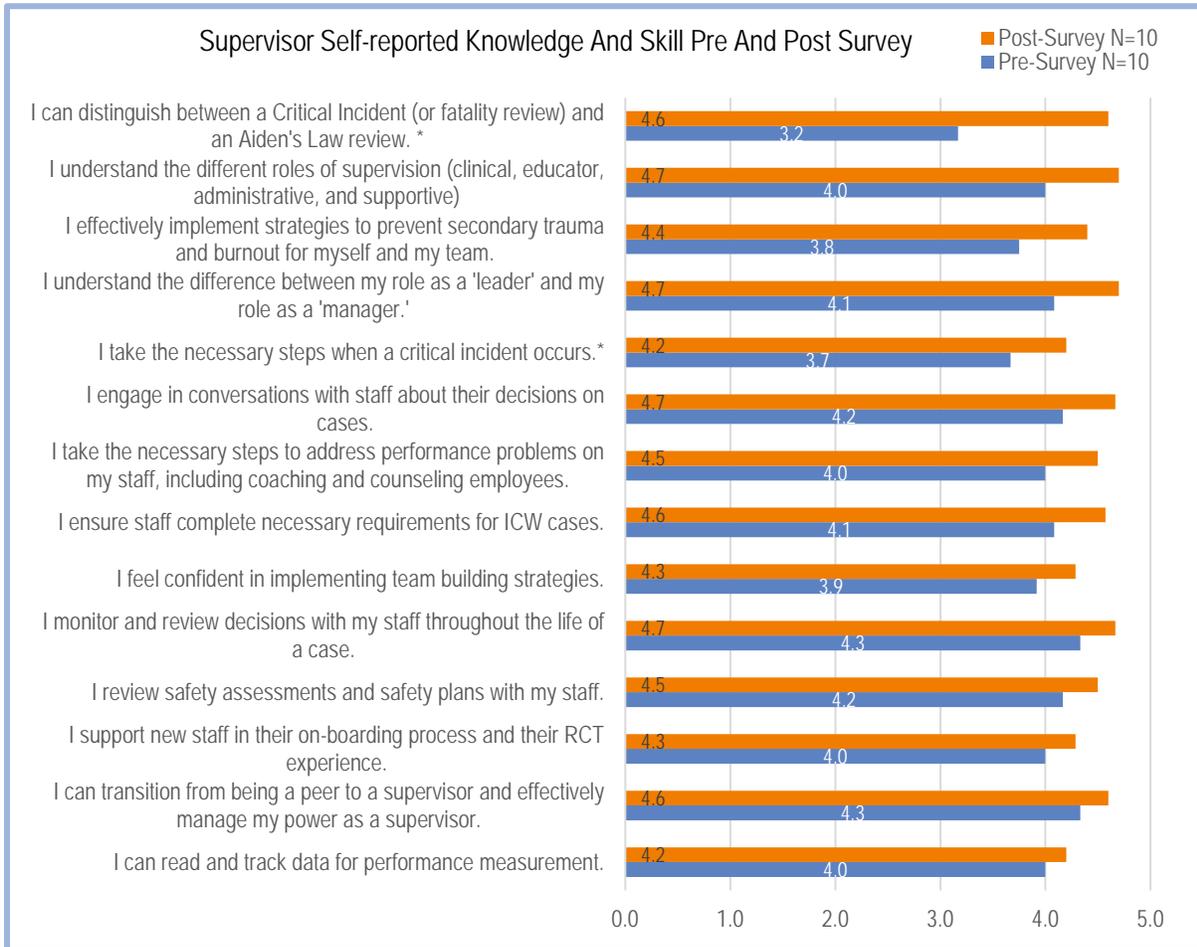
Table 39.

INDIVIDUAL COACHING SESSIONS EVALUATION	
	Mean (out of 6)
The coach was able to meet my specific needs.	5.6
As a result of this coaching session, I increased my knowledge.	5.6
I expect that I will seek coaching sessions in the future as I need them.	5.7
This session will make a difference in the way I do my job.	5.6
<i>Individual coaching sessions are available for: Coaching for Ad Hoc Needs, Assessing Child Safety Throughout the Life of the Case, Case Organization and Prioritization, FamLink, ICW, Investigative Assessments and Family Assessments, Permanency- Timelines, Case Plans and Case Management</i>	
<i>Data Source: Partners for Our Children (POC) May 2019; 9% Response rate (n= 69)</i>	

²² For this survey, a six point Likert scale is used with 1=strongly disagree and 6= strongly agree

and winter 2019 the figure below summarizes the self-reported gains in knowledge and skills across 14 targeted competencies. Trainees responded to questions related to their experiences with SCT.

Figure 14.²³



Caregiver Core Training (CCT) Classroom and Online Courses

Survey Response and Demographics

Between September 1, 2018 and February 20, 2019, 196 participants completed the classroom survey and 852 participants completed the first online survey; 431 had completed the second online survey.

Overall Satisfaction Rates

Satisfaction data for both the classroom and online versions of CCT is shown in table 41; 81% of classroom participants said that they

Table 40.

HOW SATISFIED ARE YOU WITH YOUR OVERALL EXPERIENCE IN CCT?		
RATING	ONLINE	CLASSROOM
Very satisfied	69%	81%
Satisfied	29%	18%
Neutral	2%	1%
Dissatisfied	0%	0%
Very Dissatisfied	0%	0%

Data Source: Partners for Our Children (POC) May 2019; Survey response rate: Online N= 420; Classroom N=178

²³ For this survey, a six point Likert scale is used with 0= Strongly Disagree and 5= Strongly agree

were “very satisfied” with the overall training compared to 69% of online participants.

Overall Satisfaction Rates

Satisfaction data for both the classroom and online versions of CCT is shown in table 41; 81% of classroom participants said that they were “very satisfied” with the overall training compared to 69% of online participants.

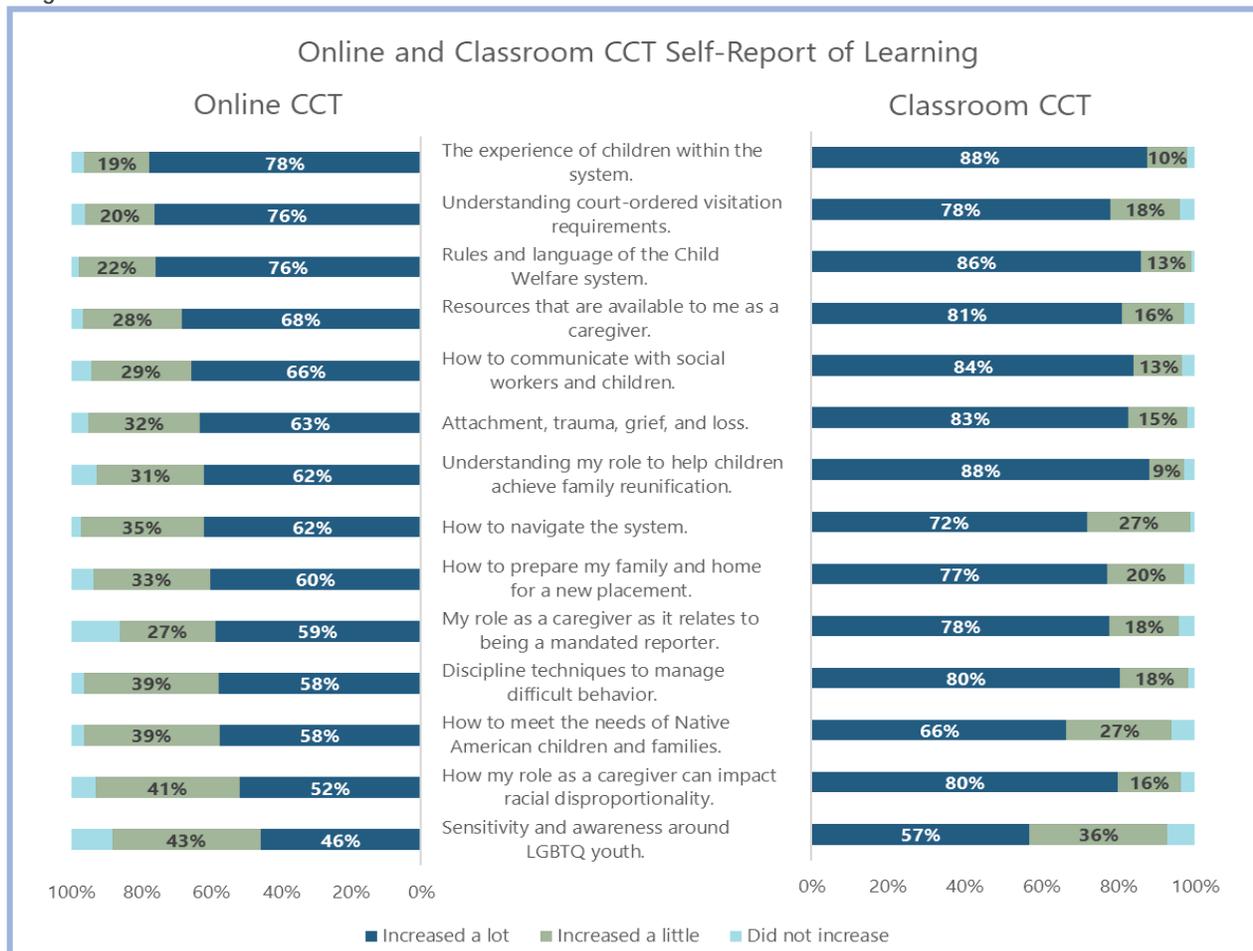
Table 42 contains findings about the training content and usefulness. Classroom participants had slightly higher average than online participants for three out of four questions.

Table 41.

CCT COURSE CONTENT AND USEFULNESS EVALUATIONS		
	ONLINE	CLASSROOM
The content was well organized and clearly written.	4.7	4.8
I know how to apply what I learned in my role as a caregiver.	4.6	4.7
I have enough information to make an informed decision about becoming a licensed caregiver.	4.5	4.8
The training encouraged me to think critically about my beliefs and attitudes.	4.6	4.7

Data Source: Partners for Our Children (POC) May 2019

Figure 15.



From January through June 2018, CCT completions totaled 1,378. During the first six months of the year a different survey was used to obtain trainee feedback at the end of session eight. Among those who completed CCT in the first six months of the year. (see table 43)

The Alliance provides a wide range of in-service courses for caregivers facilitated by Alliance staff and contracted trainers. From January through December 2018, 2,374 participants completed in-service courses, and 445 surveys were completed for a response rate of 19%. The following table summarizes trainee responses to in-service courses over the year. (see table 44)

Table 42.

CCT TRAINEE SURVEY EVALUATION	
	Average (out of 5)
Your knowledge of the this information PRIOR to the training	2.8
Your knowledge of this information AFTER the training	4.7
Trainer's ability to engage you and teach well.	4.8
The foster parent co-trainer's ability to engage you and teach well	4.8
Trainer(s) appeared to know the information.	4.8
Overall, rate the usefulness of this training.	4.7
The information is relevant to my role as a caregiver	4.6
The information is easy to apply to my role as a caregiver	4.7
I am motivated to continue learning in future trainings	4.6
<i>Data Source: Partners for Our Children (POC) May 2019: 27% Response Rate (n=377)</i>	

Table 43.

CCT IN-SERVICE COURSE EVALUATION	
	Average (out of 5)
Your knowledge of the this information PRIOR to the training	3.0
Your knowledge of this information AFTER the training	4.5
Trainer's ability to engage you	4.7
The trainer was able to meet my specific needs	4.7
Trainer(s) appeared to know the information and was/were able to teach it well	4.8
Overall, rate the usefulness of this training	4.7
The information is relevant to your role as a caregiver	4.7
The information is easy to apply to your role as a caregiver	4.5
I am motivated to continue learning in future trainings	4.8
<i>Data Source: Partners for Our Children (POC) May 2019</i>	

The Alliance offers webinars on Kinship 101 and So you have your first placement-Now what? During 2018, 146 trainees completed webinars and 55 surveys completed for a response rate of 38%.(see table 45)

Foster Parent Survey

See 2018 Foster Parent Survey: DCYF Foster Parents Speak

Table 44.

CCT WEBINAR EVALUATION	
	Average (out of 5)
Your knowledge of the this information PRIOR to the training	3.3
Your knowledge of this information AFTER the training	4.5
Trainer's ability to engage you	4.7
Trainer(s) appeared to know the information and was/were able to teach it well	4.8
Overall, rate the usefulness of this training	4.6
<i>Data Source: Partners for Our Children (POC) May 2019</i>	

Assessment of Strengths for Initial and Ongoing Staff Training and Foster and Adoptive Parent Training

- Initial staff training, RCT and is provided through a contract with the Alliance. It is designed to prepare newly hired social service specialists with the basic knowledge, skills, and understanding to begin their careers in public child welfare for the State of Washington, DCYF. RCT is a comprehensive training and coaching program containing multiple sessions which lay the foundation for continuous on-the-job learning and professional development critical to developing competent, confident, and effective child welfare professionals. The course was redesigned from six to eight weeks during 2018 and the new course launched in January 2019.
- RCT incorporates opportunities for reflective learning and evaluation of both curriculum effectiveness and transfer of learning. Effective learning experiences for adult learners need to be self-directed, experiential, relevant, and problem-centered. Throughout the 8-week RCT course, newly hired social service specialists will begin by gaining an understanding of *why* they do what they do, and then focus on *how* to do it; taking advantage of opportunities for practical application, feedback, and coaching around important skills. RCT is developed to maximize a participant's potential, considering the stages of learning most apt to ensure transfer of specific skills and knowledge by first presenting overarching and foundational theory – the *why*. Then, demonstrating concepts or skills, and providing opportunities for practice and feedback – the *how*. Finally, 1:1 or group coaching supports deepened understanding and increased skill proficiency.
- The Alliance utilizes Partners for Our Children (POC), a research organization at the University of Washington School of Social Work, to evaluate the effectiveness of training activities for Washington state child welfare workers. The research is used to identify training innovations to improve the workforce.

Evaluation is a constant and integral component of the partnership and demonstrates a commitment to being accountable for the impact and outcomes of the partnership.

Evaluation is governed by the Alliance Executive Team and is advised by the Statewide Standing Committee on Evaluation, which meets on a regular basis. Evaluation measures the trainings impact and supports continuous improvement. It includes:

- Collecting and analyzing survey data on participant's reactions to curriculum
 - Collecting and analyzing data on what participants are actually learning
 - Conducting follow-up surveys, phone interviews and focus groups to determine if participants are using and benefitting from what they have learned
 - Assessing fidelity by observing training delivery
 - Engaging with the Alliance and stakeholders regarding evaluation priorities, design and reporting for continuous improvement
- DCYF contracts with the Alliance to offer ongoing or in-service training to caseworkers and supervisors. Currently, the Alliance offers over 120 in-service trainings through a traditional classroom setting, video conferencing and e-Learning. Classroom training is provided by Alliance staff or contracted trainers across the state. In 2018 a wide variety of in-service trainings were offered across the state; the DCYF workforce completed 3,048 in-service classroom trainings. New in-service trainings are continually developed to meet the needs of the workforce and training is reviewed annually to ensure that

outdated training is archived. Each new or updated in-service training is developed through a workgroup process involving Alliance curriculum developers, coaches and DCYF subject matter experts. Often new training workgroups include external stakeholders including Tribal members, partner agencies and caregivers.

- CWTAP is a state-funded partnership between DCYF, the Alliance, and participating public universities including Eastern Washington University (EWU), University of Washington School of Social Work (Seattle) (UW), and University of Washington School of Social Work and Criminal Justice (Tacoma) (UW-T). CWTAP promotes training excellence for Washington state's child welfare workforce through the financial support of social work students and professionals by providing qualified MSW students with specialized field education focused on casework in select DCYF offices. The field experience centers on topics such as abuse-and-neglect prevention, protective services, permanency planning, solution-based casework and competency in working with diverse populations. Once students complete their MSW studies, they commit to seeking employment with the DCYF and agree to work for a time period equal to the time they received assistance.
- CCT is a competency-based training available to all potential foster parents, kinship caregivers and suitable other caregivers. CCT is mandatory in order to become a caregiver licensed directly by the Department and totals 24 hours of training. The CCT curriculum was developed after a review of other foster parent pre-service trainings nationally. The review determined there was no pre-service training program in use that was evidence-based regarding outcomes. LD leadership and other DCYF staff collaborated with the Alliance to develop the current required curriculum.
- Data and information provided in the CFSR statewide assessment showed the state ensures that all foster parents complete required training. Training is tracked by the foster home licenser. Data from a survey of foster parents shows that the vast majority of foster parents feel that the initial and ongoing training they receive adequately meets their needs. The state also has requirements for staff working within licensed group homes. Training hours are monitored by DCYF LD staff through ongoing CQI activities, and the data shows that most staff are completing training as required.

Assessment of Areas of Concern for Initial and Ongoing Staff Training and Foster and Adoptive Parent Training

- Information provided in the CFSR statewide assessment and collected during CFSR interviews with stakeholders, along with supplemental information, showed that although Washington has a system in place to track the timely completion of initial training, additional revisions in the training curriculum and changes to the mode of delivery are needed to ensure that workers have adequate knowledge and skills for their positions.
- Information provided in the CFSR statewide assessment and collected during CFSR interviews with stakeholders, along with supplemental information, showed that although competency-based trainings are available, the state lacks a sufficient tracking system for monitoring compliance. After 2 years of employment, there are no ongoing training requirements beyond basic annual personnel trainings. Stakeholders indicated that high workloads were a barrier to attending ongoing training.
- SCT is available for new and experienced supervisors, but there is currently not a method to identify the percentage of supervisors who have attended training compared

to how many are required to complete training. Overall, stakeholder interviews indicated that supervisors do not routinely receive ongoing training relevant to the supervision of casework practice, and attendance at and effectiveness of supervisors' training varies.

- The Department is currently not able to draw a correlation between CCT attendance and the annual rate of licensing revocations and founded findings, as the number of revocations and founded findings for foster homes is relatively low, and CCT is required for all Department-licensed families.
- LD is unable to compare the total number of licensed caregivers with the number of foster parents that completed Alliance evaluations, because LD allows caregivers to complete trainings outside of the Alliance, such as community trainings, trainings from their employer, and by attending college classes as long as the trainings and classes meet one of the three core competencies. Also, the outside training entities do not provide any survey information from the foster parents that attended their trainings. Licensed caregivers have options to take non-Alliance trained courses. For these types of trainings, a certificate of completion is received by DCYF as proof of attendance. Many times it is unknown if both caregivers in a home attended or if only one caregiver attended. In addition, other data from these types of trainings are not tracked such as evaluations or feedback. All Alliance trained courses have complete data available including evaluations and a complete individual caregiver profile of trainings attended.
- Another issue with trying to gather this data is that LD also gives in-service training hours to both caregivers when attending the same training. In those situations, the number of training hours would be duplicated and the training hours can be completed by one or a combination of hours from both caregivers. Therefore, there would be no way to get a valid number.

Service Array

Item 29: Array of Services

Item 30: Individualizing Services

The Round 3 CFSR completed in late 2018, found Washington not to be in substantial conformity with this systemic factor. DCYF received an overall rating of Area Needing Improvement for Items 20 and 32 based on information reported in the CFSR statewide assessment and CFSR stakeholder interviews.

Assessment of Strengths for Service Array

- DCYF has developed an online services guidance tool for available Evidence Based Practices to help caseworkers better match family based on need to offered services. This resource currently focuses on contracted services offered within the family home. DCYF anticipates expanding this resource to cover placement supports and other services.
- DCYF has implemented a first step of comprehensively gathering contextual data of families in a format that supports systemic analysis. The results will provide a first time statewide view of family issues across 55 individual areas of children and families, helping inform availability of services matching to family needs.
- DCYF, in partnership with DSHS RDA, continues to complete research and analysis related to service effectiveness to understand the impact of service provision on outcomes for children and families. This will include the tracking of feedback by location and stakeholder group, thereby completing the feedback loop, and identifying root causes of any barriers to services.

Assessment of Areas of Concern for Service Array

- Information provided in the CFSR statewide assessment and collected during CFSR interviews with stakeholders showed that the current array of services is not adequately addressing the needs of children and families. Stakeholders said that there are waiting lists and a limited number of providers offering mental health services, psychological evaluations, individual and family therapy, evidence-based programs, services for co-occurring mental health and substance use disorders, inpatient substance use disorder treatment, and independent living services, including housing for youth.
- Stakeholders expressed concerns about inadequate visitation services and transportation to visitation services throughout the state. The availability of transportation services and supports to access services varied in rural areas.
- Stakeholders noted there is a lack of foster homes in parts of the state and that there is a need for services to stabilize placements and provide additional supports for foster parents, relative caregivers, and adoptive parents.
- Information provided in the CFSR statewide assessment and collected during CFSR interviews with stakeholders described concerns with the state's ability to individualize services because staff are not aware of available services and are not ensuring that family assessments identify specific needs that inform tailored services.
- While service providers are able to access translator services, the lack of bilingual and culturally appropriate providers is a concern throughout the state, particularly for Spanish-speaking families.

- Stakeholders expressed concern about ensuring that tailored services are provided to families who experience physical or cognitive disabilities. FTDM meetings and “Wrap” meetings are not consistently used statewide to ensure that services are individualized.
- Stakeholders said that the agency is not utilizing available in-home services to safely prevent foster care placement, support timelier reunification, or provide post-reunification support.
- General barriers to services that limit accessibility to families and children throughout the state included funding limitations, cost of services and transportation. Washington contracts with various providers to ensure reasonable access to all services across the state. However, some services may not be available in every county (e.g., mental, emotional, and behavioral health services). Although there are funds to assist families with transportation to counties where the service is available, there may not be transportation services available to purchase.
- Based on service utilization, the greatest service needs for children, youth, and families is: in-home services to improve family functioning; evaluation and treatment for professional, psychiatric, and psychological services to assess and address mental health and behavioral needs; and education advocacy services.

Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Item 32: Coordination of CFSP Services with Other Federal Programs

The Round 3 CFSR completed in late 2018, found Washington was in substantial conformity with this systemic factor. DCYF received an overall rating of Strength for Items 31 and 32 based on information reported in the CFSR statewide assessment and CFSR stakeholder interviews.

Assessment of Strengths for Agency Responsiveness to the Community

- Information provided in the CFSR statewide assessment and collected during CFSR interviews with stakeholders showed that stakeholders are engaged in the development of the CFSP and involved in CQI and CFSR processes in Washington State.
- Stakeholders are familiar with the activities that were part of the state's strategic planning process, and most reported that the agency shares data at meetings to inform planning. The state ensures that the following key stakeholders are involved in ongoing collaboration: youth, birth parents, court personnel, Tribal representatives, foster parents, service providers, and staff.
- The state successfully engages in ongoing coordination of services with other federal or federally assisted programs serving the same population. Stakeholders provided examples describing coordinated efforts with programs such as the Office of the Superintendent for Public Instruction, Temporary Assistance for Needy Families (TANF), Social Security, Child Support Enforcement, and the Health Care Authority. Stakeholders said that service coordination is supported through shared data in FamLink.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards are Applied Equally

Item 34: Requirements for Criminal Background Checks

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

The Round 3 CFSR completed in late 2018, found Washington was in substantial conformity with this systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention.. DCYF received an overall rating of Strength on Items 33, 34, and 35 based on information reported in the CFSR statewide assessment and CFSR stakeholder interviews.

Licensed Foster Homes

Table 45.

DCYF LD LICENSED FOSTER HOMES				
2014	2015	2016	2017	2018
4,705	4,660	4,883	5,015	5,052

Data Source: DCYF infoFamLink; Data as of December 31 of identified year

Table 46.

NUMBER OF DCYF AND PRIVATE AGENCY LICENSED FOSTER HOMES					
Calendar Year	2014	2015	2016	2017	2018
Number of first new licenses issued (in calendar year)	1,214	1,266	1,229	1,187	1,175
Number of renewal licenses issued (in calendar year)	594	594	515	533	605

Data Source: Count of DCYF Licensed Providers by Location and Type and Licensing Timeliness Report; infoFamLink

Timeliness of Licensure

Table 47.

DAYS TO COMPLETE DCYF LICENSURE			
2015	2016	2017	2018
149.33	131.95	130.78	140.3

Data Source: DCYF LD

Some potential causes of this increase are:

- 12.3% increase in the number of applications received;
- New background check system has created delays;
- Transition from the Department of Social and Health Services to the Department of Children, Youth, and Families which results in staff adjusting to new leadership;
- Effort to license more kinship caregivers, (kinship caregivers are unexpectedly caring for children and often require additional guidance and support through the licensing process).

Child Care Institutions

All group care facilities contracted for Behavior Rehabilitation Services (BRS) receive a biannual health and safety monitoring visit from the regional licensor, as well as a comprehensive

program review midway through their three-year licensing period. The comprehensive review includes a standard review tool used statewide. The review team consists of, at a minimum, representatives from LD, DCYF field operations, contracts, and BRS. The team may also include other agencies as appropriate (Developmental Disabilities Administration, FWB nursing staff, etc.). In 2018, 23 comprehensive reviews were completed. Of those 23 licensed providers, 15 were completed at group care facilities. The remaining eight comprehensive reviews were completed at Child Placing Agencies (CPA).

Provider Home Study Review

Each question is rated individually and performance is reported on all 15 questions. The provider home study review occurred during the summer months of 2018 and the period under review was October 1, 2017 through March 31, 2018. The provider home study review evaluated 80 approved home studies, which accounted for 6% of home studies approved during the period under review.

Table 48.

LD PROVIDER HOME STUDY REVIEW OCTOBER 1, 2017 THROUGH MARCH 31, 2018							
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
Approved Home Studies Completed	214	159	200	143	163	240	1,119
Approved Home Studies Reviewed	15	11	14	11	12	17	80
Percentage of Home Studies Reviewed	19%	14%	18%	13%	15%	21%	6%

Data Source: DCYF LD Provider Home Study Review Results; March 2018

The following questions are from the provider home study review and are relevant to item 33.

Table 49.

WERE BACKGROUND CHECKS COMPLETED FOR ALL PERSONS' AGE 16 AND OLDER LISTED AS HOUSEHOLD MEMBERS ON THE FAMILY HOME STUDY APPLICATION <u>AND</u> REFERENCED IN THE HOME STUDY?							
Calendar Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
2017	88%	100%	90%	92%	70%	94%	90%
2018	100%	100%	100%	91%	92%	82%	94%

Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results; 2017 data covers October 1, 2016 through March 31, 2017 and 2018 data covers October 1, 2017 through March 31, 2018.

Table 50.

WERE ADMINISTRATIVE APPROVALS OR WAIVERS OBTAINED FOR BACKGROUND CHECKS AS REQUIRED PER THE OVERVIEW OF APPROVAL PROCESS FOR CRIMES AND NEGATIVE ACTIONS?							
Calendar Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
2017	50%	100%	NA	NA	100%	100%	91%
2018	100%	100%	100%	NA	100%	100%	100%

Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results

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Table 51.

WHEN THE APPLICANT(S) IDENTIFIED ADULT CHILDREN, DID <u>ALL</u> ADULT CHILDREN OF THE APPLICANT(S) PROVIDE A REFERENCE? IF NOT, WERE DILIGENT EFFORTS (AT LEAST TWO ATTEMPTS) TO CONTACT THOSE CHILDREN DOCUMENTED?							
Calendar Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
2017	88%	88%	100%	100%	83%	100%	93%
2018	83%	20%	83%	100%	100%	100%	84%

Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results

Table 52.

WERE EACH OF THE REQUIREMENTS MET ON EITHER THE FOSTER HOME INSPECTION CHECKLIST OR THE HOUSEHOLD SAFETY INSPECTION FOR UNLICENSED PLACEMENTS?							
Calendar Year	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
2017	94%	91%	100%	85%	90%	83%	90%
2018	93%	100%	86%	100%	72%	76%	88%

Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results

Administrative Reviews

Table 53.

DCYF ADMINISTRATIVE REVIEW DATA					
Calendar Year	Referrals from CABC to ARU	Completed	Approved	Withdrawn	Not Approved
2017	1,884	2,225	30%	57%	13%
2018	1,828	2,121	31%	61%	8%

Data Source: DCYF Licensing Division, Provider Home Study Targeted Review Results

Completed Background Checks

Table 54.

NUMBER OF COMPLETED BACKGROUND CHECKS		
	2017	2018
In-state Background Checks	24,963	21,677
National Background Checks	18,547	18,902
Total Background Checks	43,510	40,579

Data Source: DCYF Background Check Unit

Children in Out-of-Home Care and Available Resources

The below graphs break down some child and foster parent characteristics, illustrating the gap in resources. The data involving children includes all children in care (those in licensed care and those in unlicensed kinship care).

Figure 16.

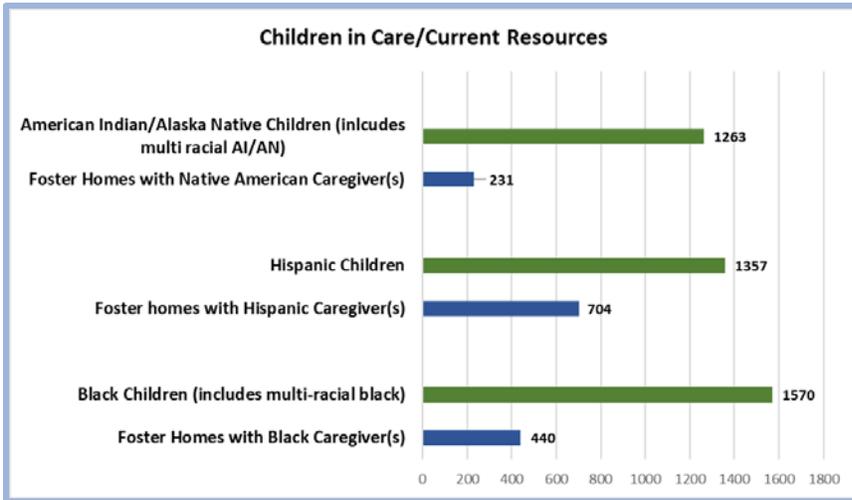


Figure 17.

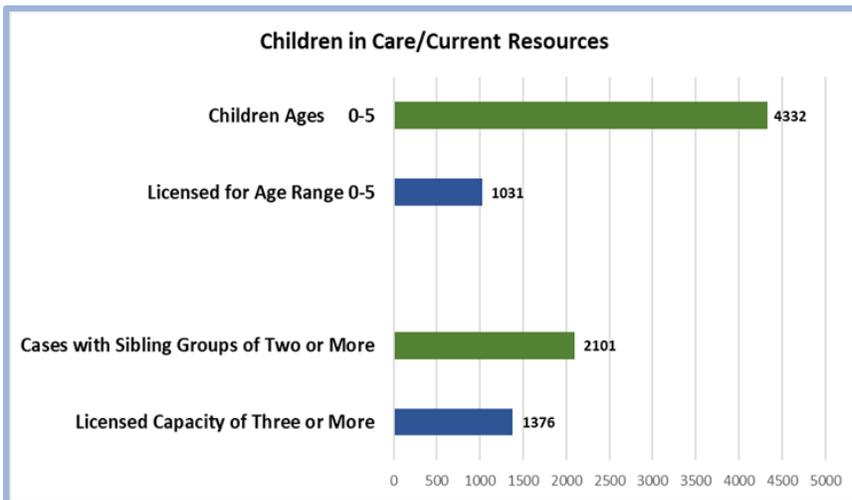


Figure 18.

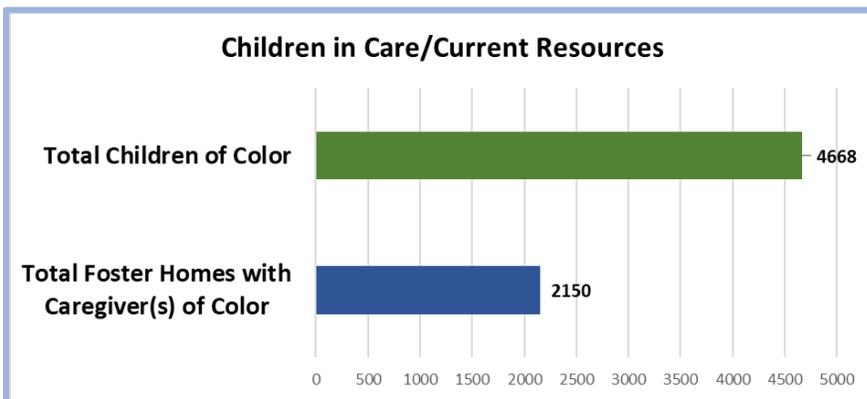
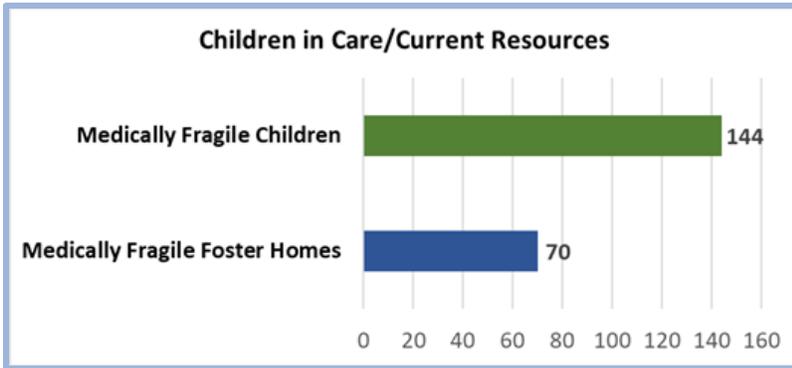


Figure 19.



DCYF Licensing Division Applications

The LD received an average 182 licensing applications per month between January 2017 and June 2018. Of these, an average of 72 per month were withdrawn (40%). The causes of withdrawal are unknown; however, based on stakeholder feedback, we understand that applicants feel the application and home study process to become licensed is overwhelming and cumbersome.

Figures 21, 22, and 23 demonstrate the breakdown of application results for all applications received.

Figure 20.

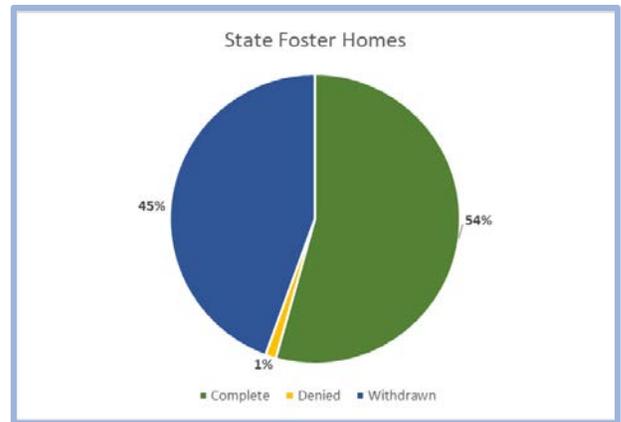


Figure 22.

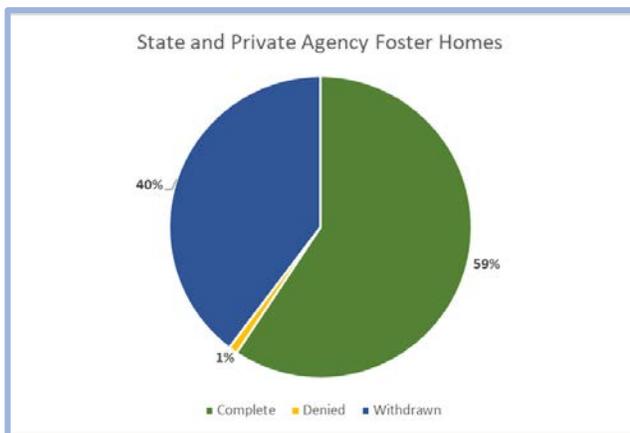
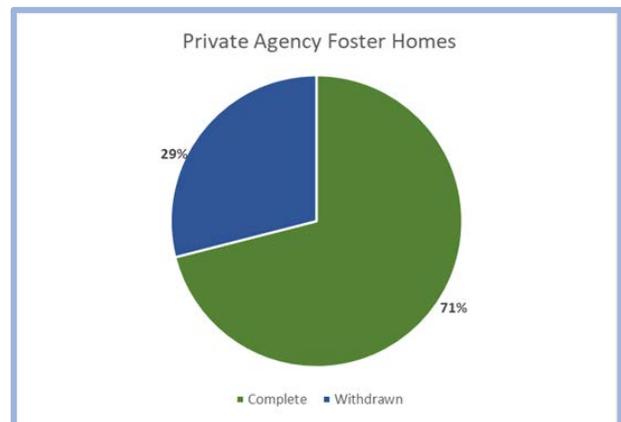


Figure 21.

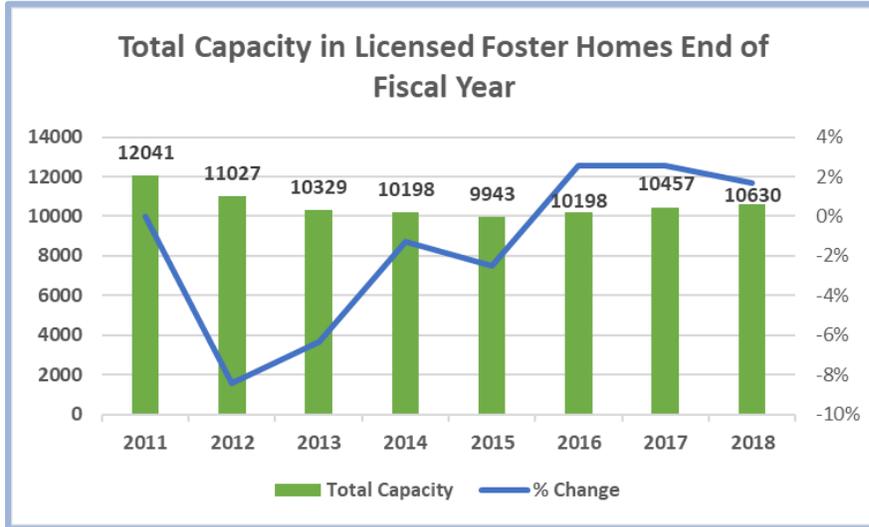


Licensed Foster Homes with No Placement

As of April 2019, there are 5,144 licensed foster homes in Washington State. Of those 1032 (20%) have not had a placement for the past six months. Some of these homes are on “no-referral” status (either voluntary or involuntary, due to an investigation), and some homes became licensed for a specific child. The sum licensed capacity of these homes is 1,894 children or youth, which is 18% of the total capacity of 10,717.

Total Capacity of Licensed Foster Homes

Figure 23.



Washington Adoption Resource Exchange (WARE) Resources

Between January and December 2018, there were 144 children registered on WARE and a total of 278 children served; of those children served, 62.91% were aged 12 or older and 46.18% were minority youth. In addition, 61.09% were males, 37.09% were females and 1.82% identified as transgender.

Purchase of Services (POS) Contracts

During calendar year 2018, caseworkers requested a total of 29 POS contracts. As of May 29, 2019, 10 of the POS contracts remain active with a child or youth placed in their identified out-of-state adoptive home.

ICPC Referrals to Washington for Placement

Table 55.

ICPC REFERRALS TO WASHINGTON FOR PLACEMENT		
Calendar Year	2017	2018
Total ICPC Referrals Received by WA	896	890
Potential Permanent Placement Identified	136	159
WA ICPC Adoptions	123	87

Timeliness of ICPC Home Study Decisions

Table 56.

TIMELY ICPC HOME STUDY DECISIONS PROVIDED BY WASHINGTON TO SENDING STATE IN 60 DAYS OR LESS								
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	HQ	Total
Calendar Year 2016	48% (60)	45% (39)	45% (49)	40% (30)	60% (63)	44% (102)	52% (130)	47% (473)
Calendar Year 2017	47% (78)	37% (59)	49% (65)	32% (81)	25% (91)	46% (153)		39% (527)
Calendar Year 2018	51% (69)	14% (25)	27% (76)	19% (52)	22% (88)	26% (122)	33% (1)	27% (433)

Data Source: DCYF, HQ ICPC Unit Hand Count and PQR 1448; Calendar Years 2016, 2017, and 2018

Interstate Compact Placement of Children (ICPC) for Adoptive Placements

Table 57.

DCYF REFERRALS TO INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC) FOR ADOPTIVE PLACEMENTS OUT-OF-STATE		
	Calendar Year 2017	Calendar Year 2018
Total WA Out-of-State ICPC Referrals	851	1,069
ICPC Permanent Adoptive Placements	172	194
WA Children Placed in ICPC Permanent Adoptive Placement	92	124
WA Children Achieved Permanency in ICPC Permanent Adoptive Placement	100	105
COUNT OF ICPC PLACEMENT REFERRALS BY RACE AND ETHNICITY		
	Calendar Year 2017	Calendar Year 2018
Asian/Pacific Islander	12	9
Black	85	87
Hispanic	108	126
Multiracial-Black	78	86
American Indian/Alaska Native	37	27
Multiracial- American Indian/ Alaska Native	0	109
Multiracial-Native American	59	0
Multiracial-Other	16	17
White/Caucasian	391	455
Unknown	3	13
<i>Data Source: DCYF FamLink; PQR 1438; Calendar years 2017 and 2018</i>		

Assessment of Strengths for Foster and Adoptive Parent Licensing, Recruitment, and Retention

- DCYF LD has standards that are applied equally to all foster family homes and child care institutions. The state has monitoring processes in place to ensure standards are met. Renewal health and safety visits are conducted by LD CPS staff. CQI reviews ensure standards are applied equally. Data indicates that the majority of homes and institutions are in compliance with standards.
- Policy, procedures, and QA review activities for requiring, following up, and monitoring compliance with criminal background check requirements is in place and the state is ensuring compliance with all required checks.
- Washington has diligent recruitment plans in place with contracted providers and data shows inquiries from prospective foster parents continues to increase for identified populations. Recruitment activities targeted at recruiting families that reflect the race and ethnicity of the children in care are being completed at the local level.
- Application and assessment materials maintained and utilized by LD are consistent statewide. A file checklist is used by 100% of all home study licensors to ensure that licensing standards are applied equally to all family foster homes, including kinship

homes, going through the licensing process. The checklist identifies all licensing requirements based on rules, regulations, federal law, and guidelines. The checklist is used to confirm that the application form, background information, and collection of additional information is complete. The home study licensor remains in contact with the applicant through the entire process and works closely with the family to ensure the application does not have any missing or invalid information. When the checklist and all application materials are complete, the home study licensor finalizes the written home study using the standard template.

- Application and assessment materials maintained by LD regarding child care institutions are consistent statewide through the utilization of a standardized application packet and facility checklists that identifies all licensing requirements based on rules, regulations, and federal law and guidelines. LD has developed standardized checklists for each type of group care facility, depending upon the specific license being issued (group home, crisis residential centers, etc.).
- DCYF is utilizing live webinars as a way to connect with stakeholders and provide a platform for sharing information and gathering feedback. Recently, two webinars were held for stakeholders regarding the FFPSA National Model Foster Family Home Licensing Standards. The first was held in the fall of 2018 when the proposed national standards were released and state's had an opportunity to respond before licensing standards were finalized. The second was held in March 2019 when the national standards were released. Both webinars were recorded and made available on the DCYF external website. Opportunities for questions were provided at the end of each webinar, and follow up attachments and information was shared afterward. This is an exciting and new use of technology that provides an interactive experience.
- Results of background checks are documented in FamLink and direct e-mail communication with results is sent directly to the caseworker.
- Washington's comprehensive state criminal history record check goes above and beyond federal requirements (inclusion of adverse and negative action information from licensed programs and Washington courts dispositions that may not be reflected in the in-state or national background check result).
- The background check process includes the ability to assess an individual's character, competence, and suitability to have unsupervised access to children and youth when reviewing background information.
- The majority of cross jurisdictional placements are with relatives and have the idea of permanency in mind.
- ICPC program has positive relationships with other programs, ability to communicate to address programmatic needs
- DCYF has a Purchase of Service (POS) provision to allow minimal permanency barriers for children placed out of state.
- Overall, cross-jurisdictional placement across the state is a practice strength because it allows DCYF to place children in potential permanent homes much sooner than the typical ICPC transition times. While Washington State is experiencing a placement crisis for children in out-of-home care, the use of cross-jurisdictional resources is limited by DCYF policy and best practice for children and families. First out-of-home placement

priority for children is within their locale, then county, then within WA state before caseworkers would consider out-of-state placement, unless the placement was with a kinship caregiver and continued contact with biological parents was not in the child's best interests. Use of out-of-state resources is limited because of the DCYF goal of keeping family members within close proximity and connected. Placement out-of-state does not align with that practice unless it is in the child's best interest to do so. Cross-jurisdictional resources in general are used for kinship placements, legally free youth, and/or those youths not requiring reunification services with their biological parents.

- ICPC unit staff work force is stable, well trained, subject matter experts. The values of the ICPC unit is supporting and educating caseworkers and supervisors on ICPC process, state differences, potential barriers.
- Washington, Oregon and Idaho Compact/Deputy Compact Administrators meet to talk about timeliness of placements and home studies. Border agreement with Oregon has been one of the outcomes that have been on going. Discussion with Idaho has begun regarding a border agreement, due to turnover in the Idaho ICPC office over the past year this has delayed progress. Data from Idaho/Washington bordering counties indicates that a border agreement would be more beneficial for Washington, with limited use for Idaho. Oregon and Idaho are the largest stakeholders for Washington children; on a case-by-case basis, we are having discussions with all states as needed.

Assessment of Areas of Concern for Foster and Adoptive Parent Licensing, Recruitment, and Retention

- Feedback from external stakeholders indicates that LD could make improvements in making sure that there is consistent practice as we make decisions involving CPAs and group care facilities. Currently, there is not a quality assurance review process for Child Placing Agencies and the foster homes they certify, nor is there one for group care facilities. Based on this feedback, LD plans to develop CQI/QA system and audit activities to include review of files for group care facilities, CPAs, and licensed foster homes that have been certified by CPAs. The CQI/QA team will be established and conduct an annual audit for Regional Licensing provider related files.
- Internal stakeholder feedback indicates LD could increase consistency involving licensing complaints:
 - Whether or not the intake screens in for licensing investigation;
 - If the intake is screened in, whether or not the licensing investigation is thorough and results in the appropriate finding.

In order to address this concern, LD plans to work towards developing a standards protocol and decision-making matrix that will be implemented to ensure consistency related to the screening decisions.

- Timely completion of home studies through ICPC is another identified barrier. Washington is required to have a home study and placement approval from another state prior to placement. The Safe and Timely Interstate Placement of Foster Care Act of 2006 requires states to complete home studies within 60 days. If the home study is not complete in 60 days, the Act requires the receiving state to provide a preliminary report to the sending state indicating the reasons for delay. January through December 2018, 28% (305 out of 1,075) of home studies from another state were completed, or a

preliminary report received within 60 days. Washington has limited control over how quickly another state provides a home study.

- Internal and external stakeholders provided feedback indicating that the licensing application and home study processes are lengthy and confusing. Additionally, the data shows that the timeliness for home studies needs to improve. LD is in the midst of field testing a new and shorter home study application packet. The field test was initiated in May 2019 and will conclude in October 2019. If the results are positive, LD will decide whether or not to implement the changes permanently. The field testing format significantly decreases the amount of paperwork required for the home study process in an attempt to reduce barriers for kinship caregivers. In addition to this, LD is beginning the process of developing a new home study process. Updates to the home study process will be made with the goal of establishing a research-informed and data-guided methodology. This change will help with consistency, objectivity, and reliability in the decision making process.
- LD is making a shift in how decisions are made and practice changed. In that, instead of making a decision internally and sharing this once finalized, LD staff are making concentrated efforts to have meaningful collaboration with community partners along the way. An example would include the following: during a recent 1624 Advisory group committee meeting, concerns regarding child care for children placed in out of home care came up. Foster parents reported not being able to find timely and adequate care for the children placed in their home.
- The background check process lacks automation, relies on other governmental agencies to facilitate the process, and is also dependent on the applicant, child placing and group care agencies to complete the comprehensive background check in a timely manner.
- Currently, the LDLD does not have reports involving high needs “difficult to place” children; however, stakeholder feedback tells us that there are many of these children who are in need of stable placements. LD is collaborating with the Office of Innovation, Alignment and Accountability (OIAA) to develop a report that identifies these children as well as the currently licensed homes equipped to care for them.
- In the LDLD, licensors have an average maintenance caseload of about 72 licensed foster parents, in addition to this they write home studies and license prospective foster parents. The current rate of production for these staff is less than two home studies per month per worker. Feedback from licensors indicates that they have difficulty dividing their time between maintenance work and working with prospective foster parents through the home study and licensing process.
- Feedback provided by foster parents at quarterly statewide Fostering Parent 1624 Consultation Team meetings included the following issues and concerns:
 - Caregivers continue to struggle with communication as it relates to case planning and issues related to placement of the child in their home. Foster parent’s report not receiving appropriate notification about court hearings, placement decisions, and permanency outcomes. This impacts their ability to advocate and partner with the Department and birth parents in the dependency process.
 - Caregivers want to receive current and transparent information on the children they are accepting placement of.

- Caregivers would like proper compensation for the care they provide to children in foster care. This includes adjustments to the foster and respite care reimbursement. In addition, they would like timely reimbursements as this is inconsistent statewide.
 - Caregivers would like a change to the current practice of handling complaints. Foster parents have proposed having a third party mediator in order to assist in resolutions.
 - Caregivers would like continued support and education. Support in the ways of counseling services for caregivers due to grief/loss. Education in the way of specialized trainings, i.e. supervising visitation for a child placed in your home, building relationships with birth parents.
 - Caregivers report that child care barriers continue to exist, in that they cannot find timely licensed child care for the children placed into foster care. Concerns around that include not having enough child care facilities that accept DCYF payment, waitlists, need for trauma-informed child care providers, and lack of resources in general.
- One barrier to the use of cross-jurisdictional resources is lack of knowledge by staff about resource availability. Training on the use of cross-jurisdictional resources for children in need of permanent placements is provided to DCYF staff during RCT, ICPC e-Learning, and twice yearly at adoption specialized track training which is required training for statewide adoption staff. At adoption specialized track training, the HQ ICPC Supervisor provides a one-hour session on the ICPC process and rules. Information is also provided to staff regarding those states requiring a private contract with agencies for placement, monthly supervision and adoption finalization.
 - Another barrier is CFWS caseworker's inconsistent knowledge about recruitment strategies and policy. Some CFWS caseworkers are not informed about the policy related to WARE registration for children who are not in permanent placement or the ability to present a child at consortium after the termination of parental rights petition has been filed. In some regions, CFWS caseworkers retain the cases after the child becomes legally free and have not taken the specialized adoption training offered by DCYF. This training is required for adoption staff but attendance is voluntary for CFWS staff. The specialized adoption training ensures that caseworkers have the necessary information, resources and skills to meet the children's permanency needs for children in need of permanent placements who are not returning home.

Plan for Enacting the State's Vision

The goals and strategies included in the 2020-2024 CFSP align with our Program Improvement Plan (PIP). Additional activities have been identified for implementation during years three, four, and five. Washington is in the process of revising our PIP and in order to ensure alignment between the plans, identification of additional supports necessary and timeline for implementation of each goal and objective will be identified.

Goal 1: Child Welfare Practice Model

Washington recognizes the importance of an effective practice model that is grounded in the values, principles, relationships, approaches, and techniques that support timely achievement of safety, permanency, and well-being outcomes and provides the foundation to develop a more competent and supported workforce.

In 2007, Solution Based Casework (SBC) was adopted as our casework practice model and in 2011 the child safety framework was added to enhance SBC and increase focus on assessing child safety throughout the life of a case. Over the years, many factors have influenced our ability to remain true to the principles and fidelity of the model including changes in leadership, competing priorities, under communication, and caseworker turnover.

Solution Based Casework prioritizes creating a partnership with the family rooted in problem consensus in a way the family understands in order to:

- identify and focus on the patterns of everyday life that directly relate to the identified risk and safety threats; and
- target services and supports that teach the family prevention skills to create safety and reduce risk in the family's everyday life.

Continued data analysis and evaluation of case review results have highlighted the need for Washington to relaunch or redesign our practice model based on:

- Limited and meaningful case planning that includes mother, fathers, children, and youth;
- Accurate and comprehensive assessments not consistently occurring throughout the case;
- Inconsistent provision of appropriate services and discussions regarding effectiveness of those services;
- Identified safety issues are not consistently addressed; and
- Limited or inappropriate safety plans being developed.

Strategy 1: Adopt and implement a consistent child welfare practice model that is trauma-informed, safety-focused, family-centered, culturally-competent, and creates consistency and accountability in practice.

CFSP Activity 1: Hire a dedicated full time position to lead the process of reviewing the current practice model and assessing for potential change.

CFSP Activity 2: Identify an external entity, such as Casey Family Programs or Capacity Building Center for States, to provide consultation and assist in the assessment of the current practice model and potential for change.

Goal 2: Permanency from Day One

Improve timeliness to permanency through completion of a thorough and ongoing assessment, case planning, and strengthening engagement and teaming of parents, children and youth, foster and kinship caregivers, court partners, and service providers.

- Strategy 1: Improve timeliness in completion of home studies conducted by the Licensing Division, increase recruitment of foster homes, and expand support resources to caregivers with the goal of improving timely permanency for children and youth in out-of-home care.
- PIP Activity 1: Use infoFamLink data report to manage existing home study workload, including the backlog and need for new home study. Appoint a Licensing Division lead in each region to field information to supervisors.
(Implementation: Quarter 1)
- PIP Activity 2: In collaboration with DCYF OIAA, request changes to the infoFamLink report parameters and default settings to make it more user friendly.
(Implementation: Quarter 1)
- PIP Activity 3: Licensing division will implement a pilot utilizing a streamlined home study process and conduct field testing to ensure revised process is effective.
(Implementation: Quarter 2)
- PIP Activity 4: Develop an automated referral process for children and youth placed in an unlicensed relative or fictive kin home.
(Implementation: Quarter 3)
- CFSR Activity 1: Utilizing funding available through the Strengthening Families Permanency Grant, increase permanency outcomes for legally free youth ages 12 to 17-years old through a use of Reverse Matching recruitment. Targeted communities include: King, Pierce, Spokane, Grays Harbor, Chelan, and Mason counties.
- a. Provide three Reverse Matching events statewide each year that include every Region.
 - b. Provide education on reverse matching recruitment to youth, workers, and families.
 - c. Monthly notification to HQ Adoption Program Manager of families licensed/home studied for adoption.²⁴
- CFSR Activity 2: DCYF will explore implementation of a peer caregiver mentoring program (experienced caregivers mentoring new caregivers) to help maintain existing foster homes and provide a resource for new foster homes.
- a. Reach out to the Center for States and ask for assistance researching and reviewing different peer-based foster parent mentoring models.
 - b. Request feedback from caregivers regarding a peer caregiver mentoring program.

²⁴ Strategy in alignment with Strengthening Families Permanency Grant

- c. Determine resources necessary to implement a caregiver mentoring program.
- d. Collaborate with caregivers and key stakeholders to:
 - i. Identify different implementation pathways.
 - ii. Identify data points to measure program efficacy.
 - iii. Identify quality and fidelity measures.
 - iv. Identify process to refer caregivers for this support.
 - v. Identify eligibility requirements for caregiver participation.
 - vi. Explore with the Alliance on how to develop training necessary for caregivers to participate in the mentoring program.
- e. Partner with caregivers and communications to identify how to effectively message information about a caregiver mentoring program.

CFSR Activity 3: Improve current practice to increase efficiency and use of data in order to recruit more foster parents.

- a. Develop and implement an online provider portal where prospective foster parents can apply and track their progress electronically, increasing efficiency and timeliness.
- b. Embrace a data driven recruitment practice through:
 - i. Development of a data report, distributed monthly to include a) accurately tracking the status of all open prospective applicants from the point of inquiry through licensing; b) demographics of children in out-of-home care; c) demographics of current foster families. Report will show the need and current resources available to address disparities between foster homes and out-of-home care population.
 - ii. Dashboard data available for both internal and external stakeholders to review current data on the child welfare foster care program to include information on caregivers and children placed in out-of-home care.
 - iii. Improve existing report to include caregiver characteristics (sibling sets, medically fragile, race/ethnicity, specialized trainings).
- c. Engage caregivers who are currently licensed, but not accepting placements through:
 - i. Collaboration with Child Welfare placement desk coordinators, contracted liaisons/mentors, and LD foster care licensors to develop a protocol of engagement and assessment that can check in with caregiver to identify potential reasons for their extended vacancy.
 - ii. Develop data report to pull placement vacancy for a licensed foster home within the past six months.

CFSR Activity 4: Increase the number of kinship caregivers who become licensed which will increase the financial support and training kinship providers receive and stabilizing placements.

- a. Update policy and provide training to licensors regarding the use of non-safety waivers for relatives creating a consistent statewide process.
- b. Explore licensing options for kinship caregivers to include:
 - i. Initial licenses for kinship caregivers as allowed in RCW 74.15.120.
 - ii. Allow for child specific licenses for kinship caregivers who are solely approved for the relative/suitable placement in their home.

CFSR Activity 5: Transition to internal infrastructure for recruitment and retention of Washington state foster homes.

- a. Develop internal infrastructure for DCYFs recruitment and retention program.
- b. Through utilization of local RDS (Recruitment, Development, Support) teams facilitated by DCYF staff:
 - i. Increase number of homes licensed for ages 0-5, and caregivers able to care for this children short or long term.
 - ii. Increase number of homes licensed for three children or more (accommodate siblings).
 - iii. Increase the number of ethnically and racially diverse homes available to care for children in foster care.
 - iv. Increase the number of Native American homes.
- c. Stakeholder feedback will be gathered identifying recruitment strategies for:
 - i. Caregivers of color. Team members would include foster parents, community partners, CPAs, Alliance training staff, CQI/Data staff.
 - ii. Native American families. Team members would include tribes, Native American foster parents, community partners, CPAs, Alliance and training staff, CQI/Data staff.
 - iii. BRS providers. Team members would include current BRS providers, BRS level foster parents, medical fragile foster homes, CPAs, Alliance Training Staff, CQI/Data staff.

Strategy 2: Improve timeliness and monitoring of critical pieces of work that impact timely permanency and establish a consistent tracking process across the child welfare system.

PIP Activity 1: Gather current tracking processes utilized by each region to monitor achievement of critical timelines that impact timely permanency. Evaluate and identify areas requiring improvement for additional work with the intent to create a consistent, streamlined statewide tracking process.

(Implementation: Quarter 4)

- PIP Activity 2: In collaboration with Washington's Court Improvement Program and the Attorney General's Office, evaluate current case management systems to determine feasibility of tracking and identifying barriers to permanency, focusing on areas requiring improvement identified in activity 1.2.1.
- a. Critical dates associated with termination referrals, including filing of termination petition to date of termination hearing.
 - b. Timely and accurate recording of compelling reasons.
 - c. Reasons and best method of tracking court continuances.

(Implementation: Quarter 6)

- PIP Activity 3: Conduct analysis and process mapping of timelines for critical pieces of work throughout the life of a case.

- CFSR Activity 1: Utilizing funding available through the Strengthening Families Permanency Grant, increase timeliness of identifying potential permanent homes for youth prior to termination of parental rights. Targeted communities include: King, Pierce, Spokane, Grays Harbor, Chelan, and Mason counties.

- a. Include in shared planning meetings an assessment of appropriateness of caregiver as a potential permanent resource for each specific child/youth placed.
- b. Workgroup to establish strategies to increase adoption planning review staffings.²⁵

- CFSR Activity 2: Utilizing funding available through the Strengthening Families Permanency Grant, increase utilization and frequency of shared planning meetings, case planning meetings, to address lack of quality family and key case participant engagement. Targeted communities include: King, Pierce, Spokane, Grays Harbor, Chelan, and Mason counties.

- a. Increase involvement of all parties to a case and facilitate better court teaming by providing support to parents through the use of parent mentors.
- b. Service supports for families, children and youth, and caregivers will be identified using a team approach to include individualization and assessment of services. Cultural issues will be addressed and explored during case planning meetings.
- c. Case planning meetings will be held every three months leading to early collaboration with key participants. The frequency of meetings will model the importance and benefits of teaming for caseworkers leading to a value shift that reinforces the belief that parents can change.²⁶

- CFSR Activity 3: DCYF will add functionality to FamLink so that we can identify children and youth who are/are not in their identified adoptive home.

²⁵ Strategy in alignment with Strengthening Families Permanency Grant

²⁶ Strategy in alignment with Strengthening Families Permanency Grant

- a. Determine if a new report is needed or if an existing report can be modified to meet agency needs.

CFSR Activity 4: Develop a visual tool to track the timeline of each case to inform caseworker, supervisors, and case participants and improve timely permanency.

- a. Explore and identify available resources to develop a shared permanency dashboard.
- b. Develop a shared permanency dashboard to include, but not limited to, date of court hearings, time to permanency (length of stay), shared planning meetings, identification and changes to permanent plan, and termination of parental rights. DCYF staff and stakeholders will be involved in identification of areas to be included.
- c. Obtain additional funding, if necessary, for implementation.

CFSR Activity 5: In collaboration with CIP, increase the number of children achieving timely reunification and permanency.

- a. Support facilitation of Permanency Summits to be held in six FJCIP counties in 2019. Counties include Island, King, Kitsap, Pierce, Spokane, and Thurston. Information from the 2018 Child and Family Services Review will be included in the data that to be shared during the summit.
- b. DCYF will participate in the Innovative Dependency Court Collaborative (IDCC), which will include ongoing communication that supports a shared understanding and alignment of work across the child welfare system.
 - i. Use data to identify issues and engage counties with low percentage of children and youth achieving timely permanency to work with local partners on solutions, including Permanency Summits and Family Time Forums.
 - ii. Identify counties with high percentage of children achieving timely permanency and review their process.
- c. In collaboration with CIP and the Attorney General's Office, track and identify:
 - i. Critical dates associated with termination referrals.
 - ii. Timely and accurate recording of compelling reasons.
 - iii. Best methods for tracking court continuances.²⁷

Strategy 3: Decrease barriers to permanency by strengthening the placement continuum for children and youth requiring more intensive levels of care.

PIP Activity 1: DCYF will partner with state legislators to increase funding for BRS services. (Implementation: Quarter 1)

PIP Activity 2: DCYF will leverage increased funding and implementation of QRTP requirements to increase BRS capacity and quality of service to better meet

²⁷ Strategy pulled from and in alignment with the Washington State Court Improvement Program Strategic Plan, FFY 2017-2021

the needs of youth and decrease placement disruptions. This work will support implementation of Family First Prevention Services Act.

(Implementation: Quarter 5)

PIP Activity 3: DCYF will evaluate current procedures to strengthen the continuum of care for transitioning children out of congregate care into less restrictive home settings with supportive after care plans.

(Implementation: Quarter 6)

PIP Activity 4: DCYF will partner with state legislators to identify statutes and develop request legislation to adjust current timelines that create barriers to permanency.

(Implementation: Quarter 6)

Goal 3: Comprehensive Assessment and Response

Ensure safety, permanency, and well-being through accurate completion of family assessments to inform initial and ongoing decision-making and outline the foundation for assisting children, youth, and families. Caseworkers will provide appropriate and timely responses to identified needs and behaviors by leveraging community-based services and supports.

Strategy 1: Review and revise Washington's safety (Safety Framework) and risk assessment (Structured Decision Making) tools to provide clear standards and expectations, and to enhance statewide consistency in decision-making throughout the life of a case. This work will support and align with the development or redesign of our future practice model.

PIP Activity 1: In collaboration with the Capacity Building Center for States, evaluate Washington's current safety framework, including use and functionality of the Structured Decision Making (SDM) tool to identify existing strengths and challenges.

Information gathered will assist department in further development and improvements to Washington's safety framework and risk assessment tools, including but not limited to:

- a. Review existing policy and procedures to identify necessary revisions, such as timeframe for completion of the risk assessment tool earlier in the case to drive case related decisions.
- b. Refine and strengthen existing safety standards for ongoing case management, including both formal and informal assessments of safety, placement decisions, and reunification planning to prevent re-entry.

(Implementation: Quarter 1)

PIP Activity 2: Re-evaluate previously created assessment tool developed by a multidisciplinary workgroup that combines the IA, FARFA, and CFE. The updated tool would improve practice, enhance collection of relevant data, and serve as a more useful tool to evaluate safety and risk.

CFSR Activity 1: Provide safety framework boot camp refresher presentation to all supervisors and Area Administrators who will reinforce practice with staff in monthly supervisor reviews and consultations.

- a. Obtain agreement by regional leadership to require all supervisors and area administrators (AA) to attend regional training and commit a quality practice specialists (QPS) staff to co-facilitate the training.
- b. Focus safety framework training on supervisors and AA with coaching by regional QPS. Include ways to incorporate work into clinical supervision so that supervisors are providing hands on coaching to workers.
- c. Develop support structure to reinforce use and transfer of learning.
- d. Provide resources for caseworkers to help guide work:
 - i. Laminated safety framework tools for each supervisor and caseworker;
 - ii. Make available and display safety posters in each office;
 - iii. Create formalized safety tips/booklet.

CFSR Activity 2: Increase caseworker understanding and knowledge of how to use safety to move cases to permanency.

- a. Survey staff to identify top questions caseworker's have in utilizing safety to move cases to permanency.
- b. HQ to use this data to assess current tools and create statewide team to create training and resources for staff.
- c. Support distribution of resources and implementation of training to all staff.

Strategy 2: Strengthen the workforce's knowledge in completing initial and ongoing comprehensive assessments to promote statewide consistency in decision-making throughout the life of a case and support keeping children safely with their own families by ensuring necessary community-based supports and services are provided to strengthen families. Completion of activities identified in goal 2, strategy 1 will support completion of this strategy.

PIP Activity 1: Convene a statewide workgroup to develop standards and requirements outlining the structure and utilization of regional internal case consultation teams to provide input and encourage critical thinking related to pre-dependency placement and ability to move case to in-home services, trial return home, or case closure. Teams must include regional expertise in a variety of program areas.

(Implementation: Quarter 1)

PIP Activity 2: Establish regional teams to provide internal case consultation to evaluate identified safety threats and determine if appropriate services have been offered to prevent removal, when the case can move to in-home services, trial return home, or case closure.

(Implementation: Quarter 2)

CFSR Activity 1: Increase caseworker knowledge and skill related to assessment of services related to FAR and FVS caseworkers.

- a. Provide additional coaching to FAR and FVS supervisors regarding assessing cases for services, engagement, case planning, health and safeties and case closure.
- b. Provide additional coaching regarding case planning with FAR and FVS caseworkers.
- c. Evaluate current training curriculum related to provision of in-home services to identify where additional resources may be needed.
- d. Develop a pre and post survey to determine level of comprehension, determine strengths, and potential areas for improvement.

CFSR Activity 2: Identify and test strategies to increase consistent and effective referrals to community based resources including early learning and family supports.

- a. Extend Child Welfare and Early Learning pilot with Harvard Government Performance Lab.

CFSR Activity 3: Improve appropriate identification and timely referral of in-home services to prevent placement and re-entry.

CFSR Activity 4: Improve ongoing assessment, addressing, and monitoring of child and youth's physical and mental/behavioral health needs for in-home and out-of-home cases.

CFSR Activity 5: In collaboration with stakeholders, develop a single list of disqualifying crimes for all DCYF programs with a consistent and equitable approach to assess suitability of individuals who may have unsupervised access to children.

Strategy 3: Develop a comprehensive and consistent approach to training of, and a common language for communicating between our workforce and judicial partners related to the comprehensive assessment of risk, safety, and family needs, to include how service needs are identified and addressed, and what reasonable efforts are taken to prevent removal based on the safety threat.

PIP Activity 1: Ensure and enhance the commonality of language and practice pertaining to the safety, permanency, and well-being of children and families across the child welfare system.

- a. In partnership with CIP, convene a statewide child welfare system partner conference to address the new prevention focused vision for child welfare, IV-E funding for child and parent representation, and Qualified Residential Treatment Program (QRTP).
- b. Washington Court Improvement Training Academy (CITA) will provide an annual in-depth dependency training session for judicial officers to include awareness of federal dependency timeline in addition to state statutes.
- c. Through an existing partnership with the Washington Court Improvement Program (CIP) and CITA, provide training for judicial partners regarding the American Bar Association Child Safety: A Guide for Judges and Attorneys²⁸ and an increased emphasis on the

²⁸ Child Safety: A Guide for Judges and Attorneys. <https://www.uwcita.org/wp-content/uploads/2019/02/ChildSafetyGuide-ABA-Download-version.pdf>

use of reasonable efforts findings and how to access information regarding services available in their communities in order to make informed decisions.²⁹

(Implementation: Quarter 2)

PIP Activity 2: In collaboration with the CIP and IDCC, identify ways to provide ongoing communication that supports a shared understanding and alignment of work across the child welfare system and to inform system partners about new policy, innovative practices, and motivational stories. Develop a continuum of training and resources to be available for judicial and court partners.³⁰

(Implementation: Quarter 3)

PIP Activity 3: Regional and office leadership will continue to participate in local judicial court meetings. Regional updates will be provided quarterly, or as necessary, at DCYF Child Welfare Leadership Team meetings.

(Implementation: Quarters 1 through 8)

CFSR Activity 1: To improve the local dependency court systems understanding, the CIP and CITA will work with Children’s Justice Conference (CJC) organizers to develop a legal track for the conference focusing on issues of interest to judicial officers, attorneys, CASAs, and GALs and providing legal training for non-attorneys on child welfare legal issues.³¹

CFSR Activity 2: In collaboration with CIP, improve compliance on the three Indian Child Welfare Act (ICWA) court requirements:

1. The child’s Tribe(s) was given legal notice prior to dependency fact finding and termination hearings.
2. The child’s Tribe(s) was notified prior to all dependency reviews in addition to fact finding and termination hearings.
3. There was a qualified Indian expert witness for all dependency fact finding and termination proceedings.
 - a. Perform root cause analysis regarding three court requirements listed in the 2015 ICWA report, with a focus on Region 3 and develop and action plan.
 - b. Compare results to the ICW Case Review to be conducted in 2019. Perform additional root cause analysis and develop an action plan for improvement.³²

Strategy 3: Develop a comprehensive and consistent approach to training of, and a common language for communicating between our workforce and judicial partners related to the comprehensive assessment of risk, safety, and family needs, to include how service needs are identified and addressed, and what reasonable efforts are taken to prevent removal based on the safety threat.

²⁹ Strategy in alignment with the Washington State Court Improvement Program Strategic Plan, FFY 2017-2021

³⁰ Strategy in alignment with the Washington State Court Improvement Program Strategic Plan, FFY 2017-2021

³¹ Strategy pulled from and in alignment with the Washington State Court Improvement Program Strategic Plan, FFY 2017-2021

³² Strategy pulled from and in alignment with the Washington State Court Improvement Program Strategic Plan, FFY 2017-2021

- PIP Activity 1: Complete a statewide inventory of available evidence-based practice services. Develop and distribute an electronic statewide inventory of services by area to DCYF workforce and judicial officers.
Identification of services and resources will also include providers with bilingual or specific cultural expertise or skills working with defined populations, such as developmentally delayed adults or children.
(Implementation: Quarter 4)
- PIP Activity 2: In collaboration with the CIP, judicial officers will be provided training on reasonable efforts and how to access information regarding services available in their communities in order to make informed decisions regarding reasonable efforts findings at shelter care hearings and throughout the case. This works connects to Washington's Court Improvement Plan.³³
(Implementation: Quarter 5)
- PIP Activity 3: Explore ability to create an interface with other systems that identify available services, including contracted and community-based services, including but not limited to:
- a. physical and behavioral health
 - b. family support services
 - c. independent living
 - d. early learning opportunities
- (Implementation: Quarter 8)
- CFSR Activity 1: Establish and distribute communication for DCYF staff, judicial partners, and other key stakeholders regarding access to behavioral health services for children, youth, and families.
- a. Develop communication specific to families who receive services from DCYF and provide them with information about accessing and utilizing their physical and behavioral health benefits (including mental health and substance abuse disorder services and treatment) through Apple Health or their private insurance. Communication will be provided to:
 - i. All DCYF staff
 - ii. CASA/GAL
 - iii. Office of Public Defense
 - iv. Attorney General's Office
 - v. Judicial officials
- CFSR Activity 2: Improve ongoing assessment and addressing of child and youth's physical health needs for in-home and out-of-home cases.
- Medical**
- a. Review data submitted to HCA regarding the Apple Health managed care plans physical health Performance Improvement Projects (PIP).

³³ Strategy pulled from and in alignment with the Washington State Court Improvement Program Strategic Plan, FFY 2017-2021

Each Apple Health managed care plan must, by contract, to have a physical health PIP.

- b. Use the AHCC monthly “Gaps Report” to develop strategies to ensure children and youth receive their EPSDT and well-child exams.
- c. DCYF will continue to work with AHCC for access to the AHCC secure portal. Access to the portal will allow appropriate DCYF staff to see health related information such as immunizations and medications. Barriers to current access include assurance of HIPAA protections for certain types of information such as behavioral and reproductive health information.
- d. DCYF will explore the ability to share the OMH report with AHCC and FWB as appropriate.
- e. Participate in the “All Plan Meetings” at HCA as a resource to the Apple Health managed care plans regarding child welfare programs and services.
- f. Request AHCC to develop a training for DCYF staff and caregivers regarding preventive health care, EPSDT/well-child exams, and dental care.
- g. Coordinate with HCA and Apple Health managed care plans to improve EPSDT/well-child visit rates per Apple Health managed care plan contract requirements, to:
 - i. Set an annual improvement goal for Healthcare Effectiveness Data and Information Set (HEDIS®) rates of the following well-child visit performance measures:
 1. Well-Child Visits in the first fifteen (15) months of life
 2. Well-Child Visits in the third, fourth, fifth and sixth years of life
 3. Adolescent Well-Care Visits (AWC)

Dental

- a. Conduct root cause analysis to determine causes for not receiving dental care every six months; identify strategies for improvement, and data for ongoing monitoring.
- b. Participate in HCA efforts to implement managed care dental for all Apple Health eligible children.
- c. Work with HCA to ensure the apparently successful bidder managed care dental plans understand the nuances of working with children and youth in out-of-home placement.
- d. Develop implementation and communication plan for DCYF staff and caregivers specific to children and youth in out-of-home placement regarding changes to dental coverage.

Prescription Medications

- a. DCYF will work with HCA and AHCC to develop a process to review compliance with psychotropic medication requirements.

- b. DCYF will work with HCA and AHCC regarding children and youth who have surgeries or injuries and an opioid medication is prescribed.

CFSR Activity 3: Improve ongoing assessment and addressing of child and youth's mental/behavioral health needs for in-home and out-of-home cases.

- a. Review data submitted to HCA regarding the Apple Health managed care plans behavioral health Performance Improvement Projects (PIP). Each Apple Health managed care plan is required by contract to have a behavioral health PIP.
- b. Coordinate with HCA to review the annual behavioral health PIP plans submitted by the Apple Health managed care plans. Request information submitted by each Apple Health managed care plans regarding their individual PIP plans.
 - i. All five Apple Health managed care plans must pilot a behavioral health intervention that is evidence-based, research-based, or promising practice recognized by the Washington State Institute for Public Policy (WSIPP).
- c. Work with the five Apple Health managed care plans to support families who receive DCYF child welfare services and require behavioral health services.
- d. Request information from HCA regarding compliance of the five Apple Health managed care plans to meet the contracted network adequacy standards.
- e. DCYF will participate in the HCA SAMSHA grant activities to develop therapeutic foster homes.
- f. Increase referrals to WISe for children and youth in DCYF out-of-home care.
- g. Review data and information gathered from BRS/WISe pilot project to determine process to expand BRS/WISe integration opportunities.
- h. Reduce utilization of DCYF contracted state dollars to pay for behavioral health services when children and youth in out-of-home care are eligible for Apple Health.
- i. Increase the number of children who receive behavioral health care management from AHCC.

CFSR Activity 4: The department is in the process of developing a background check program to interface with the Department of Social and Health Services' Background Check System to allow applicants to complete background checks electronically. This will significantly reduce the turnaround time for background checks while also creating efficiencies for staffing.

Goal 4: Engagement with Families, Caregivers, and Case Partners

Support and empower families through early and ongoing collaboration and partnering with family team members, recognizing family as experts, which should reduce recurrence of maltreatment and risk of delayed permanency.

Strategy 1: Develop a consistent engagement framework that includes tools and clearly identifies expectations. This work will support and align with the development or redesign of our future practice model.

PIP Activity 1: In collaboration with the Capacity Building Center for States and Center for Tribes identify and research other states with high performance related to family and caregiver engagement outcomes and gather details on family engagement frameworks being used.
(Implementation: Quarter 3)

PIP Activity 2: Convene a multidisciplinary workgroup to evaluate results from activity 3.1.1 and recommend adoption of a consistent, evidence-based family engagement framework with fundamental elements including:

- a. Case plan developed with and based on family need
- b. Utilizes a team approach to case planning
- c. Transparency throughout the life of the case

This work will inform the child welfare practice model which will be an area of focus in Washington’s Children and Family Services 5-year plan.
(Implementation: Quarter 5)

CFSR Activity 1: Develop and implement an agency “partnership culture” campaign that addresses inclusion of caregivers as members of the family team.

- a. Identify available and needed resources to support a caregiver campaign.
- b. Determine duration of campaign.
- c. Engage caregivers and field representatives to identify key messaging.
 - i. Include notification to caregivers regarding hearings and right to be heard.
- d. Develop pre, post campaign surveys for DCYF staff and gather results. The survey will address:
 - i. Attitudes towards caregiver partnerships
 - ii. Awareness of currently available resources that support caregivers.
- e. Awareness of policies and practices that support caregivers.

CFSR Activity 2: Increase engagement between caregiver and parents or guardians of children and youth in out-of-home care.

- a. Explore implementation of a foster parent mentoring program.
 - i. Determine resources necessary to implement the Foster Parent Mentoring program.

- ii. Review historical documents and evaluation as well as adaptations from other states to identify necessary program modifications.
 - iii. Partnering with foster parents, parents/guardians, and communications on how to effectively message information about the Foster Parent Mentoring Program.
 - iv. Identify different implementation pathways.
 - v. Identify data points to measure program efficacy.
 - vi. Identify quality and fidelity measures.
 - vii. Identify process to refer parents/guardians for this support
 - viii. Identify eligibility requirements for foster parent participation
 - ix. Explore with the Alliance how to develop training necessary for foster parents to participate in the Foster Parent Mentoring program.
- b. Explore the use of Ice Breaker meetings between caregivers and parents/guardians.
- i. Research and identify resources necessary to implement Ice Breaker meetings.
 - ii. Partner with Licensing Division to determine if recruitment and retention contractors can be utilized to co-facilitate Ice Breaker meetings.
 - iii. Explore partnership with Parent for Parent to determine if parent allies can co-facilitate meetings.
 - iv. Partner with caregivers, parents/guardians, and communications on how to effectively message information about Ice Breakers.
 - v. Partner with former foster youth to explore ways to involve children and youth directly and/or indirectly in Ice Breaker meetings.
 - vi. Identify data points to measure program efficacy.
 - vii. Identify quality and fidelity measures.
 - viii. Explore with the Alliance how to develop training to teach skills necessary for Ice Breaker meetings.
- c. Introduce use of “comfort calls” (calls initiated by the foster parent that include contact between children recently placed in out-of-home care and their parents/guardians).
- i. Reach out to the Center for States and ask for assistance researching and reviewing different models and uses of “comfort calls.”
 - ii. Request feedback from caregivers, parents/guardians and caseworkers regarding challenges and benefits related to “comfort calls.”

- iii. Partner with the Alliance to identify what caregiver trainings could be updated to include this strategy.
- iv. Partner with Licensing Division to determine if recruitment and retention contractors can be utilized to support caregivers initiating comfort calls.
- v. Gather feedback and guidance from former foster youth about how to support a foster child or youth participating in a comfort call.

CFSR Activity 3: Reinforce importance of caseworker visits with parents to increase the quality and consistency of parent contacts to complete a thorough and ongoing assessment of needs, increase involvement in case planning, and improve timely reunification.

- a. Communicate expectations and guidance regarding monthly visits and contacts with parents to include frequency, documentation, safety, permanency, and well-being elements through:
 - i. Updates to visitation policy;
 - ii. Initial and ongoing training;
 - iii. Webinars; and
 - iv. Regional leadership and supervisor's will reinforcement during all staff meetings, unit meetings, and monthly supervisor reviews.
- b. Enhance compliance with and accountability for caseworker monthly visits and contacts with parents through development of a report that tracks ongoing parent visits and contacts for all case types. Identify key elements to be documented and necessary for ongoing tracking by supervisor and regional leadership, such as location, duration, date of visit or contact, and date of next visit.

Strategy 2: Establish a systemic approach for frequent and ongoing team meetings that include key case partners. Key case partners include all the people who provide support to a family in safely maintaining their child in their own home or facilitating a safe return home.

PIP Activity 1: Convene a multidisciplinary value stream mapping exercise to streamline workflow of CFWS case management requirements with the intention of saving team so caseworkers conduct quality monthly face-to-face visits with parents.

(Implementation: Quarter 2)

PIP Activity 2: Evaluate current policy and practice regarding shared planning and other team meetings and develop an alternative structure that makes the most of monthly meetings. Monthly team meeting participants should include parent's, youth, and both formal (attorney, public defenders, CASA, AAG, etc.) and informal (relatives, caregiver, neighbor, etc.) case partners. Early and frequent team meetings will increase transparency, engagement, and time to permanency.

(Implementation: Quarter 2)

- PIP Activity 3: Utilizing funding available through the Strengthening Families Permanency Grant, contract with Office of Public Defense to implement enhanced Parents for Parents mentoring program in targeted communities. Targeted communities include: King, Pierce, Spokane, Grays Harbor, Chelan, and Mason counties.³⁴
(Implementation: Quarter 3)
- PIP Activity 4: Evaluate and monitor utilization and frequency of shared planning meetings to ensure parents, youth, and appropriate team members are invited, participating, and actively involved in case planning throughout the life of the case.
(Implementation: Quarter 4)
- Strategy 3: Develop a new visitation model and infrastructure to include evidence-informed practices with the goal of increasing early positive parent engagement in service planning and completion.
- PIP Activity 1: Convene a multidisciplinary workgroup to identify current challenges in the visitation experience and to outline elements of a visitation approach that promote efficiency, engagement, parental skill-building, and reunification.
(Implementation: Quarter 1)
- PIP Activity 2: Work with contracted providers to develop and establish new parent child visitation contracts based on workgroup recommendations and incorporating expectations and supports for prompt and consistent visits, therapeutic facilitation of visits that includes parental skill building, clear and timely documentation, and data collection.
(Implementation: Quarters 3, 4, and 5)
- PIP Activity 3: Develop technological infrastructure to enable prompt referral and visit assignment, ease of documentation and data collection, and shared access to visit reports.
(Implementation: Quarters 2 and 3)
- PIP Activity 4: Research and implement an evidence-informed model of visit facilitation that increases parent participation and skill building. Train staff and providers on the model.
(Implementation: Quarters 6, 7, and 8)
- PIP Activity 5: Define and implement a protocol for assessing safety and making decisions about level of supervision during visits to ensure that visitation moves from supervised to monitored to unsupervised where appropriate. Train staff and providers on the protocol.
(Implementation: Quarter 6)
- CFSP Activity 1: In collaboration with CIP, conduct Family Time Forums at the county level where local collaborative stakeholders work on implementation of the revised

³⁴ Strategy in alignment with Strengthening Families Permanency Grant

parent-child visitation policy, to include education and creation of a shared improvement plan tailored to their community.³⁵

Goal 5: Competent and Supported Workforce

Improve safety, permanency, and well-being outcomes for children, youth, and families through adoption of a practice model that is trauma-informed, safety-focused, family-centered, culturally-competent, and creates consistency and accountability in child welfare practice. An effective practice model is grounded in the values, principles, relationships, approaches, and techniques that support timely achievement of safety, permanency, and well-being outcomes and promotes a more competent and supported workforce.

Strategy 1: Strengthen new caseworkers' knowledge and understanding of federal and state practice guidelines and provide the foundational skills necessary to support ongoing learning during their initial two years on the job.

PIP Activity 1: DCYF Child Welfare Leadership Team will develop a consistent process and review tool to conduct new staff practice reviews of new caseworker's knowledge and skills 3, 6, and 9-months post RCT. This review tool will incorporate elements of the OSRI case review instrument. Results from the review will identify strengths and gaps in caseworker's knowledge, skills, and abilities. The caseworker and supervisor will receive results and an individual improvement plan will be developed to address areas needing improvement. (Implementation: Quarter 2)

PIP Activity 2: In collaboration with the Alliance for Child Welfare Excellence and members of the central case review team, develop model to train Alliance coaches and trainers on competencies identified in the OSRI. (Implementation: Quarter 3)

PIP Activity 3: OIAA and Alliance will develop and implement an anonymous pre- and post-test for new caseworkers attending RCT. The pre- and post-test will evaluate the effectiveness of training. (Implementation: Quarter 3)

PIP Activity 4: Practice themes from new staff practice reviews, targeted and central case reviews, and office level deep dives will be gathered, provided, and discussed quarterly with the to the Alliance for Child Welfare Excellence at curriculum meetings. (Implementation: Quarter 4)

PIP Activity 5: Evaluate RCT to determine where curriculum can be strengthened to include connection between federal practice items to DCYF policies and procedures. Information will help caseworkers make the connection between classroom learning and field practice. (Implementation: Quarter 7)

CFSP Activity 1: Develop stand along trainings to be provided post RCT to address supplemental areas of practice.

³⁵ Strategy pulled from and in alignment with the Washington State Court Improvement Program Strategic Plan, FFY 2017-2021

- a. Identify additional areas of practice to be covered and include NAIR/ Indian Identity Request form 09-761 and the unique needs of kinship providers.
- b. Develop training curriculum and identify the best approach for dissemination.

- Strategy 2: Develop and implement an evidence-informed curriculum for a supervisory framework (including Area Administrators and higher) that incorporates trauma-informed care and effective coaching techniques to better prepare staff for effective supervisory and leadership roles and support caseworker's within the department.
- PIP Activity 1: In collaboration with Capacity Building Center for States, develop and adopt a statewide supervisory framework that incorporates trauma-informed care and recognizes the impact of secondary traumatic stress. This work will inform the child welfare practice model which will be an area of focus in Washington's Child and Family Services 5-year Plan.
(Implementation: Quarter 6)
- PIP Activity 2: Convene a statewide workgroup to evaluate the feasibility of modifying supervisor review requirements to focus on key practice areas and barriers impacting permanency. Workgroup representatives would include caseworkers and supervisors from each program area and represent various levels of tenure and experience.
(Implementation: Quarter 7)
- PIP Activity 3: In collaboration with the Alliance for Child Welfare Excellence, update the Supervisory Core Training curriculum to include elements of the statewide supervisory framework selected and adopted in activity 4.2.2.
(Implementation: Quarter 7)
- Strategy 3: Establish a consistent structure that identifies a secondary trauma and healing response system that supports the workforce during traumatic and critical events.
- PIP Activity 1: The DCYF Child Welfare Field Advisory Board (FAB) will create a proposal for a creation of a secondary trauma and healing response system that partners with local and state mental health systems.
(Implementation: Quarter 4)
- PIP Activity 2: The Child Welfare Leadership Team will evaluate proposal for implementation. This work will inform the child welfare practice model which will be an area of focus in Washington's Child and Family Services 5-year Plan.
(Implementation: Quarter 5)
- Strategy 4: Strengthen or develop workforce tools (training, technology, policy, RCW, WAC) to provide clarity and consistency in completion of caseworkers day to day activities.
- CFSP Activity 1: Provide increased training opportunities for new LD staff and CPA Assessment staff as it relates to the home study and kinship licensing processes.

- a. Update current “Track Week” curriculum and availability. Increase offerings of this training (previously only held annually) and location options (previously only in Seattle) in order to allow new assessment and CPA staff pertinent training sooner and with greater efficiency.
- b. Develop a pre and post survey to determine level of comprehension, determine strengths, and potential areas for improvement for participating employees.

CFSP Activity 2: Align Child Welfare Training and Advancement Program (CWTAP) with Alliance to streamline onboarding process and requirements for new employees coming from CWTAP program.

- a. Evaluate current CWTAP curriculum.
- b. Map currently CWTAP curriculum to Alliance training and child welfare practice.
- c. Ensure UW and EWU are using DCYF assessment tools in class so incoming licensors have exposure to the tools.
- d. Ensure there is curriculum regarding:
 - i. Critical thinking;
 - ii. Engagement with parents, children, youth, and caregivers;
 - iii. How to conduct comprehensive interviews that gather information around safety and risk in alignment with DCYF Safety Framework and SDM;
 - iv. How to match services with safety and risk factors and child and family needs.

CFSP Activity 3: Establish an ongoing training continuum for caseworkers, supervisors, and area administrators.

- a. Develop a workgroup to establish a list of mandated ongoing trainings based on current legislation, laws, policy, and practice improvement.
- b. Ensure DCYF HR has a list of mandatory training and timelines for completion to input into the LMS System.
- c. Have the case review team develop trend/gap analysis reports after case reviews to identify where gaps in practice are seen so training curricula can be developed or revised.
- d. Revise the training curricula and delivery method based on identified gaps.
- e. Incorporate lessons learned from case reviews and child fatality and near fatality reviews.
- f. Develop a series of “in-service” trainings (e-learning, PowerPoints, webinars, etc.,) and resources to be used in the field at unit meetings, all staff meetings, and other staff gatherings to reinforce consistent implementation of laws, policies, and practices and develop an ongoing culture of learning
- g. Develop a Train-the Trainer (TOT) model to train mentors, coaches, and supervisors on coaching to work with casework and supervisors.

- h. Develop in partnership with the Alliance and DCYF HR an automated tracking system to identify who needs training and who has taken trainings.

CFSP Activity 4: In collaboration with the Alliance, identify, establish, and provide new coaching sessions, caregiver webinars, and caregiver classroom trainings.

CFSP Activity 5: Increase shared training opportunities between caregivers and parents.

- a. Reach out to the Center for States and ask for assistance identifying other states that have successfully implemented this practice.
- b. Identify model that best fits Washington's needs.
- c. Partner with LD and the Alliance to explore increasing shared training opportunities for parents or guardians and caregivers.
- d. Request feedback from parents or guardians and caregivers regarding this idea.

CFSP Activity 6: Apply for National Electronic Interstate Compact Enterprise grant, work with IT staff to develop or adapt FamLink in preparation.

- a. The grant application will be submitted by July 10, 2019. The grant, if awarded to DCYF, will allow our state to connect to the NEICE prior to the 2027 deadline.
- b. The ICPC program is currently working with our IT staff to identify areas of FamLink that need updating in preparation for NEICE.
- c. If funding is not awarded to DCYF, the ICPC Compact Administrator will work with Leadership to determine appropriate next steps.

CFSP Activity 7: Improve timely documentation of placement entry and changes in FamLink for children in out-of-home care.

- a. Reinforce and communicate state policy and importance of timely documentation of placement entry and changes through:
 - i. Webinar; and
 - ii. Regional leadership and supervisor's will reinforcement during all staff meetings, unit meetings, and monthly supervisor reviews.
- b. Enhance compliance and accountability through monthly monitoring of placement entry timelines. Identify initial benchmark and develop performance targets to achieve necessary timeline.

Staff Training, Technical Assistance, and Evaluation

Technical Assistance

Washington has and will continue to receive technical assistance from various sources including, but not limited to:

- Casey Family Programs continues to provide technical assistance to address several program areas including those identified in the 2015-2019 APSR.
- Capacity Building Center for States and the Children’s Bureau regarding development and revisions to Washington’s PIP and Strengthening Child Welfare Systems, Permanency from Day One grant.
- The Quality Improvement Center for Workforce Development (QIC-WD) at the University of Nebraska-Lincoln will lead a team of experts in child welfare, workforce, implementation, evaluation, and dissemination from University of Colorado, Denver; University of Louisville; University of Tennessee, Knoxville; C.F. Parry Associates; CLH Strategies & Solutions; and Great Eastern Consulting to test innovative workforce interventions that seek to address caseworker turnover and retention.

Staff Training

To ensure that the Alliance for Child Welfare Excellence is responsive to the needs of people who protect and help vulnerable children in Washington State, each region has a standing committee, Regional Advisory Group, which meets on a quarterly basis. The groups are co-chaired by the University of Washington and the Department of Children, Youth, and Families.

The purpose of these advisory groups is to:

1. Gather regional input on training needs and gaps to include in a statewide training plan.
2. Oversee and support the implementation of the statewide training plan in the region.

Each group is led by the DCYF regional administrator and the corresponding university partner.

Other members may include:

- Foster Parents
- DCYF caseworkers
- DCYF supervisors
- DCYF area administrator
- Alliance for Child Welfare trainers for caregiver’s coach
- Child Welfare Training Advancement Program (CWTAP) representatives
- Evaluator from Partners for Our Children
- University faculty

DCYF caseworkers provide vital input to Regional Advisory Group meetings to ensure that the Alliance is supporting the development of caseworkers, supervisors, and area administrators.

Evaluation

- The DCYF Data Management and Reporting Section (DMRS) is focused on developing and providing comprehensive, accessible reports to support practice and practice improvements. In addition to standard reports, item specific data reports are available on

request to support specific quality assurance, practice improvement, and CQI activities at the state, region and office levels. DMRS also provides data analysis to DCYF leadership with recommendations for systemic and programmatic changes to improve performance as measured by the federal data indicators and CFSR metrics.

- Chapin Hall at the University of Chicago was contracted to assess the strengths and areas for growth in DCYF's current performance improvement system. Using a gap analysis approach, Chapin Hall drew on five mixed-methods tasks—a policy review, an evidence and practice review, process mapping, system reform case studies, and data appraisal and performance analyses—to detail how the service areas, specifically, and DCYF, broadly, are executing a performance improvement system relative to existing state and federal policy, scientific and grey literature, and best practices from exemplar jurisdictions. Evaluation findings point to notable strengths across the service areas in how DCYF executes performance improvement activities, as well as areas for growth, particularly around the processes and infrastructure for evidence generation, dissemination, and application in the performance improvement cycle. DCYF will be working over the next year to address the identified areas for growth through development of the department's strategic plan.
- The Alliance utilizes Partners for Our Children (POC), a research organization based in the University of Washington School of Social Work, to evaluate the effectiveness of training activities for Washington's child welfare workforce. The research is used to identify training innovations to improve the workforce.

Evaluation is a constant and integral component of the partnership and demonstrates a commitment to being accountable for the impact and outcomes of the partnership. Evaluation is governed by the Alliance Executive Team and is advised by the Statewide Standing Committee on Evaluation, which meets on a regular basis. Evaluation measures the trainings impact and supports continuous improvement. It includes:

- Collecting and analyzing survey data on participant's reactions to curriculum
- Collecting and analyzing data on what participants are actually learning
- Conducting follow-up surveys, phone interviews and focus groups to determine if participants are using and benefitting from what they have learned
- Assessing fidelity by observing training delivery
- Engaging with the Alliance and stakeholders regarding evaluation priorities, design and reporting for continuous improvement

Services

Child and Family Services Continuum

Child Abuse and Neglect Prevention, Intervention, and Treatment Services

State policy states “The family unit is the fundamental resource of American life that should be nurtured. The family unit should remain intact in the absence of compelling evidence to the contrary. The Legislature declares that the goal of serving emotionally disturbed and mentally ill children, potentially dependent children, and families-in-conflict is to provide services to them in their own homes and to avoid out-of-home placement of the child, when that form of care is premature, unnecessary, or inappropriate.” Washington State law and the federal Indian Child Welfare Act (ICWA) require public child welfare agencies to work with Tribes, government to government, to ensure that families receive the same services as non-Indian families.

Intake and Assessment

Intake is often the first point of contact for individuals seeking assistance from DCYF or for reporting child abuse and/or neglect. Safety for the child or youth is the primary and essential focus that informs all decisions made from intake to case closure and intake is DCYF's first step in ensuring child safety, permanency, and well-being. Intake workers perform a critical public relations function by building and maintaining partnerships with community members and mandated reporters and help clarify the role of DCYF for the community.

Intake staff receive, gather, and assess information about a child or youth's need for protection or requests for services and document in an intake record that utilizes the SDM tool to assist in determining which pathway an intake will be assigned to and what type of response time is required. During an intake, intake workers gather as much information as possible about the alleged maltreatment, family functioning, individual child or youth characteristics, needs of the family, risk factors to include mental health, domestic violence, and substance abuse history, protective capacities of caregivers, cultural or primary language related information, and any other risk or safety concerns the caller may have.

Based upon the information obtained during the call, any collateral information that is obtained, a review of previous intake and intervention history, and a secondary review by an intake supervisor, a screening decision is made for the appropriate program pathway.

After the appropriate program is selected, a determination is made regarding whether the intake is screened in or screened out based upon whether or not the information reported meets the minimum Washington Administrative Code (WAC) criteria for child abuse and/or neglect or whether or not the service request is appropriate and DCYF has the service available. If an intake is screened out, it is maintained in the agency database for an allotted period of time and no contact is made with the family. If the allegations in the screened out intake involve a crime against a child, then the intake is referred to the law enforcement agency with jurisdiction. If an intake is screened in, then it is assigned a response time of 24 or 72 hours, depending on the information reported and if there is an emergent need for child protection. If the allegations in the intake involve a crime against a child, then the intake is referred to the law enforcement agency with jurisdiction.

Child Protection Services (CPS) Investigations and Family Assessment Response (CPS FAR)

DCYF responds to situations where children are alleged to be maltreated, and it helps support families to safely care for their children. The role of DCYF is to assess child safety, risk factors,

and family strengths and needs. Sometimes DCYF determines that a family needs services to help support them so they can safely care for their child.

The Differential Response Continuum means that accepted reports of child abuse and/or maltreatment may receive one of two responses: CPS investigations or CPS FAR. A CPS investigation is conducted when an intake is screened in with allegations of child abuse or neglect or a child or youth is believed to be at imminent risk of harm. CPS FAR is an alternate response to investigation of low to moderate risk screened in reports of child maltreatment. This creates a different pathway for DCYF and an advancement in our work with families.

CPS investigations and CPS-FAR caseworkers provide family services throughout the state to reduce risk to children or youth and to safely maintain them in their own homes. The investigation track is utilized when an allegation of child maltreatment has been made and information gathered from the intake indicates a possible threat to child safety. Due to the alleged threat to child safety, DCYF must conduct an investigation to assess family functioning, make a determination of child safety, and determine whether an incident of maltreatment has occurred.

During ongoing CPS investigations, DCYF provides the following services to the family: assessment, safety interventions, coordination and referrals to community services, treatment, legal intervention, and case monitoring. An in-home safety plan is used whenever possible.

CPS Investigation

During a CPS investigation, the assigned caseworker must interview:

- The child, who is the alleged victim or identified child
- The child's parents
- The alleged perpetrators, and
- Other people, such as school personnel, medical providers, relatives, and child care providers.

During the IFF interview, the CPS caseworker must make the determination if the child is safe or at imminent risk of harm and assess all children in the household for present danger.

Information gathered during interviews will be used to complete:

- A safety assessment within 30 calendar days from the date of intake and at key decision points in a case. If a safety threat is identified and cannot be managed with a safety plan, review the case with a supervisor to determine if the child should be placed in out-of-home care.
- A Structured Decision Making Assessment (SDMRA) within 60 calendar days. Services must be offered to family with a high SDMRA score, and may be offered to families with a moderately high score. Ongoing risk assessment continues throughout the life of a case from the initial CPS intake until the case is closed.
- An Investigative Assessment (IA) on all investigations within 60 calendar days of the date and time intake was received.

Caseworkers often coordinate investigations with law enforcement, which may be involved if there are criminal allegations in a report. Caseworkers assess a child's safety and risk of possible future maltreatment. CPS investigators strive to engage families in a positive working relationship to resolve issues. Most families successfully resolve child safety issues and do not need services beyond an investigation.

When child protective services are needed to ensure a child or youth's safety, the caseworker will meet with the family to assess strengths and needs and develop an appropriate service plan to address safety and other issues that impact child, youth, and family well-being. Monthly health and safety visits with the child, youth, and parents must be completed for cases open longer than 60 calendar days.

Foster Care

When children have been placed into the care and custody of DCYF through a law enforcement protective custody or a court order, Child and Family Welfare Services (CFWS) caseworkers work with the family and child or youth to reunify them as quickly as safely possible. When children or youth are placed into out-of-home care, relatives are searched for to serve as a kinship caregiver. Preserving relationships with family members is crucial to a child or youth's sense of safety and well-being. When a kinship caregiver is not available, the child or youth is placed in a licensed foster home. Foster families play a critical role by caring for children or youth and providing support to their families. For children and youth placed in foster care, significant attempts are made to:

- Keep them in their community;
- Place them with or close to their siblings, other family members, and friends; and
- Keep them in the same school, team events, cultural, and social activities.

CFWS case management responsibilities include:

- Ongoing safety assessment, case planning, shared planning and visitation services;
- Monthly health and safety visits with children;
- Monthly visits with parents, foster and kinship caregivers;
- Shared planning meetings;
- Identification of permanent plan and reports to court, every six months, with recommendations for services to achieve permanency: reunification, guardianship, adoption; and
- Compliance with permanency timelines in state and federal law.

Foster homes can be licensed by the DCYF LD or through a private agency. LD completes all licensing and relicensing of families for children placed in out-of-home care. For private agency foster homes, the private agency licensor assesses the family and submits documentation, certifying that the family meets all licensing requirements. Applicant families seeking licensure directly by the Department submit an application and are assigned a social service specialist in the LD Assessment section. This Assessment worker provides support to the family throughout the licensing process as well as post-licensure.

The LD also investigates alleged violations of licensing standards by licensed providers, as well as, allegations of abuse or neglect by licensed providers such as foster parents, group homes, residential institutions, and facilities. In addition, LD staff conduct home studies for licensed, unlicensed, and adoptive homes.

Case plans are part of the Comprehensive Family Evaluation (CFE) which is required to be completed within 60 days of a child's original placement date (OPD) into out-of-home care and are updated at a minimum every six months. The CFE captures key information on individuals and the family in FamLink and is used to prepopulate the court report.

A written case plan is required to be submitted to all parties, including the court, no less than 14 days prior to the scheduled hearing date. Local court jurisdictions hold the Department and caseworker accountable to these timeframes and will not allow a hearing to move forward without the completed written case plan.

Case plans are to be developed jointly during the caseworker's monthly contact with the parents. DCYF policy requires that caseworkers have a minimum of one face-to-face visit with mothers and fathers monthly, unless an exception exists. The conversation with parents includes discussing the court process, the needs of the child, the progress the parents have made, and any additional barriers that need to be addressed. Caseworkers utilize the information discussed to develop and update the case plan. This process assures that the required information is captured and available for assessment, planning, and to inform the court of the progress and plan.

Washington State law and DCYF policy requires that every dependent child or youth's case be reviewed by the juvenile court no less frequently than once every six months. In Washington, review hearings, initial permanency hearings, permanency hearings, and administrative reviews all meet the requirements of periodic review hearings and therefore are counted as such. The purpose of these hearings is to assess the progress of the parties and determine whether court supervision should continue. This assessment, also required by DCYF policy and procedures, is conducted through a comprehensive discussion which includes child safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the needs for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan.

Washington law and DCYF policy requires a permanency planning hearing to be held for every dependent child who has remained in out-of-home care for at least nine months when an adoption decree, guardianship order, or permanent custody order has not previously been entered. The hearing must occur no later than twelve months from the date the child entered out-of-home care and no less frequently than every twelve months thereafter. Permanency planning goals should be achieved at the earliest possible date, preferably before the child has been in out-of-home care for fifteen months.

DCYF policy requires a referral be made to the Attorney General's Office (AGO) for the filing of a TPR petition. Following that referral, a petition is filed by an Assistant Attorney General (AAG) if a child has been in out-of-home care for 12 of the last 19 months. A TPR referral is either a completed form and a large packet of documentation or is an interview with a paralegal from the AGO which is completed by the assigned caseworker. The most common referral for TPR is the completion of a form and large packet.

The AGO has 45 days from the date the TPR referral is received from the assigned caseworker to file the petition for termination of parental rights or return the referral to the assigned caseworker. If the referral is returned to the caseworker, the AAG must include an explanation as to why the referral is being returned. When the referral has been returned, the assigned caseworker must address the identified needs and resubmit the referral for TPR to the AGO; which restarts the 45-day requirement for AAG review.

If there are compelling reasons not to file a TPR petition, the reasons are presented to the court and reflected in the court order and documented within FamLink. This process supports the required filings under the ASFA, which is to file a TPR petition if the child has been in care during 15 of the last 22 months.

Foster Care Assessment Program (FCAP)

FCAP is a statewide contracted program with the purpose to provide a comprehensive assessment of a child's level of functioning in the home, school and community and to assist with the service planning and implementation. The goals are to improve the child's health and well-being, and help DCFS accomplish permanency.

This program is administered by Harborview Center for Sexual Assault and Traumatic Stress (HCSATS), in collaboration with community and hospital partners statewide. FCAP has been expanded to accept referrals for reunification assessments. This reunification assessment includes a parental capacity screening and a comprehensive analysis of whether the service plan meets the parental deficits that promoted removal and whether the parental deficiencies have been corrected. FCAP evaluators are available for 6 months following the assessment to help DCFS implement a plan for each child. Specific services provided by FCAP include:

- Review of case history
- Interviews with people who know the child best
- Summary of the child's health history
- Psychiatric, psychological, pediatric, and cultural case consultation
- Structured in-person interview with the parents (reunification assessment)
- Structured in-person interview with the child and caregiver
- Observation of the parent/child visitation (reunification assessment)
- Standardized assessment of a child's emotional and behavioral functioning
- Thorough recommendations for an updated service plan based on evidence based interventions
- Production of a comprehensive Services and Permanency Assessment Report (SPAR) for DCFS
- Service planning focused on achieving permanency for the child
- Six months of assistance to the DCFS referring caseworker

Follow up activities performed by FCAP include:

- Progress monitoring
- Direct assistance to the DCFS worker
- Direct assistance to the caregiver
- Direct assistance to the child
- Coordination of services/people

Pediatric Interim Care (PIC)

PIC offers specialized services to drug/alcohol affected children under the age of three (3) years, to enhance the family's ability to be caregivers for drug/alcohol affected children and provides necessary specialized services to drug/alcohol affected children to enhance the child's development and lower risk factors. PIC support services to a family may include specialized

group care, specialized foster care, family support, caregiver training and support, aftercare services, wraparound services, and/or other services.

Missing from Care (MFC)

In an effort to provide placement stability for dependent youth who have left placement without permission of the caregiver or the assigned caseworker, the MFC program was developed in 2012. Statewide, there are nine (9) CFWS caseworkers assigned as MFC locators. The locator's exclusive role is to search for and locate youth who run from out-of-home care and return them to placement. For youth who frequently run from out-of-home care or are on the run at least 48 hours, a locator is assigned as the secondary caseworker and works closely with the primary caseworker. The MFC locator positions are successful and youth tend to see the locators as an ally and not another caseworker. Since 2013, the total number of run events and the number of youth who have run multiple times have continued to decrease.

Interstate Compact on the Placement of Children (ICPC)

ICPC is a statutory agreement between all 50 states, the District of Columbia and the US Virgin Islands. The agreement governs the placement of children from one state into another state. It sets forth the requirements that must be met before a child can be placed out of state. The Compact ensures prospective placements are safe and suitable before placement, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

ICPC program coordinates interstate home studies and courtesy supervision for children being placed into other states. All interstate requests are processed by the HQ ICPC office.

DCYF maintains jurisdiction of the case and Washington is ultimately responsible for case planning, financial, and medical care of the child. Not every state has the same services in the community or coverage of certain items through the receiving state's medical coupon (for example Oregon medical does not pay for eye glasses). In those cases, Washington must ensure payment is made for services for the child or youth.

Family Preservation Services

Family Reconciliation Services (FRS)

The goal of FRS is to preserve, strengthen, and reconcile families in conflict. Services are voluntary, family-focused, and rely on family participation. Time-limited services are provided to families with adolescents where there are no allegations of abuse or neglect. FRS is available at no cost to families and can include:

- Assessment and brief intervention;
- Contracted counseling;
- Case management and referrals to short-term placement, crisis residential services, health and mental services; and
- Assessment for Child in Need of Services (CHINS) petitions and At-Risk Youth (ARY) petitions.

Family Voluntary Services (FVS)

FVS supports families on a voluntary basis following a CPS investigation. Services for families are designed to address child safety and remediate issues of child abuse and neglect 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 care through a Voluntary Placement Agreement. Services are aligned with case plan goals such as improving caregiver protective factors and reducing or controlling child vulnerability, thereby ensuring that the child remains safely in the home. Services include assessment, safety interventions, linkages to formal and informal supports, including referrals for services, and case monitoring.

FRS and FVS case management responsibilities include: development and implementation of the case plan; service delivery, including needed referrals to community resources; ongoing assessment of present and impending danger including reviews of case progress; completion of revised case plans as needed; and case closure activities.

Family Support Services

Family Assessment Response Program

CPS FAR is a differential response pathway for screened-in allegations of abuse and neglect as an alternative to traditional CPS investigations. The CPS FAR framework outlines specific steps to be taken by DCYF to focus child welfare resources on four areas in order to improve outcomes for safety, permanency, and well-being:

1. Increased connections with extended family, natural supports, and community to enhance child safety by engaging families outside of the traditional investigative process. By offering services and support without a formal “finding” regarding child abuse or neglect, the state hopes families will be more open to accepting services.
2. Provision of concrete goods and services to support families, safely prevent placement in out-of-home care, safely reunify children with their families, and improve child and family well-being.
3. Expanded use of evidence-based practices to provide targeted interventions that effectively address the needs of children and their families, improve child safety in the home, prevent out-of-home placement, and increase child and family well-being.
4. Expansion of Washington State’s practice models, specifically, Solution Based Casework, and the Safety Framework.

CPS FAR focuses on children and their families who are reported (and screened in) to CPS for neglect and low-to-moderate physical abuse with a non-emergent, 72 hour response time. The CPS FAR implementation and evaluation have benefited from the development and implementation of two distinct SDM tools: an intake tool and a risk assessment tool.

Once the intake tool identifies a family as qualifying for CPS FAR, the family can select the CPS FAR pathway or the intake is assigned for investigation.

When families lack some of life’s basic necessities, such as adequate housing, food, transportation, health care, and access to safe and affordable child care, they may not be able to safely care for their children. Some families need services such as counseling to address relationship concerns or child behavior issues, treatment for drug or alcohol problems, or parenting education about topics such as child development and positive discipline. Families under stress and with limited supports are at a higher risk of child abuse and neglect. Caseworkers connect families with community resources to address unmet needs to reduce stress and lower the risk of abuse or neglect.

Caseworkers help families identify strengths to build on to keep children safe and improve families’ lives. Identifying what parents do well, such as showing affection or providing a good

home for their children, offers more possibilities for family well-being than documenting failures. Building on these strengths and calling in family resources, such as relatives or friends who can help solve problems or provide assistance, helps parents raise their children in safe, healthy, nurturing environments.

CPS FAR helps reduce negative labeling of parents involved in the child protection system. Through the program, caseworkers help develop a partnership among families, agency staff, and the community to keep children safe. No determination of abuse or neglect is made; thus parents are not labeled as abusive or neglectful. Families and caseworkers often consider this a more effective and empowering way to address child protection concerns.

Washington State Emergency Domestic Violence Shelter and Advocacy Services

Provides significant state and federal funding dedicated to providing emergency shelter and supportive services for victims of domestic violence and their dependent children. In addition to shelter, residents receive supportive services such as advocacy, legal assistance, access to support groups, and other specialized services based on each person's unique needs. The majority of service recipients, however, receive non-shelter based services such as advocacy, assistance with protection orders and other legal issues, and access to support groups.

Interpreter Services

DCYF staff have access to interpreters for non-English speaking families through Limited English Proficiency (LEP) interpreter services and translation services to provide clients access to DCYF programs and services in a timely manner and at no cost. LEP means persons are limited in their ability to read, write or speak English or have a limited ability to speak or read English well enough to understand and communicate effectively.

Services to Support Reunification, Adoption, Kinship Care, and Independent Living

Adoption

Adoption-related services to legally-free dependent children including searches for potential adoptive families, screening of adoptive families, home studies as needed. Program requirements include:

- Ongoing assessment of safety, well-being and service needs
- Shared planning meetings
- Referrals to identified services and other supports to help facilitate timely permanence
- Specialized recruitment contracting for children with challenging medical and/or behavioral health needs
- Connecting potential adoptive parents to the Adoption Support program to determine eligibility for ongoing support

Adoption Support

The adoption support program encourages the adoption of special-needs children in legal custody of public or private non-profit child welfare agencies through a negotiated agreement between DCYF and the adoptive parents. Program requirements include determination of federal and state eligibility for adoption support, negotiation of initial and revised adoption support agreements, and approving requests from adoptive families on pre-authorized counseling.

Indian Child Welfare Services

Services are provided to Indian children, consistent with the federal Indian Child Welfare Act (ICWA) and Washington State Indian Child Welfare Act, in the areas of child protective services, foster care, dependency guardianship, termination of parental rights, and adoption proceedings. In addition to direct services provided by the administration, additional services are funded through contracts with federally recognized Indian tribes and other Indian organizations in the state enabling providers to serve their own tribal members and off reservation Indians. DCYF monitors and provides technical assistance to staff and contracted tribes and agencies on compliance with federal and state requirements related to the care of Indian children.

Kinship Care

Relatives play an essential role in helping to meet the needs of children and youth who are unable to live with their parents. The connection to family, relatives, and community is important to a growing child. Nearly half the children and youth placed in out-of-home care by DCYF are placed with a relative or person known to the child, youth, and/or family. Caring for a relative's child can be a challenge and comes with added financial, legal, and emotional issues.

A relative may be able to receive one of two types of government financial assistance while the child or youth is placed in the home of a relative. For unlicensed relatives, Temporary Assistance for Non-Needy Families (TANF) is available. If the relative is licensed, they can receive monthly foster care maintenance payments. Other assistance and support for relatives that may be available include:

- Relative Support Services Fund
- Medical care
- Clothing vouchers
- Transportation costs
- Child specific care plans
- Respite care
- Child care
- Assistance with physical care
- Counseling

Native American Inquiry and Relative Search

When a child is placed in out-of-home care, efforts to locate relatives must be completed. Washington utilizes a centralized unit to conduct relative searches and the search process is initiated by an automatic referral. The unit worker will send letters to all identified relatives within 30 days of the child being placed in out-of-home care. Relative response is tracked and documented in FamLink and the caseworker is notified of the relatives name and if they have agreed to serve as a potential placement or service resource.

Determining a child's Indian status must be made as soon as possible to serve the best interests of the Indian child and to protect the interests of the child's tribe. Caseworkers must identify and verify whether a child or youth meets the definition of an Indian child early in the case to preserve the child or youth's culture.

If the family identifies a tribe, even when the family states or provides documentation they are already a member, such as an enrollment card, the caseworker completes a Native American

Inquiry Referral (NAIR) and submits electronically to the centralized unit. The NAIR unit worker will send inquiry letters to all identified tribes. Upon receiving tribal response, the unit worker will forward information to the primary caseworker and document in FamLink. If the NAIR unit does not receive a response from the identified tribe, a second and third inquiry is completed within 60 days of the previous request.

Camp to Belong Washington

A summer camp experience dedicated to reuniting siblings who have been separated from each other due to out-of-home placement or adoption in Washington State's child welfare system.

Service Coordination

The following activities and need for services are identified during the initial and ongoing assessment of children, youth, and families. Request for services can be made by any member of the case and is initiated through completion of a referral.

Child Safety Framework

The Child Safety Framework informs and guides child safety decisions throughout the life of a case, provides precise language and clear definitions, strengthens child safety assessments and planning, and will guide appropriate placement decisions.

To determine if a child is safe, caseworkers must:

- Gather, collect, and verify information;
- Assess information gathered to determine present danger and impending danger;
- Analyze identified child safety threats to determine placement type; and
- Plan to reduce or eliminate identified child safety threats.

The safety framework focuses on six areas to gather information including: extent of maltreatment, circumstances accompanying the maltreatment, child functioning, parenting disciplines, parenting practices, and parents' daily functions outside of the role of parental unit. Assessing weighs all gathered information, assigns significance of information, and determines if safety threats exist. In order to determine that a threat exists, five criteria must be met: potential severe impacts on the child, occurring immediately or in the near future, out of control, vulnerable child, and observable and specific. Analyze includes the evaluation of the identified safety threats, understanding how safety threats are occurring and how they can be managed and controlled, and breaks down the safety threat to gain greater understanding of how it is occurring. Finally, all children identified as unsafe will have a safety plan that controls and manages the identified safety threats.

Family Team Decision Making (FTDM)

FTDM meetings follow the shared planning meeting model of engaging the family and others. A FTDM meeting is a facilitated team process which can include birth/adoptive parents, guardians, extended family members, youth (as appropriate), community members, service providers, child welfare staff, and/or caregivers. The goal of an FTDM is to build consensus regarding a decision that provides the safest and least-restrictive placement in the best interest of the child. The priorities are to protect children, preserve or reunify families and/or prevent placement disruption. A consensus driven decision-making process does not necessarily imply unanimity, however allows individuals' ideas and suggestions to be heard and considered during the FTDM meeting.

These meetings are held to make critical decisions regarding the placement of children or youth following an emergent removal from their home, changes in out-of-home placement, and reunification or placement into a permanent home. There may be instances when an FTDM can be held prior to placement if there is not an immediate safety threat such as a child who is on a hospital hold and an FTDM could provide placement options. Permanency planning starts the moment children are placed out of their homes and is discussed during an FTDM meeting. By utilizing this inclusive process, a network of support for the children and adults who care for them is assured.

Child Health and Education Tracking (CHET)

The purpose of CHET is to identify and address the long-term well-being needs of children who are in out-of-home care 30 days or longer. The tracking processes focus on bringing together efforts between DCYF, local Public Health jurisdictions, Regional Service Networks, community providers, and local school districts to improve the overall health and educational well-being of children in out-of-home care.

CHET is designed to identify and organize essential information about the physical health, development, connections, education and emotional/behavioral health of all children in DCYFs care or custody. A summary is shared with foster parents, relative caregivers, pre-adoptive parents and social workers to use in placement decisions, case planning, and service delivery to help children grow and thrive. Health, development, and education tracking continues for as long as there is an open case.

Early Support for Infants and Toddlers (ESIT)

Early intervention services during the first three years can make a big difference in a child's life. DCYFs ESIT program provides services to children birth to age 3 who have disabilities or developmental delays. Eligible infants and toddlers and their families are entitled to individualized, quality early intervention services in accordance with the federal Individuals with Disabilities Education Act (IDEA), Part C.

In Washington, referrals to early intervention services are provided through Local Lead Agencies (LLA). Family Resources Coordinators help families access the early intervention services their child may need. They also help families get a free developmental screening and suggest other community resources. If concerns are assessed through the CHET process the information is sent to the LLA. Find the Lead Family Resources Coordinator and Local Lead Agency in your county.

Child Welfare Continuing Child Care (CWCCC)

Families who have had open child welfare cases are eligible for 12-months of Working Connections Child Care (WCCC) with no copayment and no income or work requirements. Eligible case types include in-home CPS (investigations and FAR), FVS, and CFWS in-home or reunification. Out-of-home caregivers who are establishing alternate permanent plans such as adoption or guardianship are not eligible for this benefit.

For a family to be eligible:

- The child must be residing with a parent or guardian;
- Child care must have been included as part of the child welfare case plan; and
- The parent must access the benefit within 6 months of the child welfare case closure.

Caseworkers refer families by completing the child care service referral in FamLink including documenting parent approval to share information. No additional referral needs to be sent over.

Coordinated Care

Coordinated Care is the statewide managed care health plan running the Apple Health Foster Care program. The Apple Health Core Connections (AHCC) program is specifically designed for: children and youth in out-of-home care (dependencies with DCYF), children and youth receiving adoption support, young adults in extended foster care (18 to 21-year olds), and young adults 18 to 26-years old who aged out of foster care on or after their 18th birthday.

Fostering Well-Being Care Coordination Program

Fostering Well-Being Care Coordination Unit (FWB CCU) is a team of health program specialists, nurses, pediatricians (called Regional Medical Consultants or RMCs) and staff trained in accessing and coordinating medical care. Services are intended to provide caseworkers, caregivers, and others with the information they need to manage the health care needs of children in State or tribal placement and care authority. Children and youth are eligible for services if they meet the following criteria:

- In WA State or tribal placement and care authority
- Under age 18-years old (or under 21-years old and participating in the Extended Foster Care Program)

Referrals are received by FWB CCU and are routed to the RMCs as needed or requested. The RMCs continues to be available to assist via phone, email, or in-person. RMCs can be consulted for CPS cases, in relation to the medical factors that impact the case.

Wraparound with Intensive Services (WISe)

Intensive wraparound services for Medicaid eligible children up to 21-years of age with complex behavioral health needs. Includes youth in-home and in out-of-home care. Youth are screened to determine if they need this level of intervention or a lesser level of service. Services are provided through Behavioral Health Organizations (BHO) across the state.

Parent Child Assistance Program (PCAP)

Service for high-risk substance abusing pregnant and parenting women and their young children.

Early Head Start (EHS)

Comprehensive preschool program serving children birth to two and a half and their families and pregnant women. It is delivered through home visits or in center-based care. EHS includes: early childhood education; parent-child attachment support; nutrition services; health screenings and follow-up; family support; and family involvement and leadership opportunities.

Early Childhood Education and Assistance Preschool (ECEAP)

State funded pre-school program for children three to five years of age. The ECEAP program provides a comprehensive family and individual child assessments, support and community resource referrals as needed. If developmental concerns are identified, support and interventions are provided.

Educational Advocacy for Foster Children

The Educational Advocacy Program provides direct advocacy, consultation, information and referral services for youth in out-of-home care. All youth who are in out-of-home care with

educational needs are eligible. Educational Advocacy Coordinators (EACs) are located throughout the state. EACs provide information and referral services designed to help keep foster youth engaged in school and progress toward graduation. Advocates may:

- Assist students with accessing education support and special education services
- Work to keep students in the same school or improve transition when a move occurs
- Work with school on disciplinary matters to address problems and maintain enrollment
- Help with making up high school credits or finding suitable alternative program, and
- Train caregivers, caseworkers, and students on educational rights and responsibilities

Head Start

Federally funded program available to children age three to five. The program addresses the child's social-emotional and developmental needs and also provides family support and community resource referrals.

Service Description

The following services are available throughout the state; however, availability and utilization may differ based on service location.

Child and Youth Safety Services

Children's Advocacy Centers (CAC)

Children's Advocacy Centers are child-focused, child-friendly facilities where children and their families feel safe enough to get the help they need to stop abuse and begin the process of healing. Representatives from many disciplines meet to discuss and make decisions about investigation, treatment and prosecution of child abuse cases. They also work to prevent further victimization of children. This multidisciplinary team approach brings together all the professionals and agencies needed to offer comprehensive services: law enforcement, child protective services, prosecution, mental health, the medical community and advocacy. This comprehensive approach, with follow up services provided by the CAC, ensures that children receive child-focused services in a child-friendly environment.

Combined In-Home Services

Nine services are included within one contract, all focused to improve family functioning in order to promote the child's or adolescent's health, safety, and welfare, allowing children to remain in or return to the family home. All services are delivered in the family home. The use of evidence-based programs (EBPs) include up to 12 hours of therapist support for non-EBP needs (e.g. housing and identifying and accessing community resources). Services include:

- Parent-Child Interaction Therapy (PCIT): Approximately 12 to 15 sessions, based on parent's progress. Services families with children ages 2 to 7-years old.
- The Incredible Years: Length of service depends on child's age and can range from 8 to 21 weeks. Services families with children birth to 12-years old. Parenting skills targeting behavior management and healthy child development. Service is provided either in a peer group setting or in-home.
- Promoting First Relationships (PFR): 10 to 14 weekly sessions, 60 minutes each. Services for families with children birth to 5-years old.
- Triple P: 10 to 14 weekly sessions, 50-90 minutes each. Service available for families with children or youth ages 2 to 16-years old. Services is parent driven, some child

involvement in sessions. Multiple parent assessments, guided participation, role plays. Model uses DVD clips, homework, behavior monitoring tools, and a parent handbook.

- HomeBuilders: Intensive Family Preservation Services (IFPS): 4 to 6-week intensive intervention with an average of 80 hours spend on each case. Service is available for families with children and youth aged birth to 18-years old.
- Project SafeCare: 18 to 22 weekly sessions, 60-90 minutes each. Service available for families with children birth to 5-years old. Skill coaching through use of observation, self-assessment and feedback, homework, and role plays.
- Functional Family Therapy (FFT): 15 to 20 weekly sessions over 3 to 4 months and services for youth 11 to 18-years old. Strengths-based, specific, and individualized interventions focusing on risk and protective factors, and relationships rather than on individual issues. Interventions respect differences, family form, culture, ethnicity and family. Intervention is family-focused with all family members allied and involved. Therapists are non-judgmental and do not align themselves with individual family members.
- Family Preservation: 90 to 120-day intervention, for children birth to 18-years old. A general therapeutic intervention, focused on improving safety in the home.
- Crisis Family Intervention (CFI): 30-day intervention, for families in conflict with youth 12-years and older, focused on establishing connections with community resources.

Nurse Family Partnerships (NFP)

Works with low-income mothers pregnant with their first child. The goal is to improve pregnancy outcomes, child health and development, and increase family economic self-sufficiency. Women have to be enrolled by the time they are 28-weeks pregnant.

Parents as Teachers (PAT)

Serves families with young children by increasing parent knowledge of early childhood development, providing early detection of developmental delays and health issues, preventing child abuse and neglect; and increasing children's school readiness and school success.

Promotes positive parent-child verbal interaction, early language and literacy skills, and social and emotional development to strengthen the parent-child bond, increase positive parenting, and prepare children for school readiness. Home visitors match the culture and language of families served. Available in King County and in the West Valley School District in Yakima.

First Steps

Designed to promote healthy birth outcomes, increase access to early prenatal care, and reduce infant morbidity and mortality. It is a voluntary program and services include: prenatal care, delivery, post-pregnancy follow-up, including family planning, dental care for women through 60-days post pregnancy newborns receive one year of full medical coverage.

Partnering with Families for Earlier Learning (PFEL)

An extension and enhancement of First Steps. The new model is a relationship-based home visiting program similar in intensity and duration to NFP. A two-year, visit-by-visit schedule for PFEL by incorporating two key curricula -Promoting First Relationships (PFR) and Partners in Parenting Education (PIPE). Available in King and Yakima counties.

Parent Child Assistance Program (PCAP)

An evidenced based home visitation case-management model that provides advocacy services to high-risk, substance-abusing pregnant and parenting women and their young children. They offer assistance in accessing and using local resources such as family planning, safe housing, healthcare domestic violence services, parent-skills training, child welfare, childcare, transportation, and legal services. This program is available in King, Pierce, Spokane, Grant, Cowlitz, Skagit, Kitsap, Clallam and Yakima Counties as well as Spokane Reservation.

Safe Babies Safe Moms (SBSM)

A comprehensive home visiting program for Medicaid eligible substance abusing pregnant and parenting women with children under the age of three. Services available in cooperation with other publicly funded services include residential chemical dependency treatment with therapeutic childcare, housing support services, and Targeted Intensive Case Management (TICM) services. SBSM is the TICM service that includes intensive case management, behavioral health related services, child development screening, assessment and referral, and parenting education. Eligible women/children may receive TICM services until the child's third birthday.

Home Visiting

State and federally funded programs that provide home-based child and family assessment, support, and community resource referrals.

Positive Indian Parenting

Helps Indian parents explore the values and attitudes expressed in traditional Indian child-rearing practices and then to apply those values to modern parenting skills and to help parents develop positive and satisfying attitudes, values, and skills that have roots in their cultural heritage. Indian parents, caregivers, and non-Native foster parents of Indian children as referred by DCYF.

Placement Support Services

Behavioral Rehabilitation Services (BRS)

A temporary intensive wraparound support and treatment program for youth with high-level service needs. Includes in-home services as well as therapeutic foster and group care for youth who cannot be safely served in regular foster care or kinship placement.

Child Placing Agency (CPA)

Provides out-of-home placement in private agency licensed foster care and necessary supports to support reunification. Service Include foster care placement, case management, intensive case management, and parent and sibling visits.

Emergent Placement Services (EPS)

Short-term, emergent, temporary placements for children, who do not have an identified placement resource or are awaiting a placement opening.

Foster Care Support Goods/Services

Concrete goods or services needed to support safe, stable placement, or help maintain placement in out-of-home care. Examples include bedding/furniture, car seats, safety locks. This resource is available to all licensed and unlicensed caregivers throughout the state who are providing care to children placed by DCYF.

In-State Intensive Residential Child Specific

Intensive, residential, and individualized services for youth with service needs beyond what BRS can provide.

Respite Care and Foster Care Child Case Aide Services

Temporary, planned arrangement for substitute parenting (respite) and services to augment supervision for children with behavioral or developmental needs (case aide). Respite is provided for children placed with DCYF. Case aide services can be provided for any DCYF child or youth.

Special CPA Group Receiving Care

Short-term, temporary placements for children who are in need of emergency housing care, who have no longer term placement option identified.

Transportation Services

Transportation services are available when they relate to making a placement, during and to support the placement, preventing a placement, or returning a child that is a dependent in this state. Transportation may be authorized when it relates to travel for the child, parents, relatives, permanent planning resources, and care providers. DCYF may reimburse the expenses when the transportation is consistent with the case plan, supports a permanent plan, or directly prevents a foster/group care placement.

Well-being Services

Evaluations and Treatment

Evaluations and treatment are contracted services provided by DCYF when no other evaluation or treatment service are available. DCYF uses professional, psychiatric, and psychological services to assess and address mental health and behavioral needs to support improved safety, stability and permanency. Evaluation and treatment is available statewide and provided to evaluate and support child well-being towards permanency and improve parental capacity for parents to provide safe care for their children.

Medically Fragile Placement Services

Services, including placement, for children whose medical needs exceed those provided from intermittent visiting nurse and who meet the criteria for medically fragile/medically intensive services. This service is for children who need medical care beyond what can be provided in a foster home.

Professional Services

Provides professional level mental health services across a range of topics. Services include sexual deviancy evaluations – adults only, parenting instructions, therapy, developmental assessments, parenting assessments, and domestic violence perpetrator treatment.

Psychiatric Services

Provides evaluation and treatment services by licensed medical doctor (MD) or advanced registered nurse practitioner (ARNP). Services are first attempted to be obtained through public mental health.

Psychological Services

Provides evaluation and treatment services by a licensed doctor of philosophy (Ph.D.) or a licensed doctor of psychology (Psy.D.). Services are first attempted to be obtained through public mental health.

Sexually Aggressive Youth (SAY) and Physically Assaultive/Aggressive Youth (PAAY) Services

Provides a set of services focused on supporting youth identified as sexually aggressive or physically assaultive/aggressive, treatment interventions designed to reduce or eliminate their sexually aggressive or physically assaultive behavior. Services include evaluations, polygraph, and treatment.

Reunification Services*Drug Testing*

Drug testing is arranged for parents when there are concerns that drug use compromises child safety. A variety of testing options are available based on need: urinalysis, hair follicle, oral swabs, and nail bed. Includes managing collection locations across the state and out-of-state.

Visit Services

Provides visitation services between children in out-of-home placement and their parents, as well as visits for siblings placed in separate homes. Services include transportation for children and varying levels of supervision with corresponding levels of documentation.

Education Services*American-Indian/Alaskan Native Head Start*

Federally funded program available to children age three to five. The program addresses the child's social-emotional and developmental needs and also provides culturally appropriate family support and community resource referrals.

Early Achievers

Early Achievers gives early learning professionals access to coaching and resources to provide high-quality care and helps parents and caregivers find high-quality child care and early learning programs that fit theirs and their children's needs.

Independent Living Services*Foster Youth Driver Licenses and Insurance (ESHB 1808)*

To assist foster youth and Extended Foster Care (EFC) youth in the access and completion of driver education courses and provide support for obtaining driver license and automobile insurance coverage.

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)**Department of Children, Youth, and Families Child Welfare Workforce**

The child welfare caseworker services detailed below are supported in part by title IV-B, subpart 1 funding.

- Child Protective Services (CPS) and Child Protective Services Family Assessment Response (CPS FAR)
 - CPS caseworkers provide family services throughout WA to reduce risk to children and to maintain them in their own homes. Ongoing CPS includes direct treatment, coordination and development of community services, legal intervention and case monitoring. CPS includes both investigations and FAR.
- Child and Family Welfare Services (CFWS)

- When children have been placed into the custody of DCYF through a court order, CFWS caseworkers work with the families and children to reunify the children or to find other permanent families for them.
- 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 care through a Voluntary Placement Agreement (VPA).
- 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.
- Caseworker Supervisor
 - Supervisors provide supervision, consultation, planning, accountability, and tracking processes to ensure caseworkers meet all casework management directives as required by law, policy, or other mandates. Ideal supervisors are highly organized, self-motivated, and able to work independently.

Contracted Services

The contracted services detailed below are supported by title IV-B, subpart 1 funding.

- Crisis Family Intervention (CFI)
- Foster Care Support Goods/Services
- Evaluation and Treatment are provided to:
 - Evaluate and support child well-being towards permanency
 - Improve parental capacity for parents to provide safe care for their children.

Services for Children Adopted from Other Countries

DCYF provides services and supports to families of children and youth adopted from other countries in a way that is consistent with those provided to all Washington State families. Examples of agencies that provide these services are: Developmental Disability Administration, HCAs Behavioral Health and Recovery, and Economic Services Administration's Community Service Division. As with families that adopt from the child welfare system, families with children adopted from other countries have equal access to services provided by DCYF such as FVS, FRS, and CFWS. A family that adopts a child from another country is not eligible for adoption support unless the child meets the requirements outlined in the federal Child Welfare Policy Manual, Washington State Administrative Code, and the Regulatory Codes of Washington.

In Washington there is a Post Adoption Support Coalition that meets regularly to address issues that impact adoptive families. Members of the coalition are parents who adopted privately, internationally, and from the child welfare system. The group meets to identify resources available to all adoptive parents not just parents adopting from the child welfare system.

Agencies that provide services to families that adopt from other countries participate in this program. In addition to this group there are support groups available.

Washington State has a private agency called Parent Trust that works with all parents. There is a website and phone number. Staff are available to address a number of parenting related topics. This service is available to all parents.

Parents have adopted children from Washington State and some of those parents live outside of the United States. Staff are beginning to gather information for families that live outside of the United States but more information is needed for this group of adoptive parents.

Services for Children Under Age 5

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. Reports of substance exposed newborns require a two-hour response, or a response within 24 hours if the child will remain in the hospital until DCYF response occurs. Children under the age of five are by definition highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. As of February 1, 2016, children age three or younger require a response time no longer than 48 hours, and children age four or five most often require a response time no longer than 72 hours.

DCYF child welfare caseworkers are required to assess safety, overall well-being, and distinct individual developmental needs on an ongoing basis while children are placed in out-of-home care. Ongoing assessment is one of the tools used to match children to a permanent family with the skills and abilities to meet their short and long-term needs as well as create individualized plans to ensure referrals to appropriate services.

DCYF uses the CHET Program to assess all children including those from birth to five-years old to identify well-being needs of the child within the first thirty days of entering out-of-home care. If developmental or mental health concerns are identified, a direct referral is made to local service providers. DCYF's Ongoing Mental Health (OMH) Screening program uses the CHET behavioral health screening tools to re-screen children and youth ages 3 to 18-years old every six months for behavioral health symptoms. The Ages and Stages Questionnaire-Social-Emotional (ASQ-SE) is used for children 36-months to 66-months. In addition, information is shared with caregivers and used by DCYF child welfare caseworkers to develop an effective case plan and help identify an appropriate placement for the child.

Caseworkers use the following services for children birth to 5-years old to address developmental needs, including placement stability, early permanency support and planning, and well-being needs.

- Early Support for Infants and Toddlers (ESIT) – Washington State's IDEA Part C Program that serves children birth to three when developmental concerns are identified.
- ChildFind – Referrals are made for children age three to five when developmental concerns are identified.
- Medicaid Treatment Child Care (Title XIX)/ ECLIPSE – Provides assessment and therapeutic interventions for developmental and mental health needs in a daycare environment. This service is no longer federally funded and has been renamed ECLIPSE. Health Care Authority is working with Department of Early Learning to reestablish the program's ability to draw down Medicaid dollars.

- Best for Babies Court Docket – Modeled on the national Zero to Three Infant-Toddler Court Team structure, the court focuses on front-loading services to infants (0-3 years) and their parents to preserve the infant-parent bond, promote child well-being, and reduce time to permanence.
- See Service Description for details on the following applicable services:
 - Early Childhood Education Assistance Programs (ECEAP)
 - Fostering Well-Being Care Coordination Program
 - Foster Care Assessment Program
 - Home Visiting
 - Parent Child Interaction Therapy (PCIT)
 - Incredible Years
 - Nurse Family Partnerships
 - Promoting First Relationships
 - Triple P (Positive Parenting Program)
 - Homebuilders
 - SafeCare

The caseworker regional core training stresses the importance of assessing birth to 5 safety and developmental needs and appropriately addressing identified needs in case planning and case management activities.

Infant Mental Health for Children Aged Birth to 5-Years Old

The Infant Mental Health program is mindful of the many challenges and strengths of families with young children. Research shows that early experiences matter. This program promotes healthy social and emotional development early in life.

The caring team of therapists all have expertise in infant/child development and family relationships and create a treatment plan that supports the whole family. They work closely with parents or caregivers, often in their own home, to help them develop the confidence and skills to care for and bond with their children. They also offer "wraparound" services, helping clients connect to resources such as housing, food, diapers, assistance navigating government agencies, and more.

Home Visiting Service Programs

See Service Description: Child and Youth Services

Center-Based Service Programs

See Service Description: Education Services

Psychotropic Medication Review for Children Birth to 5-Years Olds

DCYF partners with the Washington State Health Care Authority (HCA) and AHCC to provide oversight of prescription medications for children and youth in out-of-home care.

See Health Care Oversight and Coordination Plan: (5) Oversight of Prescription Medications for additional requirements.

Legally Free Children Birth to 5-Years Old

DCYF is not able to collect data on whether legally free children are in their permanent adoption home. DCYF analyzes legally free cases by assessing length of time from termination of

parental rights to adoption finalization to determine strategies that will improve permanency for children. Over 90% of children aged birth to 5-years old and legally free for over one year are placed in permanent homes without adoption finalizations. Causes for delays in finalization include:

- Court appeals: adoption finalizations were delayed because the biological parents had appealed their termination of parental rights hearing and the appellate process was not completed.
- Home study issues: adoption home studies were delayed because a home study was not referred or completed, significant changes in family circumstances warranted a new or updated home study, denied adoption home studies with court ordered placements or delays with ICPC placement/home study of child.
- Other reasons for delays in adoption finalization included adoption support subsidy negotiations, case transfer issues, and issues with the caregivers.

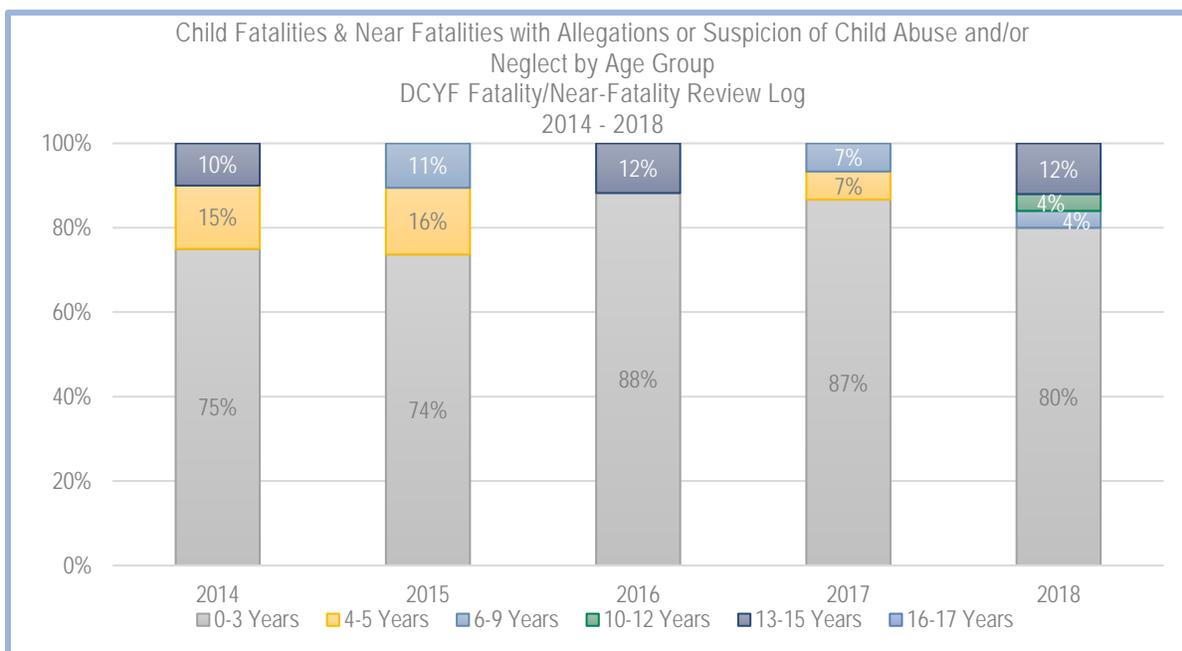
Regional management continues to work with AAGs and the court to address the increase in appeals for termination orders. Policy discourages an adoption finalization during the appellate process. Appeals can take up to 18-months in some cases.

Efforts to Track and Prevent Child Maltreatment Deaths

Washington State's Critical Incident Case Review unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. Washington state law also requires the department previously provided services to the deceased or severely injured child within the past 12-months to meet the requirement for a review. The composition of the committees is also established in state law. The law requires the department select committee members who are professionals who are experts in fields relevant to the dynamics of the case under review. These fields include: law enforcement, pediatrics, child advocacy, parent education, mental health, child development, chemical dependency, domestic violence, Indian child welfare, and infant safe sleep. The purpose of these reviews is to evaluate the department's delivery of services to the family, as well as the system response to the identified needs of the family. This evaluation or review of the Department's services and community response to concerns about child abuse and neglect issues in a family helps to identify areas for improvement through education, training, policy and legislative changes. Final reports are published on the [internet](#) and recommendations are shared quarterly for consideration for implementation.

Children under age three, due to their age and development, are the most vulnerable to serious injury or death from abuse. Figure 24 highlights that in calendar year 2018, 80% of children who died or suffered near fatal injuries from abuse or neglect were three years old and younger. Eighty-eight (88%) percent of child fatalities and near fatalities occurred while the child's case was open. This is an increase from the prior calendar year. In 2017, 73% of the child fatalities occurred on open cases. Sudden Infant Death Syndrome/Sudden Unexplained Infant Death continued to be 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. Co-sleeping, bed sharing with a parent, or unsafe sleep environments were contributing factors in the SIDS/SUID child fatalities. Blunt force trauma (inflicted injury) was the second most common cause of death among infants and toddlers.

Figure 24.



The Department of Children, Youth, and Families' statewide plan to reduce child fatalities includes the following:

- The department has an Infant Safety and Plan of Safe Care policy that requires a plan of safe care when a newborn is identified as substance affected by a medical practitioner or is born to a dependent youth. This policy requires DCYF staff to complete the safe sleep assessment at each health and safety visit for children up to 12 months old in addition to the first in-person meeting and at each placement. This policy revision originated from recommendations made during fatality reviews conducted by the Critical Incident Review unit. The purpose of these recommendations is to increase infant safety, particularly safety in sleep environments.
- The Critical Incident Review unit continues to provide Lessons Learned training throughout offices in the state. This training is also provided to newly hired social workers at the Regional Core Training. Lessons Learned identifies common errors in practice in child fatalities and near fatalities cases. Particular attention is paid to risk and safety of infants and children under three years of age. This training is presented to small work units of 10 to 15 staff to encourage active group interaction. This training is tailored to intake workers, supervisors and licensing staff.
- Infant and toddler safety is a central part of DCYFs Safety Boot Camp training. This statewide training was introduced in 2016. Segments of the curriculum focus on assessing safety to infants and children under three years old. Specifically covered are abusive head trauma which is a common cause of death of infants and children under three of the cases reviewed by fatality review committees. Bruising and other suspicious injuries to infants is also covered.
- The child fatality review process ultimately strives to reduce the number of future child fatalities by identifying and suggesting possible remedies to identified issues in policy and practice. The review committees make recommendations from the issues and

concerns raised in the reviews. The recommendations can be targeted to an office or often have larger statewide implications. The recommendations regularly call for staff training. Given the prevalence of child fatalities due to unsafe sleep practices, many trainings focus on improving worker's practice of promoting safe sleep environments with the families served by the department. For example, a recommendation from a 2018 child fatality review recommended all staff receive training on assessing infant sleep, intervening in unsafe sleep environments and the expectation of ongoing assessment during health and safety visits throughout the life of a case. Other recommended trainings focused on infant wellbeing include providing services to substance exposed newborns, particularly those experiencing tremors and understanding the effects of marijuana use and the potential risk to children.

DCYF obtains data on child fatalities from a variety of sources. The following sources are used to gather information related to child maltreatment fatalities and reports this data to the National Child Abuse and Neglect Data System (NCANDS):

- Washington state's SACWIS system (FamLink)
- DCYFs Administrative Incident Reporting System (CAAIRS).
 - CAAIRS is a standalone database of information regarding all critical incidents involving DCYF clients and staff, including information on child fatalities.
- Coroner's Offices
- Medical Examiner's Offices
- Law Enforcement agencies
- Washington State Department of Health, which maintains vital statistics data, including child deaths.

Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

The below services are available across the state for any family who meets the service criteria and are supported by title IV-B subpart 2 funding.

- Family Preservation Services: 27% of title IV-B subpart 2 funding
- Family Reunification Services/Family Support: 21% of title IV-B subpart 2 funding
- Adoption Promotion Support and Services: 21% of title IV-B subpart 2 funding
- Community-Based Family Support: 21% of title IV-B subpart 2 funding
- Administrative: 10% of title IV-B subpart 2 funding
 - Title IV-B subpart 2 is allocated its share of indirect administrative costs through base 619, some of these cost include: salaries, benefits, goods, and services for Finance and Performance Evaluation Division (FPED), the Assistant Secretary's Office, Children's Administration Technology Services (does not include staff working on FamLink) and leases.

Service Decision-making Process for Family Support Services

Family Home Support Services (FHSS) provides supportive, culturally appropriate, in-home, skill-building services in partnership with DCYF client families. Services are provided as part of a comprehensive case plan to clients of DCYF. Services may be offered on weekends and beyond normal working hours. Overnight service may be provided in emergent cases where all other appropriate placement options have been determined to be inappropriate.

Services provided by Home Support Specialists (HSS) include:

- Teaching and demonstrating basic physical and emotional care of children, including child development and developmentally appropriate child discipline.
- Teaching homemaking and other life skills, including housekeeping, economical shopping, nutrition and food preparation, personal hygiene, financial budgeting, time management and home organization, with consideration given to the family's cultural environment.
- Helping families obtain basic needs. Networking families with appropriate supportive community resources; e.g., housing, clothing and food banks, health care services, and educational and employment services.
- Providing emotional support to families and building self-esteem in family members; aiding family members in developing appropriate interpersonal and social skills.
- Providing client transportation/supervision of visits on a time-limited basis.
- Observing family functioning, assisting the social worker in identifying family strengths as well as areas needing intervention or remediation, reporting to the social worker on the family's progress in skill-building, family functioning and other areas defined in the case plan.
- Providing individual care services, including child care and household management on an emergent, time-limited basis when necessary to maintain a family that is in crisis.

FHSS is not intended to provide long-term maintenance for a family, is not a housekeeping service, and is not interchangeable with CHORE Services. Requests for on-going or repetitive child care or household maintenance are not appropriate for FHSS.

Examples of community based support services include:

- Regions 5 and 6 Housing Authority – DCYF staff participate in monthly meetings to discuss clients housing needs in Clallam County, Jefferson County, Bremerton and Aberdeen.
- Region 6 Wellsprings Community Network (Long Beach and South Bend) – WellSpring is a multi-faceted coalition with individuals representing 12 different areas including: youth, parents, business, media, schools, youth-serving organizations, law enforcement, faith-based organizations, civic organizations, healthcare professionals, local government, and substance abuse prevention. The mission of the Wellsprings Community Network is to support community wellness in South Pacific County through active collaborations.
- Region 6 Peninsula Poverty Response (Long Beach and South Bend) – Peninsula Poverty Response seeks to reduce the consequences related to poverty in the Long Beach by raising awareness of the needs of people living in poverty in the community, increasing access to and utilization of existing resources, decreasing short and long term homelessness on the Peninsula, and increasing employment opportunities and job skills.
- Region 6 Homeless and Housing Advisory Committee (Stevenson) – Assist homeless in Skamania County through the collaborative work of DCYF, local food banks and public health organizations.

- Columbia Gorge Action Board (Stevenson) – Improve availability of social services in the Columbia River Gorge area of Washington. The board includes representatives from DCYF, local food bank, and public health organization.
- Skamania County Family Network (Stevenson) – This network includes DCYF, community mental health providers, community education, and community public health representatives. The purpose of the Skamania County Family Network is to develop programs for families, provide classes, and address training needs for families and children.

Populations at Greatest Risk of Maltreatment

Children birth to 5-years old is the population at greatest risk of maltreatment. In reviewing placement removal data as of June 2019, 47% of children in out-of-home care and in trial return homes are 5-years old and under. In the fall of 2014, infant safety education and intervention policy was developed and implemented that includes the following three components:

1. Newborn: Plan of Safe Care. This plan must be developed and documented for infants born to dependent youth and on screened in intakes where a newborn is affected by substance abuse.
2. Birth to 6 months: Period of Purple Crying. DCYF child welfare and LD staff will inquire if a parent or caregiver has received information on period of purple crying and when and if the materials were received. Provide materials to the parent or caregiver and document receipt and review if they report never having received the information.
3. Birth to One year: Infant Safe Sleep. DCYF child welfare and LD staff will conduct a safe sleep assessment when placing a child in a new placement setting or when completing a CPS intervention when the identified child or any other child in the home is birth to one year of age. Evaluation of the sleeping environment is an expectation of the monthly health and safety visit with the child.

DCYF intake policy includes specific requirements for ages birth to 3-years old. The policy requires intakes with allegations of physical abuse of children ages birth to 3-years old that meet the sufficiency screen-in criteria will be assigned to the CPS investigation pathway for a 24 hour response. The FVS policy requires two visits a month for children age five and under. The policy increases oversight for the most vulnerable population.

Additional services and supports available for this population can be found under Services for Children Under the Age of Five and Service Description.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

DCYF Policy 4420 (A) [Health and Safety Visits with Children and Monthly Visits with Caregivers and Parents](#) was revised October 2016 and states:

1. All health and safety visits and monthly visits must be conducted by the assigned DCYF caseworker or another qualified DCYF staff. The number of visits conducted by another qualified DCYF staff is not to exceed four (4) times per year with no two (2) visits occurring in consecutive months.
2. Children in DCYF custody, or with a Child Protective Services (CPS) or Family Reconciliation Services (FRS) case open beyond 60 days or receiving family voluntary

services (FVS) must receive private, individual face-to-face health and safety visits every calendar month. Additionally:

- a. The first visit must occur within one week (seven calendar days) of the child's initial placement or any change of placement. Placement of a child is not considered a health and safety visit.
 - b. The majority of health and safety visits must occur in the home where the child resides. If the DCYF caseworker must visit the child in another location, the DCYF caseworker must document the reason and benefit gained.
 - c. When children are on an in-home dependency or trial return home all health and safety visits must occur in the home where the child resides. (This requirement does not preclude additional visits outside the home.)
 - d. For in-home dependency or trial return cases with children age five or younger, two in-home health and safety visits must occur every calendar month for the first 120 calendar days from establishment of the in-home dependency or trial return home. (One of the two visits may be conducted by a qualified DCYF staff or contracted provider.)
 - e. For FVS cases, with children age five or younger and residing in the home, two in-home health and safety visits must occur every calendar month. (One of the two visits may be conducted by a qualified DCYF staff or contracted provider).
3. Out-of-home caregivers must receive face-to-face monthly visits.
 - a. DCYF workers must conduct an unannounced monthly visit with caregivers in 10 percent of randomly selected homes. The caregivers requiring an unannounced visit are randomly selected in FamLink.
 - b. Visits with children and caregivers may occur during the same monthly visit.
 - c. Location of the monthly visit may vary.
 4. All known parents or legal guardians involved in a Voluntary Placement Agreement (VPA), shelter care, dependency proceedings or voluntary services (FVS or FRS) must receive face-to-face monthly visits with the majority of visits occurring in the parent's home. Unless an exception (outlined in procedures) exists, visits must continue until one of the following apply:
 - a. The case is closed
 - b. The child becomes legally free.
 - c. The court determines that reasonable efforts toward reunification are no longer required.
 5. All visits must be documented in FamLink within three calendar days of the visit.

Requirements for Health and Safety Visits with Children

The following activities must be completed during Health and Safety Visits with Children:

1. Assess for present danger per Child Safety policy
2. Observe:
 - a. How the child appears developmentally, physically, and emotionally;
 - b. How the parent or caregiver and the child respond to each other;
 - c. The child's attachment to the parent or caregiver; and

- d. 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) the DCYF worker must notify the licensor.
3. Discuss with the verbal child in private, separate from the parent or out-of-home caregiver, either in the home or in another location where the child is comfortable:
 - a. Whether the child feels safe in his or her home or placement.
 - b. The child's needs, wants and progress.
 - c. How visits with siblings and parents are going.
 - d. The child's connections with siblings and other relatives. For youth 16 and above, this includes discussing skills and strategies to:
 - i. Safely reconnect with any identified family members.
 - ii. Provide guidance and services to assist the youth.
 - iii. Maintain community and cultural connections
 - e. Participation and interest in normal childhood activities.
 - f. 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 caseworker's name, office address and phone number.
5. Discuss specific objectives outlined in the 43066. Pregnant and Parenting Policy with pregnant and parenting youth.

Requirements for Monthly Visits with the Out-of-Home Caregiver

The following activities must be completed during Monthly Visits with the Out-of-Home Caregiver:

1. Discuss the child's well-being and permanency goals;
2. Observe the child and caregiver relationship and home environment when a visit occurs in the caregiver's home;
3. Assess the caregiver's ability to provide adequate care and maintain placement stability.
4. Identify any support or training needs.
5. Inquire about the child's visits with siblings and parents and how child is responding.
6. Discuss any normal childhood activities in which the child is participating, or is interested in or maintains his or her community or cultural connections.
7. Discuss any requests to significantly change the child's appearance. Significant changes include, but are not limited to, body piercings, haircuts and changes in hairstyles. Prior approval must be obtained from the parent, tribe, or court if child is legally free.
8. Share the parent's interest in the child's care and requests for the child's participation in normal childhood activities.

The unannounced monthly visit with the out-of-home caregiver must be conducted within 30 days of receiving the automated notification from FamLink.

1. During the visit the DCYF worker will complete the same activities (outlined in procedures) for scheduled monthly visits.

2. When the unannounced visit occurs within the monthly visit timeline, this visit meets the monthly caregiver visit requirement in addition to the unannounced monthly visit requirement.

Requirements for Monthly Visits with Known Parents or Legal Guardians

The following activities should be the focus of Monthly Visits with Known Parents or Legal Guardians:

1. Case planning, service delivery and goal achievement;
2. Progress made to eliminate or manage the identified child safety threats;
3. Barriers to needed services, consideration of additional or different services;
4. Discuss housing stability, i.e.) where is the parent living and how long can they remain in their current home;
5. Permanency planning for the child;
6. Child and parent visitation;
7. Review of a child's interest in and participation in normal childhood activities; and
8. Any requests to significantly change the child's appearance. Significant changes include, but are not limited to, body piercings, haircuts, and changes in hairstyles. Prior approval must be obtained from the parent, tribe, or court if child is legally free.

Monthly Caseworker Visit Grant

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. DCYF anticipates spending these funds on, but not limited to, caseworker mobile devices and access, cameras, laptops, and contracted supervised visits to increase caseworker retention.

Child Welfare Waiver Demonstration Activities

Refer to 2015-2019 Final APSR: Child Welfare Waiver Demonstration Activities section.

Adoption and Legal Guardianship Incentive Payments

DCYF uses the adoption incentive funds for a variety of services and utilizes a payment tracking system to track expenditure of funds. DCYF anticipates receiving future adoption and guardianship incentive funds. As authorized under Title IV-B and Title IV-E of the Social Security Act, DCYF may use the adoption incentive funds for a variety of services that includes, but is not limited to:

- Technical assistance to promote more adoptions and guardianships out of the foster care system, including activities such as pre and post adoptive services and activities designed to expedite the adoption and guardianship process and support adoptive and guardianship families
- Training of staff, foster families, and potential adoptive parents or guardians on adoption and guardianship issues to support increased and improved adoptions and guardianships
- Recruitment of relative, foster, and adoptive homes

- Services that fall under the DCYF Child Welfare Plan

Post Adoption Supports

DCYF provides four support to families that receive services through Adoption Support. These supports include:

- Medical coverage (Medicaid)
- Up to \$1,500 per child for reimbursement of adoption related expenses
- Pre-authorized counseling, which includes evidence-based practice in-home treatment or individualized counseling
- A monthly cash payment, if applicable
- Training through the Alliance and AHCC

DCYF continues to update the Adoption Support internet website to provide more information to families who are interested in or who have adopted an Adoption Support eligible child.

Post Guardianship Supports

DCYF provides supports to qualified relatives through the Relative Guardianship Assistance Program (R-GAP).

- Medical coverage (Medicaid)
- Up to \$2,000 per child for reimbursement of guardianship related expenses
- Evidence-based practice in-home mental health treatment
- A monthly cash payment
- Training through the Alliance and AHCC

Adoption Savings

Due to the adoption savings, DCYF has increased the service array available to adoption and guardianship caregivers. These services include parental counseling, in-home evidenced-based counseling: Promoting First Relationships, Incredible Years, Triple P, Project Safe Care, Functional Family Therapy, and evidence-informed Family Preservation Services, the use of one time only funds for emergent family circumstances, and the availability of intensive in-home wrap-around services when mental health intensive services are no longer available or not appropriate for a family.

DCYF will provide support for training of community providers, staff and caregivers. These trainings will be developed over the next few years to assist adoption and guardianship families using the strategies learned through the National Adoption Competency Mental Health Training Initiative for Child Welfare and Mental Health Providers.

DCYF will use funds for staff, caregivers, and community partners to increase the knowledge of what resources are wanted or needed for the adoptive and guardianship community. DCYF will seek to improve the application process for adoptive and guardianship families that would enable staff to have an expedited and streamlined processes for families.

There have been challenges in finding ways to utilize these savings, but DCYF along with the adoption and guardianship stakeholders continue to examine service and support needs of the adoption and guardianship families.

Consultation and Coordination Between States and Tribes

Collaboration Process

The development of the 2020-2024 CFSP occurred with tribes during the June 12, 2019 DCYF ICW subcommittee meeting. It was also shared in advance of the June 2019 meeting. This subcommittee is made up of representatives from the 29 federally recognized tribes in Washington State. The provided suggestions have been incorporated into this section within the APSR and CFSP. The final version will be shared with the the tribes upon approval.

Ongoing Coordination Planning

Since the development and submission of the 2015-2019 CFSP, DCYF has had ongoing coordination with the 29 federally recognized tribes in Washington (see table 59) at both the statewide and local levels. All tribes receive distribution of minutes from the monthly ICW subcommittee meetings. Names of tribal staff with whom DCYF consulted on child welfare policy and practice that impact Indian children and families throughout the year are also provided. This will continue in the 2020-2024 CFSP.

In our efforts to facilitate ongoing collaboration, in 2018 DCYF changed from video conferencing sites to a WebEx format allowing more access to our ICW Subcommittee Meetings across the state for both state and tribal staff. This technology has increased collaboration and coordination.

In addition to federally recognized tribes/nations, DCYF recognizes, through policy, input from recognized, American Indian Organizations. The primary goal is to recognize a government to

Table 58.

WASHINGTON FEDERALLY RECOGNIZED TRIBES	
Tribe	Tribal Staff
Confederated Tribes of the Chehalis Reservation	
Confederated Tribes of the Colville Reservation	
Cowlitz Indian Tribe	Mike Yates
Hoh Tribe	
Jamestown S'Klallam Tribe	Loni Greninger
Kalispel Tribe	Wendy Thomas
Lower Elwha Klallam Tribe	
Lummi Nation	
Makah Nation	
Muckleshoot Tribe	Betsy Tulee
Nisqually Tribe	
Nooksack Tribe	Katrice Rodriguez
Port Gamble S'Klallam Tribe	Cheryl Miller
Puyallup Tribe	Tara Reynon
Quileute Nation	
Quinault Nation	
Samish Nation	
Sauk-Suiattle Tribe	
Shoalwater Bay Tribe	
Skokomish Tribe	
Snoqualmie Tribe	
Spokane Tribe	Tawhnee Colvin
Squaxin Island Tribe	
Stillaguamish Tribe	
Suquamish Tribe	Sam Deere
Swinomish Tribe	
Tulalip Tribe	
Upper Skagit Tribe	
Yakama Nation	

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 Tribal State Memorandums of Understanding
- DCYF Administrative policy 10.03

Efforts by DCYF to comply with federal & state ICWA include participation by the state and tribes at the:

- Governor's Office of Indian Affairs Advisory Committee
- DCYF Policy Advisory Committee: ICW Subcommittee and Early Learning Subcommittee
- 10.03 Roundtables and consultation as well as yearly 10.03 plans with each tribe

The DCYF Tribal Policy Advisory Committee (TPAC) meets on a quarterly basis and is coordinated by the Office of Tribal Relations. This venue provides the Secretary and other DCYF staff an avenue to give updates, discuss area of concerns tribes may have and work closely with staff to ensure a timely and effective response.

The ICW subcommittee is co-chaired by Liz Mueller, Jamestown S'Klallam Tribe vice chair. The subcommittee consists of tribal representatives delegated by their tribal councils. These representatives participate in policy and procedure workgroups. Minutes from the monthly meeting are regularly provided to all tribes via an email listserv that includes tribal social service directors and staff (attendance and minutes are available on request).

DCYF will continue to engage in substantial, ongoing and meaningful consultation and collaboration on:

- The Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1); Services provided in the four areas under the Promoting Safe and Stable Families Program (title IV-B, subpart 2):
 - Family Preservation;
 - Family Support;
 - Family Reunification; and
 - Adoption Promotion and Support Services;
- Monthly Caseworker Visit Funds;
- Child Welfare Waiver Demonstrations approved under section 1130 of the Act, as appropriate;
- Adoption and Legal Guardianship Incentive Payment Funds;
- Adoption Savings;
- Chafee and ETV;
- Training activities in support of the CFSP goals and objectives, including training funded by titles IV-B and IV-E; and

- Alignment with FFPSA and PIP.

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 DCYF. Other tribes have started the process to have pass through IV-E Agreements. 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 have expressed a strong interest and are known to be working with the federal government on direct IV-E agreements are Colville Confederated Tribes, Muckleshoot Tribe and Lummi Nation.

DCYF continues to update MOAs with the tribes as well as develop and agree to new Agreements with tribes that did not have a MOA. As of May 2019, 13 MOAs are **completed and signed**, and 15 remain in some form of the drafting process. One tribe has chosen not to complete an MOA, if the tribe decides in the future that they would like an MOA, DCYF will begin the process. The MOAs use a **standard format** but allow for tribes to customize the delivery of child welfare services (provided by the state) across all programs that specifically meet the needs of the tribe. In addition, DCYF pays for services for Indian children as requested by a federally recognized tribe. Tribes may also access DCYF funded services by opening a tribal payment only case with DCYF. **RCW 74.13.031 (14)** gives the department authority within funds appropriated for foster care services to purchase care for Indian children who are in the custody of a federally recognized tribe. These services may be identified through MOAs with individual tribes including Chafee and or ETV allotments.

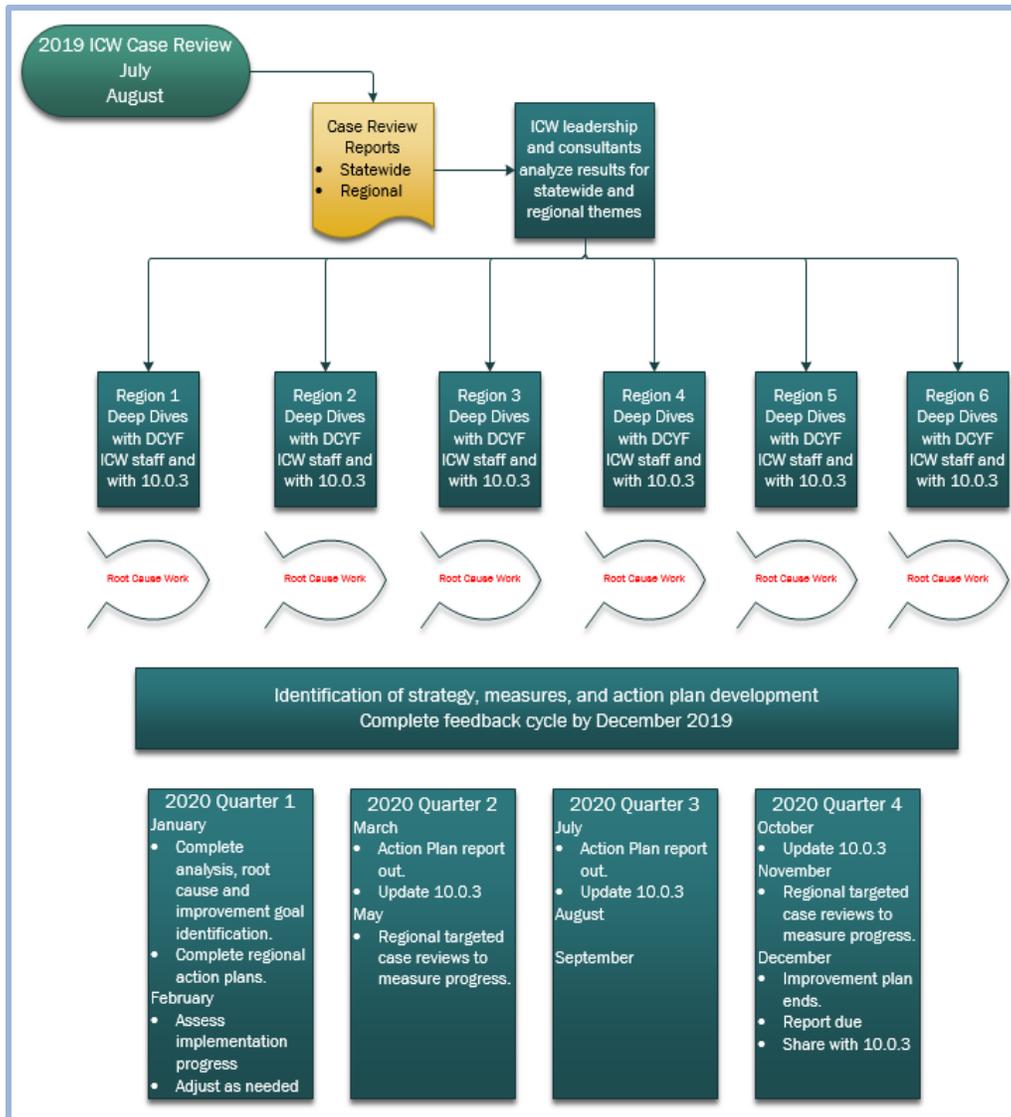
Statewide ICW Case Review

An area needing improvement has been following up on some of the areas needing improvement discovered in the ICW case review from 2015. Contributing factors included six independent reporting regional structures and the differing leadership priorities competing for the same resources. With the transition from Children's Administration to DCYF, this process was eliminated. The process of conducting the ICW case review has always been collaborative and coordinated with our tribal partners.

The 2019 ICW case review process will include a review team of DCYF ICW consultants and tribal partners supported by the Central Case Review team who recently completed the review process for the CFSR. This is not a new process, however the DCYF structure has changed so the ICW consultants report directly to the Tribal Relations Director for DCYF rather than through a regional structure.

The ICW case review will occur in July and August 2019 and will measure practice based upon both the Washington State Indian Child Welfare Act and the Federal Indian Child Welfare Act. Figure 13 outlines the case review process and development of plans for improvement. Once all the results have been collected, the data will be analyzed and shared with stakeholders and tribes through deep dives with the regions and at tribal 10.03 meetings. The ICW consultants will identify root causes with this information and begin development of strategies for improvement, identify measures for the development of regional ICW action plans for ANIs specific to each region. This process would include participants of the 10.03 meetings. ANIs identified across all regions will be gathered to create a statewide ICW action plan.

Figure 25.



Planned Activities for Next Review Period 2020-2024

- Statewide ICW Case Review scheduled for July and August 2019
 - Statewide ICW Case Review will be conducted with help from Tribes and Casey Family Programs.
 - Post ICW Case Review will include analysis of data, root cause identification with tribal and stakeholder participation, strategy development and improvement implementation SMART³⁶ action planning.

Additionally, there will be another statewide case review to be scheduled in 2022.

³⁶ <https://blog.udemy.com/smart-action-plan/>

Local Indian Child Welfare Advisory Committee (LICWAC) training will be provided for DCYF staff and LICWAC members at the regional level provided as identified in the 10.03 plans.

Regional Targeted ICW Case Reviews with tribal participation occurs as agreed upon through the 10.03 plans.

- The Alliance will continue to coordinate with DCYF to schedule the 2-day ICWA training on a rotating schedule/basis, with an emphasis on training veteran staff. Additionally, the Alliance has been invited to participate in any ICW case review process.
- Ensure Tribal staff is aware of all DCYF training opportunities and provided information to enroll and attend through notification occurs at 10.03 meetings, advisory meetings and direct communication from the Alliance of available trainings.
- DCYF will consult and collaborate with Tribes on federal Family First Prevention Services Act. DCYF has kept the tribes updated on the progress of FFPSA at ICW subcommittee meetings and will continue to update and collaborate.
- DCYF will consult and collaborate with Tribes to identify and resolve systemic intake issues.
- DCYF will collaborate with the Tribes around implementation of proposed changes to AFCARS at DCYF ICW subcommittee Meetings.
- ICW Summit with Legal Track

John H. Chafee Foster Care Program for Successful Transition to Adulthood (CFCIP)

Agency Administering CFCIP

Washington State DCYF administers, supervises, and oversees the Title IV-E program and the Chafee Foster Care Program for Successful Transition to Adulthood. The two Chafee funded programs, Independent Living (IL) and Educational and Training Vouchers (ETV) are part of an array of services available to youth transitioning from state foster care.

Program Design and Delivery

Washington is assessing the current structure of the Chafee program and adolescent policies and how to best engage youth and meet their needs. Over the next five years we plan to improve the integration of youth voice in all programs with a focus on reunification and creating and preserving permanent relationships, implement performance based contracting (PBC) into the contracts for IL services for a strengthened emphasis on outcomes for youth, improve data collection and reporting, add trainings, and create and strengthen program policies.

Passion to Action (P2A) serves as an advisory group to review current policies and forms, and help create best practices for staff. They are also involved in developing training and curriculum. The youth participate in community outreach and services to provide youth voice to many of the organizations that IL partners with. DCYF financially supports P2A with transportation to meetings, food, stipends to participate in the meetings, and in community events. The IL program manager facilitates meetings every 6 weeks, solicits meeting topics, and provides opportunities for youth participation.

DCYF also utilizes The Mockingbird Society and helps them develop their yearly legislative asks so that their ideas are refined and within the agency's ability. The Mockingbird Society has identified IL as one of the topics for their leadership summit. They also identified the need for earlier and more frequent transition planning.

Positive Youth Development (PYD)

The State of Washington, across several state agencies and partner organizations -- and specifically through DCYF programs -- supports a range of initiatives in PYD. Our work is consistent with the federal Interagency Working Group on Youth Programs definition - providing prosocial engagement where young people live and learn, in ways that "recognize, utilize, and enhance young people's strengths," promote positive outcomes by providing opportunities, foster positive relationships, and support youth leadership. DCYF offers PYD services in its programs, and works closely with a coalition of non-profit community-based organizations. This state-level coalition provides PYD direct services in communities, and works to improve PYD coordination at the state level. DCYF program examples include IL services and transition planning in child welfare; personal development strategies in both schooling and living situations in juvenile rehabilitation (JR); and equity-focused and other efforts from the Office of Juvenile Justice (OJJ). These child welfare efforts in positive youth development are supported by Chafee and other federal funds, and efforts in JR and OJJ have their own funding streams.

Meaningful Youth Engagement

In addition, DCYF has created an Office of Youth Engagement, using meaningful youth engagement strategies to: 1) to accelerate and better enable the young people served by DCYF to meet outcomes in education, health, and resilience (personal); and 2) to work with young

people to improve our program's ability to best meet their needs (organizational). The initiative works directly with young people, the staff who support them, partner organizations, and agency leadership to better involve young people in the design and delivery of the programs that serve them. Currently, young people in some DCYF programs participate across a range of roles: young people's direct role in guiding their own planning decisions; offering peer support to others; teaching adults how to work with them most effectively; participating in youth advisory structures (including P2A in child welfare, and Youth Voice in JR), and participating actively in civic engagement efforts. The Office works to connect these roles across programs, and help build a system to support youth engagement across the agency. The Office's work plan includes: 1) building shared understanding to establish a meaningful youth engagement framework; 2) enabling and tracking longitudinal progress against the framework; 3) launching high-quality youth engagement projects to scale new programs; and 3) invite other state agencies into a learning community to explore meaningful youth engagement at scale. This Office is state-funded.

Evidence-Based Mentoring

Mentor Washington is the unifying champion for expanding quality youth mentoring relationships in Washington State. For more than 20 years, MENTOR has served the mentoring field by providing a public voice; developing and delivering resources to mentoring programs statewide; and promoting quality for mentoring through evidence-based standards, innovative research and essential tools. Mentor Washington has developed and supports a statewide network of affiliates that provide regional and local leadership and infrastructure necessary to support the expansion of quality mentoring relationships. Together, we engage with the private, public and nonprofit sectors to ensure that all youth have the support they need through mentoring relationships to succeed at home, school and, ultimately, work. This effort is funded through a partnership between the state and philanthropic partners.

Adolescent Programs Coordination

All three of these efforts, offering young people high quality PYD opportunities and support, meaningfully engaging young people in the design and delivery of their programs, and providing young people with evidence-based mentoring, should be seen in light of DCYF's creation of an Adolescent Programs Division, which will bring together efforts across PYD, meaningful youth engagement, effective evidence-based youth mentoring, and other issues. DCYF's director of adolescent programs reports to the deputy secretary of programs for children, youth, and families, and serves on the agency's Executive Leadership Team.

The statewide IL program manager uses NYTD data to inform staff and IL providers of the importance of identifying and addressing IL skills and services needed for our youth to become independent and documenting the work we do with our youth. The "snap shot" identifies the outcomes our youth are reporting and provides insight into the areas to address for practice improvement. The "snap shot" is not readily available and requires states to request the information. When a "snap shot" is requested the NYTD data is reported and discussed at the DCYF IL provider's meetings, DCYF regional IL leads meeting and DCYF leadership team. The NYTD data is shared with community stakeholders annually.

Table 59.

PLAN TO STRENGTHEN THE COLLECTION OF HIGH-QUALITY DATA THROUGH NYTD	
Areas of Improvement	Tasks
Increase awareness of NYTD	Develop and implement staff and caregiver training
NYTD Open Services	Implement ongoing process for data cleanup of open services
	Submit FamLink request to default end service date to start date
Cannot access OSPI education data for NYTD	Identify and explore options to resolve barriers to expanding OSPI Data Share to allow OSPI education data captured in FamLink to be used for NYTD reporting
Include elements in case review process	Explore ability to add NYTD elements to CQI/QA case review

Serving Youth Across the State

DCYF contracts with 12 IL providers and 17 of the 29 tribes within the state to provide support and IL services to eligible youth. IL services are available in most areas with limited services in some remote areas. The caseworker collaborates with service providers in areas where IL services are limited.

DCYF caseworkers refer youth age 15-years old 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 the provider is unable to engage the youth, the caseworker and caregiver are contacted and a letter is sent to the youth informing them that they may contact the program in the future if they wish to participate.

IL providers recognize that youth engagement relies heavily on establishing relationships that can bring about trust. Youth prefer to meet one-on-one with providers and providers meet with them frequently to develop relationships. IL providers also hold workshops focused on specific skill sets and provide professional guest speakers from the community. IL workers create ways to provide learning experiences in the community for the youth that they serve.

Table 60.

ENSURE CONTINUATION TO ALL POLITICAL SUBDIVISIONS SERVED BY CHAFEE PROGRAM	
Areas of Improvement	Tasks
Expand IL to remote areas	Look for alternate providers or resources
Training	Train staff on IL service elements
Provide consistent statewide services	Identify uniform IL curriculum

DCYF does not use the NYTD data to address how services vary from region to region. We have requested the creation of more useful data reports and once those are available the information will be incorporated into evaluating services across the state.

Serving Youth of Various Ages and States of Achieving Independence

Extended Foster Care (EFC) Program

- Washington State has implemented all five (5) eligibility categories for extended foster care. To be eligible for EFC, a youth on their 18th birthday must be dependent, and be:
- Enrolled in high school or high school equivalency certification program, or

- Enrolled or intends to enroll in vocational or college program, or
- Participating in activities designed to remove barriers to employment, or
- Employed for 80 hours or more per month, or
- Have a documented medical condition that prevents participation in one of the four prior categories.

Non-minor dependents can transition between categories throughout their time in EFC. Placement settings vary and can include supervised independent living (SIL) settings such as apartments, shared housing, living in a dorm; foster care; and living with relatives. Non-minor dependents are able to enter and exit the program as needed through a Voluntary Placement Agreement.

Non-minor dependents receive the same case management services and supports as youth under the age of 18-years old in out-of-home care. Case plans are specific to the needs and level of functioning of the young adult, and focus on obtaining the needed skills to successfully transition from care to independent adulthood. Areas of focus typically include: educational goals, employment, and learning independent living skills. IL services and supports play a key role in developing these skills. Non-minor dependents are encouraged to participate in their local IL program and many become more involved as they get closer to the age of 21. DCYF does not currently have data reports reflecting the number and percentage of youth participating in EFC who are receiving IL services.

EFC Program Areas of Improvement

- Ongoing monthly growth in the number of youth participating in the program
 - Limited placement options
- Youth staying in until age 21
 - Increased IL participation between 18-21 years of age
 - Ability to identify and report the number of youth participating in EFC who are also participating in IL services
- Community support
 - Staff training on Adolescent Engagement
- Increase IL participation before age 20
 - Outreach/explain the benefits of IL more often
 - Focus group on IL and services needed
 - Explore IL youth mentorship
- Increase access to housing options
 - Create FamLink code for first/last/deposit to help youth in a SIL get into housing.
 - Develop protocol for FamLink code
 - Create training on how to access funds
 - Investigate innovative placement options with other states and stakeholders
 - Pursue funding for housing EFC housing programs and develop and implement these programs
- Training
 - Staff training on Adolescent Engagement

— Update eLearning for EFC

Washington State is in the process of updating state laws to allow the expansion to age 23. The additions will be incorporated into the new IL contracts and services will remain the same for all youth.

During the 2019 legislative session, an extension to the age of 23 passed and will go into effect July 28, 2019 with an anticipated start date of October 1, 2019. In order to meet the October 1, 2019 deadline, FamLink requires an update to the IL Utility tab that will allow IL providers and Tribes to access and input information for youth between ages 21-23 for IL contract requirements and NYTD reporting purposes. A FamLink correction request was submitted to the IT Department to expand the population of youth accessible to the IL providers and the Tribes to age 23.

The following work plan reflects tasks the agency will be completing to achieve implementation by October 1, 2019.

Table 61.

EFC PROGRAM IMPLEMENTATION PLAN - EXTENSION TO AGE 23	
Task	Due Date
Update IL section on independence.wa.gov website of upcoming changes and dates those changes take effect	August 2019
Update the eligibility in the IL contracts	July-August 2019
Inform IL providers and stakeholders about the changes to the IL program	June 2019
ICW contract language changes and letter to Tribes	June 2019
Provide information about the changes to TPAC	June 2019
Provide IL update to NYTD survey team	August 2019
Provide information on updates in the Caregiver Connection newsletter and caregiver listserv	August 2019
Reminder of upcoming changes to stakeholders	August 2019
Create a Quick Tip to inform DCYF staff of the changes	August 2019

Casey Life Skills Assessment (CLSA)

Washington State 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 to 21-years old receive training on a variety of skills including life skills and educational services.
- Young adults ages 18 to 21-years old receive training on a variety of skills including life skills, education supports and services, housing assistance and employment supports and services.

Collaboration with Other Private and Public Agencies

Collaboration with Public and Private Stakeholders in Helping Adolescents in Foster Care Achieve Independence

- Annual Foster Youth and Alumni Leadership Summit – A collaboration effort with the Commission on Children in Foster Care and Mockingbird Society.
- Camp to Belong Washington – A collaborative effort and partnership with Foster Family Connections, Camp to Belong NW, and DCYF. The event reunites siblings placed in separate foster homes and other out-of-home care. Campers’ ages 14 to 18-years old participate in a half-day “Life Seminar” focusing on life skills, strengths, qualities, and future dreams. Every year “Life Seminar” has different guest speakers and activities but the agenda includes: talking about beyond high school, state programs available for foster children up to 21-years old, college grants and scholarships, personality testing and discussing which careers would be good with personalities, budgeting with real life shopping and props, and question and answer with guest speaker. Organizations that have participated in this seminar are College Success Foundation, Mockingbird Society, IL representatives from Youth for Christ, Job Corp, US Army, University of Washington, foster teens currently attending college on scholarship and community professionals that were former youth in care. Each camper that attends this seminar receives a binder full of activities and information including important phone numbers, names and websites. While at camp, there is a focus on leadership development of the older teens as well as mentoring those interested in becoming future counselors.
- Regions 1 and 2
 - Annual IL “Real World” conference for foster youth age 15 to 21-years old to provide them with trainings and information on resources needed to help promote self- sufficiency. The event is held at one of the community colleges.
 - Annual Summer ILS workshop and barbeque
- Regions 3 and 4
 - Annual summer event for youth
 - Annual week long IL workshops (King County)
 - Regional youth job fair with other youth serving organizations
 - Annual passages graduation/aging out of care celebration
- Regions 5 and 6
 - Community resources scavenger hunts
 - “Block party” community involvement event with youth
 - Community barbeques
 - Job panels resource fair-job fest
 - Summer camp opportunities
- Graduation ceremonies across the state
- 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.
- Safety Net in Spokane provides support to former foster youth with resources to stay in school, job training and financial support.
- Embrace Washington in Spokane assists with providing normalcy within the foster family by providing activities for kids and funding to participate in activities such as music,

sports and camps. Embrace WA works to ensure that youth aging out of the child welfare system are connected to community resources.

- YMCA Accelerator in Region 4 connects youth to many resources that meet their transition needs. The YMCA Young Adult Service operates the young adult community resource center (The Center). The Center is the gateway to YMCA services for foster youth, foster alumni and other transitioning youth ages 15 to 25-years old. The YMCA provides supportive housing, case management and referral services through its three core programs: IL Program, Transitions, and Young Adults in Transition.
 - Transitions – Supportive short-term housing and services for young adults transitioning from foster care or homelessness. Includes seven houses located in neighborhoods throughout King County.
 - LifeSet – Youth Village’s model LifeSet provides Intensive support and clinical services to youth ages 17 to 22-years old who are transitioning to adulthood from the foster care, juvenile justice, and /or mental health systems as well as young people who find themselves homeless or otherwise disconnected. The program is appropriate for those young adults who are experiencing complex challenges yet are stable enough to be safely served in the community.
 - Next Step – Short- or long-term housing with support services and up to 18-months of financial subsidy, for young adults who are homeless or living in transitional housing.
- YMCA Family Search and Engagement Program – The program collaborates with DCYF and outside resources in locating family connections for youth. Family involvement can take many forms, from becoming a caregiver to being a supportive contact. These family connections provide children with a sense of family identity and guidance that they will need to prepare them for adulthood.
- The Youth Advocates Ending Homelessness (YAEH) Program – A branch of Mockingbird. The IL program manager is an advisor for the Summit Leadership Council that meets quarterly. DCYF provides feedback to the group’s efforts in reducing homelessness among former foster youth. YAEH gives youth and young adults who have experienced homelessness a chance to tell their stories and advocate for programs and services they think will improve the lives of young people living on the streets throughout King County. The YAEH program engages over 100 homeless or formerly homeless participants between the ages of 13 to 26-years old each year. YAEH participants advocate for budget and policy change at all levels of government—from City Hall to the halls of Congress—in the effort to end youth homelessness in King County. Special attention is paid to informing the [King County Comprehensive Plan to Prevent and End Youth and Young Adult Homelessness by 2020](#).
- The Foster Teens to College Program – DCYF refers and collaborates with The Foster Teens to College Program to assist current and former foster youth, ages 16 to 21-years old, in completing high school and GED programs and then pursuing, persisting in, and completing post-secondary education programs, including four year institutions, two-year institutions, vocational programs, certificate programs, and apprenticeship programs. Staff work one-on-one with youth to help them plot the path to their educational goals, including help with such tasks as applying to college, identifying sources of financial aid and scholarship funds, navigating school campuses and systems, and maintaining class

schedules and grades. Peer mentors who have successfully completed a semester of higher education may also be available to work one-on-one with youth to offer guidance and support from someone who has walked in their shoes.

- Treehouse – DCYF refers youth for tangible services or needs to Treehouse, a private non-profit agency serving foster youth in Region 4 provides 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.

Additional programs available through Treehouse include:

- Graduation Success – The program helps youth in foster care engage and invest in their education and future. Services include:
 - Create their own plan for high school graduation and beyond
 - Build problem-solving and self- advocacy skills
 - Connect to resources like tutoring credit retrieval, and college/career prep
 - Recognize and develop support systems
 - Resolve education barriers
- Educational Advocacy Program – The program provides educational advocacy, consultation, information and referral services to foster youth. This program also provides training to caseworkers, caregivers, and community providers.
- The Launch Success – The post-high school program provides young people who have experienced foster care with continued support until they achieve stable housing, a degree or credential, and a living wage. Launch Success provides:
 - Coordination of services to secure housing
 - Funding for school fees or supplies, and job supplies
 - Assistance with other academic or careers needs
- Driver's Assistance Program - Provides funding and assistance for youth in foster care, extended foster care, or under jurisdiction of Tribal court to obtain:
 - Washington State ID Cards
 - Driver's Education Courses
 - Washington State Learner's Permits
 - Washington State Driver's Licenses
 - Washington State Enhanced Driver's Licenses
 - Automobile Liability Insurance
- College Success Foundation – Governors' Scholarship for Foster Youth is a scholarship program that helps young men and women from foster care continue their education and earn a college degree.

Coordination of Services with other Federal and State Programs

Community collaboration continues to be a vital part of DCYFs 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:

- Homelessness Prevention – DCYF works closely and with Office of Homeless Youth Prevention Programs (OHYPP) in making sure all runaway and homeless youth in the child welfare system are receiving the necessary support and services they need, and providing the Office with guidance, referrals and contact information to aid in the prevention of homelessness among youth in Washington State. Youth are referred to community providers for housing needs. Many of Washington State’s IL providers are also recipients of federal grants for transitional housing.
- Family Unification Program (FUP) – DCYF, in collaboration with the Economic Services Administration and statewide Housing Authorities created an MOU to promote housing stability among families and young adults served by both agencies. This collaboration continues to combine resources for families and young adults aging out of foster care who meet the criteria for FUP as specified by the US Housing and Urban Development Administration. IL providers and local DCYF offices are working directly with local Housing Authorities to help identify safe and affordable housing options and landlords who are willing to accept FUP vouchers, as rental rate increase at a faster rate than the fair market value.
- Youth Homelessness Demonstration Program (YHDP) – Washington State is the recipient of three different YHDP grants from the Department of Housing and Urban Development (HUD). The projects sit with the Seattle/King County Continuum of Care (COC) with All Home being the lead agency, the Washington State Balance of State (BoS) COC to build youth programming infrastructure in 23 of the most rural counties, and the Snohomish County Human Services Department (HSD) will build on successful innovative practices that have transformed the Everett/Snohomish County CoC homeless response system, to further transform the homeless youth response.
- A Way Home Washington (AWHWA) – Anchor Community Initiative-DCYF has partnered with AWHWA with their Anchor Community Initiative (ACI) ACI is a coordinated effort to prevent and end youth homelessness with a diverse coalition of nonprofits, elected officials, philanthropy, businesses, and community members who are committed to “helping all young people in the state find their way home.” The initial four counties chosen were Pierce, Spokane, Yakima, and Walla Walla, with hopes to eventually expand to a total of 12-15 communities across the state. AWHWA will bring all parts of each community to the table and develop a unique plan that covers prevention, long-term housing, treatment services, employment, and educational attainment
- Washington Student Achievement Council – The Passport to Careers program helps students from foster care prepare for and succeed in college, apprenticeships, or pre-apprenticeship programs. Under the Passport to Careers program, there are two sub-programs:
 - Passport to College where students receive a scholarship that assist with the cost of attending college, support services from college staff, and priority consideration for the State Need Grant and State Work Study programs.
 - Passport to Apprenticeship Opportunities assists students participating in registered apprenticeships or pre-apprenticeship programs coving occupational-specific costs such as tuition for classes, fees, work clothes, and occupation related tools.

- Supplemental Educational Transition Planning Program – This program provides foster youth age 13 to 21-years old with educational planning, information, and connections to other services and programs. It provides coordination between high school counselors and foster youth to ensure they have an educational transition plan.
- Department of Vocational Rehabilitation (DVR) – DCYF works directly with the DVR to ensure youth with disabilities have full access to employment. DCYF caseworkers and IL providers submit referrals to the local programs that are provided through DVR.
- Employment Security Administration (ESA) – DCYF partners with ESA through the Employment Pipeline. The Employment Pipeline is designed to find clients jobs in many different lines of business and help them stay employed. The model involves three critical components:
 1. Identifying employers willing to work with DSHS and our clients to offer meaningful, long-term employment opportunities, ideally building transferable skills;
 2. Providing basic training and skills to meet the specific jobs available from these employers; and
 3. Helping clients stay employed by providing support to resolve issues that might jeopardize job retention.

The skills provided are inclusive and many youth are learning basic life skills, as well as, tools to use on the job. ESA Employer Navigators collaborate with clients and businesses. Navigators will meet with clients at or near their facilities to help resolve issues that might jeopardize their ability to stay employed. Assistance includes:

1. Supports businesses with trained, job-ready candidates;
2. Provides “onsite” support by a DSHS Employer Navigator to work through issues that cause them to leave employment and end up back at our community service office;
3. Provides additional access to community service office services; and
4. Reduces the client’s time away from work, increasing employer satisfaction because they don’t lose their employee for a long period while they seek services. Onsite Employer Navigators will be able to serve as a “Mini-CSO” and provide assistance for a variety of needs, allowing clients to get back to work more quickly.

Determining Eligibility for Benefits and Services

IL Eligibility

Youth are eligible for the IL Program if they meet the following criteria:

- At least 15-years old
- Under the age of 21-years old; and
- In foster care in an open dependency action through DCYF or a tribal child welfare agency for at least 30-days on or after their 15th birthday

Once youth meet the eligibility criteria, they remain eligible until 21-years old, regardless if they have achieved permanence (such as adoption, kinship guardianship, and reunification).

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 or her home state, the youth is eligible for services in Washington. DCYF contacts the IL lead in the child’s home state to determine eligibility status.

The agency will not be lowering the minimum eligibility age to 14-years old and is opting to maintain the minimum eligibility age of 15-years old.

As previously described, Washington hopes to expand services to age 23rd on October 1, 2019.

Cooperation in National Evaluations

Washington participates in national evaluations on the impacts of the programs in achieving the purposes of IL.

Chafee Training

Table 623.

ANTICIPATED CHAFEE TRAINING
eLearnings for FamLink
<ul style="list-style-type: none"> • Create an IL referral and IL Page
<ul style="list-style-type: none"> • National Youth in Transition Database
<ul style="list-style-type: none"> • Creating and Updating the Transition Plan
Staff
<ul style="list-style-type: none"> • Youth Rights
<ul style="list-style-type: none"> • Pregnant and Parenting Youth
<ul style="list-style-type: none"> • Credit reporting
<ul style="list-style-type: none"> • Difficult Conversations with Youth
<ul style="list-style-type: none"> • Identifying Make Survivors
<ul style="list-style-type: none"> • Motivational Interviewing and Harm Reduction

Education and Training Vouchers (ETV) Program

The Washington State ETV program utilizes a web based database which allows for the flexibility to work with students. The database is set up to have student information at our fingertips and changes can be made easily if needed. Among the data elements included in the database are: demographics, financial aid and enrollment status, budget worksheet and a notes section. ETV staff receives support from the Department of Social and Health Services Research and Data Analysis (RDA) system administrator with problem solving and creating database improvements.

The ETV applications are found online at www.independence.wa.gov. The online application option makes the application process easier for students, is more efficient for ETV staff processing the applications and provides students with more timely confirmation of their eligibility.

Beginning July 1, 2018 ETV was changed from a reimbursement model to a disbursement model. As a result, students no longer need to submit receipts for eligible expenses and do not need to come up with advance funds to purchase needed items. Prior to this change, students would receive their reimbursement anywhere from 7-10 business days after submitting their

invoices. Now on average, students receive all of their grant funds for the quarter or semester within 3-5 business days of submitting their grant request. As a result of the efficiency created by the disbursement model, ETV staff have increased availability to support and communicate with students through email, phone call or text. Students are better supported with achieving educational success by helping them troubleshoot barriers and navigate campus resources so they are able to remain in school. Based on feedback from students, IL providers and education advocates, it has been identified that an online portal would reduce barriers to application and improve efficiency of fund distribution. It would also save time for both students and ETV staff.

Table 63.

ETV ACTION PLAN FISCAL YEAR 2020			
Area of Improvement	Strategy	Tasks	Completion Date
Improve efficiency of application and fund disbursement; consistent use of paperless files.	Develop an ETV student portal.	Complete a feasibility study	Complete by 06/2020
		Research various portal options by contacting post-secondary programs/ social service agencies	Complete by 07/2020
		Develop and implement student/provider survey to identify program needs	Complete by 07/2020
		Evaluate results to determine next steps	Complete by 09/2020

The ETV database has a Financial Aid tab which details a student’s Cost of Attendance, post-secondary financial aid award and their unmet need as reported by their school. Students report this information by submitting the award letter they received from the school’s Financial Aid office or send it to us via their student portal. If students have difficulty sending us the needed documentation, we work directly with schools to obtain the necessary information. Once an ETV award is determined, the amount is broken down by quarters or semesters for disbursement. The student is then notified by email and letter of their ETV award amount.

There are times when a student’s financial aid situation changes, necessitating an adjustment to their ETV award. When this occurs, the student and the school is notified.

Table 645.

ETV ACTION PLAN FISCAL YEAR 2020			
Area of Improvement	Strategy	Tasks	Completion Date
There is nowhere on the database showing that Financial aid offices were notified of a student's ETV award	Consult with RDA to create a Financial Aid Administrator and Designated Support staff check box on the database.	Create a notification letter which will be sent to Financial aid staff and/or Designated support staff	Complete by 09/2019
		After check box is established, begin informing Financial Aid Administrators.	Complete by 12/2019

The ETV program has a strong partnership with state and community based agencies to support the academic success of our youth and coordinates closely to maximize resources. The ETV Program Manager is a member of the Passport Leadership team which meets quarterly which looks to break down barriers for foster youth, support the needs of campus staff, develop professional trainings and organize an annual Passport Conference.

The Washington Student Achievement Council (WSAC) is responsible for the distribution of financial aid to post-secondary institutions. There is a common application where students can apply to ETV as well as the Passport to Careers program. Passport to Careers has two sub-programs; Passport to College, which provides a scholarship to assist with attending college, includes support services from college staff, and priority consideration for the Washington College Grant and State Work Study programs and Passport to Apprenticeship Opportunities, which assists students participating in registered apprenticeship or pre-apprenticeship programs with covering occupational-specific costs. From the WSAC portal, ETV staff verify student eligibility for the Passport to Careers scholarship. Through this program, there are Passport Navigators/designated support staff on college campuses who provide support, activities and resources for foster youth. Post-secondary schools who have completed their Passport Viable Plan receive incentive funds which can be used to support campus programming for foster youth. Beginning in the 7th grade and up to graduation, foster youth are auto enrolled in College Bound, a scholarship program for low-income youth. WSAC has efforts in place to increase the number of students who complete the FAFSA/WAFSA each year.

The College Success Foundation (CSF) is another strong partner with ETV. They have a foster care initiatives team who organize the Way to Go event, formerly known as Make It Happen. Way to Go will be three separate events in June on three different college campuses (Eastern Washington University, St. Martin's University and Everett Community College). Rising juniors and seniors will spend a day on campus learning about Passport to Careers, different educational pathways and creating connections with campus support champions. The Leadership 1000 scholarship awards funding to certain high school seniors attending eligible high schools and who plan to enroll in a Washington state college or university. The scholarship is renewable and it is available in amounts up to \$5,000.00 per academic year. The Governor's Scholarship for Foster Youth helps students continue their education and earn a college degree. Scholarship award amounts range from \$2,000.00 to \$4,000.00 depending on the college of attendance. Selected students can access the annual scholarship for up to five years to complete their undergraduate study.

In Washington State, a "College Success Program" is at a post-secondary institution and is specific to youth in foster care or formerly in foster care. These programs offer services such as:

additional orientation activities; assistance with financial aid and enrollment services; more intensive technical advising; deliberate faculty-student interaction; more intensive housing assistance; mentoring; summer bridge services; supplemental instruction; social events; and learning communities. The goal of these programs are to facilitate and support young people attending, persisting, and graduating from the institution.

Table 656.

ETV ACTION PLAN FISCAL YEAR 2020			
Area of Improvement	Strategy	Tasks	Completion Date
Increase specific outreach to post-secondary programs.	This will allow for face to face contact with our students as well as a chance to connect in person with the staff who support the students on campus.	Determine the schools with the most ETV students	Complete by 06/2019
		Contact Designated Support staff at the schools to schedule visit dates	Complete by 07/2019
		Visit identified schools	Complete by 03/2020

Consultation with Tribes

Outreach and consultation with Tribes includes the IL Program Manager attending the Tribal Policy Advisory Council (TPAC) meetings when invited to provide information on the Chafee programs and services for adolescents. There is ongoing communication with Tribal Child Welfare Directors regarding independent living activities, requirements, eligibility, and trainings.

The ETV program manager met with the ICW program manager in March 2019 to discuss the best way to proceed for informing tribal representatives about the ETV program. Mr. Smith emailed the ETV one-pager to all the tribes with my contact information. The Squaxin tribe contacted ETV and a meeting took place at the end of March. ETV information was discussed as well as other scholarships available for Indian Nation youth.

The Region 5 disproportionality lead was contacted and she will share information with DCYF staff and tribal representatives at the regional meetings with tribes. The ETV program manager will contact the 5 other regional disproportionality leads to ask for their assistance. ETV staff are available for consultation/training/meeting with youth at the tribe’s request.

Following a change in statute in June 2018, Native youth who are in tribal foster care became eligible to receive the Passport to Careers scholarship. On the consent form, youth need to check the Tribal Dependent box, signify the tribe and date of last placement.

Internal consultations include the DCYF Indian Child Welfare Director, IL Program Manager, and ETV Program Manager.

Tribes-Program Coordination

Efforts to coordinate with Tribes includes providing program framework to the tribes of what can be included in providing IL to youth and ask the tribes to provide a plan of how they will meet the requirements. Contracts are created with each tribe to ensure services are rendered. Ongoing technical assistance is provided to the tribes with regards to FamLink, NYTD data entry, and services.

The only tribe to administer their own ETV program is the Port Gamble S'Klallam Tribe in Kingston, WA. We are available for consultation and problem solving when requested and assist their ETV students if the tribe runs out of funds.

We will work with any Washington tribe who requests to develop an ETV program and have developed a plan to increase the number of Tribal youth accessing ETV.

Table 667.

ETV ACTION PLAN FISCAL YEAR 2020			
Area of Improvement	Strategy	Tasks	Completion Date
Increase the number of Tribal youth accessing ETV	Partner with ICW Program Manager to develop culturally appropriate outreach plan	Schedule quarterly meetings with Program Manager	Begin 07/2019
		ETV staff will respond to Tribal inquiries.	Ongoing
	Coordinate with DCYF Indian Child Welfare workers, supervisors and regional disproportionality leads.	Present ETV information in person/video conference	Begin 09/2019
	ETV applications and database accurately reflect Tribal youth	Obtain feedback from ICW Program Manager and Tribal staff/youth	Begin 07/2019
		Based on feedback make necessary changes	Begin 11/2019

Tribes-National Youth in Transition Database (NYTD)

DCYF continues to communicate with tribes about the federal NYTD requirement. This includes providing correspondence to tribes by the IL Program Manager and the DCYF ICW program manager.

In Washington, all contracted tribal IL providers were given access and input capabilities to the IL page, education page in FamLink. DCYF 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. Some tribes do not have FamLink access or IL inputting capabilities in FamLink due to new staff or computer related issues. The IL Program Manager continues to reach out to the tribes to provide assistance and has provided FamLink training when it has been requested. DCYF 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 but can assist walking the tribes through to install FamLink or correct computer settings. DCYF created a hard copy form of the NYTD documentation for tribes to complete manually as an alternative process. The forms are accompanied with the quarterly reports and will be input into FamLink by DCYF staff. The forms are made available in the contract and will be added to the ICW resource page.

Eligibility for the Chafee Program is uniform throughout the state.

Chafee benefits and services are defined by each tribe to meet their unique individual cultural identity and community needs. Tribal youth also have access to services provided from state contracted IL providers.

The state contracts with tribes within that state to provide their own IL services to tribal youth. Each year the state renews the contract and allocates Chafee funding to each participating tribe to serve youth as they see fit.

Payment Limitations

Title IV-B Subpart 1

Title IV-B Subpart 1

- Washington State expenditures of Title IV-B subpart 1 funds in federal fiscal year 2005 for child care, foster care maintenance, and adoption assistance payments was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2020.
- The amount of non-federal funds expended by Washington State for foster care maintenance payments that may be used as match for Title IV-B subpart 1 award in federal fiscal year 2005 was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2020.

Title IV-B Subpart 2

Title IV-B Subpart 2

- The 1992 base year amount was \$24.257M.
- The state and local share expenditure amounts for Title IV-B subpart 2 for federal fiscal year 2019 was \$24.327M.
- Washington State does not plan to revise the use of Title IV-B subpart 2 funds based on the amendment to P.L. 112-34.

TITLE IV-B SUBPART 2 SERVICES: EXAMPLES OF KEY SERVICE PROVIDERS	
Family Preservation (27% of grant)	DCYF contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include: <ul style="list-style-type: none"> ▪ Parent Child Interaction Therapy (PCIT) ▪ Intensive Family Preservation Services (IFPS)/ HomeBuilders ▪ Incredible Years ▪ Positive Parenting Program - Triple P
Community-Based Family Support (21% of grant)	DCYF contracts with providers for Parent Education and Support in communities throughout Washington State.
Family Reunification Services (21% of grant)	DCYF contracts with providers for family reunification services throughout Washington State. Key services include: <ul style="list-style-type: none"> ▪ Family Preservation Services ▪ Parent Child Interaction Therapy ▪ Evaluations and Treatment
Adoption Promotion Supports and Services (21% of grant)	Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the neediest and difficult to adopt. Adoption services are provided by adoption caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 18,000 children and families.
Administrative (10% of grant)	Title IVB-2 is allocated its share of indirect administrative costs through the approved Public Administration Cost Allocation Plan (PACAP), some of these cost include: salaries, benefits, goods, and services.