Indian Child Welfare Evaluation: Safely Reducing the Number of Children in Out-of-Home Care

Department of Children, Youth, and Families (DCYF)
Office of Innovation, Alignment, and Accountability (OIAA)
Evaluation and Research

DCYF's Office of Innovation, Alignment, and Accountability (OIAA) builds DCYF capacity to make evidence-informed decisions, continuously learn and improve, and successfully enact system reform

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Introduction

The Federal Indian Child Welfare Act (ICWA) and the Washington Indian Child Welfare Act (WICWA) (13.38 RCW) were enacted to confront the long history of removing children and youth[1] of Native ancestry from their families and communities. To improve the well-being of American Indian/Alaska Native (AI/AN) children, youth, and families, this is the first report that describes recent trends and outcomes for Washington State's ICW population. In subsequent reports, there is an anticipation that DCYF's ICW policy and practice changes may improve Native children, youth, and families' interactions and outcomes when involved with DCYF. This report is collaborative, with both internal and external partners providing consultation on the report. The literature suggests that changes to ICW policies and practices will:

1. Safely reduce the number of children and youth in out-of-home care.
2. Improve the well-being of AI/AN children and youth in DCYF care.
3. Improve permanency outcomes for AI/AN children and youth in DCYF care.

This report will cover the trends related to the ICW policies and practices that relate to safely reducing the number of children and youth in out-of-home care. Two subsequent reports discussing well-being and permanency outcomes for AI/AN children and youth in DCYF care will be released soon.

Executive Summary

This ICW report discusses the disproportionality of referrals made by mandated reporters and other community members, screened in intakes, and out-of-home placements lasting longer than 1 and 2 years. In congruence with recent court rulings, if there is a reason to know the child may be an Indian child and is screened into Child Protective Services (CPS) or CPS Family Assessment Response (FAR), there are additional steps to which caseworkers and after-hours workers must adhere. This includes beginning Tribal inquiry, following active effort procedures, and collaborating with identified Tribes before potentially removing a child from their family. Further, comparing the intake ratios of all Washington families to those below 200% of the Federal Poverty Level (FPL), suggests that poverty is a substantial contributing factor to referrals to the agency.

A stipulation of ICWA and WICWA is that "active efforts" are to be used to try to preserve families. Active efforts are "affirmative, active, thorough, complete and timely efforts" (ICW P&Ps, Definition Chapter). These are efforts that hopefully will shrink the high disproportionality and disparity ratios for placements for Native children. Since 2020, removals due to maltreatment have been falling, while removals for substance exposure have increased. Of note is that substance exposure accounts for a very small proportion of all removals (4% in 2020 and 6% in 2022).

[1] Here forward reference to children means both children and youth.

Throughout the report, the data displayed are for AI/AN and AI/AN-Multi[2] populations. To see aggregated trends, refer to the Disproportionality & Disparity in Child Welfare Dashboard. In Washington state, approximately 3% of children are AI/AN-Multi, whereas only 1% are AI/AN, alone. In many situations, AI/AN-Multi children's representation in the child welfare population is more disproportionate than their AI/AN peers. There is a need for further investigation to understand why this is the case.

Finally, this report captures a possibly positive change in the proportion of youth who are placed in relative care. As of 2021, there has been a shift towards more Native children placed with relatives across all intake age groups. Given this change, there is a hope to see documented improvements in children's well-being.

To create a report that provides a benchmark for future comparisons, much of the data presented draws on recent history and provides the current landscape of the state's Native population. Since many changes to policies and practices are pending, there is hope there will be positive changes in these areas as the improvements are implemented.

Safely reducing the number of children in out-of-home care

What are the disproportionality ratios of AI/AN children referred to CPS or FAR, or those who entered out-of-home care before the implementation of the ICW P&P changes?

In this report, disproportionality is measured by using disproportionality ratios. A disproportionality ratio for AI/AN children shows the percentage of AI/AN children represented at a particular Child Welfare system decision point, relative to the proportion of AI/AN children in the underlying population. Throughout this report, ratios for both income-restricted and general underlying populations are presented. If the Child Welfare decision point is intake, for example, and 5% of intakes in SFY 2015 were for AI/AN-Multi children, while 2% of the underlying population is AI/AN-Multi, the disproportionality ratio for intake would be 5/2, or 2.5. If AI/AN-Multi children were proportionally represented at intake, they would be 2% of intakes have a disproportionality ratio of 1. The general underlying population is the proportion of all AI/AN children in Washington state. The income-restricted underlying population is the proportion of AI/AN children in Washington state who live in families making 200% or less than the Federal Poverty Limit. Comparing the income-limited disproportionality ratio with the general disproportionality ratio can illuminate the relationship of poverty to Child Welfare system involvement.

Referral Trends

Before being able to answer the first question, a baseline of metrics before the rollout of the ICW P&P changes is detailed. These metrics can be replicated every other year to monitor how the recent ICW P&P changes may have impacted AI/AN families. To create baseline metrics, annual intake cohorts of Native children were created, using data from FamLink for each state fiscal year[3]. This process is detailed in the methods section at the end of this report. To estimate Washington State's child population, Census data were used. Presented

[2] AI/AN-Multi is defined as a person identified as American Indian/Alaska Native with any other race/ethnicity. This is part of the standard recommended by the Washington State Racial Disproportionality Advisory Committee (WSRDAC). The abbreviation is consistent with DCYF's other products.

[3] The state fiscal year is July 1 – June 30.

below are the disproportionality ratios for all intakes, placements within 1 year, and out-of-home care lasting longer than 2 years for AI/AN and AI/AN-Multi children.

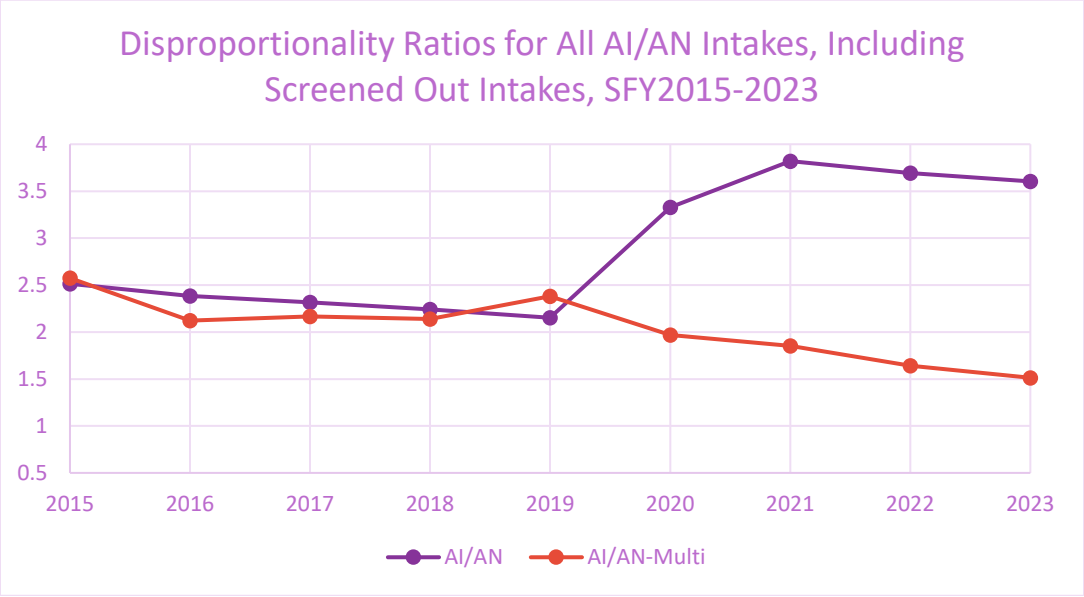
The disproportionality ratio for all intakes, including screened-out intakes, tells us how disproportionately AI/AN children are referred to the agency. Referrers include mandatory reporters as well as members of the general population who express concerns about a child's welfare. The disproportionality ratio for all intakes (including screened-out intakes) is calculated by comparing the AI/AN and AI/AN-Multi group proportions of all intakes compared to their respective group's proportion in the underlying population.

$$Disproportionality\ Ratio\ of\ All\ Intakes\ for\ Native\ Children = \frac{\#\ Native\ Children\ Intakes\ /_{\#\ Intakes}}{\#\ Native\ Children\ /_{\#\ Washingon\ State\ Children}}$$

A ratio of 1 would indicate that the group is the same proportion of intakes as it is it is a proportion of the population, meaning that there was no disproportionality. A ratio greater than 1 would indicate that the group is over-represented among intakes, while a ratio of less than 1 would indicate that the group is under-represented among intakes. Figure 1 below shows that in recent years there has been a large drop in the disproportionality ratio for AI/AN-Multi intakes, while the AI/AN disproportionality ratio has been higher than the AI/AN-Multi ratio across most years. There is a distinct change in these ratios beginning in 2020, when AI/AN ratios rose substantially. In 2020, AI/AN children were the subject of intakes at 3.3 times the rate at which they are present in the state population, whereas AI/AN-Multi children were represented at intake at 2 times the rate at which they were represented in the state population in 2020. The raw numbers and percentages are included at the end of the report, by SFY.

Figure 1.

Disproportionality Ratios for All AI/AN Intakes, Including Screened Out Intakes, SFY2015-2023.



Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2023] and ACS 2021 5-year estimates. data.census.gov. CW Reporting Portal. WSRDAC/M Reporting Standard: Yes.

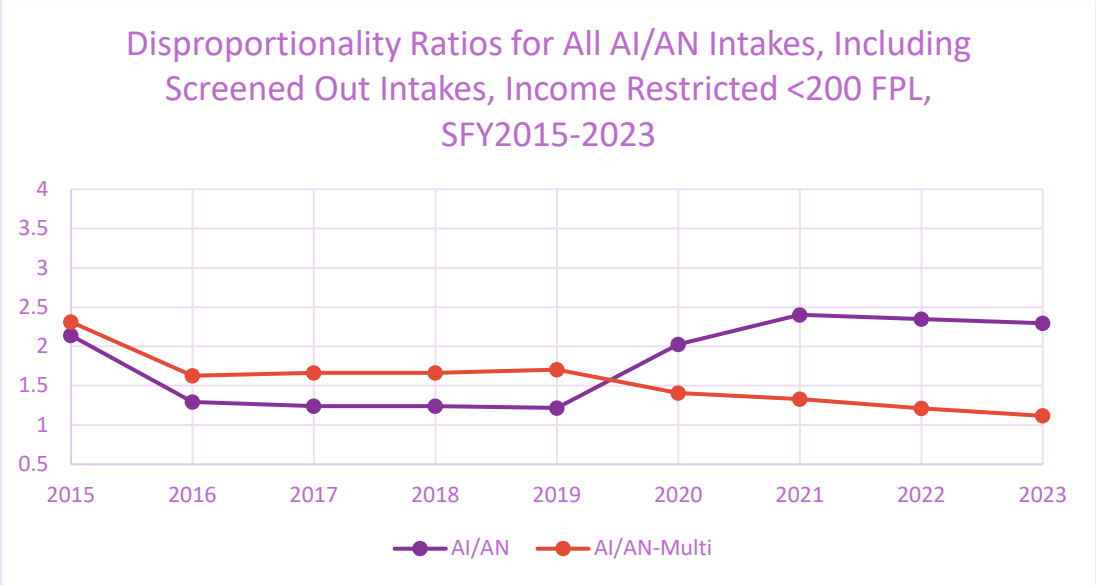
Generally, child welfare involved families, across racial and ethnic categories, are experiencing poverty at

higher rates than the general Washington state population. Given this factor, comparing both general and income-limited ratios shows the relationship of racialized poverty to child welfare system involvement. Essentially, the disproportionality ratios are lower when the underlying population is limited to families experiencing poverty because families experiencing poverty are already disproportionately Native families.

Income-limited ratios were calculated in the same way but compared intake proportions to an underlying population of children living in households earning less than 200% of the Federal Poverty Limit (FPL). While there is a similar pattern, the disproportionality ratios reduce. Using 2020 as an example, AI/AN children were represented at intake at 2 times the rate of their representation in the income-limited state population, and AI/AN-Multi children were represented at intake at 1.4 times the rate of their representation in the state population living at or below 200% the FPL. These similar, yet smaller, ratios for the income restricted population suggest that poverty is an underlying factor for all intakes. When the comparison population is limited to families experiencing poverty, disproportionality ratios are lower, indicating that the intake population is closer to representative of the population experiencing poverty than it is the general population at all income levels. Nevertheless, these disproportionality ratios indicate that even when the underlying population is restricted to families experiencing poverty, AI/AN and AI/AN-multi children are overrepresented among DCYF intakes.

Figure 2.

Disproportionality Ratios for All Intakes, Including Screened Out Intakes, Income Restricted (<= 200% Below the Federal Poverty Limit). SFY 2015-2023.



Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2023] and ACS 2021 5-year estimates. data.census.gov. CW Reporting Portal. WSRDAC/M Reporting Standard: Yes.

Placements within 12 months

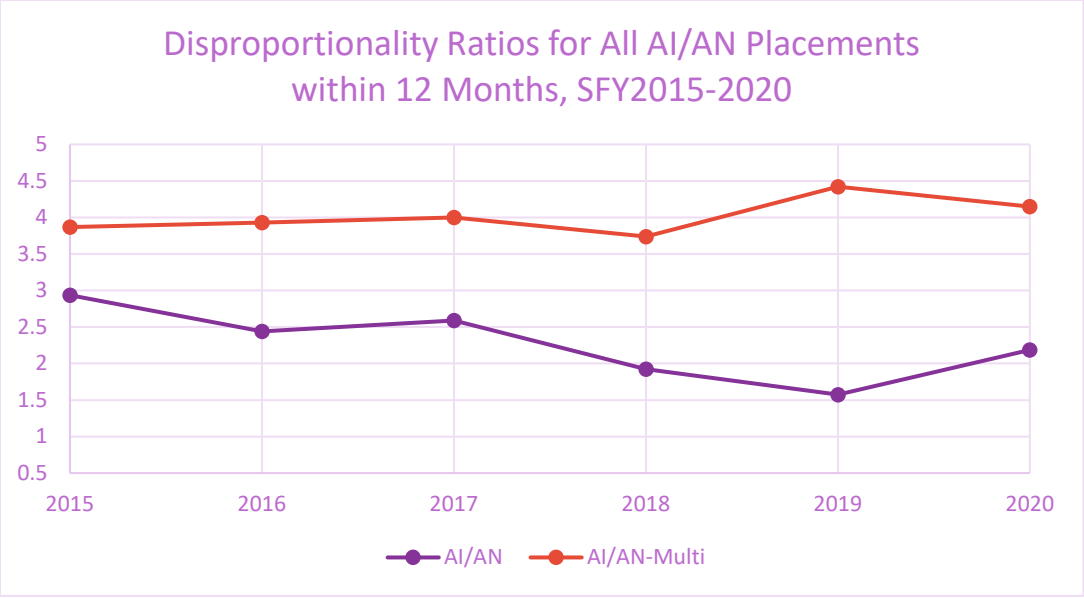
Interestingly, disproportionality ratios for placements within 12 months showed a different trend than intakes. This is a ratio of the proportion of AI/AN or AI/AN-Multi children placed within 12 months of intake divided by the group's representation in the state population.

$$Disproportionality\ Ratio\ of\ Placements\ within\ 12\ months\ of\ Intake\ = \frac{\#\ Native\ Children\ Placed\ within\ 12\ months\ of\ Intake\ /\ \#\ Children\ Placed\ within\ 12\ months\ of\ Intake}{\#\ Native\ Children\ Intakes\ /\ \#\ Intakes}$$

In Figure 3 below, there are differences in out-of-home care after intake, with the disproportionality ratio for AI/AN-Multi increasing since 2016, whereas the disproportionality ratio for AI/AN decreased over the same time. Both AI/AN and AI/AN-Multi children are over-represented in placements within 12 months of an intake. However, AI/AN-Multi children are more likely to be placed than AI/AN alone children. In 2020, AI/AN-Multi children were placed at 4.1 times the rate at which they are represented in the state population and AI/AN children were placed at 2.2 times their representation in the state population. These large disproportionality ratios demonstrate that there is a continued need for additional support for our Native families between intake and potential placement. More specifically, families that experience removal may have more acute needs while also having fewer resources. If targeted, specific supports are provided before removal, we might anticipate removals within one year to fall. With this widening gap, differences between these two groups and other factors that may have contributed to this uptick were explored in the following section.

Figure 3.

Disproportionality Ratios for All AI/AN for Placements Within 12 Months, SFY2015-2020.



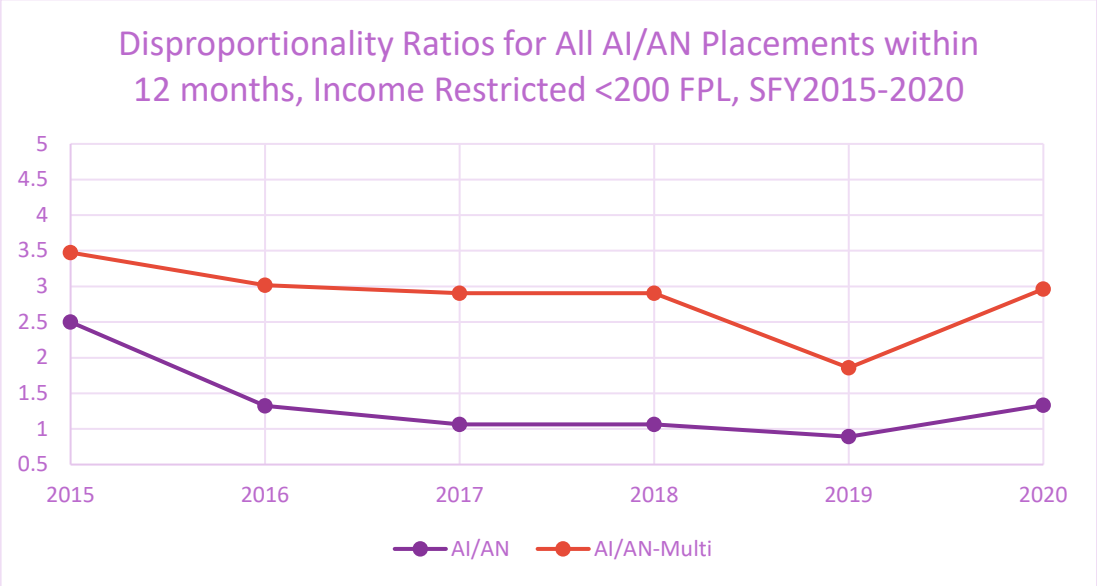
Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2023], Exits & Entries [SFY2015-SFY2023], and ACS 2021 5-year estimates. data.census.gov. CW Reporting Portal. WSRDAC/M Reporting Standard: Yes.

To further compare the income restricted population and the unrestricted disproportionality ratios, a similar process to that of intakes was conducted for placements within 12 months. Ratios were calculated in the same way but calculated for the underlying population of children living in households earning less than 200% of the FPL. Again, there are similar, yet smaller ratios for the income restricted population than for the general population, suggesting that poverty is an underlying factor for placements within the first year of intake. Using 2020 as an example, AI/AN children were represented at placement at 1.3 times the rate of their representation in the state population, and AI/AN-Multi children were represented at placement at 3 times the rate of their representation in the state population living at or below 200% the FPL. When comparing the income-limited ratio to the general population ratio in 2019 a drop in the disproportionality ratio, versus an

increase, was found. This suggests that AI/AN children living at or below the FPL were underrepresented in placements.

Figure 4.

Disproportionality Ratios Intakes for AI/AN Placements within 12 months, Income Restricted <200 FPL (<= 200% Below the Federal Poverty Limit), SFY2015-2020.



Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2023], Exits & Entries [SFY2015-SFY2023], and ACS 2021 5-year estimates. data.census.gov. CW Reporting Portal. WSRDAC/M Reporting Standard: Yes.

What is the 'baseline' for the child welfare involved AI/AN population (e.g., pre-ICW P&P changes)?

Screened in Trends

To begin exploring ICW population factors, such as region, age at intake, and removal reason, descriptive analyses of recent years are presented. In addition to statewide trends, the screening decisions in 2022, disaggregated by the Region, using the case worker's region were reviewed. The differences in percentage of screened in intakes across regions was minimal.

Table 1, below, displays age trends for all the AI/AN children who were referred to DCYF in SFY 2022 and the percentage of those referrals that were screened in. There are only minor differences in the ages of referred children by region. Comparing the percentage of referred children in each age group to the percentage of screened-in children, there are some notable differences. In every region, for the 0-1 and 2-3 age groups, the percentage of screened in childrenchildren screened is greater than the percentage of referred children. For example, in Region 1, children 0-1 are 13.13% of the children who are referred, but they are 16.73% of children who are placed in out-of-home care. This is consistent with other state trends (see OIAA's Agency Performance for the percent of children who experience out-of-home care by age). Younger children are more vulnerable than older children, so to ensure their safety, out of home placement is more likely to be needed. According to 2023 Census estimates, Region 2 has a higher proportion of those older than 5, compared to other regions. For example, Regions 1 and 2 have the same proportion of children under 5 (6% of the

population), but 26% of the Region 2's population is < 18 years old, compared to 22% of the population of Region 1.

Table 1.

SFY 2022 AI/AN & AI/AN-Multi Children referred to and screened into DCYF by region.

Age Group Referred & Screened in	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Grand Total
0-1 Referred	13.13%	12.34%	13.23%	13.49%	16.07%	12.72%	13.13%
0-1 Screened in	*16.73%*	*15.82%*	*18.13%*	*17.54%*	*21.42%*	*14.53%*	*17.26%*
2-3 Referred	9.97%	10.51%	8.54%	10.28%	11.68%	9.54%	9.97%
2-3 Screened in	*13.07%*	*9.49%*	*12.24%*	*11.93%*	*10.55%*	*13.73%*	*11.93%*
4-11 Referred	44.51%	42.77%	45.14%	44.50%	44.33%	48.88%	44.51%
4-11 Screened in	*44.71%*	*43.99%*	*44.11%*	*44.48%*	*45.67%*	*46.13%*	*44.88%*
12-17 Referred	31.65%	33.58%	32.44%	30.60%	27.15%	25.00%	31.65%
12-17 Screened in	*25.49%*	*30.70%*	*25.23%*	*26.04%*	*22.36%*	*25.60%*	*25.99%*

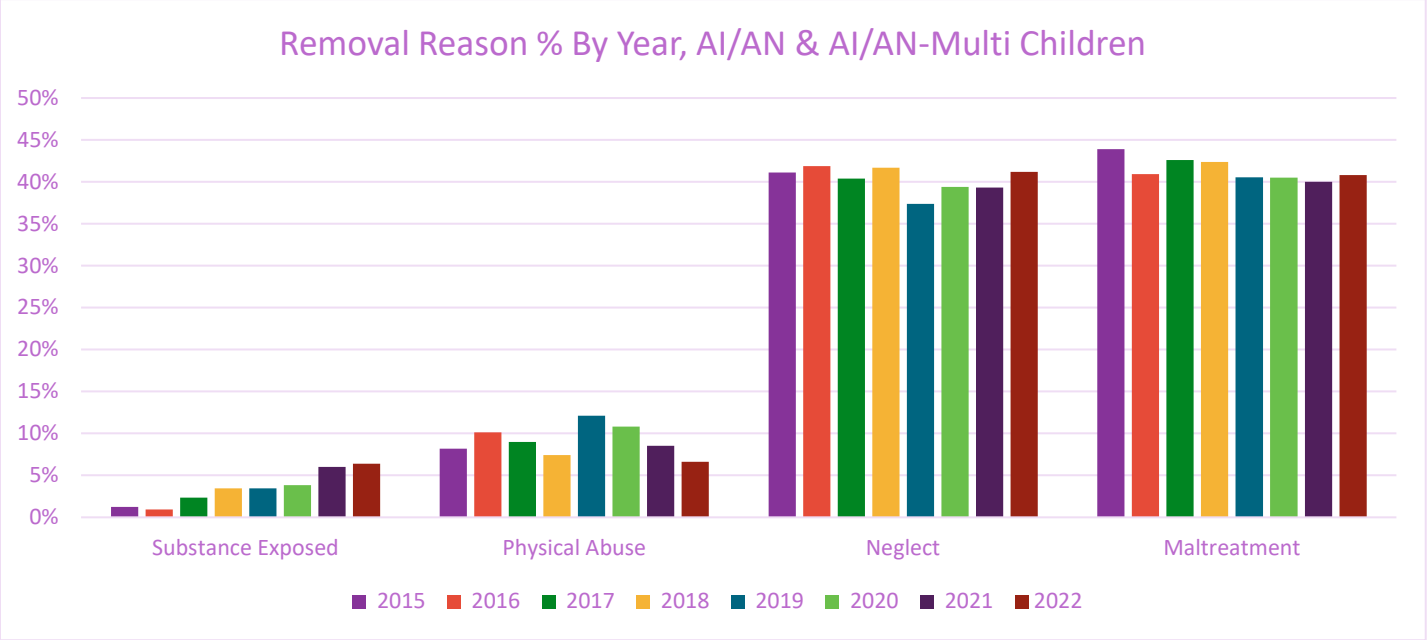
Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2023]. WSRDAC/M Reporting Standard: No.

Removal Trends

An additional investigation was conducted, examining the reasons for placing AI/AN children in out-of-home care. Percentages for each removal reason are presented in Fig. 5. Removal reasons point toward potential responses to the needs of the community (e.g., offering more tailored services for preventing maltreatment, or increasing contracted providers to help caregivers of substance exposed infants and prevent removal). Most removals were due to neglect or maltreatment. Maltreatment and neglect are defined together in RCW 26-44-020 as "an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety." It should be noted that HB 1227 changed removal standards, and as a result, neglect as a reason for removal is likely to decrease in upcoming years. Physical abuse was the second most common reason for removal. Both sexual exploitation and abandonment are excluded from Figure 3, below, but there was a range of 0 to 3 cases each year for sexual exploitation, and a range of 9 to 32 cases each year for abandonment and sexual abuse.

Figure 5.

Percentage of AI/AN & AI/AN-Multi Children's Removal Reasons by Year.



Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2022]. WSRDAC/M Reporting Standard: No.

There has been an increase in removals for substance exposed children, with 6% of removals in 2022 due to substance exposure. Past reports on substance exposed infants, across racial and ethnic categories, indicate that compared to other age groups, infants are disproportionally likely to be placed out of the home within 30 days of an intake, and substance exposure is the most common reason for their removal (Klinman, 2022). There is an opportunity to collaborate with Plan of Safe Care or Help Me Grow. These programs might be able to provide additional supports to both caseworkers and families resources, such as recovery from substance use disorder.

Again, maltreatment and neglect are the most common reasons for removal. Generally, removals due to maltreatment and neglect have stayed consistent over time, whereas removals due to physical abuse have fallen and substance exposed removals have increased. These trends will be monitored for change soon.

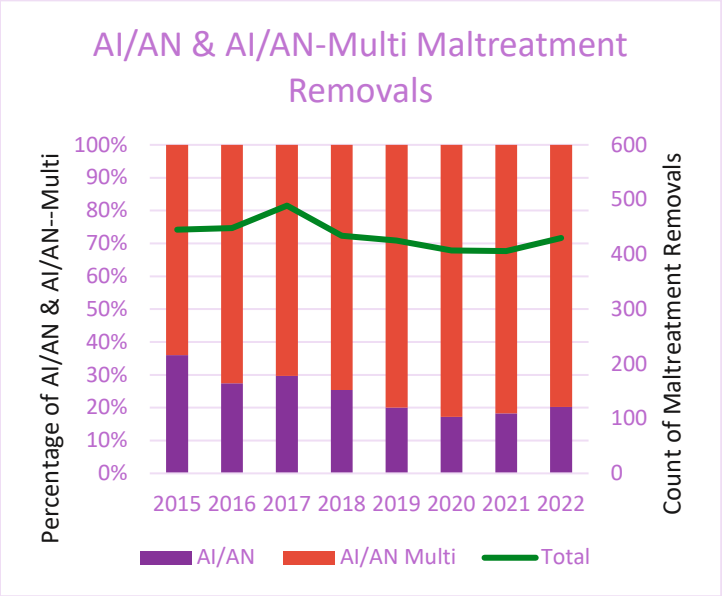
As differences between AI/AN children and AI/AN-Multi children have been shown on previous measures, a comparison of the two groups' removals for maltreatment (Figure 6) and substance exposure (Figure 7) are presented below. If removals were in proportion with each group's population, we'd anticipate a similar trend to that of Maltreatment removals. In 2015, there were an estimated 3 AI/AN-Multi children for every 2 AI/AN children in Washington state, and approximately 36% of the removals due to maltreatment were of AI/AN children. 2022 population estimates show that these proportions have changed and for each AI/AN child, there are 4 AI/AN-Multi children. In 2022, the percentage of AI/AN-Multi maltreatment removals was around 80% of the AI/AN combined population removed for that reason. In essence, there are more AI/AN-Multi children removed than AI/AN alone children, but this aligns with the state's population.

Differences between AI/AN and AI/AN-Multi children's removals due to substance exposure are not as consistent as those from maltreatment. These removals represent a very small proportion of Native children and are more sensitive to small fluctuations. Figure 7 suggests that the smaller population of AI/AN children

constitute a disproportionate share of substance exposed removals than do AI/AN-Multi children, as of SFY2022. From 2017-2020, there were more substance exposure removals each year than there were in 2015 and 2016 combined. More concerning is the overall substance exposure removals in 2021 and 2022. This aligns with the previously presented data in

Figure 6.

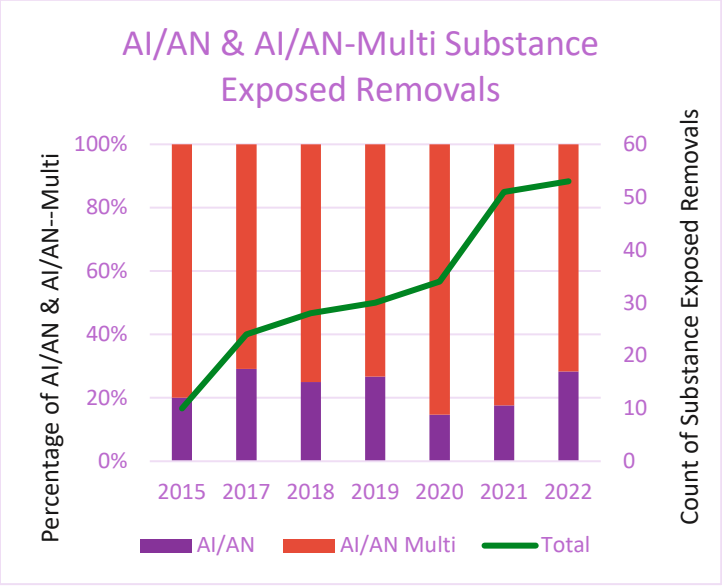
Distribution of AI/AN & AI/AN-Multi Maltreatment Removals, SFY 2015-2022.



Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2022]. WSRDAC/M Reporting Standard: Yes.

Figure 7.

Distribution of AI/AN & AI/AN-Multi Substance Exposed Removals, SFY 2015-2022.



Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2022]. WSRDAC/M Reporting Standard: Yes.

For additional context, there have also been changes to removal standards by the Keeping Families Together Act (HB 1227), implemented in SFY2023. The implementation of HB 1227 is not represented in this report but highlights a concern some have about the change. This has resulted in fewer removals across all groups of

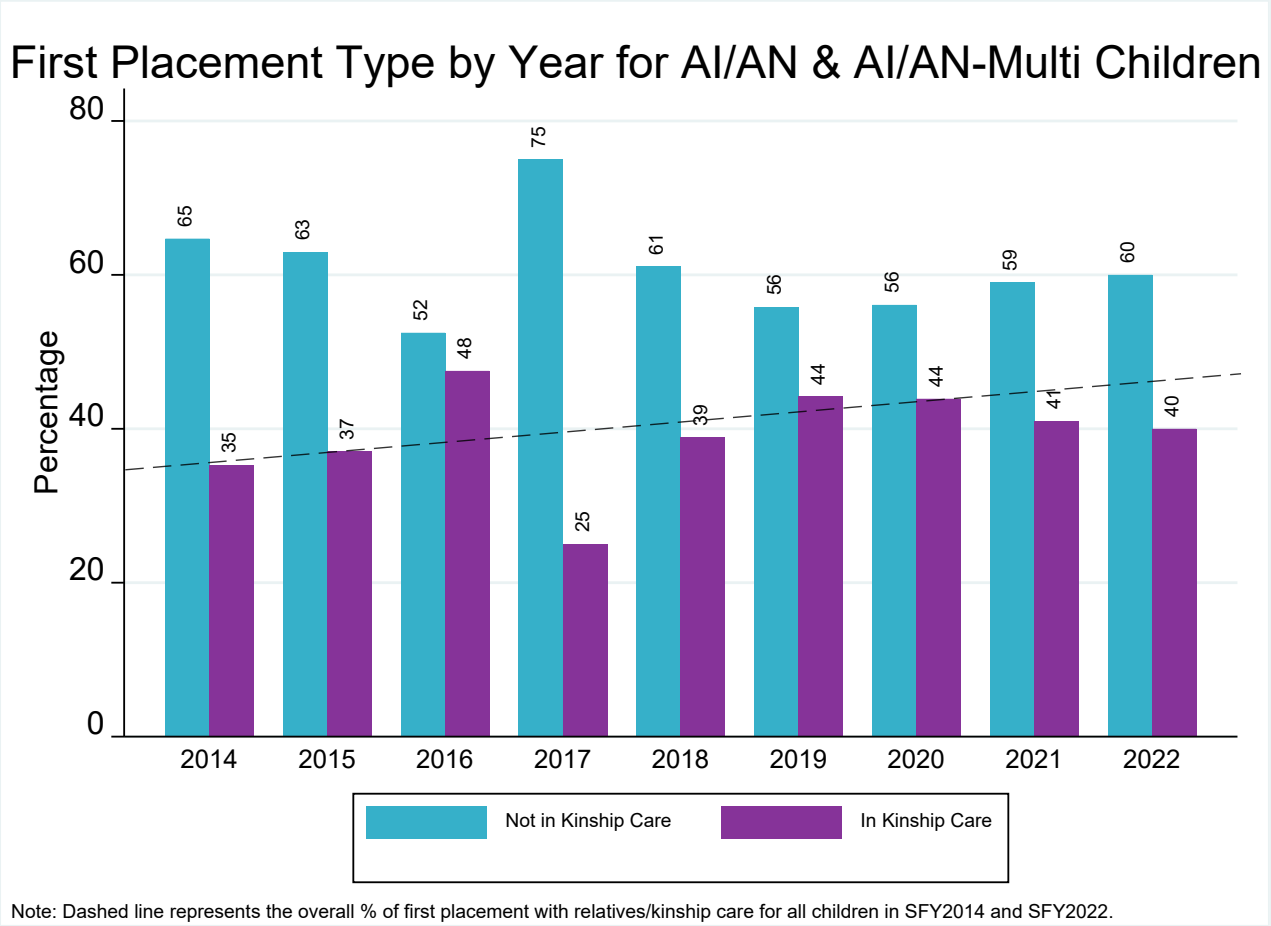
children in Washington state. At the same time, but not explicitly linked to HB 1227, specific fentanyl-related critical incidents show a similar pattern of increasing in recent years and are being tracked statewide. In a quarterly data update on HB 1227, the number of critical incidents has increased from 23 in SFY 2019, to 51 in SFY2023. Fentanyl or opioid related critical incidents have increased from 4 to 33 over the same period (HB 1227, Quarterly Updates).

Placement Trends

Placement trends were explored to see patterns across time. The percentage of placements with non-kin and kin[4] and compares placement rates for AI/AN and AI/AN-Multi children combined. The data presented in Figure 8 are from the Intakes by category and decision reports and are only referring to the initial placement. This differs from what is reported on the Child Welfare dashboard, which uses the child's placement on the last day of the state fiscal year. When only using the first placement a child has, there is a slight positive trend towards placing with kin.

Figure 8.

Type of Placement at Intake by Year for All AI/AN & AI/AN-Multi Children, SFY 2014-2022.



Note: Dashed line represents the overall % of first placement with relatives/kinship care for all children in SFY2014 and SFY2022.

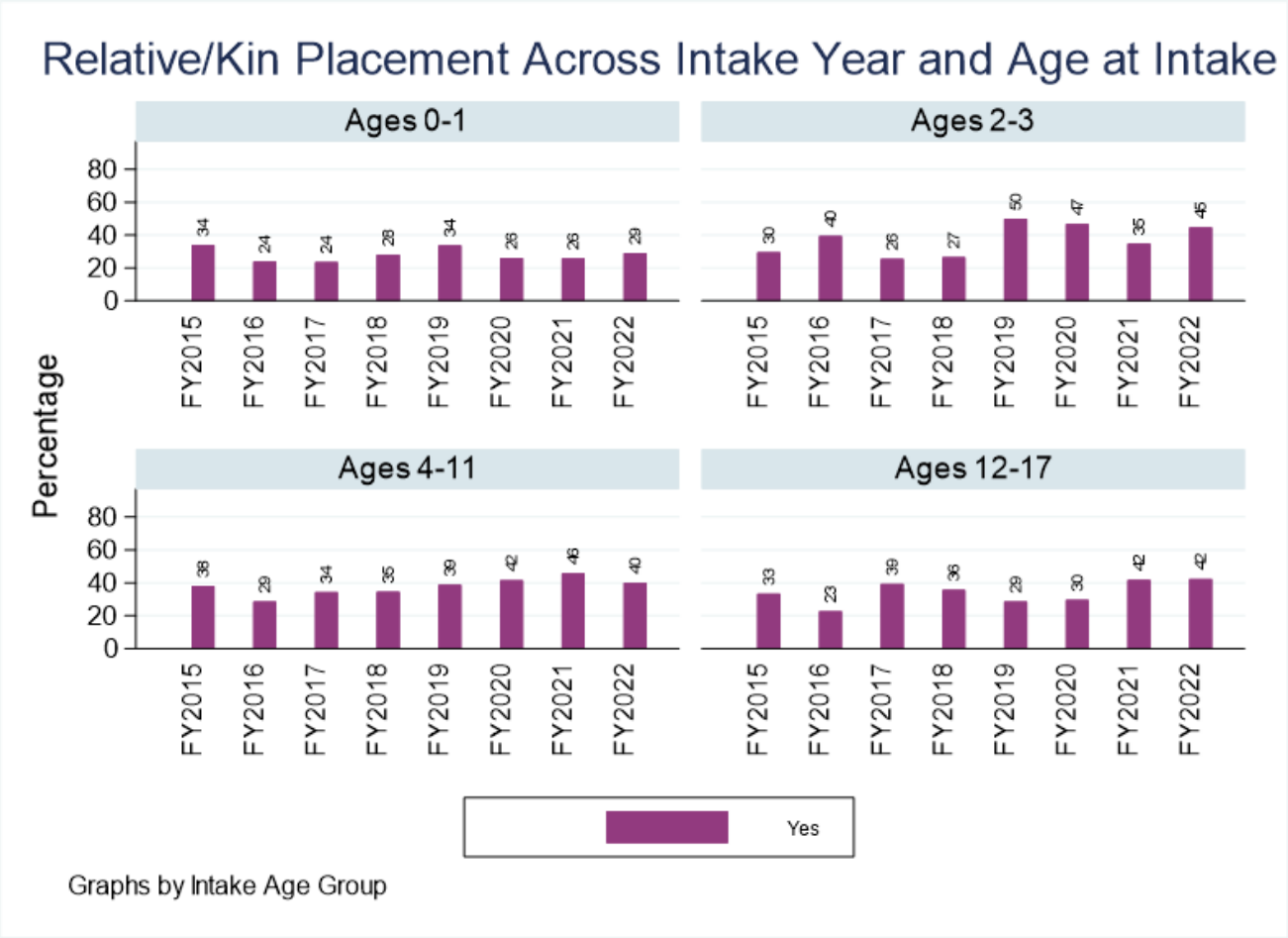
Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2014-SFY2022]. WSRDAC/M Reporting Standard: No.

[4] DCYF's administrative data uses the term relative placement. DCYF's Thriving Families Initiative is promoting a "Kin-First" culture, and so I've changed the labels to kin from relative.

Figure 9 presents these percentages disaggregated by age ranges[5]. There are higher rates of kinship placements in recent years for children over the age of 4, whereas infants' rates of kinship placements are generally lower. Finding family and kin to care for infants may be of interest to further bolster the "kin-first" culture and ensure that Native children remain connected to their culture and communities. Disappointingly, additional data analysis showed that fewer AI/AN children, especially those under the age of 4, were first placed with kin when compared to AI/AN-Multi children.

Figure 9.

Percentage of Relative/Kinship Care as First Placement by State Fiscal Year and Intake Age Group



Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2022]. WSRDAC/M Reporting Standard: No.

Children in Out-of-Home Care Longer than 2 Years

Another priority metric used by DCYF is a disparity ratio of children in out-of-home care for more than 2 years. Disparity ratios use the percentage of the group at earlier decision point (in this case placed in out-of-home care) as the denominator. They measure differences in group outcomes after the group enters the system. Disparity ratios differ from disproportionality ratios used earlier in this report, as disproportionality ratios use the percentage of the group in underlying population as denominator.

[5] Age is measured at intake.

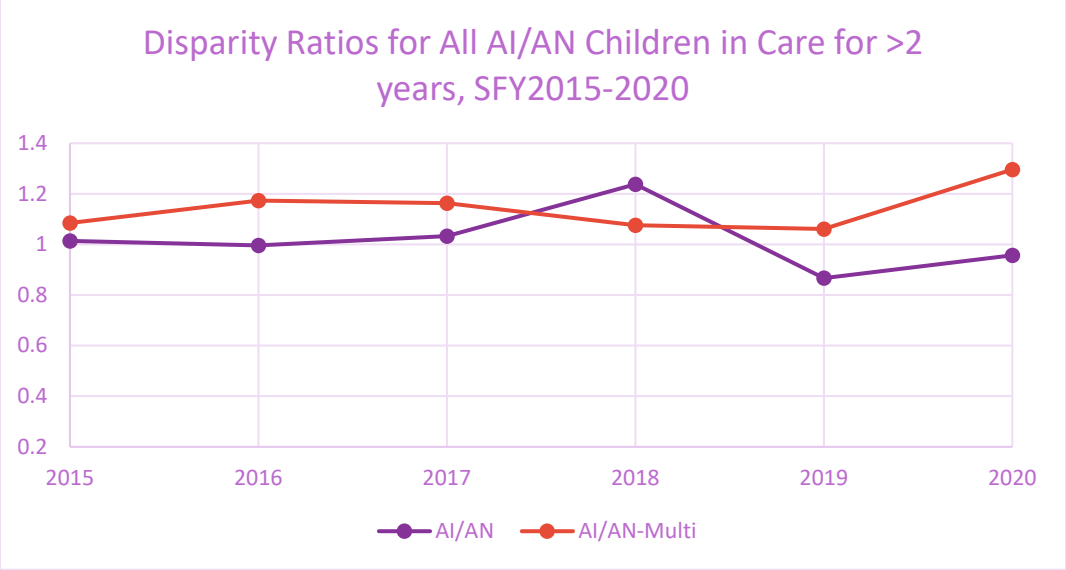
Generally, there are fewer children who remain in care for more than 2 years than those who quickly achieve permanency. Figure 10 displays disparity ratios for children who remain in out-of-home care for more than 2 years. These disparity ratios divide the percentage of AI/AN children who have been in care for more than 2 years by the percentage of all children placed in out-of-home care.

$$Disparity\ Ratio\ of\ Children\ in\ Care > 2\ Years = \frac{\#\ Native\ Children\ in\ Care > 2\ Years\ /\ \#\ Children\ in\ Care > 2\ Years}{\#\ Native\ Children\ in\ Care > 7\ days\ /\ \#\ children\ placed\ in\ out-of-home\ care}$$

The AI/AN-Multi disparity ratio was just under 1.3 for the 2020 intake cohort, whereas the ratio for AI/AN is closer to 1. These ratios mean that the proportion of AI/AN children in the general out-of-home care population is nearly equal in proportion to those who remain out-of-home for 2 years or longer. This suggests that AI/AN-Multi children are staying in out-of-home care longer, while other groups, including AI/AN children, are exiting the child welfare system more quickly. While not displayed in this report, disparity ratios for out-of-home care lasting longer than 2 years are largest for AI/AN and AI/AN-Multi children (i.e., Native children are in out of home care longer than other children). Disparity ratios for other racial and ethnic groups show that differences are small. For example, in 2018, the largest disparity ratio, excluding AI/AN children, was 1.1, for Black children, and the smallest was 0.9, for Hispanic children. Given the history of removal and the values of Native families, there is a hesitance to terminate parental rights for Native children who have been removed, which may explain why Native children are in care longer.

Figure 10.

Disparity Ratio after Placement for Children in Care > 2 Years, SFY 2015-2022.



Data Source: DCYF. (July, 2024). Intakes by category & decision [SFY2015-SFY2023], Exits & Entries [SFY2015-SFY2023], and ACS 2021 5-year estimates. data.census.gov. CW Reporting Portal. WSRDAC/M Reporting Standard: Yes.

Summary of Findings

While the raw number of intakes for AI/AN children has recently decreased, these decreases are likely due to other legislative actions that have reduced the number of intakes across racial and ethnic groups. This report provides baseline metrics that can be used as a comparison point, post-roll-out of the revised ICW policies and practices training. Unsurprisingly, poverty seems to be a contributing factor for referrals and intakes to the agency. While placements within 12 months across all AI/AN children have remained relatively stable, the AI/AN-Multi children's placements within 12 months are consistently higher than AI/AN. Further investigation into strategies to lower this disproportionality should be prioritized.

Removals across the state have decreased overall. To illustrate this, in 2017, 6,541 children were placed within 12 months across the state, compared to 3,702 in 2021. However, the proportion of Native children that were removed has increased, while these overarching numbers have fallen, indicating that reductions have not been equal across groups. 14% of all placements were AI/AN children in 2017 compared to 15% in 2022. Since 2020, removals of AI/AN children due to maltreatment and physical abuse have been falling, while removals for substance exposure have increased. Substance exposure accounts for a very small proportion of all removals (4% in 2020, 6% in 2022). Attention and efforts toward substance exposure and other substance use disorders have been a high priority of the agency and Tribes and should be supported.

The last section of this report delves into placement data from 2015. There isn't an obvious trend of initial kinship placements for AI/AN children, whereas AI/AN-Multi children have seen a moderate plateau of initial kinship placements since 2018. Generally, there is a shift towards more Native children placed with relatives across all age groups except for children 0-1 years of age at intake. Finding and providing support to kinship caregivers for our youngest age group would align with ICWA goals of maintaining cultural and community networks and knowledge. This intersects with other agency initiatives to place children with relatives and kin. Given this change, there is a hope to see documented improvements in children's well-being in upcoming years. Lastly, AI/AN and AI/AN-Multi children have higher disparity ratios than all other racial and ethnic groups. This slightly elevated ratio may be attributed to the reluctance to terminate parental rights.

Method

Definitions

All Intakes: These are unduplicated counts of children who were identified as potential victims in CPS intakes received during the cohort period, whether screened out or screened in, excluding intakes from and investigations of licensed facilities (DLR cases). A small proportion of cases identified as DLR at intake are later changed to a CPS case upon investigation; these children are included in the intake counts. If children are identified in multiple intakes during the cohort period, the first founded intake is selected; if there are only unfounded intakes, the earliest unfounded intake in the cohort period is selected; if there are only screened-out intakes, the earliest one of those is selected. The intent is to select the most serious of multiple intakes occurring during the cohort period.

Screened-In CPS Intake: These are unduplicated counts of children identified as at risk or potential victims in CPS intakes received during the cohort period and accepted for Family Assessment Response (FAR) or CPS investigation (whether investigated or not), excluding intakes from and investigations of licensed facilities (DLR cases). As noted above, a small proportion of cases identified as DLR at intake are later changed to a CPS case upon investigation; children in these intakes are included in the counts. If children are identified in multiple intakes during the cohort period, the first founded intake is selected; if there are only unfounded intakes, the earliest unfounded intake in the cohort period is selected.

Placement within 12 Months of Intake: These are unduplicated counts of children placed into out-of-home care up to three days before intake (unless the placement episode closes before intake), to 12 months after intake. First, children in intakes are unduplicated as described above; then, the placement episode occurring closest to the date of intake is selected. Placement episodes of any length of stay are counted (unless they end before the intake date). All intakes are included when identifying placements for the purposes of rate calculation (not just screened-in intakes). Non-DCYF placements are not included, as children/youth under the jurisdiction of Tribal Courts have a Placement Care and Authority [PCA] outside of DCYF, so tribal payments only placements were excluded.

Assumptions, Limitations, and Potential Challenges

Quantitative data and analysis can overestimate or underestimate effects. Despite this evaluation's focus on Indian children, AI/AN subgroups have often been "hidden" in the data, thus making their experiences invisible (Urban Indian Health Institute, 2021). To mitigate this, OIAA has released standards for the way race/ethnicity is defined, collected, and reported with DCYF data (Cummings, Graham, Veele, & Ybarra, 2021). These issues of racial equity in the way data are collected and presented informed the use of the 'Reason to Know' standard. With this change, there is a hope that caseworkers and providers are more accurately capturing when children may be of Native ancestry, thus expanding the number of families and children who should benefit from these policy and practice changes.

	WSRDAC/M	Washington State Population (%)	Income-Restricted Population (%)	All Intakes (Including Screened Out (%)	Screened In CPS Intakes (%)	Placed within 12 months of Intake (%)	In Care > 2 years (%)	In Placement >7 days	First Placement with Relatives
SFY 2015	AI/AN	23,651 (1%)	10,248 (2%)	3,077 (4%)	1,539 (4%)	178 (4%)	46 (4%)	128	11
SFY 2015	AI/AN-Multi	33,869 (2%)	13,923 (2%)	4,514 (5%)	2,251 (6%)	336 (8%)	105 (9%)	273	26
SFY 2015	Total	1,611,780	594,821	83,429	37,868	4,132	1,138	3,211	
SFY 2016	AI/AN	25,645 (2%)	15,478 (3%)	3,136 (4%)	1,584 (4%)	158 (4%)	42 (4%)	121	19
SFY 2016	AI/AN-Multi	40,728 (2%)	17,376 (3%)	4,429 (5%)	2,272 (6%)	404 (10%)	144 (13%)	352	30
SFY 2016	Total	1,646,050	539,212	84,403	38,828	4,154	1,145	3,285	
SFY 2017	AI/AN	25,645 (2%)	15,478 (3%)	3,057 (4%)	1,578 (4%)	179 (3%)	50 (4%)	134	Redacted
SFY 2017	AI/AN-Multi	40,728 (2%)	17,376 (3%)	4,544 (5%)	2,195 (6%)	439 (9%)	153 (12%)	364	Redacted
SFY 2017	Total	1,646,050	539,212	84,772	38,361	4,437	1,261	3,490	
SFY 2018	AI/AN	26,962 (2%)	14,517 (3%)	3,331 (4%)	1,733 (4%)	141 (3%)	51 (4%)	111	10
SFY 2018	AI/AN-Multi	41,945 (3%)	16,079 (3%)	4,944 (5%)	2,629 (6%)	426 (10%)	145 (11%)	363	23
SFY 2018	Total	1,659,567	494,308	91,423	44,147	4,508	1,321	3,559	
SFY 2019	AI/AN	27,601 (2%)	14,517 (3%)	3,261 (4%)	1,611 (4%)	116 (3%)	28 (2%)	91	Redacted
SFY 2019	AI/AN-Multi	38,727 (2%)	16,079 (3%)	5,061 (6%)	2,559 (6%)	457 (10%)	142 (11%)	377	Redacted
SFY 2019	Total	1,661,312	494,308	91,193	41,921	4,434	1,260	3,550	
SFY 2020	AI/AN	18,052 (1%)	9,284 (2%)	3,114 (4%)	1,513 (4%)	91 (2%)	24 (2%)	70	Redacted
SFY 2020	AI/AN-Multi	46,236 (3%)	20,272 (4%)	4,720 (6%)	2,297 (6%)	442 (12%)	168 (16%)	362	Redacted
SFY 2020	Total	1,653,073	517,727	85,706	38,842	3,810	1,072	2,994	
SFY 2021	AI/AN	16,354 (1%)	7,838 (2%)	3,035 (4%)	1,413 (4%)	93 (3%)	37 (3%)	72	Redacted
SFY 2021	AI/AN-Multi	52,506 (3%)	22,044 (4%)	4,727 (6%)	2,422 (7%)	443 (12%)	193 (16%)	376	Redacted
SFY 2021	Total	1,680,033	506,408	81,609	37,260	3,617	1,225	2,966	
SFY 2022	AI/AN	15,809 (1%)	7,213 (1%)	3,078 (4%)	1,544 (4%)				
SFY 2022	AI/AN-Multi	54,394 (3%)	21,390 (4%)	4,706 (5%)	2,453 (6%)				
SFY 2022	Total	1,662,452	482,451	87,654	40,201				

References

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