

Washington Department of
Children, Youth and Families

Assessment Redesign Final Report

Leanne Heaton

Samantha Steinmetz

Colin Cepuran

Yvonne Fox

Alana Barr

January 2025

Recommended Citation

Heaton, L., Steinmetz, S., Cepuran, C.J.G., Fox, Y., Barr, A. (2025). *Washington DCYF Assessment Redesign Final Report*. Chapin Hall.

Acknowledgements

Chapin Hall is an independent policy research center focused on providing public and private decision-makers with rigorous research and achievable solutions to support them in improving the lives of children, families, and communities. For more information, visit www.chapinhall.org or @Chapin_Hall. Washington State Department of Child, Youth and Families (DCYF) is a cabinet-level agency focused on the well-being of children. DCYF is the lead agency for state-funded services that support children and families to build resilience and health, and to improve educational outcomes.

Disclaimer

The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of the Washington State Department of Children, Youth and Families.

Contact

If you have questions regarding the content of this report, please contact Senior Policy Analyst, Samantha Steinmetz at ssteinmetz@chapinhall.org.

Chapin Hall is an independent policy research center focused on providing public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of children, families and communities.

Chapin Hall partners with policymakers, practitioners, and philanthropists at the forefront of research and policy development by applying a unique blend of scientific research, real-world experience, and policy expertise to construct actionable information, practical tools, and, ultimately, positive change for children and families.

Established in 1985, Chapin Hall's areas of research include child welfare systems, community capacity to support children and families, and youth homelessness. For more information about Chapin Hall, visit www.chapinhall.org or @Chapin_Hall.

TABLE OF CONTENTS

Table of Contents.....	1
Executive Summary	2
Introduction.....	3
Assessment Selection Process	3
Assessment Testing Process	3
Overview of Assessment and Process.....	5
CPS Assessment.....	5
NCFAS Assessment & Case Planning Tool	5
Brief Support Inventory	6
Description of Assessment Process	7
Functionality of Assessments	7
Process to Test the Assessments	10
Description of Testing Process	10
RCE Round 1, January – March 2024.....	11
RCE Round 2, July – November 2024.....	14
Parent Advisory Group and Parent Allies Partnership.....	17
Overview of the Process.....	17
Key Takeaways from the Lived Expert Focus Group Sessions.....	18
Recommendations for Process and Partnering with Lived Expert Teams.....	20
Sustainable Process for Engaging and Paying Lived Experts	21
Considerations for Initial Implementation and Final Recommendations	22
Tribal Government Engagement.....	22
Empower Diverse Groups of Lived Experts in Transformation Efforts	22
Adaptive Change Process.....	23
Recommended Next Steps.....	23
Assessment Functionality & Language	23
Internal Process and Policy	24
External Process and Policy.....	24
References.....	26
Appendices.....	Error! Bookmark not defined.

EXECUTIVE SUMMARY

Washington State DCYF recently concluded the first phase of its Assessment Redesign project with the support of Chapin Hall. That project—part of a broader transformation effort within the Department—sought to improve child welfare assessments, guide caseworker decision-making, engage family members in case planning, and improve outcomes. After a review of several assessments, DCYF opted to pilot test the North Carolina Family Assessment Scale for General Services & Reunification (NCFAS-G+R) assessment. The NCFAS G+R was used with minimal changes as an ongoing/strengths and challenges assessment. Portions of the NCFAS G+R were also added to a modified initial assessment (CPS Assessment). The team also developed a novel Brief Support Inventory (BSI) assessment. The assessments were reviewed internally then tested by several caseworkers as part of their standard work with families. Upon completion, caseworkers evaluated the assessments using a debrief survey and focus group sessions. The assessments were also reviewed with the DCYF Parent Advisory Group (PAG) and Parent Allies teams through structured focus groups. Overall, participants expressed positive feedback about the assessments indicating that they had the potential to facilitate deeper and more empowering interactions with families. Caseworkers emphasized that transformative change would require refiguring departmental practice more broadly, and that deeper engagement with families would necessitate workload recalibration. Similarly, parent advocates emphasized that communication with families needs to be more transparent and consistent, and that the assessments need to be able to capture families' individual needs. To expand on this learning, the Chapin Hall team recommends that DCYF plans for an implementation pilot test of the NCFAS assessments and the BSI in one DCYF office to continue the system transformation efforts and build alignment between the assessment process, Family Practice Model, CCWIS preparation, and Family First implementation.

INTRODUCTION

Over three years (2021-2024), Chapin Hall has supported the Washington State Department of Children, Youth and Families (DCYF) in their transformational efforts to design an integrated child welfare system. The Assessment Redesign project was a key focus of the work, with the goal of creating a comprehensive, integrated/unified child welfare assessment system that would reduce disproportionality among children of color and Native American children, children with disabilities and children of low income in DCYF care. The purpose of the Assessment Redesign project has been to improve assessments, guide caseworker decision-making, engage family members in case planning, and improve outcomes for children, youth, and families.

Assessment Selection Process

With support from Chapin Hall, DCYF undertook a comprehensive review of child welfare safety, strengths and needs, and intake assessments used across various child welfare agencies. Chapin Hall reviewed the following safety assessments: the Safety Assessment and Family Evaluation (SAFE) Model; Structured Decision Making (SDM); Signs of Safety (SoS); Safety Organized Practice (SOP); and the Colorado Safety Assessment. Chapin Hall then reviewed the following strengths and needs assessments: Structured Decision Making (SDM); Child and Adolescent Needs and Strengths Assessment (CANS); Safety Organized Practice (SOP); North Carolina Family Assessment Scale (NCFAS); Child and Adolescent Functional Assessment Scale (CAFAS); Family Assessment Form (FAF); Family Assessment Checklist (FAC); and Adult Needs and Strengths Assessments (ANSA). Finally, Chapin Hall reviewed the following states' intake assessments to compare to Washington State's model: Illinois, Ohio, Oregon, North Carolina, and Arizona. Chapin Hall provided an overview of each assessment, the available evidence, the developer, examples of jurisdictions using each assessment, a detailed description including content, utility, available information on consequences and racial disparities, and information to assess alignment with the new Washington State Family Practice Model.

The DCYF team of program managers, supervisors, workers and other subject matter experts then designed a scoring rubric with 16 different criteria to decide on a strengths and needs assessment (see Appendix A). Based on the results, DCYF chose to pilot test the North Carolina Family Assessment Scale for General Services & Reunification (NCFAS-G+R) assessment, authored by the National Family Preservation Network (NFPN). In addition to the use of the full NCFAS for ongoing cases, selected NCFAS items were also embedded within an initial CPS-Assessment. DCYF and Chapin Hall also developed the Brief Support Inventory (BSI) Assessment to pilot. The BSI is a voluntary assessment that allows caregivers to self-report their family's basic needs for caseworkers to then identify and connect the family to relevant economic and concrete supports.

The team chose and developed these assessments with the goals of better identifying family strengths and needs, elevating family voice, and supporting caseworker decision-making and the use of Motivational Interviewing when creating case plans with families. The team aligned the assessments with the child welfare DCYF Family Practice Model.

Assessment Testing Process

As part of this transformational effort, DCYF and Chapin Hall then designed and hosted two rounds of rapid cycle evaluation (RCE) testing of these assessments. DCYF caseworkers used the new assessments with families, and then attended weekly meetings between January – March 2024, and then bi-weekly meetings between July

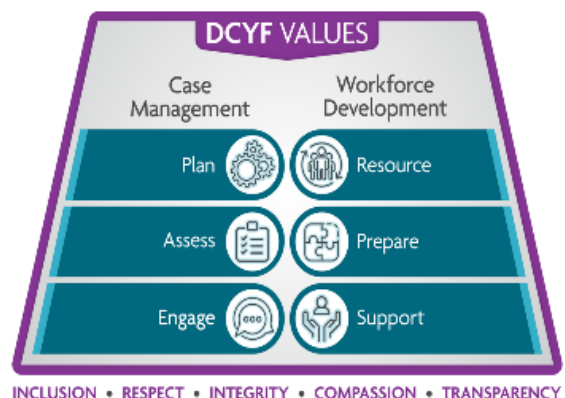
– November 2024 with Chapin Hall researchers and DCYF leads to review assessment functionality, barriers to usage, and strengths (see below).

During this period, Chapin Hall developed a partnership with the DCYF Parent Advisory Group and Parent Allies teams and hosted three rounds of focus group sessions to obtain feedback on the CPS assessment process, the Case Planning Tool, and the Brief Support Inventory Assessment.

The following sections provide: an overview of the assessments, the testing process and key takeaways from the rapid cycle evaluations; an overview and key takeaways from the lived expert focus groups and recommendations for continued partnership; considerations for the initial implementation of these new assessments; and final recommendations.

The assessment redesign will continue to be an essential project to guide the Family First Prevention Services Act implementation, the Family First Community-Based Pathways design, and central to planning for CCWIS integration. The last three years of work built a foundation to guide further testing and initial implementation efforts of the new assessment system.

FAMILY PRACTICE MODEL FRAMEWORK



OVERVIEW OF ASSESSMENT AND PROCESS

CPS Assessment

The CPS Assessment consists of a minimum of 57 questions and a maximum of 78 questions.¹ Display logics (see below) are used to ensure that workers and families only respond to pertinent questions. Thus, in more severe cases, closer to 75 questions will be asked; in less severe cases, closer to 54 questions will be asked. The assessment includes several NCFAS items (on which workers are asked to evaluate a part of family function on a scale ranging from “clear strength” to “clear challenge”), each of which focus on a specific domain of family function. After those questions, a slightly modified version of the current DCYF Safety Assessment is included, with flags to the worker based on responses to previous questions included (see “Functionality”).

The Safety Assessment consists of 17 yes-or-no questions capturing the presence of imminent safety threats. If the presence of a given safety threat is indicated, the worker is required to document how the safety threat meets DCYF’s existing five criteria for all safety threats. If the safety threat is not indicated, the worker has the opportunity to add additional information. If any safety threat is indicated, workers complete a “Safety Plan” to assess whether those safety threats can be addressed in-home. The CPS Assessment purposes to gather information about a family in order to sort screened-in cases by service need and urgency. The full CPS Assessment is included in Appendix B.

NCFAS Assessment & Case Planning Tool

The NCFAS assessment evaluates a family’s strengths and challenges. The NCFAS consists of a series of domains of family functioning, which are broken into several constituent items on which a family’s function is evaluated from a “clear strength” to a “clear challenge.” At the end of each group of questions, the worker may provide open-ended remarks about the family’s respective strengths and challenges. The NCFAS can include a maximum of 130 questions and a minimum of 75 questions.² Display logics (see below) are used to show only pertinent questions to workers, meaning that questions that are not relevant to a family’s situation (due to the age of children, the severity of the case, or some other factor) are not shown. The NCFAS Assessment also includes a Safety Assessment (as described above) and, if applicable, a safety plan. These are included in the ranges specified above.

The NCFAS concludes with the “Case Planning Tool,” a module of between 14 and 158 questions which uses “text piping” (see below) to populate family’s clear strengths and clear challenges as identified earlier in the assessment and facilitates the family’s collaboration with the caseworker to formulate goals and plans for harnessing strengths to address challenges. The actual length of a given family’s Case Planning Tool will be determined by the number of goals a family specifies in their conversation with a worker and the number of tasks associated with each. Conversations with DCYF suggest that it is unlikely that a family would ever need to complete close to 158 questions on the Case Planning Tool.

The NCFAS would be administered within the first several weeks of DCYF’s contact with families in ongoing cases. Thus, the NCFAS was occasionally referred to as the “ongoing assessment” or “the strengths and challenges assessment.” Due to copyright restrictions, we do not share the NCFAS Assessment as tested.¹

Brief Support Inventory

A final assessment was developed: the Brief Support Inventory (BSI). The BSI consisted of between 11 and 13 questions examining families’ economic and concrete needs for the purpose of contextualizing identified challenges and connecting families to resources when possible. Two questions are embedded in the display logic, so they are displayed depending on the results of another question. For example, question one asked which language the family would like to speak with the worker—a follow-up question is asked if the family indicates “other.” The BSI is included in Appendix C.

The three assessments created for this project are briefly described in Table 1.

Assessment	Place in Business Process	Composed of:
DCYF’s current CPS Assessment (“CPS Assessment”)	Initial assessment for screened-in cases	<ul style="list-style-type: none"> • DCYF’s current Safety Assessment (“Safety Assessment”) • Selected NCFAS questions to inform a thorough understanding of the family (“Gathering Questions”) • Safety Plan, completed only with families with indicated safety threat (“Safety Plan”)
NCFAS G+R	Assessment for ongoing cases to evaluate family strengths and challenges	<ul style="list-style-type: none"> • Complete NCFAS G+R • DCYF’s current Safety Assessment (“Safety Assessment”) • Safety Plan, completed only with families with indicated safety threat (“Safety Plan”) • Summary of family’s strengths and challenges, with goals and plans for harnessing strengths to address challenges (“Case Planning Tool”)
BSI	TBD	<ul style="list-style-type: none"> • Mixture of original and researcher-developed questions on economic and concrete needs

¹ For more information on the NCFAS, see: <https://www.nfnpn.org/assessment-tools/ncfas-g-r-package/>

Description of Assessment Process

For screened-in intakes (CPS: Investigation and FAR), the CPS Assessment is designed to guide caseworkers in gathering the necessary information for an initial evaluation of the family in a timely manner. The assessment outlines the areas of family functioning that should be reviewed for a thorough understanding of the family in key areas. There are items embedded in the CPS Assessment that are structured like NCFAS items: areas of family function are rated on an ordinal scale ranging from a significant challenge to a clear strength. These items help guide the gathering of information. Guidance on how to score each question is included on a document hyperlinked at the beginning of the assessment. When moderate or serious challenges are indicated on one of the items, a corresponding safety threat is flagged, highlighting to the worker that this area needs additional scrutiny to determine if a safety threat may be present. The relationship between relevant assessment items and safety threats was identified by DCYF per the current safety framework prior to the beginning of this study. The relationship between assessment items and safety threat flags will be revised if there are subsequent changes to the safety framework. In addition to linking with safety threats, the Strength and Challenge items (NCFAS items) embedded in the CPS Assessment also flag key policy and practice guidance for workers.

The CPS Assessment is designed to be a triaging assessment, providing the worker guidance on 1) which cases to close, 2) which to refer to a community pathway, 3) which cases require in-home services, and 4) which cases require out-of-home placement. The criteria for each pathway were not explored during the pilot testing of the assessments and will need to be further refined. The proposed workflow is that the worker is to complete the CPS Assessment within 30 days (with possible extension approval). The assessment may be completed sooner than 30 days (as soon as the worker has all the required information, the sooner the better). The assessment purposes to provide guidance as quickly as possible at the appropriate level of intervention for the family including getting safety plans and services to families with indicated threats. The CPS Assessment would be the only assessment required for the initial evaluation (the safety assessment is embedded within the CPS Assessment).

If a determination is made that the case be opened for either ongoing in-home services or out-of-home placement then the family would receive the full NCFAS assessment and the Case Planning Tool. DCYF recommends the same timeframes that currently exist for in-home cases (15 days to start the assessment and 45 days to complete the case plan from the time the case is transferred), and for out-of-home cases, ideally the NCFAS would be completed so that an agreed upon case plan can be presented at the fact-finding hearing. For in-home cases the team recommends the possibility of co-assigning the case once the initial worker has decided that the case should be open for on-going services. One concern raised with regards to early transition of cases to an on-going worker was related to cases being “dumped” onto ongoing workers, and the ongoing worker then having to remove the child(ren) if necessary. However, an examination of days to placement from a screened-in CPS intake in 2023 indicates that 50% of children who are placed in out-of-home care are placed within 3 days of the intake and 80% are placed in out-of-home care within 19 days of the intake. The team did not discuss timelines for reassessment.

Functionality of Assessments

The assessment instruments³ were programmed in REDCap (Research Electronic Data Capture). REDCap is a web application for building and managing online surveys and databases. The Center for Research Informatics at the University of Chicago Biological Sciences offers the use of REDCap as a central location for data processing and management. REDCap was developed by Vanderbilt University, with collaboration from a consortium of institutional partners, as an assessment set and workflow methodology for electronic collection and management of research and clinical trial data. REDCap is a secure, web-based application that is flexible

enough to be used for a variety of types of research. This project exclusively used REDCap survey design assessments—making extensive use of display and branching logics and piping, per requests from DCYF. We briefly describe the use of those logics here.

- **Business Processes:** Display logics were used to embed messages reminding DCYF staff about important procedures. Highlighted prompts reminded staff to “make referrals to ESIT services in cases” involving one or more children with a disability posing moderate or serious challenges.
 - A similar highlighted pop-up message was programmed to remind staff of Domestic Violence policies and procedures if workers indicated that Domestic Violence was a “moderate” or “serious” challenge in the case.
 - Finally, extensive information about relevant parts of the Washington State service array was programmed to display based on the needs identified in the BSI.
- **“Flags”:** In both the CPS and NCFAS Assessments, staff rate families on NCFAS items which precede Safety Assessment items. Each assessment includes dozens of potential “flags” which populate as a worker views a Safety Assessment item associated with a NCFAS item the worker earlier indicated was a “moderate” or “serious” challenge. The flags reminded workers that “Note: Earlier, you indicated that [NCFAS ITEM] was a ‘moderate’ or ‘serious challenge’ in this case.” The crosswalk between NCFAS items and the Safety Assessment items which would be flagged was developed by DCYF in collaboration with Chapin Hall.
- **“Ease of Use”:** In both the CPS and NCFAS Assessments, there are several questions that are only required if a certain condition is met. For example, if the worker indicates that Safety Threat #1 is present (“The family situation results in no adult in the home performing parental/childcare duties and responsibilities that assure child's safety”), the worker is *required* to briefly provide details on the safety threshold criteria. Conversely, if the worker indicates the threat is not present, the worker has the opportunity to describe how family strengths protect against the safety threat. Assessment branching logics are used to ensure that workers only see the appropriate response boxes, to save worker time and reduce confusion.
- **“Text Piping”:** In the Case Planning Tool, workers are required to initiate a conversation about “what is currently going on in your family and then discuss a plan to help you move toward your vision of your family.” That conversation begins with parents’ perspectives on their families’ strengths and moves on to their perspectives of their challenges. The assessment was programmed to “pipe” workers’ open-ended discussion of family’s respective strengths and challenges in each domain into this section to ground discussion.
- **“Return Code”:** REDCap includes functionality allowing participants to securely resume an assessment where they left off (i.e., without leaving a web browser open). This functionality was used to both (a) allow DCYF staff to resume assessments they were required to pause and (b) to allow workers to review completed assessments with their supervisors.
- **Completion Workflow:** After completing each assessment, workers received a final prompt instructing them to enter their DCYF email. After entering their email, they would immediately receive a programmatic email message thanking them for completing the assessment (including a reminder of which assessment they had just completed), listing the Dummy Case ID (to facilitate de-identification within DCYF—Chapin Hall played no part in this process), and providing workers with a return code (see

immediately above). They were instructed to forward this email to their supervisor, who would then use that return code to review the assessment. If the responses were appropriate, the supervisor would use an additional element of REDCap functionality to download a .pdf documenting all responses. This document would then be electronically signed and constitute the official record of assessments in this case.

While the assessment data was collected in REDCap, the data was securely exported to Chapin Hall's secure storage for analysis. After the project's conclusion, all REDCap assessment data was securely transmitted to Washington DCYF for subsequent analysis.

PROCESS TO TEST THE ASSESSMENTS

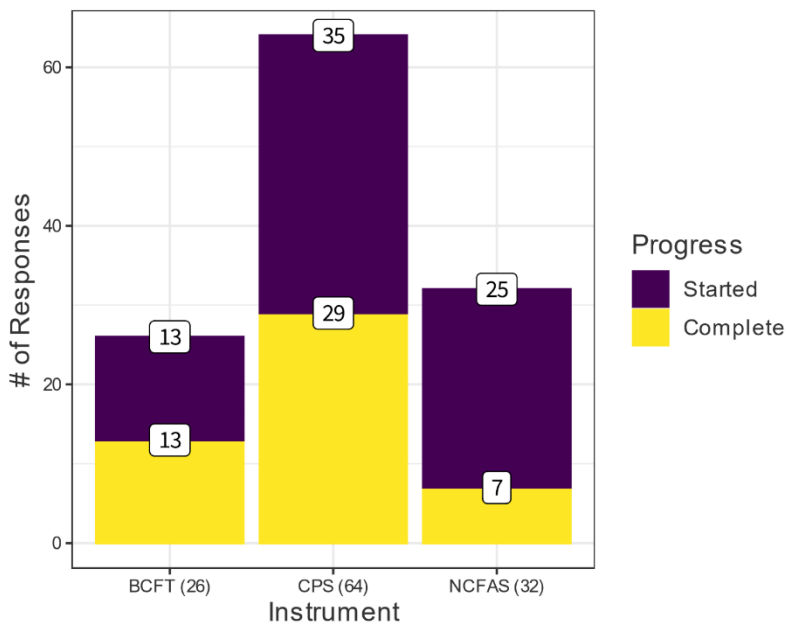
Description of Testing Process

The assessments were (as described above) tested in two rounds of rapid cycle evaluation between January-March and July-November (respectively) of 2024. During those periods, caseworkers used the new assessments with families. After the use of each assessment, workers were instructed to promptly complete a Brief Caseworker Feedback Tool (BCFT) to log feedback for the assessment in question. The specific questions are included in Appendix D. Anecdotal evidence suggests that in most cases workers completed the BCFT shortly after entering assessment information, but significantly after the collection of assessment information.

The first cycle tested the use of the CPS-Assessment and the full NCFAS Assessments and gathered feedback from the workers using the BCFT. The second RCE cycle focused on the NCFAS and Case Planning Tool as well as the BSI. Basic tabulation of assessment completion and BCFT results were calculated by Chapin Hall researchers after exporting Assessment Results as described above. Analyses were conducted in R 4.4.0 (R Core Team, 2024).

Additionally, Chapin Hall facilitated weekly (RCE 1) and biweekly (RCE 2) meetings with DCYF staff to discuss assessment functionality and receive worker feedback on potential improvements. In those meetings, workers’ experiences with using the assessments were discussed. Additionally, preliminary analyses (such as those discussed earlier in this paragraph) were presented to workers to stimulate conversation.

RCE Round 1 achieved acceptable participation in both the completion of assessments and the collection of BCFT responses (see: Figure 1). Thus, key takeaways generated from RCE Round 1 are derived both from basic



quantitative analysis of BCFT responses and qualitative analysis of feedback generated during RCE meetings.

RCE 2 focused on the testing of the NCFAS G+R and was conducted with workers who handle ongoing cases. Staff completion of online assessments declined precipitously during RCE Round 2 (see: Figure 2). Thus, Chapin Hall and DCYF staff unanimously agreed to shift focus to a more qualitative, focus group-based approach to instrument testing. DCYF and Chapin Hall co-developed focus group questions facilitated in an anonymous Mentimeter format, which displayed participant responses in real time and allowed for additional peer-to-peer discussion.

Figure 1: Responses to each instrument during RCE 1.

The questions asked of workers via Mentimeter during RCE cycle 2 are included in Appendix E. Participation at RCE meetings immediately increased, and workers expressed greater comfort in sharing insights. Due to the differences in methodology between RCE rounds, the analyses that inform key takeaways differ substantially between rounds.

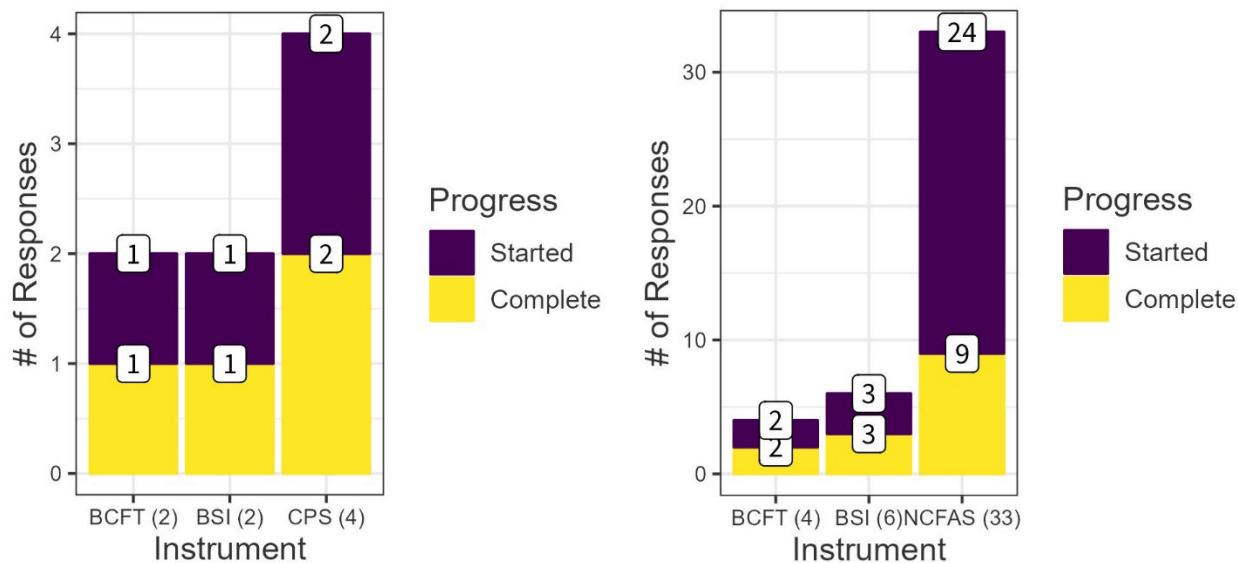


Figure 2: Responses to each instrument during RCE 2, CPS Assessment focus on left panel; NCFAS focus on right panel.

RCE Round 1, January – March 2024

A summary of the key takeaways from RCE Round 1 are as follows:

- Workers appreciate that **the CPS-Assessment with embedded NCFAS items and the full NCFAS Assessment is comprehensive** and seems to be more in-depth than other assessments used
- Writing the narratives and inputting the full NCFAS into the system **took substantial time**; the team can review if all the narrative is needed
- Consider **creating additional assessments to support caseworkers** in gathering information in the field (checklist, etc.)
- Suggestions to include more textboxes in the assessment to break up domains and better document the worker's rationale, add details on strengths
- CPS NCFAS item don't capture substance use any differently than it is captured in existing assessments
- Workers need more training on assessment scoring and Motivational Interviewing
- Assessments need further review for LGBTQIA+ considerations**

- **Some of the NCFAS questions feel skewed to white middle-class standards**

While the caseworkers were first testing the NCFAS Assessments with families, they appreciated that the questions lead to more in-depth understanding of the families' strengths and barriers to accessing the help they needed. This was reflected in a majority of caseworkers (77%) indicating that they were at least "somewhat" satisfied with the new assessments (see: Figure 3). Caseworkers expressed still higher satisfaction with the assessments when they were compared to existing assessments, with all but 8% of respondents indicating that replacing existing assessments with the pilot assessments would be at least "somewhat better" than the status quo.

The caseworkers also said that the assessment helped spark deeper conversation and understanding with families. Importantly, when using the full NCFAS during RCE 2, the caseworkers added that they only decided to test the assessment with families that they already had good relationships with and thought they would be willing to spend more time conversing. This can be seen in workers reporting that the typical CPS Assessment was completed (the time spent by workers collecting requisite information, *not* the time spent entering information into the assessment) in 1-2 hours and typical NCFAS was completed in 41-60 minutes (see: Figure 5). The caseworkers also noted that *entering* the information into the data system took substantially more time. This is true of the CPS Assessment (most frequent entry time of 20-40 minutes) and especially the NCFAS (most frequent entry time of more than two hours) (see: Figure 6). Caseworkers suggested that these time demands could pose a barrier to assessment implementation if caseload did not decrease.

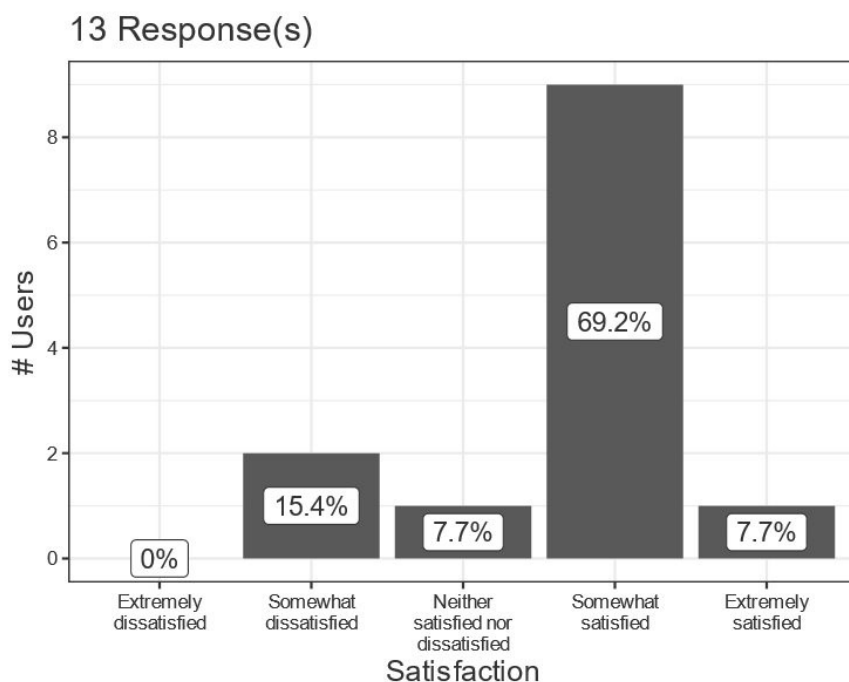


Figure 3: Overall worker satisfaction with assessments, RCE 1.

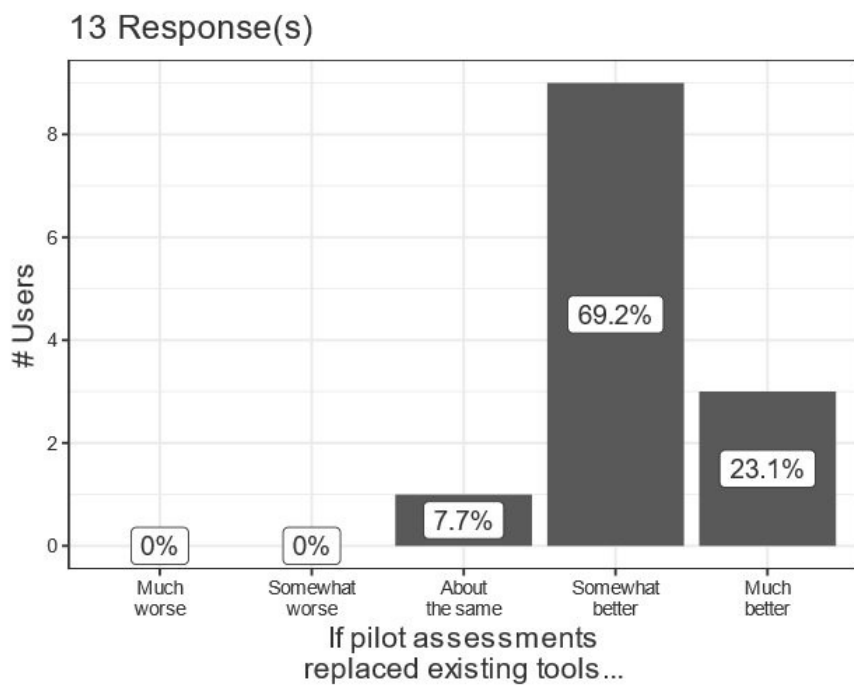


Figure 4: Overall worker satisfaction with tested assessments as compared to existing system, RCE 1.

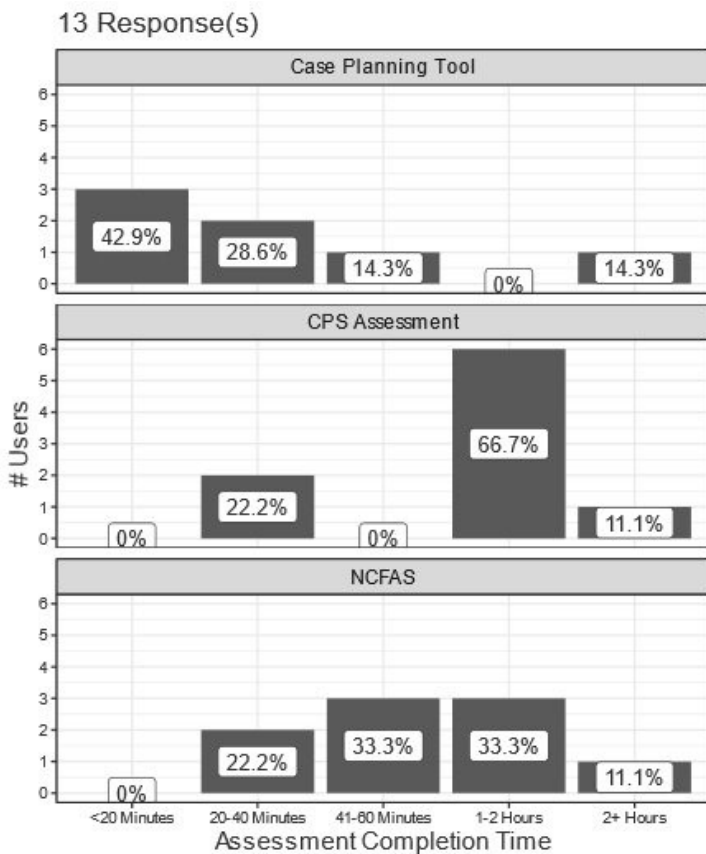


Figure 5: Self-reported assessment completion time (time spent gathering information necessary to respond to assessment questions), RCE 1.

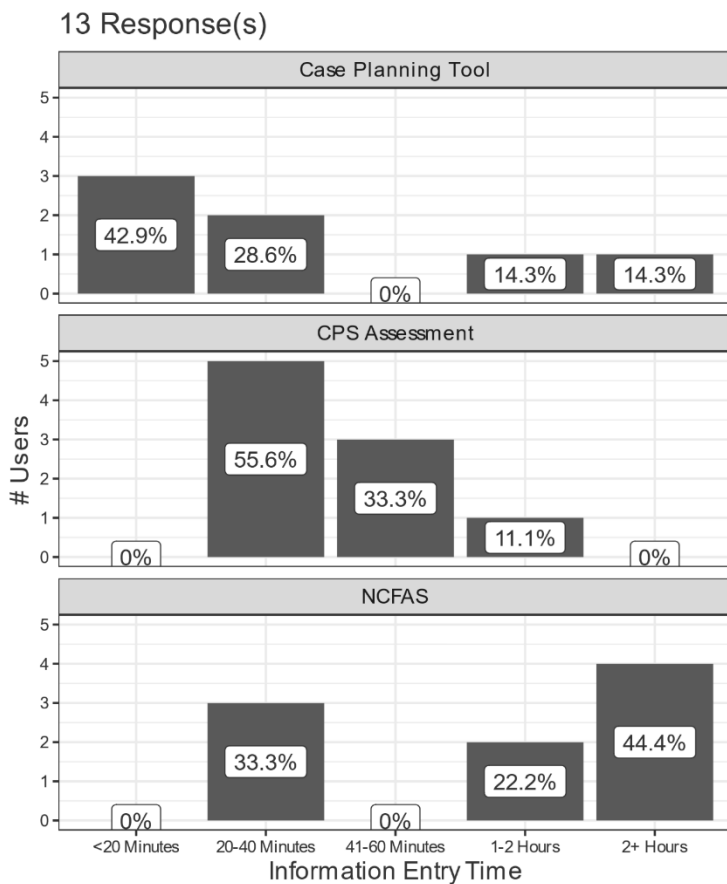


Figure 6: Self-Reported Assessment Entry time (time spent entering information into REDCap), RCE 1.

Additionally, some caseworkers noted that a number of the questions in the NCFAS Assessment seemed skewed to white middle-class standards. These included scoring questions about community safety, and on the family having a religious practice, among others. Some of these questions were already removed from the NCFAS as piloted in Rounds 1 and 2. Based on this feedback, Chapin Hall recommends that if these assessments are chosen for implementation, these questions are removed to reduce the potential for bias.

RCE Round 2, July – November 2024

After the initial feedback received in the first rapid cycle evaluation period, the Chapin Hall researchers and DCYF leads updated the functionality of the instruments and the training. A summary of the key takeaways from RCE Round 2 are as follows:

- Consistent with Round 1, caseworkers indicated they felt the NCFAS facilitated building a rapport with families and enabled them to more easily and effectively gather information about the family's perspective on their own challenges.
- Caseworkers shared that three key barriers impacted effective use of the new assessments:

- The family's ability to engage in a comprehensive assessment during a crisis
 - Lack of sufficient time for the worker to use Motivational Interviewing skills to gather information, co-develop the case plan, and then to document the results of the assessments
 - Abrupt, unplanned case transfers between programs and/or caseworkers (i.e. CPS to FVS or FVS to CFWS).
- Generally, caseworkers agreed that the new assessments enhanced practice alignment with DCYF's values, with the assumption that barriers to usage of the assessments would be addressed in implementation.
 - Caseworkers noted advantages and limitations to leveraging available technology to facilitate a family's engagement with the new assessments, citing the lack of Wi-Fi in remote areas as a consistent challenge.

"I love the opportunity to really understand the family and what they see as challenges. I feel like when I get this in depth [using the new assessments], they believe I care enough to ask and know them better"

-Caseworker

In contrast to previous assessments, caseworkers noted that the new assessments enabled them to gather more significant information and offered more holistic insight into a family's needs. Caseworkers felt the assessments facilitated rapport-building with families, enabling families to open up about certain sensitive topics that other assessments overlooked.

Case transfers were identified as particularly challenging. Caseworkers posed insightful questions about how to address the potential presence of bias when receiving a completed NCFAS assessment from another program area or caseworker and emphasized the need for more process guidance from

DCYF. Caseworkers also noted a lack of clarity in what information (if any) needed to be re-gathered for transferred cases.

Caseworkers also emphasized the need for more training and follow-up coaching opportunities to solidify their Motivational Interviewing and active listening skills, and clarified that the current case plan submission timeline (45 days) is often much shorter in practice (some indicated 15 days). Caseworkers reported that pressure to deliver a case plan on a truncated timeline in less than 30-45 days diminished the quality of engagement with families, assessment of their needs, and connection to vital resources to meet those needs. In addition to timeframe shifts to allow for higher quality engagement with families, caseworkers also had a variety of concrete implementation suggestions like creating a guide with different open-ended options for asking assessment questions, more practice scoring the assessment and managing bias, and a suggested timeline for

using the assessments that is aligned with other activities required of caseworkers and families within the first 60-90 days of involvement with child welfare (across programs, like CPS, FVS, and CFWS).

“Provide longer timeframes for when things need to be done, and more time to work with families before cases have to be closed out”

-Caseworker

PARENT ADVISORY GROUP AND PARENT ALLIES PARTNERSHIP

Overview of the Process

In 2024, Chapin Hall partnered with the DCYF Parent Advisory Group (PAG) and Parent Allies (PA) teams and invited the participants to engage in focus group sessions to review the assessments and process of engaging families. After each focus group session, the Chapin Hall team drafted a report based on the feedback. Then, the lived expert teams were invited to participant-checking feedback sessions to ensure that Chapin Hall’s interpretation of the focus group findings and recommendations in the written reports accurately reflected their experiences.

The table below outlines the Parent Advisory Group and Parent Allies engagements that Chapin Hall hosted throughout the contract period to include lived expert feedback into the assessment pilot process.

Table 2: Chapin Hall, Parent Advisory Group & Parent Allies Engagements

Meeting	Date
Focus Groups: Child Protective Services Assessment Process	January 24 and January 25, 2024
Participant Checking Session: Report on Child Protective Services Assessment Process	March 26 and April 3, 2024
Focus Groups: Case Planning Process	April 29 and April 30, 2024
Participant Checking Session: Report on Improving the Case Planning Process	July 9, 2024
Focus Groups: Brief Support Inventory Assessment	August 13 and August 14, 2024
Participant Checking Session: Report on the Brief Support Inventory Assessment	October 14, 2024
Close-out Session on Final Report	January 8, 2025

At the beginning of each focus group session, the Chapin Hall team obtained informed consent from the lived experts and shared the “Parent Advisory Group & Parent Allies Group Guide,” (Appendix F) which included an overview of the focus group session protocol, shared agreements about the plan for the focus group session, and information about compensation. The lived experts were compensated \$45 per hour of their time in the focus groups and participant-checking feedback sessions. The Chapin Hall team designed a Microsoft Form to collect participants’ contact information so that they were directly emailed their compensation. The lived experts were compensated via an electronic gift card shortly after their participation in the focus groups and participant-checking feedback sessions.

During the focus groups and participant-checking feedback sessions, the Chapin Hall research team took extensive de-identified qualitative notes on participant feedback using the questions outlined in the focus group protocols (Appendix F). Following each focus group session, the Chapin Hall team analyzed qualitative notes using an inductive thematic analysis

approach, which was accompanied by a flat coding structure to identify the frequency in which the identified themes in each report occurred across the questions asked in each session. The lived experts who participated in the initial focus group session were emailed the draft report and asked to review prior to attending the participant-checking session. Feedback shared during the participant-checking session was integrated into each report, and the final version of each report was emailed to the PAG, PA team, and DCYF.

Key Takeaways from the Lived Expert Focus Group Sessions

There are several key takeaways that were identified across the focus groups and participant-checking sessions.

Table 3: Summary of Key Takeaways from Lived Expert Focus Groups

Summarized Theme	Key Takeaway
Current Challenges in Families Interacting with Caseworkers	<ul style="list-style-type: none">Lived experts felt that caseworkers may judge them or use disparaging language when engaging with them.There is a lack of existing trust and communication between caseworkers and families.There is a lack of general communication and transparency about what comes next in each process.
Suggestions for Improving Caseworker-Family Relations	<ul style="list-style-type: none">Caseworkers are advised to ask families how they would like to be communicated with and ensure that the communication is effective for each family. For example, caseworkers can ask if follow up via email or a phone call is preferable.Caseworkers must be trauma-informed, sensitive, compassionate, and empathetic when interacting with families.Caseworkers are advised to use encouraging and non-judgmental language.Families could benefit from improved transparency and clarity about DCYF’s processes.Allow families to see what is being included in the assessment.Allow families to invite advocates, parent allies, other lived experts, or trusted family friends to meetings, as they may help the family open up.Lived experts strongly recommended standing up an effective peer support process for families navigating child welfare. Several states have formally implemented effective parent partner

programs that assist parents in advocating for their needs, making informed decisions, and increasing engagement in case planning for their children (Center for States, 2016)

- Better caseworker training could help remove judgment, biases, and preconceptions, particularly for families that “don’t fit the norm,” e.g., families with accessibility needs, disabilities, and mental or behavioral challenges.
- DCYF is advised to improve its engagement with Tribal populations to reduce biases and misconceptions.

Additional Materials to Provide to Families

- Provide a physical or digital copy of the complete assessment that the family can keep for their records.
- Provide a document that explains what comes next in the process and what to expect in subsequent communication.
- Add an overview of each process to DCYF’s public website to improve transparency and ensure that families understand the process.
- Provide brochures, resource guides, pamphlets, or other physical documents with lists of available resources.
- Make tangible resources available, e.g., gas card, bus card, diapers, to resolve any immediate physical needs of the family.
- Provide a timeline with the next steps and who they can contact if they have questions.

Create Clear Plans for Following Up and Following Through

- Caseworkers are advised to follow up within a certain timeframe, ask the family how they would like to be communicated with (e.g., phone call, email, in-person, or virtually), and follow through on any actions that were discussed with the family.
- Caseworkers must be transparent about DCYF’s goals and how they might differ from those of the family.
- Provide a phone number and email address so that families know how to contact them.
- Explain wait times, amount of available funds for each resource, and the process for accessing each resource.

Ensure Inclusivity and
Reduce Caseworker
Preconceptions

- The assessments could be improved by being more inclusive of families that are neurodivergent or “outside of the norm.”
- The assessments cannot be cookie-cutter; rather, they need to allow for flexibility and opportunities for families to provide details about their specific diagnoses, disabilities, and needs.

Additional
Considerations

- The assessments could be improved by including a brief introduction about their purpose and how they will be used to help families. Caseworkers are advised to verbalize how each assessment will help the family.
- Each assessment must allow for individualization as necessary.
- Add a question or domain asking about the family’s basic needs specific to their behavioral and/or medical diagnoses, conditions, and requirements.

Recommendations for Process and Partnering with Lived Expert Teams

To meet the goals of the Assessment Redesign project, partnering with lived expert and community teams is essential. The PAG and PA participants offered impactful insight and expertise from a wide spectrum of personal and professional experiences with local departments of social service in Washington. Identified below are key opportunities for enhancing future collaboration with the Parent Advisory Group and Parent Allies. The following recommendations can be reviewed and finalized in partnership with the members of both these lived expert groups.

- **Assess Quality of Collaboration:**
If not already a practice in place, future collaboration can be assessed using an instrument like the “Ladder of Participation”, below, which can enable lived experts to identify the ways in which they are currently engaged by system leaders, and identify how they would like to be engaged by system leaders moving forward. The “Ladder of Participation” can serve as a foundational roadmap to avoid repeated tokenization of lived experts and instead move to a meaningful sharing of power (see Figure 8 as an example).



- **Shift Culture from Consultation to Co-Design:** If lived experts so choose, consider opportunities to shift away from a culture of systems approaching lived experts to ask for their selection of a solution from a pre-identified menu of options, and instead build consensus with lived experts to identify the root cause for a problem, and co-design a solution. Lived experts in the PAG and PA groups bring a variety of skills and expertise from both their personal experience with child welfare, as well as their professional, cultural, and societal experiences. Shifting to a culture of participatory co-design enables for more holistic skill sharing to take place between system leaders and lived experts, which decreases tokenization and burnout of lived experts.
- **Identify and Explore Skills:** Related to the recommendation above, identify and share the holistic skills lived experts bring to engagements with future partners, as well as their individual interests. This enables organizations like Chapin Hall to intentionally create opportunities for mutual skills-sharing, like for example, co-designing focus group questions, surveys, analyzing results and co-presenting findings to system leaders.
- **Permanently Establish Feedback Sessions:** If not already a regular practice, consider setting the expectation for all future partners to budget for feedback sessions for accountability to lived experts. This is a power-sharing practice that limits the opportunity for mistranslation of key information by researchers and emphasizes the iterative process of refining results for communication to wider audiences.
- **Share Community Guidelines:** Both lived expert groups have established expectations for how members will engage with one another. If not a practice already, consider sharing these expectations in advance with future partners, ask for agreement to abide by these practices during their engagement with lived experts, and establish an accountability process with partners if they do not.
- **Solicit Feedback from Lived Experts on their Experience with Partner Engagement:** If not a practice already, consider opportunities to proactively ask lived experts what their experience was like with partners like Chapin Hall (or others). If lived experts identify experiences of harm, or growth opportunities to enhance engagement, explore whether lived experts would like this information shared back with the partner for accountability purposes.

Sustainable Process for Engaging and Paying Lived Experts

To continue strengthening the partnership with the parent advocate teams, consider reviewing the national compensation rates for lived expertise, and budget that amount for the participants in each engagement. DCYF can engage these teams to offer a choice in compensation type (check, gift card, etc.) as well as disbursement amount (lump sum vs. payments). An assumption that lived experts prefer gift cards, for example, can limit the flexibility and freedom of choice a lived expert has in how they use their compensation. If system partners do not know what amount is considered an equitable rate for compensation, reach out to a participatory research agency to inquire. Consider using assessments like the Urban Institute's "Compensation Checklist," designed to help system leaders explore how to equitably, respectfully compensate lived experts for the wealth of their experience and skills (Urban Institute, 2023).

CONSIDERATIONS FOR INITIAL IMPLEMENTATION AND FINAL RECOMMENDATIONS

Tribal Government Engagement

One of the early-stated goals of the assessment redesign project was for the assessments to not add to disproportionality or disparity in the DCYF system. To help meet this goal, the assessments must be designed in partnership with Tribal Governments that share geography with Washington State. Throughout the rapid cycle evaluation meetings, Indian Child Welfare (ICW) liaisons were engaged and shared insights into how the assessments can be improved to better support Native families. The DCYF team hosted an ICW-specific meeting to note what resources would be helpful for the assessments to link to support the Reason to Know laws and caseworkers who work with families with Tribal affiliation. At minimum, the BSI Assessment needs to include a question that asks: "Do you have Native American ancestry?" "If so, do you know with which Tribe your family is affiliated?" The CPS Assessment will include the same question to ensure the caseworker documents Native ancestry and can connect the family to the appropriate resources.

As DCYF plans for additional testing and initial implementation of these assessments, more engagement with ICW leads and Tribal Governments must occur to ensure the assessments reflect the needs of Native families, and support caseworkers in following the Reason to Know regulations.

Empower Diverse Groups of Lived Experts in Transformation Efforts

Recent data analyses conducted by Chapin Hall demonstrate that in Washington State, across most age groups, American Indian/Alaskan Native, Black, Hispanic/Latino, and Multiracial children are more likely to be placed than White children, controlling for other child, family, and case characteristics. Additionally, Black newborns are more likely to be re-referred than White newborns; American Indian/Alaskan Native infants are more likely to be re-referred than White infants (Heaton et al, 2024). The disparities throughout the child welfare system are heavily influenced by the assessments and process. The assessments must guide the caseworkers' decision-making and check the natural and inherent bias that every person holds.

Throughout the rapid cycle evaluation meetings, the caseworkers consistently noted that the NCFAS Assessments helped them gain more context about the family, and they were able to spend more time discussing the family's strengths and challenges. The caseworkers advocated for additional space in the assessments to include more positive narrative on the family. These changes may help ameliorate the racial disparities currently seen in the Washington State system and increase families' equitable access to services, but additional steps need to be taken.

In the next phase of pilot testing, Washington State is encouraged to make a concerted effort to identify and develop a partnership with community and lived expert teams that include representation from diverse groups of Black, Hispanic/Latino, Native American, Multiracial families, LGBTQ+ families, families with disabilities and/or complex medical challenges, and immigrant families. While Chapin Hall and DCYF developed a partnership with the Parent Advisory Group and Parent Allies teams for this project, those teams were not as racially diverse as the broader population of child welfare involved families. Diverse lived expert teams must be engaged and provided with the opportunity to review and give

feedback on each of the new assessments and engagement processes. This group must be given decision-making power about the use of the NCFAS Assessments, and on the inclusion of individual questions within the assessments. Once the assessments are thoroughly reviewed, the team must test for fidelity and complete an analysis of outcome disparity before initial system-wide implementation is considered.

Adaptive Change Process

Rooting modern child welfare practice and policy in long-term family and child well-being efforts requires a shift in mindset and values across all levels of a child welfare organization (White, 2007). The modern concept of a caseworker's role is that of a "facilitator of change," equipped to deploy resources to meet a family's needs without judgement (Van Veelen et al, 2017). This stands in conflict with previous concepts of a caseworker's role primarily as an agent of the state, with expectations to adhere to policies focused on risk and safety rather than overall well-being. While training can equip a worker to correctly use a new assessment, DCYF is encouraged to consider other implementation techniques that will support this shift in practice.

Recommended Next Steps

The Chapin Hall team recommends that DCYF plans for an implementation pilot of the NCFAS Assessments and BSI in one DCYF office to continue the system transformation efforts and build alignment between the assessment process, Family Practice Model, CCWIS preparation, and Family First implementation. After additional updates are made to the assessments' functionality, initiating pilot testing in one office would allow for additional time to gather feedback from caseworkers, supervisors, and lived experts and learn from the change process.

The Chapin Hall team recommends a 3-year sequenced pilot testing and scaled implementation process. With DCYF support, in the first year of this work the assessment questions and functionality would be finalized. Then, throughout the following two years, caseworkers in the chosen unit would fully integrate the new assessments into their process and use them with families instead of the current mandated assessments. The team would focus on the implementation process by tracking fidelity and worker perceptions and developing sustainable community partnerships.

The following recommendations for programming and implementing the assessments and integrating an improved assessment process were surfaced as part of the caseworkers' use of the assessments with families during the RCE phases, during the RCE focus group sessions, the PAG and PA focus groups, and through collaboration between Chapin Hall and DCYF.

Assessment Functionality & Language

- Caseworkers tended to appreciate assessments that were more comprehensive and tended to support the addition of materials more readily than the removal of materials. This extended from assessment items to other materials like flags and links to other policies. However, workers also consistently expressed concern about the length of time needed to complete the materials. Assessment comprehensiveness and brevity will usually be in tension with each other.
- Entering information into the NCFAS took considerable time, as did the amount of time necessary to gather the information. This will likely improve as workers gain greater familiarity with the assessment; however, explore opportunities to shorten the assessment or improve caseworker facility with the assessment.

- Review NCFAS questions with diverse groups of lived experts. Before piloting assessments with families, remove questions that can be skewed by bias, or those that are outside of the family's control, i.e., community safety, religious practice. Additionally, review the questions on substance use, and ensure it aligns with DCYF policy.
- Continue to adapt the assessments to allow families space to more clearly communicate needs, difficulties, etc. around physical, psychological, or developmental disabilities or neurodivergence.

Internal Process and Policy

- Caseworkers frequently requested more training and more "cheat sheets" to increase their familiarity and ease of use with the assessments, particularly as it pertained to NCFAS scoring and Motivational Interviewing.
- Before implementation, review the caseload size of the unit workers. Even with familiarity with the assessment and additional supports, the time it takes to complete the NCFAS is likely unrealistic for current caseload sizes. Implementing the NCFAS without reducing caseloads will lead to under- or misuse of the assessment.
- Review the policy for turnaround timeline of assessments with the staff and ensure everyone understands the timeline requirements.
- Schedule regular meetings with the ICW team to continue to update the assessments to meet Reason to Know requirements. Meet regularly with Tribal Government leaders to review the updated assessments and add Tribe-specific resources and guidance.
- Integrate the Parent Advisory Group / Parent Allies' feedback into the caseworker practice profiles to support better engagement with families.
- Connect the assessments to the DCYF Family Practice model and the values embedded in the Practice Profiles, and support caseworker understanding of the process, policies, and supports available.

External Process and Policy

- Develop a communication plan to improve transparency and clarity about DCYF's processes around assessment use. During the initial assessment meeting, provide families with hard copies of plain-language overviews of DCYF policies and procedures, the assessment process, and assessment results.
- Add an overview of each process on DCYF's public website to improve transparency and ensure that families understand.
- Provide families with a timeline that will allow them to anticipate the chronology of future contact with DCYF, as well as their points of contact within the agency.
- Allow families to invite advocates, parent allies, other lived experts, or trusted friends to assessment meetings. This may help the family to communicate effectively, or at least lend some greater comfort and understanding with the process.
- The Case Planning Tool asks families about their goals vis-à-vis contact with DCYF. DCYF can prepare caseworkers for when families' and the department's goals to differ drastically.

- Further review the resource array in different counties and regions to ensure the BSI can be used to connect families to essential economic and concrete supports.
- Provide families with brochures, resource guides, pamphlets, or other physical documents with lists of available resources.
- DCYF can explore the immediate provision of tangible resources, e.g., gas card, bus card, diapers, to resolve any immediate physical needs of the family.
- Caseworkers will need to be direct with families about limitations in resource access, wait times, etc. To the extent that it exists, families need to be aware of the possibility that they will not receive certain resources.

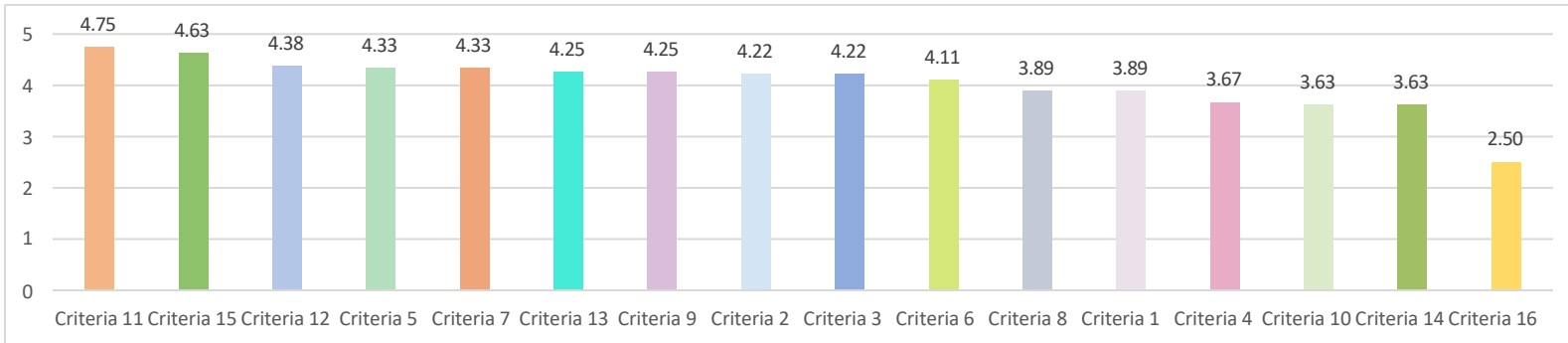
Above all, this pilot has demonstrated that caseworkers view the assessments as the “tip of the iceberg” of the broader structure of policy, business practices, and their ability to work with families. Relatedly, the Parent Advisory Group and Parent Allies teams frequently underlined a desire for greater transparency, clarity, and respect from DCYF throughout the assessment process. As DCYF continues to work towards system transformation, it is important to keep the initial goals of the assessment redesign project at the forefront of the work. These include the work to reduce disparities throughout the child welfare system and increase equitable access to services, and build alignment with the Family Practice Model to improve outcomes for children, youth and families.

REFERENCES

1. Capacity Building Center for States. (2016). Parent Partner Program Navigator: Designing and implementing parent partner programs in child welfare. Washington, DC: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
2. Contreras, S. (2019). Using Arnstein's Ladder as an Evaluative Framework for the Assessment of Participatory Work in Postdisaster Haiti, *Journal of the American Planning Association*, 85:3, 219-235, DOI: 10.1080/01944363.2019.1618728
3. Heaton, L. Cepuran, C.J.G., & Harison, A. (2024). Supporting Families at Risk of Re-referral and Placement. Evidence from Statistical Analysis of 5 years of Washington DCYF Referral and Placement Data. Chapin Hall at the University of Chicago.
4. Langness, M., Morgan, J., Cedano, S., Falkenburger, E. (2023). Equitable compensation for community engagement guidebook. *The Urban Institute*. <https://www.urban.org/sites/default/files/2023-08/Equitable%20Compensation%20for%20Community%20Engagement%20Guidebook.pdf>
5. Pryce, J. (2024). From agents to activists: child welfare needs a mindset shift. *The Imprint Youth and Family News*. <https://imprintnews.org/opinion/from-agents-to-activists-child-welfare-needs-a-mindset-shift/248790>.
6. R Core Team (2024). R: A Language and Environment for Statistical Computing. R Foundation for Statistical Computing, Vienna, Austria. <<https://www.R-project.org/>>.
7. Van Veelen, J. S. M., Bunders, A. E., Cesuroglu, T., Broerse, J. E. W., & Regeer, B. J. (2017). Child- and Family-Centered Practices in a Post-Bureaucratic Era: Inherent Conflicts Encountered by the New Child Welfare Professional. *Journal of Public Child Welfare*, 12(4), 411–435. <https://doi.org/10.1080/15548732.2017.1392390>
8. White, J. (2007). Knowing, doing and being in context: A praxis-oriented approach to child and youth care. *Child & Youth Care Forum*, 36, 225–244. doi:10.1007/s10566-007-9043-1

Appendix A: Strength and needs scoring rubric

Strength and Needs Scoring Rubric: Criteria Priority 3/1/2023 (The strength and needs design team priorities for elements in the scoring rubric designed by the team – each member of the team prioritized the elements prior to looking at the available strength and needs assessments. The team chose the NCFAS)



Criteria 1: Provides guidance as to how to engage family members in gathering information on key domains and encourages doing so in a strength based way. Additionally, promotes the capturing of caregiver self-report in each domain.	Criteria 2: Guide conversations that are comprehensive, collaborative and inclusive of caregivers, as well as each individual child, and capture individual/family strengths, needs, values and beliefs.	Criteria 3: Focuses on caregiver needs while also promoting assessment of each child regardless of child's current residence or living arrangement (e.g. in the parents' home, foster care, congregate care...) Turn into 2 items	Criteria 4: Prompts caseworkers to utilize motivation techniques to elicit specific circumstances, values and culture (including cognitive functioning, DV, Mental Health...) Prompts for a more in-depth assessment when appropriate (DV, cognitive functioning...)
Criteria 5: Reliably and accurately captures client need (service availability not influential)	Criteria 6: Guides the selection of needs to support, prioritizing client choice to the greatest extent possible (exception might be services to address active safety threats).	Criteria 7: Guides the caseworker and family member in service matching and case planning, providing clear direction around process to achieve the desired goal (Goals Pathways Agency)	Criteria 8: Tracks family change over time.
Criteria 9: Is simple to use and simple to understand for both caseworkers and family members	Criteria 10: Provides guidance in weighing information from multiple sources	Criteria 11: Provides clear guidance in gathering behaviorally specific examples to promote consistent/reliable assessments regardless of race, ethnicity, social/economic status, LGBTQIA+ status.	Criteria 12: Is in alignment with the agency values (Inclusion Respect Integrity Compassion Transparency) as defined in the FPM (Mission, Vision and Values Washington State Department of Children, Youth, and Families)
Criteria 13: Information gathered in the tool should easily integrate information from the intake assessment and safety assessment, as well as populate other assessment tools/forms used in CW (e.g. court reports, placement referrals...).	Criteria 14: Time considerations for tool completion	Criteria 15: Training duration and implementation sustainability	Criteria 16: The tool has been implemented in other jurisdictions and demonstrated utility with positive outcomes.

Appendix B: Child Protective Services (CPS) Assessment

The Washington State Department of Children, Youth, and Families is partnering with Chapin Hall to develop an integrated child welfare assessment system for Washington caseworkers. Part of the process of development includes testing of the new assessments to determine their effectiveness and quality.

Data collected from this assessment will be stored on secure servers at Chapin Hall and will not be linked with you in any way. Only authorized team members will have access to these data. Data will only be used by Chapin Hall researchers to evaluate the effectiveness and quality of the assessment you are currently taking, not to study you as an individual.

Data will also be provided to DCYF, who will protect the data under the security protocols they typically use for child welfare data.

If you have any questions, please ask the caseworker with whom you are currently speaking.

Please enter the dummy identifier associated with the case number.

Please enter your (the caseworker's) name.

Please enter today's date. (M-D-Y)

NCFAS Definitions
While filling out the NCFAS assessment, you can make use of this document, which includes definitions for each NCFAS item and scale point.

Gathering Information

Domain #1

	Not Applicable	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Challenge	Moderate Challenge	Serious Challenge	Unknown
Social and Emotional Competence of Child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child(ren)'s Behavior								<input type="radio"/>
Child(ren)'s Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child(ren)'s Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child(ren)'s Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation/Motivation to Maintain the Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child(ren)'s Alcohol/Drug Use/Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child(ren)'s Relationship with Parent(s)/Caregiver(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Text box for summary statement

Describe the function and well-being of all the children in the household. Include general behavior, temperament, special needs, mental health, past victimization/trauma, and if their function is within the families' social/cultural norms.

Earlier, you indicated that the child(ren)'s disability was a "moderate" or "serious" challenge in this case.

Make referral for ESIT services within two business days of identifying children younger than three years old with a possible developmental delay. To refer: Contact the Family Health Hotline at 1-800-322-2588 or Email: childdevelopment@withinreachwa.org

Domain #2

How does the parent(s)/caregiver manage his/her own life on a daily basis?

	Not Applicable	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Challenge	Moderate Challenge	Serious Challenge	Unknown
Parent(s)/caregiver(s)' Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent(s)/caregiver(s)' Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Drugs/Alcohol Interferes with Parenting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent(s)'s/Caregiver(s)'s Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absence/Presence of Domestic Violence Between Parents/Caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent(s)/Caregiver(s)' Resilience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Text box for summary statement

Identify the individual behavior (i.e., mental health, domestic violence, substance abuse) that disrupts family life tasks. In addition, describe how a parent functions in an adult role outside of parenting. Describe the behavior/condition that a parent/caregiver presents that contributes to a threat to child safety. Describe the family's actions around the task which has led or may lead to safety threats.

Earlier, you indicated that domestic violence between parents/caregivers was a "moderate" or "serious" challenge in this case.

When DV is identified, the assigned caseworker, DLR/CPS investigator or licenser must conduct a DV Assessment to determine if the DV poses a threat to child safety or compromises the family's ability to address other CA/N. This assessment is accomplished via interviews, review of records and available databases for all of the following information:

- DV perpetrator's pattern of assaultive and coercive tactics.
- Impact of DV on the adult victim.
- Impact of DV on the child.
- Adult victim, perpetrator and community protective factors
- The lethality of the DV: <http://insideca.dshs.wa.gov/intranet/pdf/policy/DV-Guide-Part4.pdf> or to info provided below)

Domain #3

Parents/caregivers support system and how these support systems can help protect the children.

Describe what the family has done to keep the child(ren) safe and healthy in the past.

	Not Applicable	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Challenge	Moderate Challenge	Serious Challenge	Unknown
Social Relationships								<input type="radio"/>
Parent(s)'s/Caregiver(s)'s Initiative and Acceptance of Available Help/Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Text box for summary statement

Describe the supports to the family and how they impact child(ren)'s safety and well-being including protecting. Describe what the family has done to keep the child(ren) safe and healthy in the past and the resources used.

Domain #4

What are the overall parenting/child care practices used by the caregiver(s)?

	Not Applicable	Clear Strength	Mild Strength	Baseline/ Adequate	Mild Challenge	Moderate Challenge	Serious Challenge	Unknown
Supervision of Child(ren)								<input type="radio"/>
Food/Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Habitability of Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disciplinary Practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absence/Presence of Access to Weapons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bonding with Child(ren)								<input type="radio"/>
Expectations of Child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absence/Presence of Physical Abuse of Child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absence/Presence of Sexual Abuse of Child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absence/Presence of Neglect of Child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Absence/Presence of Emotional Abuse of Child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Text box for summary statement

Include: reasons for being a caregiver, satisfaction, knowledge and skill in parenting and child development, expectations and empathy for a child, history of parenting and protectiveness. What is the manner in which caregiver(s) approach discipline and child guidance? Remember that discipline is considered as how, when and for what the caregiver disciplines the child(ren).

Domain #5

Please answer the following question.

Based on the information you have collected from the child(s)/youth(s)/parent(s)/caregivers, and relevant collaterals: What is the nature and extent of the alleged maltreatment and what evidence supports or contradicts the allegations?

If maltreatment has occurred, describe the sequence of events that led to the maltreatment.

What is the history of maltreatment?

Safety Assessment (Current format)

A guide to each safety threat can be found here: [HYPERLINK](#)

Note: When considering an impending danger safety threat all five of the threshold criteria must be present for the threat to be active and identify a child as unsafe.

- 1. Severe consequences to a child.**
 - 2. Immediate or will occur in the near future.**
 - 3. Vulnerable child in relation to the safety threat.**
 - 4. Out-of-Control - No responsible parent or adult in the home that can prevent the threat.**
-

Note: Earlier, you indicated that supervision of children is a "moderate" or "serious" challenge.

I. The family situation results in no adult in the home performing parental/childcare duties and responsibilities that assure child's safety.

☐ Y
☐ N

Definition: This refers only to adults (not children) in a care-giving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at such a basic level that the absence of these basic provisions directly affects the safety of a child. This includes situations in which the parent(s)/caregiver(s) whereabouts are unknown. The parent(s)/caregiver(s) whereabouts are unknown while the initial assessment is being completed and this is affecting child safety. This safety threat also applies when a child's caregiver is present and available, but does not provide supervision or basic care and as a result impacts child safety. The failure to provide supervision and basic care may be due to avoidance of protective care and duties or physical incapacity. In such instances, this safety threat is considered if no other caregiver issues co-exist with the lack of supervision like substance use or mental health. Compare this threat to the safety threat question #5 regarding impulsiveness and lack of self-control.

You indicated that Safety Threat #I (The family situation results in no adult in the home performing parental/childcare duties and responsibilities that assure child's safety) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #I (The family situation results in no adult in the home performing parental/childcare duties and responsibilities that assure child's safety) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that environmental risks are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that habitability of housing is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of neglect is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of access to weapons is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s physical health is a "moderate" or "serious" challenge.

2. The family situation is that the living arrangement(s) seriously endanger the child's physical health.

☐ Y
☐ N

Definition: This threat refers to conditions in the home which are immediate, life threatening or seriously endangering a child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness).

Physical health as described here includes serious injuries, serious or life threatening health conditions that are likely to become active without delay; occur because of the condition of the living arrangement.

You indicated that Safety Threat #2 (The family situation is that the living arrangement(s) seriously endanger the child's physical health) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #2 (The family situation is that the living arrangement(s) seriously endanger the child's physical health) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that social relationships are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the parent(s)/caregiver(s)' mental health is a "moderate" or "serious" challenge.

3. Caregiver(s) are acting (behaving) violently or dangerously, and the behaviors affect child safety.

☐ Y
☐ N

Definition: This threat refers to caregiver behaviors that are violent, dangerous, aggressive, brutal, cruel or hostile. It can be immediately observable, regularly active or potentially active.

You indicated that Safety Threat #3 (Caregiver(s) are acting (behaving) violently or dangerously, and the behaviors affect child safety) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #3 (Caregiver(s) are acting (behaving) violently or dangerously, and the behaviors affect child safety) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that the presence of domestic violence between parents/caregivers is a "moderate" or "serious" challenge.

4. There has been an incident of domestic violence that affects child safety.

☐ Y
☐ N

Definition: According to the Social Workers Practice Guide to Domestic Violence (DSHS 22-1314; Revised-1/16) Behavioral definition of DV: Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners. This behavioral definition for domestic violence is most useful in carrying out the multiple safety tasks of case workers.

You indicated that Safety Threat #4 (There has been an incident of domestic violence that affects child safety) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #4 (There has been an incident of domestic violence that affects child safety) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that the supervision of children is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that use of drugs/alcohol that interferes with parenting is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that parent resilience is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of sexual abuse of children is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that financial management is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that parent(s)/caregiver(s)' mental health is a "moderate" or "serious" challenge.

5. Caregiver(s) will not or cannot control their behavior and their behavior affects child safety. ☐ Y ☐ N

Definition: This threat refers to a caregiver's self-control. It is concerned with a person's inability to postpone, to set aside their own needs, to plan, to be dependable, to avoid destructive behavior, to use good judgment, to not act on impulses, and to manage emotions. This threat applies to caregivers who experience debilitating lethargy, those who cannot control their emotions, resulting in sudden explosive temper outbursts; spontaneous uncontrolled reactions; loss of control during times of elevated stress. This threat impacts self-control as it relates to child safety and protecting children. It is the lack of caregiver self-control that causes vulnerable children to be unsafe. The threat also includes caregivers who are incapacitated or not controlling their behavior because of mental health or substance use. This safety threat is different from the first safety threat concerned with no adult in the home to routinely provide supervision and protection first safety threat concerned with no adult in the home to routinely provide supervision and protection.

You indicated that Safety Threat #5 (Caregiver(s) will not or cannot control their behavior and their behavior affects child safety) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #5 (Caregiver(s) will not or cannot control their behavior and their behavior affects child safety) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that expectations of children are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of emotional abuse of children is a "moderate" or "serious" challenge.

6. Caregiver(s) perceive(s) child in extremely negative terms.

☐ Y
☐ N

Definition: One or more caregivers perceive a child in extremely negative terms. "Extremely" is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.

You indicated that Safety Threat #6 (Caregiver(s) perceive(s) child in extremely negative terms.) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #6 (Caregiver(s) perceive(s) child in extremely negative terms.) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that the presence of neglect is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that parent(s)/caregiver(s)' initiative and acceptance of available help/support is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that financial management is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that parent(s)/caregiver(s)' physical health is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that child(ren)'s physical health is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s disability is a "moderate" or "serious" challenge.

7. Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which present an immediate threat of serious harm to the child.

☐ Y
☐ N

Definition: The Research indicates that the majority of low income parents do not neglect their children. Being economically disadvantaged is not, in and of itself, child abuse or neglect. Often times the resources that the family lacks can be provided in ways that do not involve intervention. If the parent(s)/caregiver(s) actions or inactions in acquiring or using resources for their children results in the children lacking minimal basic needs, this may require intervention.

You indicated that Safety Threat #7 (Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which present an immediate threat of serious harm to the child) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #7 (Caregiver(s) do not have or do not use resources necessary to meet the child's immediate basic needs which present an immediate threat of serious harm to the child) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that expectations of children are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of emotional abuse of children is a "moderate" or "serious" challenge.

8. Caregivers' attitudes, emotions and behaviors are such that they are threatening to severely harm a child or are fearful they will maltreat the child or request placement.

☐ Y
☐ N

Definition: One or more caregivers are threatening to severely harm a child/youth or are fearful they will maltreat a child or request placement. This refers to caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, threatening, alarming and certain to conclude grave concern for a child's safety. This also refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

You indicated that Safety Threat #8 (Caregivers' attitudes, emotions and behaviors are such that they are threatening to severely harm a child or are fearful they will maltreat the child or request placement) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #8 (Caregivers' attitudes, emotions and behaviors are such that they are threatening to severely harm a child or are fearful they will maltreat the child or request placement) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that the presence of physical abuse of children is a "moderate" or "serious" challenge.

9. Caregiver(s) intend(ed) to seriously hurt the child.

☐ Y
☐ N

Definition: This refers to caregivers who anticipate acting in a way that will result in pain and suffering to the child. "Intended" suggests that before or during the time the child was mistreated, the parent(s)/caregiver(s) conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent(s)/caregiver(s) meant to discipline or punish the child and the child was inadvertently hurt. "Seriously" refers to an intention to cause the child to suffer. This is more about a child's pain than any expectation to teach a child.

You indicated that Safety Threat #9 (Caregiver(s) intend(ed) to seriously hurt the child) is present.
Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #9 (Caregiver(s) intend(ed) to seriously hurt the child) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that supervision of children is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that disciplinary practices are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that bonding with the child(ren) is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the expectations of the child(ren) are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of physical abuse of children is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of neglect is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of access to weapons is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s behavior is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s alcohol/drug use/abuse is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that parent(s)/caregiver(s)' initiative and acceptance of available help/support is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that food and nutrition is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the parent(s)/caregiver(s)' disability is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s mental health is a "moderate" or "serious" challenge.

I0. Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety.

☐ Y
☐ N

Definition: This refers to basic parenting that directly affects a child's safety. It includes parent(s)/caregiver(s) lacking the basic knowledge or skills which prevent them from meeting the child's basic needs. They also may lack the motivation resulting in the parent's/caregiver failure to adequately perform the parental role to meet the child's basic needs. This inability and/or unwillingness to meet basic needs creates concerns for child safety

You indicated that Safety Threat #I0 (Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #I0 (Caregiver(s) lack the parenting knowledge, skills, or motivation necessary to assure a child's safety) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that the parent(s)/caregiver(s) initiative and acceptance of available help/support is a "moderate" or "serious" challenge.

11. Caregiver(s) overtly rejects CA intervention, refuses access to a child, or there is some indication that the caregiver will flee.

☐ Y
☐ N

Definition: This threat refers to the family behaving in such a way it raises concern that they are attempting to hide the child from DCYF. Attempts to avoid DCYF access to a child can include overtly rejecting all attempts by DCYF to enter the home, see a child, and conduct the initial assessment information collection. The caregivers rejecting DCYF involvement is overt. The rejection is more than a failure to cooperate, open anger or hostility about DCYF involvement or other signs of general resistance or reluctance. Rejecting DCYF intervention must be blatant to meet the safety threshold criteria. This safety threat also applies when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child. In all instances when a family is avoiding any intervention by DCYF the current status of the child or the potential consequences for the child must be considered severe and immediate.

You indicated that Safety Threat #11 (Caregiver(s) overtly rejects CA intervention, refuses access to a child, or there is some indication that the caregiver will flee) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #11 (Caregiver(s) overtly rejects CA intervention, refuses access to a child, or there is some indication that the caregiver will flee) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that bonding with the child(ren) is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of neglect is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s behavior is a "moderate" or "serious" challenge.

Note: Earlier, you indicated child(ren)'s alcohol/drug use/abuse is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that parent(s)/caregiver(s)' initiative and acceptance of available help/support is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s physical health is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s disability is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s mental health is a "moderate" or "serious" challenge.

I2. Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical, or behavioral needs.

☐ Y
☐ N

Definition: This threat refers to specific child characteristics which are either organic or naturally caused as opposed to parentally caused.

"Exceptional needs" refers to physical and mental characteristics that result in a child being uniquely vulnerable and unable to protect themselves. When the parent(s)/caregiver(s) cannot do what is necessary, does not want to do it, and does not do it, the parent(s)/caregiver(s) attitude and behavior are out of control. This does not refer to parent(s)/caregiver(s) who do not do well at meeting the child's needs. It refers to specific tasks in parenting that must occur and are required for the child to be safe.

The needs of the child are specific and when unattended can result in severe consequences. Imminence is apparent could be immediate or in the near future.

You indicated that Safety Threat #I2 (Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical, or behavioral needs) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #I2 (Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical, or behavioral needs) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #12 (Caregiver(s) are not meeting, cannot meet or will not meet the child's exceptional physical, emotional, medical, or behavioral needs) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that disciplinary practices are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that bonding with child(ren) is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of physical abuse of the child(ren) is a "moderate" or "serious" challenge.

I 3. Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts.

☐ Y
☐ N

Parent(s)/caregiver(s) do not or are unable or unwilling to give explanations of maltreating conditions or injuries which are consistent with the facts.

Parent(s)/caregiver(s) are unable and/or unwilling to provide an explanation that is consistent with the facts of the maltreating condition(s) (physical abuse, sexual abuse, emotional abuse, and/or neglect).

You indicated that Safety Threat #13 (Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #13 (Caregiver(s) cannot or will not explain child's injuries or maltreating condition(s) or explanation is not consistent with the facts) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that disciplinary practices are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of physical abuse of the child(ren) is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the presence of neglect is a "moderate" or "serious" challenge.

I 4. A child has a serious physical injuries or serious physical conditions resulting from maltreatment.

☐ Y
☐ N

Definition: The key word is "serious," and the child's condition has immediate implications for intervention (i.e., need for medical attention, extreme physical vulnerability). It is either alleged or confirmed, that the physical injuries or physical symptoms are related to maltreatment. At intake and during the initial contacts with a child physical injuries and physical symptoms may be apparent (as in a present danger), but insufficient information has been gathered to connect the child's condition to maltreatment. This item remains a safety threat until such time as maltreatment is ruled out as the cause of the child's condition.

You indicated that Safety Threat #I4 (A child has a serious physical injuries or serious physical conditions resulting from maltreatment) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #I4 (A child has a serious physical injuries or serious physical conditions resulting from maltreatment) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that the child(ren)'s behavior is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s relationship(s) with parent(s)/caregiver(s) is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)/youth(s)' motivation or cooperation to maintain the family is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s alcohol/drug use/abuse is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the social and emotional competence of the child(ren) is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that social relationships are a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s disability is a "moderate" or "serious" challenge.

Note: Earlier, you indicated that the child(ren)'s mental health is a "moderate" or "serious" challenge.

15. A child shows serious emotional symptoms or lacks behavioral control that result in self-destructive behaviors or provokes dangerous reactions in caregivers.

☐ Y
☐ N

Definition: Key words are "serious" and "lack of behavioral control." "Serious" suggests that the child's condition has immediate implications for intervention (e.g., extreme emotional vulnerability, extreme antisocial conduct, suicidal thoughts or actions). "Lacks behavioral control" describes the provocative child who stimulates reactions in others.

You indicated that Safety Threat #15 (A child shows serious emotional symptoms or lacks behavioral control that result in self-destructive behaviors or provokes dangerous reactions in caregivers) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #15 (A child shows serious emotional symptoms or lacks behavioral control that result in self-destructive behaviors or provokes dangerous reactions in caregivers) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that the child(ren)'s relationship(s) with parent(s)/caregiver(s) is a "moderate" or "serious" challenge.

16. A child is fearful of the home situation or people within the home.

☐ Y
☐ N

Definition: The home situation refers to specific family members and/or other conditions in the living situation. "Other people in the home" refers to those who either live in the home or frequent the home so often that a child expects that the person may be there or show up. (i.e. frequent presence of known drug users in the household).

"Extremely" can be assessed as a child demonstrating strong emotions such as crying, trembling, shaking, expressing terror, fear of severe harm, and/or death. The child is expressing with a certainty that they will continue to experience these emotions now and in the near future. Additionally, the conditions of the home/people in the home support these notions.

You indicated that Safety Threat #16 (A child is fearful of the home situation or people within the home) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #16 (A child is fearful of the home situation or people within the home) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Note: Earlier, you indicated that the presence of sexual abuse is a "moderate" or "serious" challenge.

17. Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely.

☐ Y
☐ N

Definition: Any time a child or youth is forced or coerced to participate in sexual acts this is sexual abuse. Such acts include, but are not limited to sexual intercourse, sexual contact - sexual molestation, sexual exploitation and sexual communication.

You indicated that Safety Threat #17 (Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely) is present. Please provide information about:

How the safety threat has had or will have severe impacts on the child(ren)? How the safety threat is immediate or will occur in the near future? The vulnerability of the child(ren) in relation to the safety threat. Why there is no responsible parent/caregiver or adult in the home that can prevent the threat. The specific behaviors, conditions, etc., that are observed that make the threat clearly understood and observable.

You indicated that Safety Threat #17 (Child sexual abuse is suspected, has occurred, or circumstances suggest sexual abuse is likely) is not present.

If informative, please describe which/how family strengths protect against this safety threat.

Earlier, you indicated that a safety threat was present. Please answer the following questions to determine whether an in-home safety plan is required.

	Yes	No
Is there a parent/caregiver or adult in the home?	<input type="radio"/>	<input type="radio"/>
Is the home calm enough to allow safety providers to function in the home?	<input type="radio"/>	<input type="radio"/>
Do the adults in the home agree to cooperate with and allow an in-home safety plan?	<input type="radio"/>	<input type="radio"/>
Are sufficient, appropriate, reliable resources available and willing to provide safety services/tasks	<input type="radio"/>	<input type="radio"/>

Note: Earlier, you selected "Yes" on all four safety plan analysis questions. Please complete an in-home safety plan.

Note: Earlier, you selected "No" on at least one safety plan analysis questions. Please complete an out-of-home safety plan.

Case Disposition

- ☐ Case closed.
- ☐ Case open with court structure
- ☐ Case closed and referred to community services:
List services
- ☐ Case open with an in-home safety plan
- ☐ Case referred to/open with Family Voluntary Services
- ☐ Case open to FAR with a case plan

Please describe the disposition of this case and why you made that decision.

Text Box: Parent(s)/caregiver(s) desire/agreement to participate in ongoing services. Include community referrals as well as ongoing child welfare services.

For supervisor use only
If this assessment has been satisfactorily completed, please sign here.

Ignore this field.

Appendix C: Brief Support Inventory

Brief Support Inventory

The Washington State Department of Children, Youth, and Families is partnering with Chapin Hall to develop an integrated child welfare assessment system for Washington caseworkers. Part of the process of development includes testing of the new assessments to determine their effectiveness and quality. This assessment will help DCYF learn whether and how they can help your family by providing financial or other assistance.

Data collected from this assessment will be stored on secure servers at Chapin Hall and will not be linked with you in any way. Only authorized team members will have access to these data. Data will only be used by Chapin Hall researchers to evaluate the effectiveness and quality of the assessment you are currently taking, not to study you as an individual.

Data will also be provided to DCYF, who will protect the data under the security protocols they typically use for child welfare data. If you have any questions, please ask the caseworker with whom you are currently speaking.

In short, we're only asking these questions to see if you have any needs we can help with. If you want to stop at any time, you can.

Please enter the dummy identifier associated with the case number.

Please enter your (the caseworker's) name.

Please enter today's date. (M-D-Y)

Brief Support Inventory Just like every family is different, every family has unique needs. Often, families' challenges just happen because they need help with their living situation, financial situation, or health needs.

We're going to ask you just a few questions about some needs that you may or may not have. Answering these questions will help us understand whether we can provide your family additional support, and, if so, how.

I. What language would you like us to speak with you?

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Russian
- ☐ Tagalog (or Filipino)
- ☐ Korean
- ☐ Vietnamese
- ☐ Other

If so, what?

Living Situation 2. Do you have any concerns about your current living situation, like housing stability, conditions, safety, costs, or the community where you live?

- ☐ Yes
- ☐ No

The response to the previous question suggests that the family may have a need for the following concrete goods or resources.

Concrete Goods Housing Assistance: Appliances, internet, utilities, non-refundable security deposits, rent assistance, moving services, home repairs, credit checks, air purifiers, furniture, beds & cribs, mattresses, bedding, desks, dressers. Wheelchair ramps and other adaptations required to care for a child.

Community-Based/Statewide Programs & Resources:

Housing & Essential Needs (HEN) Referral Program
 Public Housing Assistance
 Foundational Community Supports (FCS)
 Recovery Housing HARPS Oxford Housing WAQRR Recovery Residences
 Washington Homeless Shelters & Coordinated Entry Sites
 Domestic Violence Emergency Shelters and Services
 Young Adult Housing Programs (YAHP) & Young Adult Shelters
 Washington 211 & DSHS Housing Resources for local rent, utility, & move-in assistance, transitional housing, etc.
 Child Welfare Voucher & Housing Assistance Programs: DCYF Child Welfare Housing Program and Foster Care Housing Program (contact your Regional Housing Lead to learn more).

3. If so, what? Choose all that apply.

- ☐ Condition of housing
☐ Lack of more permanent housing
☐ Ability to pay for housing
☐ Feeling safe
☐ The community or neighborhood where you live
☐ Other

The response to the previous question suggests that the family may have a need for the following concrete goods or resources.

Concrete Goods Cleaning & Storage: Cleaning items such as brooms/dustpans, mops, vacuums, detergents, all-purpose cleaners, sponges, wipes, etc. Cleaning services, dumpster services, pre-paid laundromat cards, pest/bedbug removal, flea bombs, insect traps. Garbage cans, storage containers, suitcases for clothing

The response to the previous question suggests that the family may have a need for the following concrete goods or resources.

Concrete Goods Safety Items: One-time or short-term assistance with baby gates, doorknob covers, door alarms, gun locks and safes, outlet covers, utility/medication lock boxes, safety latches for doors, drawers and cupboards, window stoppers, smoke and carbon monoxide alarms, fire extinguishers, first aid kits, substance use harm reduction kits, fire escape ladders, baby monitors, car seats, booster seats, bike helmets, etc.

Food 4. Please choose which best describes you.

- ☐ Often true
☐ Sometimes true
☐ Never true

You worry that your food will run out before you get money to buy more.

The response to the previous question suggests that the family may have a need for the following concrete goods or resources.

Concrete Goods Food Assistance: Grocery vouchers and pre-paid cards to support case goals and Family Time until clients can access food sufficiently - on their own or through state/community-based programs (SNAP, WIC, Food Banks, etc).

Community-Based/Statewide Programs & Resources:

DSHS Basic Food Assistance / Supplemental Nutrition Assistance Program (SNAP) Women, Infants, and Children (WIC) Nutrition Program Community Food Banks & Washington 211 for free meals & grocery delivery

Transportation

5. Does lack of reliable transportation keep you from medical appointments, meetings, work or from getting things needed for daily living?

- ☐ Yes
☐ No

The response to the previous question suggests that the family may have a need for the following concrete goods or resources.

Concrete Goods Transportation Assistance: Pre-paid gas cards or vouchers, transit passes, Uber/Lyft services, uHaul services, auto repairs, AAA, tire replacement, windshield wipers, etc.

Community-Based/Statewide Programs & Resources:

Washington 211 for bus fare, gas money, & local transit assistance

Utilities

6. Has the electric, gas, or water company threatened to shut off services in your home?

- ☐ Yes
☐ No
☐ Already shut off

The response to the previous question suggests that the family may have a need for the following concrete goods or resources.

Concrete Goods Transportation Assistance: Short term utilities assistance (60 days) paid to vendor.

Community-Based/Statewide Programs & Resources: Washington 211 & DSHS Housing Resources for local rent, utility, & move-in assistance, transitional housing, etc

Financial Strain

7. How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

- ☐ Very hard
☐ Somewhat hard
☐ Not hard at all

Would you say that it is...

Child Care

8. Would you use child care services if they were available to you?

- ☐ Yes
☐ No

The response to the previous question suggests that the family may have a need for the following concrete goods or resources.

Child Welfare Continuing Child Care (CWCCC): A childcare subsidy program through Washington's Working Connections Child Care program which provides 12 months of child care from the date of referral completion. The Working Connections Program can be reached at 1-844-626-8687.

ChildCare Aware Washington: A free-to-use directory of child care services in Washington.

Parent Needs 9. Parents sometimes have a hard time paying for all of the essentials needed to take care of babies, like diapers, formula, or safety items to childproof their homes.

- ☐ Yes
☐ No
☐ Not sure
☐ Not applicable

Would you say that this describes you?

The response to the previous question suggests that the family may have a need for the following concrete goods or resources.

Concrete Goods Baby Items: Diapers, Wipes, Pull-Ups, Potty Chair, Diaper Rash Cream, Safe Sleep Sacks, Bottles, Sippy Cups, Formula, Baby Food, Pacifiers, Thermometers, Teething Rings, Lotions and Shampoos, Highchairs, Strollers, Portable Crib with Bassinet, Co-Sleeper, Crib/Toddler Mattress.

Concrete Goods Safety Items: One-time or short-term assistance with baby gates, doorknob covers, door alarms, gun locks and safes, outlet covers, utility/medication lock boxes, safety latches for doors, drawers and cupboards, window stoppers, smoke and carbon monoxide alarms, fire extinguishers, first aid kits, substance use harm reduction kits, fire escape ladders, baby monitors, car seats, booster seats, bike helmets, etc.

Community-Based/Statewide Programs & Resources:

Women, Infants, and Children (WIC) Nutrition Program Diaper Banks Temporary Assistance for Needy Families (TANF): Families can apply for TANF online, by phone at 877-501-2233 or at your local Community Services Office

We thank the following authors for allowing us to use the items listed above:

National Association of Community Health Centers and Partners, National Association of Community Health

Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative

Futures. (2017). PRAPARE. <http://www.nachc.org/research-and-data/prapare/>

Nuruzzaman, N., Broadwin, M., Kourouma, K., & Olson, D. P. (2015). Making the Social Determinants of Health a

Routine Part of Medical Care. *Journal of Healthcare for the Poor and Underserved*, 26(2), 321-327

Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de

Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010).

Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146.

National Association of Community Health Centers and Partners, National Association of Community Health

Centers, Association of Asian Pacific Community Health Organizations, Association OPC, Institute for Alternative Futures. (2017). PRAPARE.

<http://www.nachc.org/research-and-data/prapare/>

Cook, J. T., Frank, D. A., Casey, P. H., Rose-Jacobs, R., Black, M. M., Chilton, M., . . . Cutts, D. B. (2008). A Brief

Indicator of Household Energy Security: Associations with Food Security, Child Health, and Child Development

in US Infants and Toddlers. *Pediatrics*, 122(4), 867-875. doi:10.1542/peds.2008-0286

Hall, M. H., Matthews, K. A., Kravitz, H. M., Gold, E. B., Buysse, D. J., Bromberger, J. T., . . .

Sowers, M. (2009). Race and Financial Strain are Independent Correlates of Sleep in Midlife Women: The SWAN Sleep Study. Sleep, 32(1), 73-82. doi:10.5665/sleep/32.1.73

United States, US Census Bureau. (2017). American Community Survey. Retrieved from <https://www.census.gov/programs-surveys/acs/>

Kaiser Permanente. Your Current Life Situation Survey. 2016.

<https://sirennetwork.ucsf.edu/sites/sirennetwork.ucsf.edu/files/Your%20Current%20Life%20Situation%20Questionnaire%20v2-0%20%28Core%20and%20supplemental%29%20no%20highlights.pdf>

Ruffin, Novella. (2019). Assessing Community Needs for Child Care.

[https://www.pubs.ext.vt.edu/content/dam/pubs_ext_vt_edu/350/350-056/350-056\(FCS-I32P\).pdf](https://www.pubs.ext.vt.edu/content/dam/pubs_ext_vt_edu/350/350-056/350-056(FCS-I32P).pdf)

Appendix D: Brief Caseworker Feedback Tool

Brief Caseworker Feedback Tool

The Washington State Department of Children, Youth, and Families is partnering with Chapin Hall to develop an integrated child welfare assessment system for Washington caseworkers. Part of the process of development includes testing of the new assessments to determine their effectiveness and quality.

This survey is to gather your immediate feedback on the use of these assessments each time you complete one.

This survey will take about 10 minutes to complete. You will be asked questions about your thoughts on the effectiveness and quality of draft assessments only. Your participation is voluntary. There are no consequences for not participating. You may choose to skip any question you do not want to answer, or to stop participating in the survey at any time. Your responses will not be linked with you in any way. In reporting the results of the evaluation of the Assessment, DCYF and Chapin Hall researchers will only report aggregated results.

All data produced by this survey will be stored on secure servers at DCYF and Chapin Hall. Only authorized research team members will have access to these data.

Should you have questions regarding your rights as a participant, please email ccepuran@chapinhall.org.

First, we have a few questions about your overall experiences with the assessments.

Overall, how satisfied or dissatisfied were you with using the assessment?

- ☐ Extremely dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Extremely satisfied

About how long would you say it took to gather the information necessary to complete the assessment?

- ☐ Less than 20 minutes
- ☐ Between 20 and 40 minutes
- ☐ Between 41 and 60 minutes
- ☐ Between 60 minutes and 2 hours
- ☐ More than 2 hours

If you aren't sure, just give your best guess.

About how long would you say it took to enter that information into the assessment?

- ☐ Less than 20 minutes
- ☐ Between 20 and 40 minutes
- ☐ Between 41 and 60 minutes
- ☐ Between 60 minutes and 2 hours
- ☐ More than 2 hours

If you aren't sure, just give your best guess.

If the assessment that you just used were required in place of existing assessments, would you say it would mean:

- ☐ A great deal more work for you
- ☐ A little more work for you
- ☐ About the same amount of work for you
- ☐ A little less work for you
- ☐ A great deal less work for you

Next, we have some specific questions about the CPS Assessment.

For each of the following statements about the CPS Assessment, please indicate whether you agree strongly, somewhat agree, somewhat disagree, or strongly disagree.

The NCFAS items included in the CPS assessment ensured I gathered the necessary information to do a comprehensive assessment.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Strongly agree

The NCFAS items included in the CPS assessment helped identify safety threats.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Strongly agree

The right gathering questions were included in the CPS Assessment.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Strongly agree

Now, we have a few questions about the Brief Support Inventory. Only answer these questions if you used that Assessment.

Here is a list of the questions on the Brief Supports Inventory. Were any of these questions particularly helpful in helping you understand the family's needs?

Choose all that apply.

- ☐ Living Situation
- ☐ Housing Concerns
- ☐ Food
- ☐ Transportation
- ☐ Utilities
- ☐ Financial Strain
- ☐ Child Care
- ☐ Baby Needs

Here is a list of the questions on the Brief Supports Inventory. Were any of these questions particularly helpful in helping you connect the family to services?

Choose all that apply.

- ☐ Living Situation
- ☐ Housing Concerns
- ☐ Food
- ☐ Transportation
- ☐ Utilities
- ☐ Financial Strain
- ☐ Child Care
- ☐ Baby Needs

For each of the following statements, please tell us if you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Helped connect the family to resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strengthened trust with the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did not impact my work with the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was an additional burden for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was an additional burden for the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall We're almost done! Lastly, we have a few questions about how well (or not) the assessments are working overall.

For each of the following statements, please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Easy to administer				<input type="radio"/>	<input type="radio"/>
Easy for me to enter information on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easy for the family to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each of the following statements, please tell us if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Assess the strengths of the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess what safety threat(s) might be present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess the challenges facing the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Match the family to services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have quality communication with the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which of the following comes closer to describing how you used the assessments?	<input type="radio"/> The assessments helped me make a decision
	<input type="radio"/> I knew what the right decision was without the assessments

Thinking about the previous assessments that you have used at DCYF, if these assessments replaced the existing assessment tools would you say that it would be, much better, somewhat better, about the same, somewhat worse, or much worse?	<input type="radio"/> Much worse
	<input type="radio"/> Somewhat worse
	<input type="radio"/> About the same
	<input type="radio"/> Somewhat better
	<input type="radio"/> Much better

Is there anything else you'd like to tell us?

Ignore this field.

Appendix E: Round 2 NCFAS Mentimeter Focus Groups

Round 2 RCE Caseworker Mentimeter Focus Group

October 8th, 2024

Exploring Using the NCFAS with Families: Please join us at menti.com and type in the code at the top of your screen!

1. Please walk us through how you make the decision whether or not to use the NCFAS with different families...
2. When choosing to use the new assessments with a family with whom you have good rapport, what makes you feel comfortable or optimistic?
3. When you think about using the NCFAS with a family for the first time, what fears come to mind?
4. What fears lead you to make a choice to use the NCFAS with certain families and not others?

Section Heading: The next set of questions are about understanding how DCYF could support you in your work with assessments..

5. When using the new assessment tools, what could be done to make you feel as comfortable with the NCFAS as you are with the current tools?
6. What could be done to make you feel as confident with all families as you are with the ones with whom you have good rapport?
7. Earlier we asked what fears you feel when using the NCFAS with a family for the first time. What could be done to address those fears?
8. Any questions?

Round 2 RCE Caseworker Mentimeter Focus Group

October 22nd, 2024

NCFAS Focus Group: Please join us at menti.com and type in the code at the top of your screen!

Section Heading: The first couple of questions explore your approach to your casework...

1. Which of the following comes closest to describing how you see your goal as a caseworker?
 - To assess key risk factors & safety threats as quickly as possible, and provide plans/services to address these concerns.
 - My goal is somewhere in between the two options
 - Build an understanding of a family's holistic situation over time & work w/ the family in identifying concerns and strategies to address them.
2. Which comes closest to describing what families want from you as a caseworker?
 - They would like me to identify the risk/safety threats as quickly as possible and create a plan to address them.
 - My goal is somewhere in between the two options
 - They would like me to take time to holistically understand their situation and support them in building case plans to address challenges.

Section Heading: These questions explore the changes you'd like to see made to existing practice if the CFE didn't have to be completed with the NCFAS...

3. In what ways could existing practice be changes to facilitate more truthful/open responses from families?
4. Last session, timelines were indicated as a barrier. Which case/policy timeframes pose the biggest challenge in completing the assessments?
5. For using the assessment with a FVS case: What changes to policy or practice would be necessary to use the assessments?
6. What strategies do you currently use to close FVS cases within the 90-day timeframe?
Section Heading: These questions explore the changes you'd like to see made to existing practice to more easily use an MI approach..
7. What could be done to help you make meaningful connections using MI with families under your current workload?
8. What might make you feel more comfortable using MI with newer families?
9. Do you think using MI with families involved with CPS is:
(on a scale from "not practical at all" to "very practical")
10. Do you think using MI with families involved with FVS is:
(on a scale from "not practical at all" to "very practical")
11. Do you think using MI with families involved with CFWS is:
(on a scale from "not practical at all" to "very practical")
12. Specify which family type feels least practical and most practical for using an MI approach & why?
13. Any questions?

Round 2 RCE Caseworker Mentimeter Focus Group

November 5th, 2024

NCFAS Focus Group: Please join us at menti.com and type in the code at the top of your screen!

1. Is the current assessment process aligned with DCYF's values?
(Values depicted on screen, with scaled answers from "Yes Aligned," "Aligned with some values" and "Not Aligned")
2. What would have to change in the assessment process in order to engage families in full alignment with DCYF values?
3. In what ways do you believe the NCFAS, Case Planning Tool & BSI *align* with DCYF's values?
4. In what ways do you believe the NCFAS, Case Planning Tool & BSI *do not align* with DCYF's values?

Section Heading: Now we will explore practice changes...

5. Given the case plan timeline of 30-45 days, what does the ideal frequency of family engagement look like?
(on a scale from "multiple times a week" to "once per month")
6. What would need to change to facilitate your ideal frequency of family engagement?

7. Last session, we heard case transfers can make the NCFAS difficult to use. What does an ideal transfer from CPS to FVS look like?

Section Heading: Now we will explore tool functionality...

8. If the following features were built into a new NCFAS, rate how helpful they would be from "not helpful" to "very helpful":
- Links to policy/procedure
 - Links to additional assessment tools
 - Links to resources/services
 - Links to ICW resources
9. Whether you've used the NCFAS only in training, or with a family, what about the tool itself feels challenging?
10. Whether you've used the NCFAS only in training, or with a family, what about the tool itself feels helpful?
11. Any questions?

Round 2 RCE Caseworker Mentimeter Focus Group

November 19th, 2024

Next Steps for NCFAS: This session, we are closing out our tools exploration and suggesting next steps for implementation. Please join us at menti.com and type in the code at the top of your screen!

Section Heading: How will these tools impact your jobs?

Based on feedback from previous sessions, we understand there are barriers with completing the NCFAS & case planning tools in the current system.

1. If these barriers were address and the tools implemented as tested, rate your agreement on a scale of 1-5:
- The tools would make my job MORE satisfying
 - The tools would increase my job satisfaction

1a. Can you tell use more about why you gave your specific rating for the previous question?

Section Heading: Use of Technology and the new tools

Based on feedback from previous sessions, we've heard some workers find it helpful to use a tablet to assist with filling out assessments. We'd like to ask a few questions about technology and tool functionality.

2. Under what circumstance would you think tablets (or other similar technology) would be most useful?
3. To what degree would you find using tablets helpful in connecting you with a family? (On a scale from "not at all helpful" to "very helpful").
- 3a. Can you tell use more about why you gave your specific rating for the previous question?

Section Heading: We'd now like to zoom out and ask some questions about how the assessment system fits in with broader work DCYF does.

-
4. Why do you believe it is important for a caseworker to understand family strengths? Why do you have strengths-based conversations with families?
 5. What next steps can DCYF take to better support case workers in creating/implementing case plans with families?
 6. Any questions?
-

Appendix F: Parent Advisory Group and Parent Allies Focus Group Guides

Parent Advisory Group & Parent Allies Focus Group Informed Consent
January 24th and January 25th, 2024

Intro
10 minutes

Welcome!

Chapin Hall is a research and policy non-profit organization that partners with state child welfare agencies to build more effective services for children, youth, and families. Chapin Hall was hired by the Washington State Department of Children, Youth and Families (DCYF) to evaluate the implementation of new child welfare assessments. The purpose of these assessments is to collect information from the family to identify child safety concerns, family strengths, and family challenges. The assessment information is used to guide caseworker decision making in identifying the right services and supports for the family. Caseworkers will be using these assessments in the coming weeks. Your feedback today will help caseworkers improve the assessment experience for families. Thank you for agreeing to participate today. Before we begin, we'd like to take a moment to introduce the Chapin Hall research team. We'd like to ask you to introduce yourselves.

Informed Consent

Before we begin today, there is some information we want you to know to inform your decision about participating in the focus group.

First, our research team **does not have lived experience** with child welfare. This is why we've invited you to share your expertise. We know for any assessment process to be successful and respectful we must have family voice at the center. Your insights and feedback are invaluable to guide caseworkers in how best to use the assessment process to meet the needs of families with empathy, dignity, and respect.

Second, a member of the DCYF team, Doug Klinman, provided you with several assessment documents via email attachments. These include the WA CPS Assessment, the Combined NCFAS CPT, the NCFAS Safety Threat Crosswalk, and the Desired Attributes of the CPS Assessment Tool. For today's session, **we will only be using the Desired Attributes of the CPS Assessment Tool** to guide the discussion. A member of the DCYF team will set a time with you to review all the other documents in detail so that you are prepared to give more specific feedback on the process to use them. For today's session, we will ask 7 questions and plan to spend about 6 minutes on each question. We will be tracking the time spent on each question so that we transition to the next in order to cover all 7 questions. The focus group session will not be

recorded; however, our team will be taking detailed notes. Everything you say will be kept confidential, in that your name will not be associated directly with anything you say. However, we may quote you directly in an anonymous manner in a final report.

Third, during the focus group, you will not be asked for specific details about you and your family's experience with child welfare. We will ask questions about how you would want these new assessments explained to your family. You are welcome to share your thoughts and opinions. There is no requirement to provide input for each question, but please do so as you are comfortable and as time allows. We hope to hear from every participant today. We acknowledge that while the questions we ask here are designed to gather your feedback about how caseworkers should complete assessments with families, the questions may elicit painful memories or emotions associated with your experiences. We encourage you to take breaks, use the chat or go off camera as needed, and if you'd prefer to provide feedback later, our team would be happy to arrange a separate meeting to hear your thoughts.

Finally, we ask that all participants adhere to these working agreements throughout our time today so that all members have a positive experience. They are as follows:

- Make sure you are in a private space so that no one outside of the focus group can hear or see any of the other members.
- Keep your audio muted when others are responding to reduce background noise.
- Share your feedback in direct brief responses of 1 to 2 minutes or via written messages in the chat feature.
- Keep what individual participants share private and confidential and do not share specific feedback with anyone outside of this focus group. You may share your overall experience with the focus group process with others.
- Be respectful by creating a space for other members to share thoughts and opinions that are different from yours. We all benefit from different perspectives.

Once we complete both focus groups, the Chapin Hall research team will be writing up a summary report of the two meetings and will send this to our DCYF partners and all of you. What you share in the meeting today will be de-identified, and we will not associate your name or other identifying information in the report.

In the coming months, we plan to schedule a second round of focus group discussions to review the questions and language in all the assessments.

We will be compensating each of you \$45 per hour of your time for participating in this focus group. The compensation may come in the form of a gift card or the equivalent. If you choose to accept the compensation, we will need to collect some

contact information from you to deliver the compensation directly to you. Please fill out this form if you would like to be compensated: https://chapinhall-ghopf.formstack.com/forms/pag_pa_focus_group_compensation_information

If you have any questions about your rights as a research participant or questions about compensation, please contact Samantha Steinmetz, ssteinmetz@chapinhall.org.

If you have any questions about the focus group process and next steps, please contact Doug Klinman, doug.klinman@dcyf.wa.gov at DCYF.

By proceeding with the focus group today, you are providing your consent.

Do you have any questions about what we've covered so far?

CPS Assessment	[Facilitator: pull up the CPS Assessment slides.]
Topics & Time/Question	Prompts
5 minutes	When you hear the word "assessment," what words or phrases come to mind for you?
5 minutes	What words would you use to describe the assessment to the family?
5 minutes	How would you explain the purpose of the assessment to the family?
5 minutes	Where is the best environment or setting to conduct the assessment?
5 minutes	How should the worker meet or sit with the family to explain the process?
5 minutes	After the completion of the assessment, what follow up actions would be helpful for the family?
5 minutes	What materials or visuals should be shared with the family to help them understand the purpose of the assessment?
<i>Conclusion & Next Steps</i>	That is the end of our questions / time for now. Thank you for all your valuable input!
2 minutes	Please let us know if you have any questions or follow up thoughts. You are welcome to email any additional thoughts to SSteinmetz@chapinhall.org (put in chat). We will send you the summary report soon, and will reach out about the next focus group discussions in the coming months.

Parent Advisory Group & Parent Allies Focus Group Guide
April 29th and 30th, 2024

Intro	Welcome!
10 minutes	<p>Chapin Hall is a research and policy non-profit organization that partners with state child welfare agencies to build more effective services for children, youth, and families. Chapin Hall was hired by the Washington State Department of Children, Youth and Families (DCYF) to evaluate the implementation of new child welfare assessments and a case planning tool. The purpose of these assessments is to collect information from the family to identify child safety concerns, family strengths, and family challenges. The assessment information is used to guide caseworker decision making in identifying the right services and supports for the family, and then to build a plan alongside the family. Caseworkers are currently using the assessments and case plan in a pilot test. Your feedback today will help caseworkers improve the case planning process for families. Thank you for agreeing to participate today.</p> <p>Before we begin, we'd like to take a moment to introduce the Chapin Hall research team.</p> <p>We'd like to ask you to introduce yourselves.</p> <p>Before we begin today, there is some information we want you to know to inform your decision about participating in the focus group. First, our research team does not have lived experience with child welfare. This is why we've invited you to share your expertise. We know for any assessment process to be successful and respectful we must have family voice at the center. Your insights and feedback are invaluable to guide caseworkers in how best to use the assessment process to meet the needs of families with empathy, dignity, and respect.</p> <p>Second, Emily from the DCYF team, sent you via email a slide deck overview of the new Case Planning Tool which we will review together today. Then, the Chapin Hall team will ask 6 questions about the Case Planning Tool and plan to spend about 4 minutes on each question. We will be tracking the time spent on each question so that we transition to the next in order to cover all 6 questions. The focus group session will not be recorded; however, our team will be taking detailed notes. Everything you say will be kept confidential, in that your name will not be associated directly with anything you say. However, we may quote you directly in an anonymous manner in a final report.</p> <p>Third, during the focus group, you will not be asked for specific details about you and your family's experience with child welfare. We will ask questions about the case planning tool, and how you would want it explained to your family. You are welcome to share your thoughts and opinions. There is no requirement to provide input for each question, but please do so as you are comfortable and as time allows. We hope to hear from every participant today. We acknowledge that while the</p>

questions we ask here are designed to gather your feedback about how caseworkers should work with families, the questions may elicit painful memories or emotions associated with your experiences. We encourage you to take breaks, use the chat or go off camera as needed, and if you'd prefer to provide feedback later, our team would be happy to arrange a separate meeting to hear your thoughts.

Finally, we'd like to establish some community agreements for working together today. Here are a few that we have drafted:

- Make sure you are in a private space so that no one outside of the focus group can hear or see any of the other members.
- Keep your audio muted when others are responding to reduce background noise.
- If you notice you are speaking up a lot, step back to give others space to contribute. If you notice you tend to step back and not speak up, consider stepping up to come off mute or put your ideas in the chat.
- Keep what individual participants share private and confidential and do not share specific feedback with anyone outside of this focus group. You may share your overall experience with the focus group process with others.
- Be respectful by creating a space for other members to share thoughts and opinions that are different from yours. We all benefit from different perspectives.

Do these norms resonate with you? Is there anything else we should add for our work together?

Once we complete both focus groups, the Chapin Hall research team will be documenting the feedback from the two meetings and will send this to our DCYF partners and all of you. What you share in the meeting today will be de-identified, and we will not associate your name or other identifying information in the documentation.

We will be compensating each of you \$45 per hour of your time for participating in this focus group. The compensation may come in the form of a gift card or the equivalent. If you choose to accept the compensation, we will need to collect some contact information from you to deliver the compensation directly to you. Please fill out this form if you would like to be compensated: <https://forms.office.com/r/TMgQwMQGeM>

If you have any questions about your rights as a research participant or questions about compensation, please contact Samantha Steinmetz, ssteinmetz@chapinhall.org.

If you have any questions about the focus group process and next steps, please contact Doug Klinman, doug.klinman@dcyf.wa.gov at DCYF.

By proceeding with the focus group today, you are providing your consent.

Do you have any questions about what we've covered so far?		
Case Planning Tools 15 minutes	[Facilitator: pull up the Case Planning Tool slides. Que Michelle to start reviewing slides.]	<i>During the slides, please put any immediate feedback in the chat. Michelle is here to share information, Chapin Hall will answer questions after.</i>
Topics & Time/Question	Prompts	Potential probes
4 minutes	1. In a short word or phrase, what are your first impressions of the case planning process?	<i>For positive or negative responses, explore what specifically in the tool is evoking that 1st impression.</i>
4 minutes	2. What words would you use to describe the case planning process to families?	<i>Reference slide 5.</i>
4 minutes	3. How would you explain the purpose of setting goals to families?	<i>For example, the goals are set based on the strengths and challenges identified with the family. Repeat original question.</i>
4 minutes	4. What would you change about the case plan?	<i>Do you have any other recommendations for case planning?</i>
4 minutes	5. What materials would be helpful to provide to the family?	<i>Do you think that families would want to be given the full case plan to keep? Other materials?</i>
4 minutes	6. Closing Question: What ways should the caseworker follow up on the goals of the case plan?	<i>Caseworkers are currently required to follow up monthly.</i>
Conclusion & Next Steps 2 minutes	That is the end of our questions / time for now. Thank you for all your valuable input! Please let us know if you have any questions or follow up thoughts. You are welcome to email any additional thoughts to SSteinmetz@chapinhall.org (put in chat). We will send you the summary report soon, and will reach out about the next focus group discussions in the coming months.	

Parent Advisory Group & Parent Allies Focus Group Guide
August 13th and 14th, 2024

Intro	Welcome!
10 minutes	<p>Chapin Hall is a research and policy non-profit organization that partners with state child welfare agencies to build more effective services for children, youth, and families. Chapin Hall was hired by the Washington State Department of Children, Youth and Families (DCYF) to evaluate the implementation of new child welfare assessments and a case planning tool. The purpose of these assessments is to collect information from the family to identify child safety concerns, family strengths, and family challenges. The assessment information is used to guide caseworker decision making in identifying the right services and supports for the family, and then to build a plan alongside the family. Caseworkers are currently using the assessments tools in a pilot test. Your feedback today will help caseworkers improve the new Brief Support Inventory tool for families. Thank you for agreeing to participate today.</p> <p>Before we begin today, there is some information we want you to know to inform your decision about participating in the focus group. First, our research team does not have lived experience with child welfare. This is why we've invited you to share your expertise. We know for any assessment process to be successful and respectful we must have family voice at the center. Your insights and feedback are invaluable to guide caseworkers in how best to use the assessment tools to meet the needs of families with empathy, dignity, and respect.</p> <p>Second, Emily from the DCYF team, sent you via email a slide deck overview of the new Brief Support Inventory tool which we will review together today. Then, the Chapin Hall team will ask 6 questions about the Brief Support Inventory tool and plan to spend about 4 minutes on each question. We will be tracking the time spent on each question so that we transition to the next in order to cover all 6 questions. The focus group session will not be recorded; however, our team will be taking detailed notes. Everything you say will be kept confidential, in that your name will not be associated directly with anything you say. However, we may quote you directly in an anonymous manner in a final report.</p> <p>Third, during the focus group, you will not be asked for specific details about you and your family's experience with child welfare. We will ask questions about the Brief Support Inventory tool, and how you would want it explained to your family. You are welcome to share your thoughts and opinions. There is no requirement to provide input for each question, but please do so as you are comfortable and as time allows. We hope to hear from every participant today. We acknowledge that while the questions we ask here are designed to gather your feedback about how caseworkers should work with families, the questions may elicit painful memories or emotions associated with your experiences. We encourage you to</p>

take breaks, use the chat or go off camera as needed, and if you'd prefer to provide feedback later, our team would be happy to arrange a separate meeting to hear your thoughts.

Finally, we'd like to establish some community agreements for working together today. Here are a few that we have drafted:

- Make sure you are in a private space so that no one outside of the focus group can hear or see any of the other members.
- Keep your audio muted when others are responding to reduce background noise.
- If you notice you are speaking up a lot, step back to give others space to contribute. If you notice you tend to step back and not speak up, consider stepping up to come off mute or put your ideas in the chat.
- Keep what individual participants share private and confidential and do not share specific feedback with anyone outside of this focus group. You may share your overall experience with the focus group process with others.
- Be respectful by creating a space for other members to share thoughts and opinions that are different from yours. We all benefit from different perspectives.

Do these norms resonate with you? Is there anything else we should add for our work together?

Once we complete both focus groups, the Chapin Hall research team will be documenting the feedback from the two meetings and will send this to our DCYF partners and all of you. What you share in the meeting today will be de-identified, and we will not associate your name or other identifying information in the documentation.

We will be compensating each of you \$45 per hour of your time for participating in this focus group. The compensation may come in the form of a gift card or the equivalent. If you choose to accept the compensation, we will need to collect some contact information from you to deliver the compensation directly to you. Please fill out this form if you would like to be compensated: <https://forms.office.com/r/i15hv1ACtZ>

If you have any questions about your rights as a research participant or questions about compensation, please contact Samantha Steinmetz, ssteinmetz@chapinhall.org.

If you have any questions about the focus group process and next steps, please contact Doug Klinman, doug.klinman@dcyf.wa.gov at DCYF.

By proceeding with the focus group today, you are providing your consent.

<i>Case Planning Tools</i>	[Facilitator: pull up the Brief Support Inventory slides. Cue Jesse to start reviewing slides.]	<i>During the slides, please put any immediate feedback in the chat. Jesse is here to share information, Chapin Hall will answer questions after.</i>
15 minutes		
Topics & Time/Question	Prompts	Potential probes
4 minutes	1. In a word or short phrase, what are your first impressions of the brief support inventory tool?	<i>For positive or negative responses, explore what specifically in the tool is evoking that 1st impression.</i>
4 minutes	2. If a worker gives this tool to a family, would a family think they will actually receive services to meet basic needs?	<i>Do you think families would benefit from using this tool at the beginning of the assessment process? Or is another time better?</i>
4 minutes	3. If you were a caseworker using this tool, what language would you use to discuss a family's basic needs?	<i>Do you have any other recommendations for discussing a family's basic needs?</i>
3 minutes	4. What materials would be helpful to provide to the family after completing the BSI?	<i>Do you think that families would want to fill out a paper copy? Be given a copy of the results? Other materials?</i>
8 minutes	5. What changes would you make to the BSI?	<i>What other questions, if any, would you like to see added to the BSI? Do you have any concerns around how a worker would engage with a family about basic needs? (solicit concrete workforce practice recommendations)</i>
4 minutes (Optional)	6. (If time allows) What should follow up with a family look like after completing the BSI?	
<i>Conclusion & Next Steps</i>	That is the end of our questions / time for now. Thank you for all your valuable input!	
2 minutes	Please let us know if you have any questions or follow up thoughts. You are welcome to email any additional thoughts to SSteinmetz@chapinhall.org (put in chat). We will send you the summary report soon, and will reach out about the next focus group discussions in the coming months.	